

MD PROGRAM EDUCATION

Educational Program Objectives (400)

The following competency-based Educational Program Objectives guide the planning, delivery, and evaluation of the College of Medicine core undergraduate medical education program. Students are expected to demonstrate competency in each of these areas prior to graduation.

1. Medical Knowledge

Students will demonstrate knowledge of the...

- Basic scientific principles fundamental to the practice of medicine
- Normal structure, function, and embryology of organ systems
- Pathogenesis and manifestations of clinical disorders
- Utility, mechanisms of action, and adverse effects of commonly used drugs
- Physical, cognitive, emotional, social, and behavioral aspects of human development

2. Patient Care

Students will be able to...

- Elicit a medical history and perform a physical examination
- Interpret common diagnostic and screening tests
- Create, prioritize, and justify a differential diagnosis
- Evaluate and manage common clinical conditions
- Perform general procedures of a physician
- Apply principles of health promotion and disease prevention to patient care
- Describe and address common societal problems adversely affecting health in Oklahoma
- Provide general care to diverse patient populations

3. Communication

Students will be able to...

- Use effective listening, observational, and communication techniques with patients and families
- Deliver clear and accurate oral presentations using standard formats tailored to the needs of the listener
- Provide accurate and context-specific documentation of clinical encounters in written and electronic formats

4. Professionalism

Students will be able to...

- Demonstrate altruism, honesty, compassion, and responsiveness to patient needs
- Demonstrate integrity, respect, reliability, and accountability in professional endeavors
- Demonstrate commitment to ethical principles by respecting patient autonomy and seeking the patient's best interest
- Demonstrate cultural sensitivity, recognize personal and systemic healthcare biases, identify demographic influences on healthcare quality and outcomes, and suggest strategies to reduce health disparities

5. Practice-Based Learning

Students will be able to...

- Use biostatistics and the scientific method, describe principles of clinical and translational research, appraise scientific studies, and engage in evidence-based clinical practice

- Identify and address personal strengths and weaknesses, respond appropriately to feedback, and seek help and advice when needed
- Engage in self-directed learning as a foundation of life-long learning

6. Systems-Based Practice

Students will be able to...

- Integrate the unique and complementary abilities of other healthcare professionals and collaborate as a member of an interprofessional team
- Explain the principles of health systems science and contribute to a culture that promotes patient safety
- Describe and apply the fundamental principles of community medicine¹

¹ **Supplemental SCM Track Objective. Objectives are assigned to EPO 6c for students on the Tulsa Campus Only**

The following competency-based School of Community Medicine (SCM) Track Objectives guide the planning, delivery, and evaluation of the community medicine-specific programming. Students participating in the Tulsa campus SCM track are expected to demonstrate competency in each of these areas prior to graduation.

- **SCM A.** Describe the characteristics of community
 - A1. Define community
 - A2. Discuss the role of community in health
 - A3. Define a meaningful population for health improvement purposes
- **SCM B.** Identify the principal determinants of population health
 - B1. Describe population-level determinants of health
 - B2. Discuss how these factors influence health status and healthcare delivery
- **SCM C.** Assess the health status, needs, and resources of a community
 - C1. Evaluate available statistics to identify health problems or areas of concern
 - C2. Identify existing community-based assets and resources to improve population health
- **SCM D.** Use community engagement to promote population health
 - D1. Refer individual patients to resources that can assist in meeting their health needs
 - D2. Participate in community engagement to understand community needs
- **SCM E.** Use principles of evidence-based practice to promote population health
 - E1. Analyze the literature applicable to problems identified among patients and populations
 - E2. Apply the scientific literature to patient care taking into account patient values, resources, and preferences
- **SCM F.** Apply principles of quality improvement to promote population health
 - F1. Utilize patient data and a quality improvement model to improve the health of a patient population
 - F2. Describe the role of evaluation in program improvement and advocacy
 - F3. Describe how quality improvement principles can be applied to improving team functioning

- **SCM G.** Apply principles of population health to daily practice
 - G1. Describe how social determinants of health impact an individual's health
 - G2. Describe how inter-professional collaborations can help meet individual patients needs and affect population health
 - G3. Apply knowledge of social determinants of health in treatment planning and delivery

End of Phase Competencies

MD program students are expected to demonstrate competency in the following areas at the conclusion of the preclinical and clinical curriculum phases (i.e., segments). Student competency is assessed throughout each phase via outcome measures identified by the faculty.

Competency 1: Medical Knowledge

Objective 1a

To demonstrate knowledge of basic science principles fundamental to the practice of medicine

At the end of the preclinical phase, students should be able to:

1. Demonstrate knowledge of the basic principles of genetics, biochemistry, and cellular biology
2. Demonstrate knowledge of the basic principles human anatomy
3. Demonstrate knowledge of the basic principles of physiology, pharmacology, and pathology
4. Demonstrate knowledge of the basic principles of microbiology and immunology

By graduation, students should be able to:

5. Apply knowledge of genetics, biochemistry, and cellular biology to clinical medicine
6. Apply knowledge of human anatomy to clinical medicine
7. Apply knowledge of the pathophysiology and pathology to clinical medicine
8. Apply knowledge of basic pharmacology to clinical medicine
9. Apply knowledge of microbiology and immunology to clinical medicine

Objective 1b

To demonstrate knowledge of the normal structure, function, and embryology of organ systems

At the end of the preclinical phase, students should be able to:

1. Describe the structure, function, and embryologic development of the hematologic and lymphatic systems
2. Describe the structure, function, and embryologic development of the gastrointestinal and hepatobiliary systems
3. Describe the structure, function, and embryologic development of the endocrine system
4. Describe the basic principles of metabolism and nutrition
5. Describe the structure, function, and embryologic development of the cardiovascular, pulmonary, and renal systems
6. Describe the structure, function, and embryologic development of the nervous system
7. Describe the basic principles of human behavior
8. Describe the structure, function, and embryologic development of the male and female reproductive systems

9. Describe the structure, function, and embryologic development of the integumentary and musculoskeletal systems

By graduation, students should be able to:

10. Apply knowledge of the basic structure and function of organ systems to clinical medicine
11. Apply knowledge of basic embryology to clinical medicine

Objective 1c

To demonstrate knowledge of the pathogenesis and manifestations of clinical disorders

At the end of the preclinical phase, students should be able to:

1. Identify the principal causes of disease: genetic, developmental, infectious, inflammatory, immunologic, traumatic, toxic, environmental, metabolic, degenerative, and neoplastic
2. Describe the principal manifestations of common medical conditions

By graduation, students should be able to:

3. Apply knowledge of the principal pathogenic mechanisms to patient care
4. Apply knowledge of the clinical, laboratory, radiographic, and electrocardiographic manifestations of disease to patient care

Objective 1d

To demonstrate knowledge of the utility, mechanisms of action, and adverse effects of commonly used drugs

At the end of the preclinical phase, students should be able to:

1. Describe the utility, mechanisms of action, and adverse effects of commonly used drugs

By graduation, students should be able to:

2. Apply knowledge of pharmacology to patient care

Objective 1e

To demonstrate knowledge of physical, cognitive, emotional, and social aspects of human development

At the end of the preclinical phase, students should be able to:

1. Describe the physical, cognitive, emotional, and social dimensions of human development

By graduation, students should be able to:

2. Apply knowledge of human development to the care of patients

Competency 2: Patient Care

Objective 2a

To elicit a medical history and perform a physical examination

At the end of the preclinical phase, students should be able to:

1. Elicit a comprehensive and focused medical history
2. Perform a comprehensive and focused physical examination

By graduation, students should be able to:

3. Elicit a medical history, including a psychiatric and obstetric history, from an adult patient in the hospital or clinic setting
4. Perform a physical exam, including mental status, neurologic, breast, and pelvic exam, on an adult patient in the hospital or clinic setting
5. Perform an infant hip exam and a pediatric eye, ear/nose/throat, lymphatic, and male genitourinary exam

Objective 2b

To interpret common diagnostic and screening tests

At the end of the preclinical phase, students should be able to:

1. Interpret common laboratory, radiographic, electrocardiographic, and interventional tests

By graduation, students should be able to:

2. Use the results of common laboratory, radiographic, electrocardiographic, and interventional tests for diagnostic and screening purposes

Objective 2c

To create, prioritize, and justify a differential diagnosis

At the end of the preclinical phase, students should be able to:

1. Identify the chief presenting symptom in a standardized patient
2. Establish a short, prioritized differential diagnosis based on information obtained from the medical history and physical examination
3. Identify elements in the medical history and physical examination that support each item in the differential diagnosis

By graduation, students should be able to:

4. Identify all major symptoms experienced by a patient in the hospital or clinic setting
5. Establish a detailed differential diagnosis for each symptom based on information obtained from the medical history, physical examination, and diagnostic tests
6. Identify elements in the medical history, physical examination, and laboratory tests that support or detract from each item in the differential diagnosis

Objective 2d

To evaluate and manage common clinical conditions

At the end of the preclinical phase, students should be able to:

1. Evaluate a set of common clinical presentations in case vignettes and standardized patients

By graduation, students should be able to:

2. Evaluate a wide array of clinical presentations in hospitalized and clinic patients
3. Diagnose and manage common clinical conditions seen in the inpatient and outpatient settings

Objective 2e

To perform general procedures of a physician

At the end of the preclinical phase, students should be able to:

- N/A

By graduation, students should be able to:

1. Gown and glove
2. Suture and tie knots in a simulated environment
3. Catheterize the urinary bladder in a simulated environment
4. Insert intravenous catheter in a simulated environment
5. Intubate and ventilate in a simulated environment
6. Perform Pap test
7. Insert a urinary bladder catheter in a patient
8. Perform suturing and knot-tying on a patient
9. Assist in placement of a nasogastric tube
10. Assist in placement of an intravenous line
11. Assist in surgical wound care

Objective 2f

To apply principles of health promotion and disease prevention to patient care

At the end of the preclinical phase, students should be able to:

1. Describe the utility of each of the following in health promotion and disease prevention: risk assessment, behavioral modification, health screening, nutrition, exercise, weight management, family planning, and immunization

By graduation, students should be able to:

2. Apply the tools of health promotion and disease prevention to the care of children, adults, pregnant women, and the elderly

Objective 2g

To describe and address common societal problems adversely affecting health in Oklahoma

At the end of the preclinical phase, students should be able to:

1. Describe strategies for preventing, diagnosing, and treating substance use disorder
2. Describe strategies for preventing, diagnosing, and treating obesity
3. Describe strategies for preventing, detecting, and addressing child abuse
4. Describe strategies for preventing, detecting, and addressing elder abuse
5. Describe strategies for preventing and addressing teen pregnancy

By graduation, students should be able to:

6. Provide care to patients with substance use disorder
7. Provide care to patients with obesity
8. Provide care to victims of child abuse
9. Provide care to victims of elder abuse
10. Provide care to pregnant teens

Objective 2h

To provide general care to diverse populations

By graduation, students should be able to:

1. Provide general care to inpatients and outpatients
2. Provide general care to patients of diverse socioeconomic and cultural backgrounds
3. Provide general care to patients with urgent and non-urgent presentations

Competency 3: Communication

Objective 3a

To use effective listening, observational, and communication techniques with patients and families in routine and cross-cultural settings

At the end of the preclinical phase, students should be able to:

1. Greet and establish rapport with patients
2. Pose open-ended questions
3. Use verbal and non-verbal facilitative behavior
4. Summarize details of a patient's medical history
5. Properly transition from section to section of a patient's medical history
6. Listen actively
7. Encourage patient participation
8. Elicit patient's perspective regarding symptoms and problems
9. Demonstrate patient-centered approach to care, including shared decision-making
10. Demonstrate empathy
11. Explore and validate patient's emotions
12. Avoid medical jargon
13. Allow patient to speak without interruption
14. Provide uncomplicated explanations and instructions
15. Assess patient comprehension

By graduation, students should be able to:

16. Demonstrate all skills listed above in the care of hospitalized and clinic patients
17. Engage in age-appropriate communication with children
18. Address victims of domestic violence properly
19. Interact with individuals who have cognitive or behavioral problems
20. Communicate with victims of elder abuse
21. Deliver "bad news"

Objective 3b

To deliver clear and accurate oral presentations

At the end of the preclinical phase, students should be able to:

1. Orally present a comprehensive history and physical (H&P)
2. Orally present an abbreviated SOAP report

By graduation, students should be able to:

3. Present an accurate H&P and SOAP note on hospitalized and clinic patients
4. Conduct an effective handover using the SBAR method of communication

Objective 3c

To provide accurate and context-specific documentation of clinical encounters

At the end of the preclinical phase, students should be able to:

1. Write a comprehensive H&P
2. Write a SOAP progress note

By graduation, students should be able to:

