



OUM Student Handbook 2020

**Oceania University of Medicine
Student Handbook 2020**

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I. Foreword

The mission of Oceania University of Medicine (OUM) is to help qualified individuals overcome distance, personal, and professional barriers to become highly-trained physicians – committed to life-long learning – with the requisite knowledge, skills, and attitudes to care for patients; to prevent, treat, and cure disease; and to create and apply new knowledge to improve the health of underserved communities in Oceania and beyond.

The University's mission statement is the guiding principle of this Student Handbook, created to assist OUM students in daily practice as medical students and in their development as physicians.

Being a physician means more than imparting knowledge. Likewise, being a medical student means more than acquiring a medical education. OUM is committed to high standards and sets for its students the same rigorous standards. A code of conduct emphasizing proper language, a warm and professional demeanor, appropriate dress, and timely and respectful response to patients and colleagues is paramount. A competent, compassionate doctor conveys strong personal and professional values that are fundamental to the doctor-patient relationship and to a successful medical practice. Outstanding medical knowledge and exceptional clinical skills are implicit.

This publication outlines the personal and professional conduct, policies and procedures, academic responsibility, and other educational issues necessary for students to successfully complete the MD, MBBS, or Post-Baccalaureate program at OUM. Adherence is mandatory.



Toleafoa Dr. Viali Lameko, MBBS, MPH
Vice Chancellor

II. Personal and Professional Conduct & Related Policies

Awareness of Policies

OUM expects each student to be familiar with its mission and all published University policies and procedures. Several key policies are found at www.oum.edu.ws and others are found within the student handbook, available on Moodle at <http://courses.oum.edu.ws/>. Specific questions may be directed to student affairs personnel in each region. All students are expected to comply with not only the University's policies and procedures, but also with the laws of the community within which they study. Failure to do so is a reflection not only on the individual, but on OUM as well. Any violations may be subject to disciplinary action by OUM in addition to any action imposed by the governing jurisdiction.

Substance Abuse

Many countries require workplaces and educational institutions to take certain steps to ensure a drug-free workplace, including the establishment of a policy that consists of, among other items, (a) a summary of adverse health consequences of drug use and (b) summaries of penalties under law for drug abuse. OUM has chosen to follow these guidelines. This policy has been extended to include the prohibition of smoking and consumption of alcohol at all OUM facilities and OUM-sponsored events off campus.

OUM is concerned with the international problem of alcohol and substance abuse. One of its tasks is educating new physicians to identify and treat such problems in patients. A second task is to assure, as best as it can, that the physicians it graduates will be individuals who, by the stability of their lives and conduct, show themselves able to meet the public trust.

The use of any drug – prescription, illicit, or legal (including alcohol) – will alter the chemical balance of the body. Misuse or compulsive use of alcohol and other drugs can often cause serious damage to major body organs as well as to the immune and reproductive systems.

OUM recognizes the widespread availability of drugs that lend themselves to abuse. The illegal possession, distribution, or use of drugs is a violation of University policy. OUM is concerned with the health of its students and their ability to meet the demands and challenges of their profession. A student with an untreated alcohol or other substance abuse problem is unfit to continue his/her medical education or to graduate. OUM, through its administrative bodies and procedures, is the final arbiter on questions of a student's fitness to study or prepare for the practice of medicine as an OUM student.

Any student who is aware or suspects another of abusing alcohol or other drugs is encouraged to report the matter to the University. Each case will be considered seriously and dealt with in the most appropriate manner. In order to provide the best service, students, health professionals, and OUM staff are required to be substance-free. If evidence is brought forth that a problem exists, the individual may be required to undergo a rehabilitation program or other disciplinary action in order to continue his/her relationship with the University. Refusal to do so may result in separation from OUM.

Nondiscrimination Policy

OUM welcomes students from all backgrounds. Students are admitted without regard to age, gender, race, religion, national origin, medical/physical disability, or sexual orientation. While OUM reserves the right to vary requirements based upon standards in a student's country of origin/residence, a basic set of requirements and procedures is applied to all admissions candidates.

Self-Disclosure

OUM requires its students to self-disclose information that may limit their ability to practice medicine. This includes but is not limited to any accusations, arrests, prior convictions, mental or physical instabilities, alcohol or drug addictions/dependencies, and the use of any illegal chemical substance.

Students must also self-disclose if they are infected with Hepatitis B or C virus, or Human Immune Deficiency Virus (HIV). While updated CDC recommendations in the USA have made clinical practice and instruction easier for these infected health care practitioners including medical students, doctors, and physician extenders, regional student affairs personnel need to be informed of the student's medical status related to the aforementioned viruses to help define any limitations necessary including clinical rotations and to make accommodations as may be reasonable to permit the student's continued matriculation.

It is suggested that the individual report any of the self-disclosure information during the application process and/or early in preclinical study, as it may have an adverse impact on his/her OUM studies and/or desire to practice medicine. Admission to any of the self-disclosure information does not automatically mean an applicant will not be admitted or that an enrolled student will be dismissed. Each case will be reviewed by the Student Affairs Committee, which will render a decision that is in the best interest of both the individual and the University.