3. Write an admission H&P and a SOAP-format progress note on a hospitalized and clinic patient
4. Write a patient handover note in SBAR format
5. Write a discharge summary
6. Write a pre-operative, operative, and post-operative note on a hospitalized patient

Competency 4: Professionalism

Objective 4a

To demonstrate honesty, compassion, and responsiveness to patient needs

At the end of the preclinical phase, students should be able to:

1. Identify the following attributes on the College of Medicine's list of approved attributes: honesty and integrity; care and compassion; courtesy and respect; and cultural sensitivity and humility
2. Demonstrate these attributes with standardized and "real" patients

By graduation, students should be able to:

3. Demonstrate the attributes listed in 4.1.1 when caring for patients in all professional settings

Objective 4b

To demonstrate integrity, reliability, and accountability in professional endeavors

At the end of the preclinical phase, students should be able to:

1. Identify the College of Medicine's list of approved attributes including accountability and responsibility; punctuality; professional appearance; attentiveness and participation; accuracy of representation of clinical findings; commitment to self-improvement and accepting feedback; and admission of mistakes and error
2. Demonstrate these attributes with standardized and "real" patients

By graduation, students should be able to:

3. Demonstrate the attributes listed in 4.2.1 in all professional settings

Objective 4c

To demonstrate commitment to ethical principles by respecting patient autonomy and seeking the patient's best interest

At the end of the preclinical phase, students should be able to:

1. Identify the following principles of medical ethics: privacy and confidentiality involving patients and medical records; patient autonomy; recognition and avoidance of conflicts of interest; admission of mistakes and errors
2. Uphold these principles when caring for standardized and "real" patients

By graduation, students should be able to:

3. Uphold the principles listed in 4.3.1 when caring for patients in all professional settings

Objective 4d

To demonstrate cultural sensitivity, recognize personal biases, identify demographic influences on health care quality, and suggest strategies to reduce health disparities

At the end of the preclinical phase, students should be able to:

1. Explain the role of cultural humility in health care
2. Describe the consequences of bias, discrimination, racism, and stereotyping
3. Elicit a social and cultural history
4. Demonstrate cultural sensitivity

By graduation, students should be able to:

5. Engage in cross-cultural communication and negotiation
6. Identify demographic influences on health care quality
7. Suggest strategies to reduce health disparities
8. Recognize personal biases

Competency 5: Practice-based Learning

Objective 5a

To demonstrate the ability to evaluate the medical literature and apply information to the diagnosis, treatment, and prevention of disease

At the end of the preclinical phase, students should be able to:

1. Describe the basic principles of biostatistics
2. Describe the basic principles of study design
3. Apply principles of evidence-based medicine to scientific or clinical questions

By graduation, students should be able to:

4. Write a well-built clinical question pertaining to an assigned patient, conduct a literature search, find an appropriate article, appraise the article, and use the appraisal to answer the clinical question

Objective 5b

To identify and address personal strengths and weaknesses, respond appropriately to feedback, and seek help and advice when needed

At the end of the preclinical phase, students should be able to:

1. Demonstrate understanding that everyone has shortcomings in one or more spheres – cognitive, physical, behavioral, emotional, and moral – and that deficiencies in any sphere may impact the provision of healthcare
2. Demonstrate understanding that constructive criticism and feedback are beneficial and not punitive
3. Demonstrate understanding that self-analysis with an eye toward identifying and correcting weaknesses is an essential skill for physicians-in-training

By graduation, students should be able to:

4. Ask peers and instructors questions about patient care
5. Request feedback on one's own clinical performance
6. If feedback is too general, ask about performance on specific tasks

7. Use feedback to improve performance
8. If unsure how to improve performance, ask for recommendations

Objective 5c

To engage in self-directed learning as a foundation for life-long learning

At the end of the preclinical phase, students should be able to:

1. Self-assess learning needs; identify, analyze, and synthesize relevant information; appraise the credibility of information sources

By graduation, students should be able to:

2. Engage in self-directed learning as a routine part of evaluating patients

Competency 6: Systems-based Practice

Objective 6a

To integrate the unique and complementary abilities of other health professionals and collaborate as a member of an interprofessional team

At the end of the preclinical phase, students should be able to:

1. Identify the four collaborative practice competency domains established by the Interprofessional Education Collaborative: values and ethics; roles and responsibilities; communication; and teamwork
2. Communicate with peers from other healthcare disciplines about their educational background, their reasons for choosing a particular discipline, their daily responsibilities, and the role their discipline plays in the overall provision of healthcare
3. Engage with peers from other healthcare disciplines in shared patient-centered problemsolving

By graduation, students should be able to:

4. Describe the roles and responsibilities of non-physician health professionals on the healthcare team
5. Contribute to a climate of mutual respect when interacting with non-physician health professionals
6. Include team members in relevant information exchange
7. Collaborate as a member of an interprofessional team

Objective 6b

To explain the principles of quality improvement and contribute to a culture that promotes patient safety

At the end of the preclinical phase, students should be able to:

1. Describe the principles of quality improvement
2. Identify factors that contribute to "danger" in the healthcare setting
3. Identify common types of medical error and strategies to reduce errors
4. Describe the relationship between complexity and error, and explain the role of standardization and simplification in patient safety

By graduation, students should be able to:

5. Routinely engage in practices that promote patient safety, including handwashing and adherence to standard and transmission-based precautions
6. Describe the role of the hospital's Quality Improvement Committee (or equivalent) in advancing patient safety

7. Notify the attending physician or other appropriate authority when an event that compromises patient safety is witnessed

- **Policy Date:** 7/5/2017
- **Approved By:** Medical Education Committee
- **Date Revised:** 3/1/2023
- **Date Reviewed:** 3/1/2023

Promotion and Graduation Standards (401)

The College of Medicine MD program employs a single standard for promotion and graduation. The following policy applies to all medical students (i.e., students in all tracks and at all instructional sites or campuses).

Students are eligible for promotion and graduation based on coursework, criteria, and standards established by the College of Medicine faculty. The College of Medicine Students Promotions Committee considers all decisions regarding student promotion and graduation.

Terms

Designated Coursework – the curricular experiences (including but not limited to all required and elective courses, clerkships, selectives, and electives) that comprise a curriculum “year” in the published OU College of Medicine MD program curriculum for each individual track or pathway.

Required Curricular Components – all curricular components that are non-elective including but not limited to courses, clerkships, and selectives.

Promotion Criteria and Standards

Students who:

1. successfully complete all designated coursework requirements for an academic year, and
2. who meet all of the following promotion criteria and standards

will be considered by the Student Promotions Committee for promotion to the next academic year.

1. To be eligible for promotion, students must successfully complete all designated coursework. This requires that students:
 - Meet College of Medicine standards of academic achievement for all designated coursework as indicated in Policy #413.
 - Obtain all required curricular components through the University of Oklahoma College of Medicine.
2. To be eligible for promotion, students must be able to demonstrate the College of Medicine Technical Standards according to Policy #203.
3. To be promoted to the third year, students must pass Step 1 of the United States Medical Licensure Exam according to the timeline outlined in Policy #406.1.
4. Students in the 4-Year School of Community Medicine track and 3-Year Accelerated MD pathway must successfully complete additional requirements in accordance with Policy #401.1.

Graduation Criteria and Standards

Students who:

1. successfully complete the entire MD program of study, and
2. meet all of the following graduation criteria and standards

will be considered by the Student Promotions Committee for graduation and granting of the MD degree.

1. To be eligible for graduation, students must be able to demonstrate the College of Medicine Technical Standards according to Policy #203.
2. To be eligible for graduation, a student must receive a grade of "P" (Pass), "S" (Satisfactory), "C" letter grade or better in all courses.
3. To be eligible for graduation, students must comply with Policies #406 (USMLE Examination Requirements) and #421 (Clinical Skills Assessment).
4. To be eligible for graduation, students must successfully complete all designated coursework. This requires that students:
 - Meet College of Medicine standards of academic achievement for all designated coursework as indicated in Policy #413.
 - Obtain all required curricular components through the University of Oklahoma College of Medicine.
5. No student in their final year of training may be considered for graduation with a failing grade (i.e., "D", "U", or "F") being the grade of record in any course. All failing grades must be satisfactorily cleared in accordance with the existing academic policy before a student in their final year may be graduated.
6. Students in the 4-Year School of Community Medicine track and 3-Year Accelerated MD Pathway must successfully complete additional requirements in accordance with Policy #401.1.
7. No student shall graduate without the approval of the College of Medicine Faculty.

Students are eligible to graduate after all curriculum requirements are successfully met. The college will not delay graduation due to a failure to match.

Note: Each student must meet all financial obligations to the College of Medicine.

- **Policy Date:** 04/1997
- **Approved By:** Medical Education Committee; College of Medicine Faculty Board; Executive Dean
- **Date Revised:** 10/4/2023
- **Date Reviewed:** 10/4/2023

Additional Promotion and Graduation Standards for SCM Track Students (401.1)

Note: This policy applies to students that matriculate in August 2019 and thereafter. Any student that transfers into a later year of the SCM track (i.e., the second or a subsequent year of the SCM track curriculum) is not required to make up requirements from prior years of the SCM track curriculum.

In order to be eligible for promotion and/or graduation from the School of Community Medicine Track (SCM), which include students in both the 4-Year and 3-Year Accelerated MD programs must successfully meet additional coursework requirements, criteria, and standards established by the College of Medicine Faculty based on the SCM track objectives.

Additional SCM Track Promotion Criteria, Standards, and Requirements:

Students must meet all criteria, standards, and requirements outlined in Policy #401 in addition to the following:

1. To be eligible for promotion, students in the 4-Year MD program must successfully complete all SCM-specific curriculum coursework

requirements for each respective academic year in accordance with Policy #413.

2. to be eligible for promotion, students in the 3-Year Accelerated MD program must successfully complete all SCM-specific curriculum coursework requirements for each respective academic year in accordance with Policy #413.

Additional SCM Track Graduation Criteria, Standards, and Requirements:

Students must meet all criteria, standards, and requirements outlined in Policy #401 in addition to all of the following:

1. To be eligible for graduation, students in the 4-year MD program must successfully complete all SCM-specific curriculum coursework requirements for each respective academic year in accordance with Policy #413.
2. To be eligible for graduation, students in the 3-Year Accelerated MD program must successfully complete all SCM-specific curriculum coursework requirements for each respective academic year in accordance with Policy #413.
3. To be eligible for graduation, all SCM students must successfully complete all required Bedlam E clinics scheduled during the SCM clerkships and geriatrics rotation.

- **Policy Date:** 8/12/2019
- **Approved By:** Medical Education Committee; College of Medicine Faculty Board; Executive Dean
- **Date Revised:** 10/4/2023
- **Date Reviewed:** 10/4/2023

Timely Remediation of Grades - Clinical Years (402)

1. Students with a single deficiency in a clinical course, who are required to remediate this deficiency, will be required to alter their enrollment at the time of notification of the deficiency.
2. Students will be permitted to complete the current rotation.

- **Policy Date:** 4/22/97
- **Approved By:** Executive Dean, College of Medicine
- **Date Revised:** 8/6/2012
- **Date Reviewed:** 6/7/21

Make-Up Work and Use of Incomplete Grade (403)

At the time final grades are reported, any student who has not completed all course requirements will be assigned a grade of "I" (Incomplete). The "I" grade can then be changed to the appropriate letter grade once the course requirements have been met.

The grade of "I" (incomplete) is a neutral mark, not an alternative to a grade of "F." No student who is failing a course when grades are awarded may receive an "I."

The student should have satisfactorily completed a substantial portion of the required coursework to receive an "I." The "I" grade is intended to be temporary and to be used when a student, for reasons acceptable to the instructor, is unable to complete certain identifiable requirements of a course and cannot be assigned another grade.

Upon approval of the course director (and in accordance with policy 306), students are permitted to fulfill unmet clinical obligations (i.e., "clinical days") during periods that don't conflict with other coursework expectations. This includes weekends and unscheduled periods (e.g., winter break or time between semesters).

- **Policy Date:** 4/21/95
- **Approved By:** Medical Education Committee
- **Date Revised:** 2/1/2023
- **Date Reviewed:** 6/7/21

Academic Credit for Research and Other Activities (404)

Certain academic projects and summer activities (both on-campus and off-campus) may be noted on the transcript and graded as "satisfactory/unsatisfactory".

No credit hours will be assigned. These activities will have no effect on the student's GPA or class rank.

These activities will be highlighted in the medical student performance evaluation prepared for students' residency applications to emphasize the extra work accomplished by the student.

- **Policy Date:** 3/28/97
- **Approved By:** Faculty Board College of Medicine
- **Date Revised:** 1/20/2015
- **Date Reviewed:** 6/7/21

Off-Campus Electives, Fourth Year (405)

1. Fourth year students are expected to use electives to pursue a broad range of interests in addition to their chosen specialty.
2. No more than four (4) electives in any specific discipline are allowed during the year, including off-campus electives. Special Studies Courses, and Research Electives in a particular discipline or department do not count towards the limit.
3. Fourth year students in good academic standing are permitted to take a maximum of three (3) elective rotations off-campus. Off-campus work is defined as work not at the Health Sciences Center-Oklahoma City, the College of Medicine-Tulsa, or under the direct supervision of a member of the faculty of the College of Medicine. International affiliated programs are considered on-campus with respect to this policy. Research Electives in a particular discipline or department do not count towards the limit. At least eighteen (18) weeks of the senior year must be spent geographically at one of the college's two campuses.
4. Completion of the Application for Elective Work At Another Institution form is required for each off-campus rotation. The form is available in the Office of Student Affairs as well as online. Before the requested rotation can be authorized, each section of the form must be completed and submitted to the Office of Student Affairs at least 30-days in advance of the planned experience.
5. To assure educational equivalence, off-campus rotations that are not arranged through the AAMC VSAS process must be approved by the Fourth year Electives Course Director of the analogous Department in the University of Oklahoma College of Medicine. If local sponsorship is not possible, approval may be requested from an Associate Dean.
6. Off-campus rotations are not permitted during the month of May.

- Students must be protected by medical liability insurance during all clinical rotations. Off-campus sites may set coverage limits which exceed those provided by the College of Medicine policy. Students may be eligible to purchase additional coverage, the cost of which will be borne by the student.
- Verification of health insurance coverage, HIPAA training compliance, criminal background check results, urine drug screening results, and immunization status may be required by off-campus sites. Students are responsible for providing this information. Copies of immunization records can be requested from the Student Health Service.

Students will present a College of Medicine Student Evaluation Form For Clerkships and Clinical Electives form to the supervisory faculty member at the off-campus site, for completion at the conclusion of the clinical experience. Copies of this form are available in the Office of Student Affairs. The form must be returned to the Office of Student Affairs before academic credit for the experience can be awarded

- **Policy Date:** 1/24/97
- **Approved By:** Medical Education Committee
- **Date Revised:** 8/3/17
- **Date Reviewed:** 6/7/21

Temporary Supplement to Off-Campus Electives, Fourth Year (405.1)

- This policy places restrictions on off-campus rotations, in addition to those outlined in Policy 405.
- The COVID-19 pandemic has disrupted the clinical education of many medical students. It is a medical school's responsibility to regulate away rotations in an effort to maintain safety and promote well-being. OU College of Medicine (OU COM) students will have access to all applicable clinical experiences to support their clinical education, meet graduation requirements, and support their specialty application in any given field.
- The College will follow the latest recommendation issued by the Coalition for Physician Accountability regarding away rotations (taking into account local conditions and capacity).
- Students that attend an away rotation through an exemption will be required to complete an online screening form upon return to Oklahoma and may be required to follow any quarantine requirements.
- Students may complete an online away rotation for credit.

- **Policy Date:** 5/19/2020
- **Approved By:** Executive Dean; Faculty Board
- **Date Revised:** 5/27/2020
- **Date Reviewed:** 6/7/21

USMLE Examination Requirements (406)

- Students must take and pass Step 1 of the USMLE examination according to the timeline specified in Policy #406.11 in order to be promoted to the third year.
- In order to be certified for the National Residency Match Program, fourth year medical students must take and report their scores on the USMLE Step 2 CK examination.

- Students in the 3-Year Accelerated MD pathway must take USMLE Step 2 (CK) no later than May 31st of their third year of medical school or be subject to policy 331.1.

- **Policy Date:** 7/1995
- **Approved By:** Medical Education Committee
- **Date Revised:** 10/4/2023
- **Date Reviewed:** 10/4/2023

USMLE Step 1 (406.11)

NOTE: This revised policy goes into effect for all classes entering August 2017 and after.

Oklahoma City Campus:

Students are allowed three attempts to pass Step 1 of the United States Medical Licensing Examination. Any student who does not pass this examination on the third attempt will be dismissed from the College of Medicine.

- At the conclusion of second-year classes, a student must take the USMLE Step 1 examination prior to June 15. Any student who does not take the exam by this deadline will not be allowed to begin the third-year clinical rotations until a passing score has been reported to the College of Medicine. Students who do not take the exam by that date may remain enrolled in the Clinical Transitions course but may not enroll in subsequent coursework. (They will not be allowed to enroll in subsequent terms until a passing score is achieved.)
- Students who get off-track from clinical rotations due to USMLE delays or failures should meet with the Financial Aid Office as soon as possible to discuss the implications for tuition and student loan repayment.
- Students who fail the first attempt at Step 1 may choose to withdraw from their current and/or subsequent clinical rotations. Alternatively, they may choose to complete their clinical rotations for the current term only. They will not be allowed to enroll in subsequent terms until they have retaken the exam.
- A student who receives a failing score on their first attempt of USMLE Step 1 must take the second attempt no later than 8 weeks from the end of their last completed clinical rotation. If the student chooses not to complete their rotation, the student must take the second attempt no later than 8 weeks from the Monday following the student's last day on the clinical rotation. If the student does not retake the exam by that deadline, they will not be allowed to enroll in clinical rotations until a passing score is achieved. Late graduation may be unavoidable in this circumstance. When the student presents official verification of having taken the reexamination, the College will work with the student and enroll the student in a revised clinical course schedule. This may require sacrifice of some vacation time in order to complete the curriculum in a timely manner.
- A student who fails the second attempt at Step 1 may choose to withdraw from their current and/or subsequent clinical rotations. Alternatively, they may choose to complete their clinical rotations for the current term only. They will not be allowed to enroll in subsequent terms until they have retaken the exam. The student will be placed on a leave of absence for the Spring semester and will not be enrolled in any courses or clinical rotations until the test results from the third attempt are available. If the student passes the Step 1 examination on the third attempt, they may choose to be enrolled in third year clinical rotations at the next available opportunity and will be responsible for full tuition and fees for the semester. If the

student fails the Step 1 examination on the third attempt, they will be dismissed from the College of Medicine.

6. All attempts at Step 1 must be completed by May 1 of the calendar year following the student's completion of second-year courses.
7. Students who believe they may need accommodation related to their USMLE exams must reach out to the Accessibility and Disability Resource Center (ADRC) prior to the exam.

School of Community Medicine (The Below Policy Applies to the Classes of 2027 and 2028):

Students are allowed three attempts to pass Step 1 of the United States Medical Licensing Examination. Any student who does not pass this examination on the third attempt will be dismissed from the College of Medicine.

1. At the conclusion of second-year classes, a student must take the USMLE Step 1 examination prior to June 15.
2. Students who postpone taking Step 1:
 - Due to the complex scheduling of the Longitudinal Integrated Clerkships, students will be enrolled in year-long courses. Therefore, students who do not take the exam by June 15th must take a leave of absence and postpone the start of third-year clinical rotations until the next designated entry point.
 - Students who postpone taking Step 1 will not be able to begin third-year clinical rotations until they have achieved a passing score.
 - Students who postpone taking Step 1 must complete all attempts by May 1st of the calendar year following the student's completion of year 2 courses. Any student who does not demonstrate a passing USMLE Step 1 score on exams completed by that date will not be enrolled in any courses or clinical rotations and will be dismissed from the College of Medicine.
3. Students who attempt Step 1 by the June 15th deadline and fail the first attempt:
 - Students in this situation will be allowed to complete their third-year clinical rotations with the understanding that they must retake Step 1 and cannot begin fourth year until they receive a passing score. This may require sacrifice of some vacation time in order to complete the curriculum in a timely manner. Students will not be allowed to take time off during their third-year clinical rotations for dedicated Step 1 study.
 - If a student chooses to not continue with their third-year clinical rotations, they must take a leave of absence and postpone the start of third-year clinical rotations until the next designated entry point. They may not begin third-year clinical rotations until they have achieved a passing score.
 - All repeat attempts must be completed prior to the start of fourth year. If necessary, students may have the option to postpone the start of fourth year.
4. All students must sit for Step 1 by December 1st following their third-year rotations. Students who have not sat for their final attempt by December 1st will be dismissed from the College of Medicine.
5. Students who get off-track from clinical rotations due to USMLE delays or failures should meet with the Financial Aid Office as soon as possible to discuss the implications for tuition and student loan repayment.
6. Students who believe they may need accommodations relating to their USMLE exams must reach out to the Accessibility and Disability Resource Center (ADRC) prior to the exam.

- **Policy Date:** 1/24/97
- **Approved By:** Medical Education Committee; Faculty Board, College of Medicine; Executive Dean, College of Medicine
- **Date Revised:** 10/02/2024
- **Date Reviewed:** 10/02/2024

Minimum Retention Requirements for Records (407)

Please refer to the Records Retention section of the OUHSC administrative policies.

- **Policy Date:** 4/98
- **Approved By:** OK State Regents for Higher Education
- **Date Revised:** 8/14/2012
- **Date Reviewed:** 6/7/21

Administration of Examinations (408)

Site of Exam

Examinations may be administered in-person or remotely. Remotely delivered exams should only be used under extraordinary circumstances.

Students must take all in-person examinations at their home campus. Exceptions may be made for unpredictable extraordinary circumstances such as a winter storm that makes travel dangerous. For the weather exception, a student must notify the associate deans responsible for student affairs on both campuses and course director(s) as soon as the student knows that travel to the home campus is dangerous. If a student wishes to request the ability to take the exam on the other campus due to a predictable extraordinary circumstance, the student must make this request to the associate deans responsible for student affairs on both campuses no later than two days before the scheduled exam. Permission will be granted if both deans approve. After approval, the associate dean(s) will notify the course director(s) and course coordinators.

All examinations are closed. It is a violation of University and College of Medicine policies for students to have in their possession copies of questions from previously given closed examinations from any College on the Health Sciences Center Campus.

All examinations will begin promptly at the announced time. Students who are late to an exam may take the exam, but they must finish by the originally announced deadline. No extra time will be given for unexcused tardiness to an exam.

Students may not consult books, lecture notes, or other resources during an examination unless explicitly permitted by the course director.

In-person Computer-based Exams

1. Each student is responsible for bringing a functioning laptop, updated with the programs required to take online exams at the College. The computer must comply with the requirements set forth by the College. All students are responsible for ensuring that online exam program(s) and virus scanning programs are up-to-date and that the laptop can connect to the wireless network.
2. Examination questions must be randomized.
3. Proctor(s) will be present in the room(s) at all times. One proctor will be designated as chief proctor for the examination. Other proctors will be assigned duties as deemed necessary by the chief proctor.

4. No questions will be answered by the proctors or director at any time during the examination (except for questions regarding possible technical problems or typographical errors).
 5. All students will report for the examination at the announced time. Students will be permitted to enter the room 15 minutes prior to the beginning of the examination. No talking will be permitted once the students enter the examination room. Examinations will begin promptly at the announced time.
 6. The only materials that are permitted in the room during the examination are student IDs, No. 2 pencils, laptops, power cords, a computer mouse, and erasers. No refreshments will be permitted in the examination room. No hats or bulky outerwear may be worn. Study materials, backpacks, briefcases, audio equipment, electronic devices (such as cell phones, MP3 players, cameras), computers or computer devices or their sleeves, watches with phone, memory or calculator capabilities and earphones will not be allowed in the examination room. Calculators will not be permitted.
 7. If a student leaves the examination room during the examination, his/her laptop must be partially closed, and sheet of paper must be placed face down on the desk.
 8. Students are permitted to use the restroom, one student at a time. A proctor must exit the lecture hall with the student and wait in the lobby for their return.
 9. During the examination, the students will honor a code of silence. No talking or other communication will be permitted.
 10. Students who finish the examination must provide evidence that they are not leaving the room with exam information (such as by showing a proctor the "submit" page on their laptop, showing a proctor a completely shut down laptop, or through other mechanisms). Students must leave the examination room quietly, and must immediately leave the examination area, which includes the lobby and the restrooms used by the examinees.
 11. Course directors will clearly designate the time limit for each exam. The online exam must show the clock during the exam so that students will know exactly how much time they have remaining.
 12. Reasonable accommodations for any student who has an approved qualifying disability will be provided based on the specific need of the student.
- power cords, a computer mouse, and erasers. No refreshments will be permitted in the examination room. No hats or bulky outerwear may be worn. Study materials, backpacks, briefcases, audio equipment, electronic devices (such as cell phones, MP3 players, cameras), computers or computer devices or their sleeves, watches with phone, memory or calculator capabilities and earphones will not be allowed in the examination room. Calculators will not be permitted.
7. No other individuals are allowed in the student's immediate exam area. No communication with other individuals is permitted after the start of the examination. No texting or electronic messaging will be permitted once a student logs on to the exam other than that which is specifically allowed by the course director and/or program-assigned proctor(s) to address any technical problems.
 8. Students must participate in any faculty/staff assigned trial, practice, and/or compatibility check of the computer-based exam platform. Faculty and staff will make reasonable effort to assure timely notification and scheduling of any assigned trial, practice, and/or compatibility checks.
 9. A reasonable effort will be made to format longer remotely proctored exams (those with over 65 questions) to allow for breaks. This may include (i) dividing the exam into blocks with designated breaks between blocks, or (ii) adding 5 minutes to the exam window and allowing the student to take a break with proctor approval while the exam is in session.
 10. Students who experience technical difficulties must immediately notify the proctor.
 11. Students who are unable to complete an examination due to a technical difficulty that is beyond their control will be allowed to take a make-up examination.