Student Falsification of Information

All OUM students or admissions applicants hold the responsibility to provide complete and accurate information at all times. Providing any misleading, false, incomplete information, or by not reporting any of the listed self-disclosure information, may be grounds for suspending enrollment and/or immediate dismissal from the University.

Medical Student's Personal Code of Conduct

Medical students of OUM should always conduct themselves in a professional and ethical manner, since this behavior lies at the heart of the medical profession. Students are expected to act with honor, integrity, respect, and commitment to the University, medical profession, patients, and the community. Included in this commitment to the University is an expectation that students only be enrolled in one MD or MBBS program at any given time, as dual-enrollment in another medical school is not permitted. Withdrawal procedures are discussed in further detail in the *Procedures and Related Policies* section. As the medical school expects each student to be accountable and responsible for his/her behavior and to be cooperative and considerate toward others, student behavior is monitored at OUM.

Any abuse of other individuals, verbally or physically, will not be tolerated and is grounds for disciplinary action up to and including dismissal from the University. The Student Affairs Committee (SAC) addresses all incidents of wrongdoing reported by a mentor, faculty member, fellow student, administrator, or clinical supervisor, and a finding of gross misconduct may be grounds for a warning, probation, or dismissal from OUM. Inappropriate conduct may include but is not limited to dishonesty, willful destruction of property, substance abuse, violence or threat of violence, serious breach of trust, unethical treatment of patients, racism, sexist or lewd comments, foul language, or failure to respond to a valid University regulation or official request in a timely manner. All reports of unprofessional conduct are reviewed in a timely manner by faculty and administration and are firmly grounded in the presumption of innocence.

Professional Student/Faculty Conduct - Grievance

OUM students are required to support and uphold the University's educational mission. By failing to do so, the student neglects the school's purpose and goals, possibly subjecting him/herself to disciplinary action.

OUM acknowledges that in a classroom setting occasional disagreements may occur between instructors and students. Students who are dissatisfied with their instructors must show courtesy and professional behavior in all situations and refrain from using obscene and inflammatory language. The University also expects the same professional behavior and courtesy from instructors toward students and from students toward their peers.

Students should understand that all instructors of the University are highly qualified and experienced and should interact with them in a respectful manner. Academic criticism from instructors should be taken as a part of the learning experience. Taking and giving feedback is not always an easy process but is necessary for self-development and is an essential component in the attainment of knowledge.

The discussion forum and chat area of a classroom lecture are for academic exchanges only. Personal issues should not interfere with or negatively affect a healthy learning or social environment and therefore not addressed in a discussion forum, classroom chat area, or any open exchange. Any student not abiding by this guideline will be referred by the instructor or another student directly impacted to the SAC.

Students, many of whom are experienced health care professionals, are encouraged to share their clinical experiences in a positive way with their fellow students and instructors. Any personal disagreement with the instructor or another student should be addressed to the instructor or the other student via his/her OUM e-mail and not via an open forum. Instructors are expected to do the same.

After a student has attempted to resolve any disagreements with an instructor, peer, faculty member, or staff member directly (e-mail, phone, or Skype) and has not reached a resolution, then a student may commence filing a grievance. Students should be aware that initiation of a formal grievance is a serious matter and must not be undertaken over trivial matters or out of malice.

Grievant must submit a written, signed, and dated statement of grievance to the Student Affairs Committee (SAC) via specialconsideration@oum.edu.ws.

This statement should include:

1. A factual description of the complaint or dispute resulting in the grievance,
2. The name of the person(s) against whom the grievance is initiated,
3. A brief description of all informal attempts at resolution,
4. Any other information that the grievant believes to be relevant or helpful, and
5. Proposed outcome.

The grievant should attach to the written complaint any documentation in his or her possession bearing on the subject matter of the complaint.

All matters pertaining to the grievance are to be kept strictly confidential by all involved parties. Any breach of confidentiality may result in a claim against the breaching party. The listed party in the grievance will be provided with a copy of the statement and will provide a response.

If a student's action is deemed inappropriate by the SAC, the incident will be recorded in the student's file, and for a student/graduate applying to a residency program in the USA, the incident will appear in his/her Medical Student Performance Evaluation (MSPE) document. The MSPE is reviewed during the application process for residency/internship programs in the USA. If actions described in a grievance filed against an instructor, peer, faculty member, or staff member are deemed inappropriate, corrective action will be taken.

Sexual Harassment

The University is committed to providing a safe and comfortable environment for all students, faculty, and staff. Sexual harassment includes, but is not limited to, anything sexual in nature such as lewd jokes, references to body parts (not in a clinical situation), inappropriate gestures or innuendos, physical touching, verbally abusing words, threats, unwelcomed propositions, and physical advances. Any form of sexual harassment will not be tolerated, and any violation will be grounds for disciplinary action. The University

takes harassment allegations very seriously and will protect the rights of its students, administration, and faculty from having to learn and work under uncomfortable or hostile conditions.