In-person Preclinical Written Exams

1. Examinations will be prepared in at least two forms and placed face down on the desks in the room prior to allowing students in the room.
2. Each seat location in the examination room is numbered, and a list of randomly assigned seats will be posted outside the room 15 minutes prior to the examination. All students will occupy their assigned seats for the examination.
3. Proctor(s) will be present in the room at all times. One proctor will be designated as chief proctor for the examination. Other proctors will be assigned duties as deemed necessary by the chief proctor.
4. No questions concerning the exam will be answered by the proctors or director at any time during the examination (except for questions regarding possible typographical errors).
5. Answer keys for the examination will not be posted or distributed in any way before all students taking the exam have turned in their examination materials.
6. All students will report for the examination at the announced time. Students will be permitted to enter the room 15 minutes prior to the beginning of the examination. No talking will be permitted once the students enter the examination room. Examinations will begin promptly at the announced time. Students who arrive late may take the exam, but they must finish the exam by the originally announced deadline.
7. The only materials that are permitted in the room during the examination are student IDs, No. 2 pencils, and erasers. No refreshments will be permitted in the examination room. No hats or bulky outerwear may be worn. Study materials; backpacks; briefcases; audio equipment; electronic devices (such as cell phones, MP3 players, cameras), computers and computer devices; watches

Remotely Delivered Computer-Based Exams

1. Each student is responsible for bringing a functioning laptop updated with programs and hardware (e.g., webcam, microphone) required to take remote exams. The computer must comply with requirements set forth by the College. Students are responsible for ensuring that online exam program(s) and virus-scanning programs are up to date, that their laptops can connect to the wireless network, and that webcams and microphones are functional.
2. Proctor(s) will monitor exams according to approved procedures.
3. No questions will be answered by the proctor(s) or course director(s) at any time during the examination (except for questions regarding technical problems or typographical errors).
4. Students must have their computers on, connected to the internet, and ready to log in to the examination 15 minutes prior to the scheduled start time of the exam. This will allow time for students to ensure they have access to the exam.
5. Students will follow pre-exam etiquette (e.g., webcam, I.D., environment check) according to approved procedures.
6. The only materials that are permitted in the student's desktop area during the examination are student IDs, pens or No. 2 pencils, laptops,

with phone, memory, or calculator capabilities; and earphones will not be allowed in the examination room. Calculators will not be permitted.

8. During the examination, students will be restricted to the following areas outside of the examination room:
 - a. the lobby between the East and West Lecture Halls; and
 - b. the lobby restrooms.
 All other areas are off-limits, including the lounge area and the modules. If a student leaves the examination room during the examination, his/her materials must be placed face down on the desk.
9. Students are permitted to use the restroom, one student at a time. A proctor must exit the lecture hall with the student and wait in the lobby for their return.
10. During the examination, the students will honor a code of silence. No talking or other communication will be permitted.
11. Students who finish the examination early will follow the procedure established by the chief proctor for submitting their examination materials. Students must leave the examination room quietly. Students must immediately leave the examination area (including the lobby and the restrooms used by the examinees).
12. Course directors will clearly designate the time limit for each exam. The chief proctor will announce to the entire group of examinees when 30 minutes of examination time remain. A similar announcement will be made when 10 minutes remain.
13. At the end of the examination, the chief proctor will inform the examinees that the time allotted has expired and that no further writing of any kind, marking of examinations, or answer sheets will be permitted.
14. All examinations are closed. It is a violation of University and College of Medicine policies for students to have in their possession copies of questions from previously given closed examinations from any College on the Health Sciences Center Campus.
15. Reasonable accommodations for any student who has an approved qualifying disability will be provided based on the specific need of the student.

- **Policy Date:** 7/27/92
- **Approved By:** Executive Dean; PCS
- **Date Revised:** 4/24/2020, 5/8/2020, 6/21/2023
- **Date Reviewed:** 8/2/2023

MD/MPH Program Policy (409)

The University of Oklahoma Colleges of Medicine and Public Health offer MD program students an opportunity to take MPH coursework that may lead to a masters degree in the College of Public Health. While not a true "dual" or "joint" degree program this flexible program provides students with the ability to take one course or complete a masters degree.

Academic and Other Requirements

1. Students must meet all admission standards for both colleges, including compliance with all admissions policies, process, and prerequisites.
2. Students are required to adhere to and comply with student policies which include but are not limited to student health requirements (including immunization requirements—as stated in College of Medicine Policy 309), maintenance of training certification, and examination regulations, located in the College of Medicine Policy Manual and the OUHSC Faculty Handbook.

3. Students must fully comply with and adhere to all curriculum, professionalism, promotion, and graduation requirements, standards and policies for both degree programs.
4. Students enrolled in the MD program are expected to comply with the MD program academic calendar and enroll in all scheduled MD program coursework. However, students that desire enrollment in College of Public Health coursework may request concurrent enrollment in College of Public Health coursework during the preclinical curriculum and during elective coursework taken during the clinical curriculum.
5. Students may request a Leave of Absence from the MD program to pursue a focused course of study in the College of Public Health.
6. Students may request elective time and or field credit to be credited to both degree programs and to arrange such elective content to meet both goals of elective time in medicine and public health. This effort must be coordinated through the major professor in the College of Public Health and with designated Associate Dean in the College of Medicine.

College of Public Health Programs

The *Department of Health Administration and Policy in the College of Public Health* offers two master's level programs - the Master of Health Administration (MHA) and the Master of Public Health (MPH). The MHA has a 60-credit hour curriculum for students seeking careers in the management of health service organizations. The MHA combines core elements of a traditional MBA such as financial analysis, quantitative methods and organizational theory and behavior, with distinctive features of health sciences administration. The MPH is a 45-credit hour curriculum with emphasis on health program design, planning, implementation and evaluation.

The *Department of Health Promotions Sciences in the College of Public Health* offers a 44 semester hour master's level program. The degree prepares public health professionals to function in leadership roles in the development, promotion, and application of educational and behavioral science theory and methods to the solution of community health problems.

The *Department of Occupational and Environmental Health in the College of Public Health* offers two master level degrees, e.g., the Master of Public Health for 44 semester hours (non- Thesis) and the master of science for 36 semester hours (thesis or non-thesis). The program is broad based and designed to prepare the physician and physician assistant to assume a responsible role in the care and management of occupationally related diseases and injuries, and promote health maintenance of the worker in the occupational environment.

The *Department of Biostatistics and Epidemiology in the College of Public Health* offers two master level programs, e.g., the Master of Public Health in either Biostatistics or Epidemiology (44 semester hours) and the Master of Science degree (currently offered as a 36-semester hour thesis program in epidemiology or biostatistics and proposed in clinical epidemiology). The degrees are intended to prepare practicing biostatisticians and epidemiologists in the MPH program and to offer a research focus with specialization in either theory or applications of the discipline.

Individuals pursuing the MD/MPH program would be prepared to:

1. Practice medicine and compliment that practice with public health expertise, such as health administration and policy, health promotion

and education at the community level, occupational/environmental health and/or biostatistics and epidemiology;

2. Conduct biomedical research that requires a combination of expertise in medicine and public health; and/or
3. Develop a career in public health administration and health policy making.

Proposed Pathway

Each student accepted to the dual degree program may proceed with degree requirements in an individualized manner constrained only by the course offerings of the programs. All degree requirements for the Colleges of Medicine, Public Health, and the Graduate College must be completed.

It is suggested that the student begin the College of Medicine curriculum, complete year one, take six semester hours in the College of Public Health, complete the second year in medical school, sit for the United States Medical Licensing Examination Step 1 at the conclusion of the second year, then fully enroll in the College of Public Health course requirements. After completion of the course requirements, the students may re-enter the College of Medicine to complete the clinical rotations of the third year and the required fourth year courses.

Both the MHA and the MPH offered through the Department of Health Administration and Policy have six semester hours of electives. The Colleges of Medicine and Public Health ask that the student request elective time to be credited to both degree programs and to arrange such elective content to meet both goals of elective time in medicine and public health. This effort would be coordinated through the major professor in the College of Public Health and with the Associate Dean in the College of Medicine, and must follow the policy of the Graduate College for graduate credit applied toward the requirement for the graduate degree.

The MPH offered through the Department of Health Promotion Sciences has nine semester hours of elective time. The student might individualize a program of study that combines both clinical electives and public health experiences in health promotion sciences to fulfill these nine hours. The additional two hours of fieldwork may also be negotiable between the two colleges. A similar mechanism of departmental and college approval through curriculum review committees would be necessary to personalize the student requests.

The MPH/MS degrees through the Department of Occupational and Environmental Health are designed to accommodate students with a broad range of backgrounds and experience. Degree interests in industrial hygiene, environmental management, environmental toxicology/epidemiology, and occupational medicine are available. A suggested program track for medical students might be accommodated through the existing program for physicians. This is a one-year program personalized for the student/physician interests. Each degree track has a minimum of six semester hours in a clinical preceptorship that might be coordinated with the College of Medicine elective time. Students would seek college guidance by requesting approval through the respective curriculum review committees and Graduate College.

The MPH/MS degrees offered through the Department of Biostatistics and Epidemiology are designed to address student interests in the practical application of epidemiologic methods and biostatistical evaluation and interests of those individuals committed to the application of epidemiology and biostatistics for the improvement of health care. The MD/MPH track in this department is intended to be an integrated degree with options for concurrent enrollment in both colleges to

complement the learning process. Individualized programs of study would be designed by the master's level advisory committee and appropriate representative(s) from the College of Medicine. The student would petition curriculum/departmental committees or college for any special enrollment structuring necessary to reach the goal of integration of course material.

- **Policy Date:** 4/96
- **Approved By:** Graduate College; College of Public Health; College of Medicine
- **Date Revised:** 9/4/2018
- **Date Reviewed:** 6/7/21

Clinical Supervision of Medical Students (410)

The following medical student clinical supervision policy is designed to ensure student and patient safety at all times and applies to all clinical learning settings involving patient care (including required clerkships and other clinical experiences).

For the purpose of this policy, clinical supervision is defined as an oversight activity provided by a supervising health professional to a student in a clinical setting in which the student is participating in patient care activities. Supervision may be provided by physicians or other health care providers. This relationship has the simultaneous purposes of instruction, feedback, summative assessment, student safety, and patient safety. Supervision is exercised through observation, consultation, questioning, corrective feedback, directing the learning of the student, and role modeling. The supervision of medical student clinical learning experiences must ensure patient and student safety and must be provided throughout required clerkships by College faculty or health professionals supervised by College faculty.

It is expected that a designated supervising health professional is available for supervision during all times that a student is engaged in patient care activities. Residents are authorized to participate in student supervision as delegated by the supervising faculty member.

Supervision may be direct or indirect:

- **Direct Supervision:** the supervising physician is physically present with the student and patient.
- **Indirect Supervision:** with direct supervision immediately available – the supervising health professional is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

At health care facilities where patient care and the training of health care professionals occur together, there must be clear delineation of responsibilities to ensure that qualified and appropriately privileged practitioners supervise students engaged in patient care. The primary responsibility for the patient is vested with a teaching attending or medical staff member and may not be delegated to a student. Supervised activities must be within the scope of practice of the supervising health professional. Any supervising health professional must have approved credentials, privileges, and authorization in order to oversee each clinical activity or procedure.

When a student is involved in the care of the patient, the responsible supervising health professional must provide a reasonably appropriate level of supervision. Ultimately, it is the decision of the supervising faculty member as to which activities the student will be allowed to

perform. This decision should be based on a variety of factors including the complexity of the patient case or activity, the potential for untoward effects, the student's level of training, and the demonstrated competence, maturity and responsibility of each student in order to ensure the safety and comfort of the patient. The overriding consideration must be both student safety and the safe and effective care of the patient. The student may perform certain activities with indirect supervision by the faculty member or resident (as delegated by the supervising faculty member) such as history and basic physical examination. Intimate examinations and invasive procedures should only be provided by a student with direct supervision by a faculty or resident (i.e. breast or pelvic exam, foley placement, intubation, etc.).

Because the College of Medicine considers clinical supervision a time-honored practice of the profession, an essential component of a positive learning environment, and a fundamental expectation of its instructors, any concerns regarding the adequacy and availability of clinical supervision will be reported, evaluated, and resolved using the mechanisms noted in Policy #417 (Medical Student Mistreatment).

In addition, the College of Medicine will employ methods to regularly evaluate student opinion regarding the appropriateness of clinical supervision.

- **Policy Date:** 11/27/2012
- **Approved By:** Faculty Board; Executive Dean; Medical Education Committee
- **Date Revised:** 10/21/2020
- **Date Reviewed:** 6/7/21

Timetable for Generating Course Schedules (MS1 and MS2 Course Directors) (411)

The academic calendar for each academic year is finalized approximately six months prior to the start date of that year. Students must organize personal activities around the official college academic calendar.

The MS1 and MS2 preclinical curriculum daily course schedule is finalized approximately four to six weeks prior to the start date of that semester. After the schedule is published, the course director may change non-required student activities (i.e., lectures, etc.) with no minimum advance notice to students. However, no changes in the scheduled dates for required student activities may be made without a 30-day advanced notice.

- **Policy Date:** 11/18/98
- **Approved By:** Medical Education Committee
- **Date Revised:** 4/4/2018
- **Date Reviewed:** 6/7/21

Academic Appeals and Due Process (412)

The College of Medicine follows the Student Academic Appeals Policy and Procedures as described in the OUHSC Faculty Handbook (See appendix C.)

Note: Due process protections for actions that may negatively affect the status of a student for academic or professionalism reasons are addressed in College policy #331.

- **Policy Date:**
- **Approved By:** Regents, 6-19-15, 1-26-99, 12-3-02, 6-25-08, 12-11-11, 12-7-12
- **Date Revised:** 6/15/2016
- **Date Reviewed:** 6/7/21

Standards of Academic Achievement and Consequences of Unsatisfactory Academic Performance (413)

This policy outlines the College of Medicine MD program standards of academic achievement and describes the consequences of unsatisfactory academic performance.

Standards of Academic Achievement

The College of Medicine faculty have established standards of academic achievement (i.e., student performance expectations and associated grading criteria) to ensure that students achieve the course objectives and the broader educational program objectives (see Policy #400). Throughout the MD program, students are assessed using the standards of academic achievement established by course faculty.

To meet the standards of academic achievement a student must obtain a satisfactory final grade in all courses according to criteria established by the course faculty. Satisfactory grades are defined as a grade of "P" (Pass), "S" (Satisfactory), "C" or better in all courses. Grades of "F," "D," and "U" do not meet college standards and are considered failing grades (i.e., a non-passing grade).

Students who do not meet the academic achievement standards (i.e., students with unsatisfactory academic performance) are subject to the following:

Consequences of Unsatisfactory Academic Performance

A. Preclinical Curriculum

First- and second-year course grades will be awarded using a Satisfactory/Unsatisfactory grading system. (This applies to students entering fall 2018 and later.)

Students who receive a failing grade in a single preclinical course will have a single reevaluation in that course following the conclusion of the spring semester. Students who pass the failed course through reevaluation will receive the lowest passing percentage score for that course and will be eligible for promotion to the next academic year. Students who do not pass the failed course through reevaluation (or who do not participate in the reevaluation) by the reevaluation deadline will be required to repeat the entire academic year and will be placed on academic probation for a minimum of one academic year.

Reevaluation Deadlines:

- Remediation of a first-year course: by July 1 following the conclusion of the spring semester (except for the Human Structure course as this remediation is associated with the summer anatomy course).
- Remediation of a second-year course: within 30 days following the conclusion of the spring semester (and *prior* to sitting for USMLE Step I). *Students who fail the remediation of a second-year course are not permitted to sit for Step I and will be required to repeat the entire academic year.*

Students who receive two failing grades in a single academic year will be required to repeat the entire academic year and will be immediately placed on academic probation until the student has completed two full semesters with no failing grades.

Students who receive a failing grade in any course while on academic probation are recommended by the Student Promotions Committee to the Executive Dean for dismissal.

Only one academic year of the preclinical curriculum may be repeated for academic reasons.

Students who cannot complete the preclinical curriculum in three years due to unsatisfactory academic achievement are recommended by the Student Promotions Committee to the Executive Dean for dismissal.

All Committee recommendations/decisions are reported to the Executive Dean.

B. Clinical Curriculum

Third- and fourth- year course grades will be awarded using a letter grade system (i.e., A, B, C, D, F) or a Satisfactory/Unsatisfactory grading system.

Students who fail a single remediable core course component* of a clinical course may have a single reevaluation in that course as determined by the course director. Students who fail the component reevaluation will receive a non-passing grade for that course. Students that successfully remediate the course through this mechanism will receive the lowest passing percentage score for that component of the course.

Students who receive a non-passing grade in a course will be immediately placed on academic probation until the grade is remediated or up to one calendar year (from the time that the non-passing grade was received) and will repeat the course or a comparable course approved by the department involved. In certain circumstances (i.e., an interdisciplinary elective for which there is no sponsoring department) the associate dean responsible for student affairs may approve the comparable course that may be taken. Students who receive a non-passing grade in the repeated course are recommended by the Student Promotions Committee to the Executive Dean for dismissal.

Students who receive a non-passing grade in any course while on academic probation are recommended by the Student Promotions Committee to the Executive Dean for dismissal.

All Committee recommendations/decisions are reported to the Executive Dean.

**A "remediable core course component" is a specific element of a clinical course grade that:*

- *is identified by the course director in advance (i.e., in the syllabus)*
- *must be passed to pass the course (according to criteria established by the course director)*
- *is remediable through a single reevaluation*
- *is not necessarily a feature of all clinical courses*

Grades and Leaves of Absence

If a student is granted an approved Leave of Absence (LOA) before 5/8 of a course is completed, they will receive a "W" grade for that course. If an approved LOA is granted after 5/8 of the course is completed, the course

director will assign a "W" if the student is currently passing the course and an "F" if the student is currently failing the course.

- **Policy Date: 4/98**
- **Approved By: Medical Education Committee**
- **Date Revised: 07/02/2024**
- **Date Reviewed: 07/03/2024**
- **Approved by MEC: 2/3/2021**

Preclinical Curriculum Examination Policy (414)

The College of Medicine has reserved time in the preclinical curriculum for focused study and review for every student. Final examinations are *typically* given during a week when no other classes conflict with the administration of the exams.

To facilitate student preparation, instructors avoid scheduling regular coursework for 1-2 days prior to the exam.

Attention is given to the placement of each examination. As a rule, because of shared facilities, the long-term planning for such schedules, and the university requirements for examinations, no changes can be considered from the posted schedule.

- **Policy Date: 4/16/03**
- **Approved By: Basic Sciences Curriculum Committee**
- **Date Revised: 9/20/2012**
- **Date Reviewed: 6/7/21**

Student Review of Closed Examinations (415)

1. Interval exams are exams that are administered via a learning management system (currently D2L) in a secured environment, count toward medical knowledge, and scheduled as a required activity. Interval exams include exams developed "in-house," National Board of Medical Examiners customized exams, laboratory practical exams, and any other exams deemed by course directors to be interval exams.
2. All interval exams are closed. It is a violation of University and College of Medicine policies for students to have in their possession copies of questions from previously given closed examinations from any College on the Health Sciences Center Campus.
3. Interval exams are summative exams, which means that they are used for assessment. They are not designed for teaching and thus are not formative exams. Therefore, interval exams may not be viewed by students after the conclusion of the exam.
4. Course directors must provide students with the ability to appeal exam items on interval exams (except for NBME and practical exams) using the Procedure for Student Appeal of Preclinical Exam Items.

- **Policy Date: 2/21/01**
- **Approved By: Medical Education Committee**
- **Date Revised: 5/3/2017**
- **Date Reviewed: 6/7/21**

Guidelines for the Teacher-Learner Relationship & Professionalism Attributes (See also Policy 417: Medical Student Mistreatment Policy) (416)

This policy outlines:

1. the expected standards of conduct for both students (including University of Oklahoma College of Medicine MD program students and visiting students) and those individuals with whom students interact during the medical education program, and
2. the professionalism attributes and associated behaviors expected of students.

This policy defines the following:

- The principles of a positive learning environment
- The expected standards of conduct (i.e., responsibilities) of teachers
- The expected standards of conduct (i.e., responsibilities) of learners, including the expected professionalism attributes and behaviors
- The definition of student mistreatment

Background

The College of Medicine undertakes multiple missions, but its clearly unique mission is the education of future physicians. The focus of this mission includes our medical students who have chosen the University of Oklahoma for their medical education. Students face the challenge of learning both the art and science of medicine, as well as the professional attributes that characterize the ideal physician.

The College is committed to fostering an environment that promotes academic and professional success in learners and teachers at all levels. The achievement of such success is dependent on an environment free of behaviors that can undermine the important mission of our institution.

The College holds in high regard the time-honored personal virtues of altruism, accountability, excellence, duty, service, honor, integrity, and respect for others and believes that these principles apply equally to students (including OU students and visiting students), resident physicians, other health care providers, faculty (including full-time, part-time, and volunteer faculty), and staff who participate with our educational programs.

This policy serves to establish goals for the teacher-learner relationship as well as to provide examples of behaviors that can impair optimum learning. A separate policy establishes procedures for evaluation and/or intervention when difficulties have been perceived.

Principles of a Positive Learning Environment

The College holds that a positive learning environment

- is supportive, respectful, and collegial
- inspires students to learn and give their best
- encourages the development of professional behaviors among both students and faculty
- emphasizes the importance of medical education among its stakeholders
- provides effective instruction and fair assessment activities
- provides an avenue for students to voice concerns
- provides support for students that are experiencing difficulty

- is a comfortable place for people of all genders, ethnicities, and sexual orientations to learn
- protects students against mistreatment, coercion, and other unacceptable behaviors

Responsibilities of Teachers and Learners

Behavior that embodies the ideal teacher-learner relationship fosters mutual respect among the participants, minimizes the likelihood of mistreatment, and optimizes the educational experience.

In the context of medical education, the term instructor or 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 can and do learn.

Responsibilities of Teachers

Teachers must be mindful of their role and responsibility during their interactions with their colleagues, patients, and those whose education has been entrusted to them. Students learn professional behavior primarily by observing the actions of their teachers as role models. Teachers are expected to model the below behaviors with students.

Teachers are expected to...

- treat students fairly, respectfully, and without bias related to age, race, ethnicity, gender, sexual orientation, disability, religion, or national origin.
- comply with all applicable college, campus and University policies and procedures related to unlawful discrimination, harassment (including all forms of sexual harassment) and misconduct.
- avoid asking or expecting students to perform personal errands or tasks.
- refrain from any act of retaliation against a student who has reported an incident of mistreatment.
- avoid behaviors that violate professional boundaries (e.g., engaging in a romantic or business relationship while in the teacher/student role).
- be prepared and on time.
- provide up-to-date information.
- provide explicit learning and behavioral expectations early in the contact period.
- provide timely, focused, accurate, and constructive feedback regularly.
- be cognizant of their own behavior as representatives of the University and as role models for the profession.
- display honesty, integrity, and compassion.
- use professional language and avoid the use of derogatory language.
- distinguish between insightful (Socratic) questioning, which stimulates learning or self-discovery, and overly aggressive questioning which may be perceived as hurtful, humiliating, degrading, or punitive.
- respect other specialties and health professions.
- resolve conflicts in ways that respect the dignity of all involved.
- provide thoughtful and timely evaluation as required by courses or the College.
- solicit feedback from learners regarding students' perceptions of the nature of the educational experience and personal interaction.

Responsibilities of Learners

As future members of the profession, students must recognize that their responsibility to patients, healthcare professionals, and society requires that they acquire and maintain behaviors that are compatible with the medical profession's standards of conduct.

The expected student behaviors listed below are organized by professionalism attributes that were approved by the Medical Education Committee. These professionalism attributes are addressed throughout the curriculum. Students are expected to exhibit the below behaviors.

Students are expected to...

Professionalism Attribute	Behaviors
Honesty and integrity	<ul style="list-style-type: none"> • Demonstrate honesty and integrity in all interactions with others¹ • Perform and submit assignments, exams, research and clinical activities, etc., in an honest, professional, and ethical manner • Adhere to legal and professional standards of conduct, including those established through college, campus and university policies, procedures and guidelines
Care and compassion	<ul style="list-style-type: none"> • Display empathy and compassion towards others¹ • Display courteous, considerate, and respectful behaviors in all interactions with others¹
Courtesy and respect for others	<ul style="list-style-type: none"> • Avoid inappropriate, repetitive, disrespectful or unprofessional demands on teachers, fellow students and administrative and other healthcare staff
Cultural sensitivity and humility	<ul style="list-style-type: none"> • Demonstrate cultural sensitivity and responsiveness to others¹ • Recognize the privileges and responsibilities which derive from their opportunities to interact in clinical settings and the need to place patient welfare above their own
Accountability and responsibility	<ul style="list-style-type: none"> • Complete tasks in a timely manner and in accordance with the teacher expectations • Recognize that not all learning stems from formal structured curricular activities • Provide teachers and the College with constructive feedback which can be used to improve the educational experience
Punctuality	<ul style="list-style-type: none"> • Arrive prepared and on-time
Professional appearance	<ul style="list-style-type: none"> • Demonstrate respect for others and uphold the standards of the profession by maintaining a professional appearance when in the company of real and simulated patients

Attentiveness and participation	<ul style="list-style-type: none"> • Be active, engaged, enthusiastic, curious learners who enhance the learning environment
Accuracy in representation of clinical findings	<ul style="list-style-type: none"> • Accurately represent all clinical findings
Commitment to self-improvement and accepting feedback	<ul style="list-style-type: none"> • Accept and learn from constructive criticism • Recognize personal limitations, solicit feedback and engage in self-improvement
Admission of mistakes or errors	<ul style="list-style-type: none"> • Accept responsibility for mistakes or omissions and disclose errors to appropriate supervisors
Privacy and confidentiality	<ul style="list-style-type: none"> • Recognize and respect patients' rights of privacy
Recognition of patient autonomy	<ul style="list-style-type: none"> • Demonstrate a commitment to patient autonomy by understanding the patient's preference and delivering patient-centered care
Recognition of conflicts of interest	<ul style="list-style-type: none"> • Understand the nature of conflicts of interest and how they pertain to the practice of medicine • Accept their responsibility for developing resilience in an atmosphere that can be inherently uncomfortable and challenging • Maintain awareness of and take steps to manage stress levels
Maintenance of a "fitness for duty"	<ul style="list-style-type: none"> • Maintain a level of personal physical and mental health that is required to successfully complete all medical school requirements for graduation • Exercise appropriate judgment in seeking evaluation and assistance for their own injury, illness, impairment, and mental/emotional health

¹ Others include faculty, peers, staff, and patients.

Behaviors That Impair Education and Erode the Ideal Teacher-Learner Relationship

Student Mistreatment - For purposes of this policy and Policy 417, student mistreatment is defined as perceived behavior that reasonably may be expected to cause counterproductive emotional or physical distress on the part of the student that erodes the ideal teacher-learner relationship. Examples include, but are not limited to, the following:

- Any behavior that is not consistent with the expected teacher behaviors listed above.
- Any form of unlawful discrimination, harassment (including all forms of sexual harassment) or misconduct.¹
- Criticism which serves to belittle, humiliate, or excessively embarrass.
- Intellectual bullying (aka "pimping"), which is perceived as malicious.
- Intentional neglect or selective exclusion from educationally valuable activities.

- Implied or explicit requests for a student to perform personal services that benefit the teacher or supervisor but have no significant intrinsic educational value.
- Repetitive performance of clinical procedures (commonly referred to as "scut") beyond what is necessary for personal educational enrichment or demonstration of proficiency.
- Real, threatened, or implied physical contact which serves to intimidate, threaten, or injure.
- Disregard for patient or student safety by requiring a student to perform a procedure or engage in patient care without adequate supervision.

¹ as outlined in the University of Oklahoma Non-Discrimination and Sexual Misconduct, Discrimination, and Harassment

Policies: <http://www.ou.edu/content/eoo.html>

(See also Policy Number 417: *Medical Student Mistreatment Policy*)

- **Policy Date:** 5/24/04
- **Approved By:** Medical Education Committee
- **Date Revised:** 04/25/2024
- **Date Reviewed:** 6/7/21

Medical Student Mistreatment (See also Policy 416: Guidelines for the Teacher-Learner Relationship) (417)

This policy defines the policy and procedure for reporting student mistreatment. It applies to OU students and visiting students. The definition of mistreatment may be found in Policy 416: Guidelines for the Teacher-Learner Relationship.

Issues related to violations of the University's Sexual Misconduct, Discrimination and Harassment Policy (Appendix H), Consensual Sexual Relations (Appendix I), or related to the Non-Discrimination Policy (Appendix J) are specifically addressed in the Health Sciences Center Faculty Handbook and are to be reported to the University Institutional Equity Office, Room 113 of the Service Center Building, 405-271-2110. Although such issues could constitute mistreatment, they are governed by the aforementioned policies and explicitly excluded from this policy.

Education

Disseminate the document: Guidelines for the Teacher-Learner Relationship...

- to students
- to faculty members
- to residents

Disseminate the expectation that Course Directors will inform students of their right to report perceived mistreatment as a part of the orientation of students to their rotations. Course Directors will be encouraged to actively and regularly solicit feedback from students on the nature of the educational environment they experience.

Disseminate to all students, Course Directors, and Department Chairs the reporting and evaluation processes which are available to students if mistreatment is perceived.

Evaluation and Reporting of Perceived Mistreatment

As "adult learners" medical students are encouraged to address perceived breaches of the principles of the ideal teacher-learner relationship directly to involved parties. If satisfactory resolution is achieved, no further steps are required.

The affected student, or a witness to student mistreatment, has the option to take his/her issue to the Student Ombudsperson. This is an individual selected annually by the Medical Student Council on each campus to serve as a "peer" contact for reporting breaches of the ideal teacher-learner relationship. These individuals may be contacted by sending an email to: COM-STU-OMBUDS@OUHSC.edu.

The Ombudsperson will hear the concern(s) of the student and consult with the Associate Dean for Student Affairs for the applicable campus. The identity of the reporting student will remain anonymous. The Ombudsperson will relay any suggestions for evaluation or resolution between the reporting student and the Associate Dean. However, should it be necessary to involve the accused party(ies) directly in either the investigation or plans for redress, the identity of the student will need to be revealed, and the Associate Dean may contact the reporting student directly. The Ombudsperson will provide a written summary (names of the principals withheld) to the Associate Dean for Student Affairs for the applicable campus.

Affected students, or witnesses to student mistreatment, may also choose to contact the Associate Dean for Student Affairs directly. Information will be gathered initially from the affected student, and others will be consulted as necessary. Records of all such contacts will be maintained in the Dean's office and used to determine the need for additional preventive educational efforts. Information will be fed back to the Chairman of the involved Department as well as to Course Directors or Residency Directors of the involved parties as necessary.

If the matter cannot be satisfactorily resolved, or if the concern(s) involve the Associate Dean for Student Affairs, any party may refer the matter to the Dean of the College of Medicine or the Dean of the School of Community Medicine, as applicable. Each involved party will provide a written statement to the Dean. The Dean shall review statements, may request input from others as necessary, and will reach a decision regarding the merits of the complaint. The Dean, in concert with the supervisor of the involved parties, will determine what, if any, educational, disciplinary, or other corrective action should be taken.

Allegations of mistreatment shall be made and investigated without fear of retaliation. Retaliation against any participant in this process is considered a violation of this policy and is subject to the aforementioned process.

- **Policy Date:** 5/24/04
- **Approved By:** Medical Education Committee
- **Date Revised:** 2/7/2024
- **Date Reviewed:** 2/7/2024

Curriculum Governance Policy (418)

The following policy is excerpted from the College of Medicine Bylaws (current as of the policy review date).

Medical Education Committee

A Medical Education Committee shall oversee the educational program leading to the M.D. degree. This committee shall be solely responsible for the overall design, management, and evaluation of a coherent and

coordinated curriculum that is consistent with accreditation standards established by the Liaison Committee on Medical Education. The Medical Education Committee shall have standing subcommittees as stipulated below. Prior to any substantive change to the curriculum or educational program policy, the Medical Education Committee will solicit feedback from the Faculty Board. However, final approval will remain with the Medical Education Committee.

The Medical Education Committee shall consist of six members elected by the Committee on committees, sixteen members elected from the subcommittees and designated associate and assistant deans who shall serve as non-voting ex officio members. Members shall serve two-year terms that are renewable. The Executive Dean shall appoint the Chair of the Medical Education Committee from the members of the committee.

Preclinical Curriculum Subcommittee

A Preclinical Curriculum Subcommittee shall be responsible for the oversight of the preclinical portion of the curriculum. The subcommittee shall issue recommendations regarding substantive curriculum or policy changes to the Medical Education Committee. Subcommittee members shall include: the faculty members who serve as course directors or co-course directors for each required course in the preclinical curriculum, one student elected by the Oklahoma City first-year class, one student elected by the Tulsa first-year class, one student elected by the Oklahoma City second-year class, one student elected by the Tulsa second-year class, and two members designated by the Faculty Board. Designated associate and assistant deans shall serve as non-voting ex officio members. Each course shall have a single vote. The Executive Dean shall appoint the Chair of the subcommittee from the members of the subcommittee. Every two years, the subcommittee shall elect eight members to serve on the Medical Education Committee. The elected members shall consist of one student, one Faculty Board member designated by the Executive Committee of the Faculty Board, and six course directors. Clinical Curriculum Subcommittee A Clinical Curriculum Subcommittee shall be responsible for the oversight of the clinical portion of the curriculum. The subcommittee shall issue recommendations regarding substantive curriculum or policy changes to the Medical Education Committee. Subcommittee members shall include: the faculty members who serve as directors or co-directors for each required Oklahoma City and Tulsa clerkship or course in the clinical curriculum, two faculty members who serve as directors for clinical elective courses, one student elected by the third-year Oklahoma City class, one student elected by the fourth-year Oklahoma City class, one student elected by the third-year Tulsa class, one student elected by the fourth-year Tulsa class, and two members designated by the Faculty Board. Each represented course shall have a single vote. The subcommittee chair shall select the two members who represent clinical elective courses. Designated associate and assistant deans shall serve as non-voting ex officio members. The Executive Dean shall appoint the Chair of the subcommittee from the members of the subcommittee. Every two years the subcommittee shall elect eight members to serve on the Medical Education Committee. The elected members shall consist of one student, one Faculty Board member designated by the Executive Committee of the Faculty Board, and six clerkship directors (at least two of whom will be School of Community Medicine-Tulsa clerkship directors and at least two of whom will be Oklahoma City clerkship directors.)

Curriculum Evaluation Subcommittee

A Curriculum Evaluation Subcommittee shall be responsible for the evaluation of the objectives, content, assessment, and delivery of required courses and clerkships. The subcommittee shall make recommendations as necessary to the Medical Education Committee.

Subcommittee members shall include eight regular faculty members appointed by the Executive Committee of the Faculty Board. The Executive Dean shall appoint the Chair of the subcommittee from its members. Designated associate and assistant deans shall serve as non-voting ex officio members.

- **Policy Date:** 4/24/06
- **Approved By:** Faculty Board; Executive Dean, College of Medicine; Medical Education Committee; OU Board of Regents
- **Date Revised:** 10/10/2018
- **Date Reviewed:** 6/7/21

Graduating Students (419)

Medical education should foster alignment of the goals and content of medical education with evolving society needs, practice patterns, and scientific developments. The Faculty of the University of Oklahoma College of Medicine ensures that its graduates will have demonstrated altruism, knowledge, skill, and dedication. To that end, students will be evaluated subjectively and objectively to address the educational program objectives and associated competencies found in College of Medicine Policy #400.

- **Policy Date:** 8/15/07
- **Approved By:** Clinical Sciences Curriculum Committee; Basic Sciences Curriculum Committee; Faculty Board
- **Date Revised:** 7/13/2012
- **Date Reviewed:** 6/7/21

Clinical Skills Assessment (421)

Students must demonstrate a minimum level of clinical skills proficiency upon completion of core clerkships.

At or near the completion of the core required clerkships in the third year, all medical students must take and pass a standardized clinical skills assessment (i.e., the Objective Structured Clinical Exam).

A student who does not meet the established proficiency standard must undergo remediation and further assessment.

- **Policy Date:** 9/29/2009
- **Approved By:** CSCC; Faculty Board; MEC
- **Date Revised:** 12/4/2019
- **Date Reviewed:** 6/7/21

Curriculum Evaluation (422)

Curriculum evaluation is an important component of College of Medicine program planning and improvement. Evaluation data provide useful information regarding medical education programs to decision-makers. Such data may be used to gauge progress toward educational program objectives and to refine and enhance the educational experience.

Curriculum evaluation activities include all of the curriculum evaluation requirements outlined by accreditation standards published by the Liaison Committee on Medical Education. These include evaluation of core courses and clerkships, instructors, segments of the curriculum, and the curriculum as a whole.

Curriculum evaluation activities are defined by evaluation procedures established by the Medical Education Committee (described in the MD Program Evaluation and Management Plan) and are managed by the

Office of Medical Education. Course and clerkship directors must follow established curriculum evaluation procedures.

Student participation in course evaluation activities must be conducted in an anonymous fashion such that individual ascription of student ratings and comments cannot be determined from recorded materials.

Course Evaluation Validity and Minimum Student Response Rate

To ensure that the student feedback obtained through internal end-of-course/clerkship evaluations has reasonable interpretive validity, the college has established a target goal of no more than 5% margin of error on any given internal evaluation. Given a class size of 165, this means that the response to any evaluation must be at least 50 students or 30% (whichever is lower).

- **Policy Date:** 2/5/2014
- **Approved By:** Medical Education Committee
- **Date Revised:** 01/23/2019
- **Date Reviewed:** 6/7/21

Course Director Policy (423)

Course directors are central to the educational mission of the college. This document outlines the qualifications, appointment, oversight, evaluation, authority, and responsibilities of those faculty who serve as administrative directors for courses, clerkships, and selectives that comprise the MD program curriculum. These individuals may hold the administrative title of “course director,” “co-course director,” or “associate course director.” Unless otherwise specified, this document will refer to all such individuals generically as “course directors.” College preclinical courses, clinical clerkships, selectives, and electives are all broadly referred to as “courses” in this document.

This document will be periodically reviewed by the Medical Education Committee (MEC). Course directors are asked to review this document at the beginning of each academic year.

Qualifications

Course directors should hold a full-time faculty position (at any academic rank) in the College of Medicine. In certain cases courses may be directed by a member of the part-time or volunteer faculty.

Course directors should have the following qualifications and qualities:

1. Experience teaching medical students.
2. A personal commitment to the educational mission of the college.
3. Appropriate scientific, educational, and preferably administrative experience relevant to the course.
4. Knowledge of the MD program curriculum and the educational program objectives.
5. Effective communication and organizational skills.

Nomination and Appointment

Any qualifying faculty member with an interest in serving as a course director may be nominated by his or her chair to serve as a course director. An individual selected to serve as a course director must have i) approval from his or her department chair, ii) sufficient protected time to effectively fulfill the duties described in this document, and iii) approval from existing co-course director(s), if applicable.

Course directors (including associate course directors) for all required courses must be approved by the Medical Education Committee. To nominate an individual for course director the department chair must submit the individual's name, a copy of his or her current cv, and the amount of protected time that he or she will have to perform the course director role. In the case of associate course directors, the department chair must (working with the existing course director) specify which administrative functions the individual will perform (see course director authority and duties below).

The Executive Dean (or the associate dean responsible for academic matters) may replace an acting course director with an interim course director without MEC endorsement if:

1. a course director is unable or unwilling to serve, or
2. there is a change in departmental faculty teaching assignments as determined by the department chair.

If possible, a one-year (or one semester if the course is one semester in length) overlap of outgoing and incoming course directors should be planned to minimize potential disruptions in the educational experience.

More than one individual may serve as a director for a particular course. The following titles may be used: director, co-director, or associate director. If two or more co-directors are identified, those directors will have equal authority and mutually-agreed areas of responsibility. Any subordinate or junior leader (i.e., those individuals with less responsibility or those in charge of a discreet component of a course) will have the title of “associate director.”

All persons designated as course co-directors must substantially contribute to the course, and all those who substantially contribute must be listed as a course co-director. Substantial contribution requires that individuals assume multiple course management duties as listed below.

Oversight and Evaluation

Course directors are ultimately accountable to the Executive Dean, the associate dean responsible for academic matters, and the MEC which oversees the central management and implementation of the curriculum in accordance with applicable college/university policies and accreditation standards.

Course director efforts are periodically evaluated by the MEC. Data from periodic course evaluations and the annual course scorecard is used for this purpose. The MEC may require course directors to respond to enquiries or change course practices.

Course Director Authority and Responsibilities

By appointing a faculty member as a course director, the faculty member and the department chair acknowledge that course directors will assume course oversight authority and associated duties. Course directors must work closely with course (staff) coordinators, college administrators, and other relevant staff and faculty to ensure that the course is compliant with the requirements outlined below.

1. The courses that comprise the curriculum leading to the MD degree are centrally managed by the College of Medicine MEC (and its subcommittees) according to college bylaws and accreditation standards. The authority of course directors is derived from the MEC as outlined by the OU College of Medicine Curriculum Management Charter for the MD Program. Course directors and the courses that they oversee are subject to the decisions and actions of the MEC.

2. Course directors must be willing and able to serve on college curriculum committees and subcommittees as described by the college bylaws. Course directors are responsible for attending committee meetings and staying abreast of curriculum committee decisions, directives, requests, and updates.
3. Course directors must collaborate with students, staff, faculty, residents, other course directors, and the medical school administration to offer a high-quality educational experience and foster a positive learning environment. Any negative factors, influences, or behaviors (e.g., student mistreatment) must be reported immediately to the associate dean responsible for student affairs.
4. Course directors must ensure that students receive an equitable and comparable educational experience at all instructional sites.
5. Course directors must be familiar with all applicable college policies and procedures related to the educational program (policy web site: http://hippocrates.ouhsc.edu/policy/policy_index.cfm (http://hippocrates.ouhsc.edu/policy/policy_)).
6. Course directors must ensure that their course is scheduled according to the college academic calendar (including all official student holidays).
7. Course directors must be familiar with the College of Medicine Educational Program Objectives (EPO) and ensure that their course: i) addresses the EPOs assigned by the MEC, ii) includes course objectives mapped to the EPOs as approved by the MEC, and iii) includes selected content as indicated and defined by the Curriculum Content Document approved by the MEC.
8. Faculty that serve as course directors for core courses must ensure that the instruction in all course sessions (e.g., lectures, small group sessions, etc.) is guided by appropriate session objectives (i.e., detailed objectives for individual sessions such as lectures) provided to students. Session objectives must be closely aligned with course objectives.
9. Student assessment activities must be closely aligned with course objectives, session objectives, course content, and Educational Program Objectives. Course directors must periodically attend applicable conferences and faculty development sessions to revise and enhance course content and conduct.
10. Course directors must follow (and ensure that all course personnel follow) college policies intended to safeguard student education record information/data and prevent the unauthorized distribution or disclosure of confidential student education data as required by the Family Educational Rights and Privacy Act.
11. Course directors have the prerogative to implement content based on assigned EPOs and the corresponding content areas indicated in the Curriculum Content Document, implement a course design consistent with MEC guidelines, select instructors, implement a course delivery strategy consistent with MEC guidelines and subject to MEC approval, and revise the course based on the results of course evaluations.
12. Course directors must ensure that the course teaching faculty clearly understand their teaching role and expectations and provide instruction that is appropriately integrated with other course content and the content covered by other courses. Course directors are expected to select, assemble, and maintain a cadre of effective instructors as measured by instructor evaluations and other data.
13. Preclinical course directors are expected to attend sessions taught by course instructors.
14. Course directors must avoid changing course policies, assessment activities, or grading practices mid-way through the course. Any changes to a clinical course must occur at the beginning of an academic year. Any potential mid-year change must first be reviewed with the department chair and the associate dean responsible for academic affairs.
15. Preclinical course directors must develop an annual course schedule according to the established timeline and process. Specifically, course directors must work within a process defined by the Medical Education Committee and Preclinical Curriculum Subcommittee to develop a course schedule that is appropriately balanced, coherent, and integrated.
16. Course directors must provide an orientation at the beginning of the course that includes course policies, the course schedule, important dates, assignments and requirements, procedures, professionalism expectations, and grading standards. The director is responsible for conveying the expectations to all course faculty (including preceptors).
17. Course directors must develop and use a course syllabus that is compliant with the syllabus standards endorsed by the College curriculum committees. All course policies and practices must be consistent with: i) accreditation standards, and ii) university and college policies and practices.
18. Course directors must be accessible to students for questions, counseling, and advice.
19. Course directors must identify and support students experiencing academic difficulty. Any student experiencing unsatisfactory (i.e., failing or marginal) academic performance and/or personal problems must be referred to the associate dean responsible for student affairs.
20. Course directors must serve as an educational liaison with their department chair and faculty. This includes providing periodic updates regarding course planning, delivery, and outcomes.
21. Course directors must be familiar with the Guidelines for the Teacher-Learner Relationship policy (College of Medicine Policy #416).
22. Any student suspected of academic misconduct or unprofessional behavior (as described by college and university policies) must be referred to the associate dean responsible for student affairs.
23. Course directors are responsible for the development and delivery of all student assessments (e.g., quizzes, exams, etc.). Course assessment activities must be based on established college assessment practices and policies and must be clearly aligned with course objectives and content. Course directors may ask for assistance in constructing course examinations by requesting faculty to submit questions for specific tests. The course director must work with other faculty and any relevant exam writing or exam review committees to develop and refine exam questions. National standardized examinations may be used in selected courses or clerkships (when feasible).
24. Course directors must be familiar with the United States Medical Licensure Exam question formats and general content areas (as described by the Content Description Outline). This information is published by the National Board of Medical Examiners at: <http://www.usmle.org/>
25. Course directors must ensure that grades are accurately developed, calculated and submitted:
 - a. within 6 weeks (including weekends and holidays) as mandated by the LCME, and
 - b. in accordance with college policies and practices.
26. The MEC and its standing subcommittees are responsible for ensuring that courses are evaluated in accordance with the College of

Medicine Curriculum Evaluation Plan. Course directors must review course evaluation data and make improvements as appropriate. Course directors must address recommendations issued by curriculum evaluation committees. Course directors may be asked to submit course status reports (or other types of reports) periodically to the appropriate curriculum committee.

27. Course directors must report potential changes in course content, scope, delivery, objectives, prerequisites, assessments, grading system, or directorship to the Chair of the Medical Education Committee. Certain changes may also be documented through annual updates to the:
 - a. the college curriculum database, and
 - b. the annual course profile document. Other changes must be brought to the attention of the Chair of the Medical Education Committee.
28. Course directors must respond to periodic requests for information issued by academic affairs staff. This includes requests associated with course policies, content, delivery, faculty, assessment, comparability, etc.
29. Course directors must ensure that accreditation-mandated coordination and comparability exist across all instructional sites according to college policy #428.
30. Course directors must annually share the following information with clinicians that function as site directors: school educational program objectives, course objectives, college policy regarding clinical supervision of medical students (i.e., college policy #410), course assessment activities, course/clerkship expectations for the student, and the results of student evaluations of the instructional site.
31. Course directors must ensure that an active affiliation agreement is in effect for all external (non-university) clinical sites that students visit as part of the course.
32. All course directors must ensure that all instructors (including physicians that teach, assess, or supervise students on clerkships):
 - a. have faculty appointments (e.g., a regular or volunteer faculty appointment, except for residents and non-physicians as described in Policy #424),
 - b. are familiar with the course/clerkship objectives, and
 - c. receive the information and materials as described in COM Policy #424. Problems or challenges associated with any non-faculty instructor's teaching quality or interaction with students must be addressed in conjunction with the course/clerkship director and/or residency program director (as applicable).
33. Course directors must provide midcourse formative feedback (using any variety of methods) to students by the mid-point of the course.
34. Course directors that oversee core clerkships must: i) ensure that all students are observed and assessed performing the essential components of a patient history and physical or mental status exam, and ii) ensure that all students experience all required clinical conditions and conduct required procedures.
35. Course directors are encouraged to contact the Dean's Office for questions regarding these duties.

- **Policy Date:** 5/28/2014
- **Approved By:** Medical Education Committee; Executive Dean
- **Date Revised:** 10/3/2018
- **Date Reviewed:** 6/7/21

Preparation of Non-Faculty Instructors (424)

Non-faculty instructors who supervise or teach medical students in core curriculum coursework must be prepared for their teaching role. Non-faculty instructors include medical students, residents, nurses, postdoctoral fellows, and other individuals who do not possess a *College of Medicine* faculty appointment.

All non-faculty instructors for required courses and clerkships must undergo training that includes (at a minimum) the following elements:

1. Orientation to teaching/assessing medical students (including their specific roles related to teaching/assessment of medical students)
2. Educational program objectives (EPOs)
3. Educational objectives for the course, clerkship, or session for which he or she will serve as an instructor
4. Fundamental principles of a positive learning environment (COM Policy #416)
5. The professional attributes that medical students are expected to develop (COM Policy #416)
6. The medical school's standard of conduct in the teacher-learner relationship (COM Policy #416)
7. Medical student mistreatment policy (COM Policy #417)
8. Clinical supervision of medical students (COM #410)
9. Medical student duty hours policy (COM Policy #321)
10. Policy allowing students to be excused from classes or clinical activities in order to access health services (COM Policy #306)
11. Policy stating that the provider of health and/or psychiatric/psychological services to a medical student has no current or future involvement in the academic assessment of, or in decisions about, the promotion of that student (COM Policy #430)
12. Required clinical encounters and skills, if applicable

All non-faculty instructors that teach students in the core curriculum are required to attend an instructional "Non-Faculty as Teachers" session ("Residents as Teachers" for residents) delivered by the sponsoring department.¹ These training sessions will address each of the above topic areas. This departmental training will occur as an in-person or Zoom instructional session delivered by departmental faculty. In the event that a non-faculty instructor cannot attend the departmental face-to-face instructional session (i.e., resident is post-call), they may participate in a department-specific online course that:

1. delivers the same content listed in this policy,
2. provides department-specific content including course/clerkship objectives, syllabus, and required clinical encounters and skills (if applicable),
3. delivers a quiz over the content, and
4. provides documentation that the non-faculty member participated in the online course for purposes of central monitoring.

¹ Note: while rare, non-departmental visiting or rotating residents that rotate on core clerkship clinical services are considered to be in a learner role and, as such, are prohibited from serving in any capacity in which they teach, supervise, or assess students on that clerkship.

The Office of Program Evaluation will centrally monitor.

1. the content of all required departmental non-faculty as instructor training activities to ensure that they are each consistent with this policy, and
2. the participation of all non-faculty instructors in such training activities.

- **Policy Date:** 9/24/2015
- **Approved By:** Medical Education Committee; Executive Dean
- **Date Revised:** 6/1/2022
- **Date Reviewed:** 6/7/21

Narrative Assessment (425)

A narrative description of a medical student's performance, including his or her non-cognitive achievement, is included as a component of the assessment in each required course and clerkship whenever teacher-student interaction permits this form of assessment. Narrative assessment may include but is not limited to feedback and observations related to the student's behavior, skills, and attitudes; interactions with peers and faculty; and/or student professionalism.

Preclinical Curriculum

Narrative assessment during the preclinical curriculum entails assessment of one or more of the following:

1. discussion and/or application of foundational/basic science knowledge and/or evidence-based medicine skills in small group settings,
2. practice of clinical skills, as observed during simulated or real patient interviews and physical examinations and/or,
3. team work, professionalism, and interpersonal communication skills and professionalism during laboratory, small group, and/or medical simulation sessions.

Preclinical curriculum courses that offer three or more small group (one student module or less per faculty member) sessions must provide narrative feedback if: i) the sessions are at least fifty minutes in length and ii) the nature of the instructor-student interaction reasonably permits instructor observation of an individual student's performance.

Preclinical courses that provide narrative feedback include:¹

- Patients, Physicians and Society I
- Patients, Physicians and Society II – Clinical Ethics
- Clinical Medicine I
- Clinical Medicine II

¹ This should be considered a dynamic list that is subject to change for any given academic year.

Clinical Curriculum

Narrative assessment during the clinical curriculum entails assessment of overall performance; this includes a holistic review of competency in patient care, medical knowledge, professionalism, interpersonal and communication skills, systems-based learning and practice-based learning and improvement.

A narrative assessment must be provided for each student at the conclusion of each core clerkship.

- **Policy Date:** 3/22/2016
- **Approved By:** Medical Education Committee
- **Date Revised:** 3/10/2021
- **Date Reviewed:** 6/7/21

Formative Feedback (425.1)

Definitions

Formative feedback is defined as "Information communicated to a medical student in a timely manner that is intended to modify the student's thinking or behavior in order to improve his or her subsequent learning and performance in the medical curriculum."

Required Courses in the Preclinical Curriculum

Examples of formative feedback in the preclinical curriculum include practice quizzes, study questions, audience-response system questions, self-study tutorials, standardized patient feedback, and faculty feedback. Preclinical curriculum course directors must be available to answer a student's questions and offer suggestions that may help the student improve his or her performance in the course.

Required Clerkships in the Clinical Curriculum

Formative feedback in the clinical curriculum consists of mid-clerkship feedback. Mid-clerkship feedback must be in person and must include (as applicable): progress on patient encounter logs, a summary of current evaluations, grades on any quizzes or tests, feedback on presentations or write-ups, and an inquiry into issues regarding duty-hours, mistreatment, safety, and supervision. Clerkship directors must be available to answer a student's questions and offer suggestions that may help the student improve his or her performance in the clerkship.

Policy Statement

Students must be provided with formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formative feedback is provided by the midpoint of each course or clerkship that is four weeks or more in length.

Oversight and Monitoring

Course and clerkship directors are directly responsible for ensuring that students receive formative feedback. The Medical Education Committee (MEC) is responsible for monitoring the provision of formative feedback throughout the core curriculum. Any course or clerkship that does not provide appropriate formative feedback is required to remedy this deficit to the satisfaction of the MEC.

- **Policy Date:** 11/7/2018
- **Approved By:** Medical Education Committee
- **Date Revised:** 11/7/2018
- **Date Reviewed:** 6/7/21

Instructor Remediation (427)

The University of Oklahoma College of Medicine values high quality instruction throughout the MD program. Course directors ensure that instructors provide high quality instruction and address instructors that receive suboptimal student ratings.

Unless there is a compelling exception, instructors that receive less than a 5.0 rating (on a 1-7 scale or equivalent) on student end-of-course evaluations should be addressed.

Course directors may tailor the remediation based on the nature of the challenge. In many cases remediation may be successfully addressed through mentorship and/or faculty development (e.g., Academy of Teaching Scholars peer feedback programs).

In other cases, the course director may un-invite the instructor or substitute another instructor.

Instructor ratings are included on course scorecards and are periodically reviewed by curriculum committees. In the event of chronic or complex problems (e.g., repeated or return to low scores in the context of remediation attempts), the course director or evaluation committee should bring this issue forward for discussion.

- **Policy Date:** 8/3/2017
- **Approved By:** Medical Education Committee
- **Date Revised:** 7/12/2024
- **Date Reviewed:** 6/5/24

Comparability of Education and Assessment (428)

Introduction

In accordance with LCME accreditation standards, the school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship.

The LCME does permit a certain amount of divergence between instructional tracks as long as each track continues to teach and assess the core instructional objectives and any and all points of divergence are centrally approved and monitored by the Medical Education Committee. The MEC is ultimately responsible for managing comparability of instruction and assessment across all course and clerkship locations, including any points of divergence regarding the School of Community Medicine track.

It is expected that course and clerkship directors discuss course planning and implementation and share the course syllabus, results of course evaluations, educational program objectives, required clinical encounters and skills, grading system, assessments, course/clerkship objectives, and additional guidance regarding course assessment at least annually with course/clerkship co-directors, associate directors, site directors and/or preceptors that oversee students at an external site. Clerkship directors communicate at least once per quarter (and at least once annually in-person).

Management Procedure

Unless an exception is granted by the MEC (due to the unique nature of the School of Community Medicine track), all courses and clerkships will employ identical structural features:

- Length of course/clerkship
- Timing of course/clerkship (approximate time the course/clerkship is delivered annually)
- Core course/clerkship objectives
- Methods of assessments (i.e., exams, etc.)
- Course/clerkship grading system (i.e., the approach used to calculate the final grade)
- Required clinical conditions/procedures (clerkships only)

The MEC manages comparability by comparing the following items for each course and clerkship:

- Compliance with required structural features (see above)
- Internal course/clerkship ratings
- Course ratings on the AAMC Graduation Questionnaire
- Course/clerkship grades
- Compliance with college syllabus standards
- Compliance with Clinical Encounters and Procedures (clerkships only)
- Communication with clinical site directors, and/or preceptors (clerkships only)

The MEC annually monitors each of the above elements through the course and clerkship profile and scorecard system and through the detailed Curriculum Evaluation Subcommittee course and clerkship evaluations. Pre-established quality and comparability thresholds allow decision makers to identify potential inconsistencies or points of non-comparability across sites. Any course or clerkship director that fails to meet the minimum performance requirement will be asked to respond in writing to the MEC.

- **Policy Date:**
- **Approved By:** Medical Education Committee
- **Date Revised:** 5/2/2018
- **Date Reviewed:** 6/7/21

Relative Authority of Course Directors and MEC (429)

Role of the Medical Education Committee and its Subcommittees

In accordance with LCME standards, the College of Medicine bylaws stipulate that the Medical Education Committee (MEC) is the single authority responsible for “for the overall design, management, and evaluation of a coherent and coordinated curriculum.” The MEC consists of faculty elected by their peers to manage the MD program on behalf of the College of Medicine faculty. The MEC has three subcommittees: Preclinical Curriculum Subcommittee (PCS), Clinical Curriculum Subcommittee, and Curriculum Evaluation Subcommittee (CES).

The MEC is responsible for evaluating and managing the curriculum as a whole and for approval and oversight of the Curriculum Evaluation Plan that defines the evaluation processes that are to be used to evaluate all components of the curriculum.

MEC Approval is required for revisions or changes to any of the following:

- Educational Program Objectives
- Promotion and/or graduation standards or requirements
- Curriculum Design and Delivery Plan
- Curriculum Evaluation Plan
- Curriculum changes that entail multiple courses
- Overall program duration
- Program prerequisites
- Educational program policies
- Appointment of new course/clerkship director
- Major changes to courses or clerkships:

- Changes to the course/clerkship prerequisites
- Changes to course/clerkship objectives (i.e., any change from the course/clerkship objectives previously assigned and/or approved by the MEC)
- Changes to course/clerkship content (unless the change is consistent with course/clerkship objectives previously assigned and/or approved by the MEC)
- Changes to instructional/assessment methods (unless previously approved by the MEC through the Design and Delivery Plan).
- Changes to the course grading system
- Changes to the course duration
- Changes to the required clinical conditions
- Any change that impacts course comparability (per COM policy #428)
- Any change that impacts or effects another course

Role of the Course Directors

As faculty that serve in important educational leadership roles, course directors are responsible for working with the curriculum committees to ensure that courses and clerkships address assigned EPOs (and corresponding content) in accordance with guidelines established by the MEC. The relative duties of course directors and curriculum committees may be found in Table 1.

Table 1. Relative Duties of Course Directors and Curriculum Committees

Entity	Goals	Content	Design	Delivery	Evaluation	Compliance
Curriculum Committee ¹	Establishes & Assigns EPOs ² to courses	Establishes Content Through EPO	Establishes Delivery Guidelines	Establishes Delivery Guidelines	Establishes Evaluation Processes	Establishes Compliance Evaluation Processes
		Narratives and Blueprint			Develops & Implements Curriculum Evaluation Plan	Implements Compliance Evaluation
Course Directors	Develops course objectives for assigned EPOs ² using templates	Implements content based on assigned EPOs ²	Designs course compliant with MEC design guidelines	Selects instructor; Implements a course delivery strategy compliant with MEC guidelines	Revises courses based on evaluation results	Complies with external requirements

¹ Curriculum committee oversight is explained in the "Central Curriculum Management Activities" section of the Curriculum Management Charter

² EPOs include the assigned Educational Program Objectives and the associated content as defined in the Curriculum Content Document

- **Policy Date:** 3/7/2018
- **Approved By:** Medical Education Committee

- **Date Revised:** 11/7/18
- **Date Reviewed:** 6/7/21

Conflicts of Interest in Medical Education (430)

Faculty members, residents, and staff who work with medical students have a professional obligation to avoid any apparent or actual conflict between their professional responsibilities and other relationships they may have with MD program students and/or applicants.

In addition to the University, OU Regents, and State Conflict of Interest policies and regulations (see <http://www.ou.edu/conflictinterest.html>), the College of Medicine restricts faculty, residents, and staff from participating in certain medical education activities and decisions.

Faculty, residents, or staff who: i) have a conflict of interest as defined by State, Regents', or University regulation or policy, or ii) have provided health care services, including psychiatric/psychological counseling, to medical students and/or applicants will have no involvement in any of the following activities or decisions:

- Admissions interviews, processes, or decisions regarding the applicant;
- Academic evaluation of the student;
- Advancement, suspension, dismissal, promotion, or graduation decisions regarding the student;
- Hearing panels for academic misconduct or academic appeals.

The College employs procedures to identify and address conflicts of interest in each of the above areas. Questions regarding potential conflicts of interest should be directed to the Senior Associate Dean for Academic Affairs.

- **Policy Date:** 4/4/2018
- **Approved By:** Medical Education Committee
- **Date Revised:** 10/8/2018
- **Date Reviewed:** 6/7/21

Comprehensive Basic Sciences Exam for USMLE Readiness (432)

All second-year students must take the NBME Comprehensive Basic Sciences Exam (CBSE) at the scheduled date and time (near the conclusion of the preclinical curriculum).

Students who score less than a 50 (or equivalent score) on the MS2 CBSE:

- Are strongly encouraged not to sit for USMLE Step I unless and until granted approval by the associate dean responsible for student affairs
- Are asked to take a NBME Comprehensive Basic Science Self-Assessment during the last two weeks of the preclinical curriculum.

- **Policy Date:** 2/1/2023
- **Approved By:** Medical Education Committee
- **Date Revised:** 2/1/2023
- **Date Reviewed:** 2/1/2023