Student Health and Immunizations

Since medical students are regarded as health care workers, OUM students must safeguard their health and that of their classmates and patients by seeking all medical care (preventive and acute) in a timely manner throughout the course of their studies. Individuals accepted into the program must furnish a health certificate that documents immunizations, and as students, they are expected to keep those immunizations and other records up-to-date. The University follows the US Centers for Disease Control (CDC) recommendations of immunity to measles, mumps, rubella, pertussis, varicella, and hepatitis A and B, as well as a booster every 10 years for diphtheria and tetanus. Medical students should also have an annual influenza immunization, along with an annual tuberculosis test. Prior to beginning clinical rotations, students must document compliance with standards set by the CDC or another appropriate government body, if more restrictive than the CDC guideline. Once provided with the records, OUM will maintain a copy in the student's file and may provide them to the coordinator at each clinical clerkship site.

Immunizations Required for Travel to Samoa

Students traveling to the nation of Samoa should have immunizations for hepatitis A and typhoid in addition to the others listed in the main *Student Health and Immunizations* section above. Prior to departure from home country, students must provide proof of health insurance coverage with international benefits. Obtaining evacuation insurance is advisable in case of an extreme medical emergency. Evacuees typically are taken to New Zealand. Health care for minor problems is, of course, available to all students at the National Health Complex. Although yellow fever is not considered a disease risk in Samoa, the government requires travelers arriving from countries where yellow fever has been identified to present proof of yellow fever vaccination.

Students undertaking rotations in pandemic conditions, such as COVID-19, should understand the risks involved and ensure that they wear appropriate personal protection equipment and follow all local laws and hospital regulations for personal and patient safety.

Confidentiality of Patient and Hospital Information

All patient and medical center information shall be kept confidential. Students are required to follow the policies regarding confidentiality implemented by each rotation site and practice the basic principles accordingly. Any information used for logbooks and other University material will require that the student delete information that is specific to the identity of any individual/patient. Patients trust physicians, and by extension medical students, to treat their information with the utmost care and confidentiality.

Dress Code

It is imperative that medical students adhere to a dress code and demeanor that reflect an image of professionalism. Dress and appearance reflect not only on an individual but also on the institution s/he represents. These requirements also ensure student and patient safety. In order to maintain a high standard, OUM requires students to follow these general grooming and dress guidelines when in a clinical setting:

- **Personal Hygiene:** Students must maintain and practice good personal hygiene at all times, including:
 - Regular bathing and dental hygiene.
 - Use of deodorant/antiperspirant.
 - Neatly trimmed nails that are clean and short in length.
 - Perfumes and colognes should be avoided when in contact with patients.

- Hair should always be clean, neatly groomed, securely fastened away from the face, and of natural human color.
- Facial hair should be groomed at all times and of natural human color.
- **Personal Appearance:** Students should wear clothing and shoes that portray a professional image. Clothing should be clean and in good repair.
 - Women: Slacks or medium-length skirts.
 - Men: Slacks, collared shirts, and neckties, according to local custom.
 - Shoes should provide comfort and support. No athletic shoes or sandals.
 - OUM lab coats, clean and free of stains, should be worn at all times along with a clinical site-issued identification card, if required.
 - No visible piercings other than in the ears, unless an exception is predominant among physicians in certain locales. Piercings should be kept at a minimum for safety reasons.
 - Scrubs, clean and free of stains, should be worn if required by the clinical site. Scrubs issued by the site are property of that site and must be returned in the condition received.
 - Students must use appropriate masks, gloves, head covers, and shoe covers as indicated in clinical sites.

High-Risk Exposure

All students in clinical situations have an increased hazard of exposure to blood and other potentially infectious materials. Students should always approach a clinical encounter with prudence and carefully follow precautionary measures set forth by each site. Should an exposure occur, the student must immediately report the incident to the supervising physician and to OUM. All incidents will be taken seriously and will require an immediate medical evaluation to determine hazards and to safeguard the student's safety and well-being. Follow-up attention may be required.

Standard Precautions

The student should be aware of standard safety precautions in all clerkship facilities, as dictated by each site's regulations or local laws. The student should consult with appropriate individuals at the clerkship site for applicable policies and safety precautions for that jurisdiction.

The Occupational Safety and Health Administration (OSHA) mandates that Standard Precautions be used in the provision of care for all patients in the USA. All students at sites in the United States are required to refer to www.osha.gov for a complete list of appropriate precautions. Students should become familiar with and follow the practices and requirements of the governing body where they reside or may be practicing.

III. Academic Responsibility

Educational Objectives

The Oceania University of Medicine faculty has identified the skills, knowledge, and personal attitudes and behaviors that its graduates are required to attain to practice medicine successfully in today's changing medical landscape. Graduates of OUM will have attained the following competencies to the satisfaction of faculty throughout the program:

Knowledge

- Knowledge of the normal structure and function of the body (as an intact organism) and of each of its major organ systems.

- Knowledge of the molecular, biochemical, and cellular mechanisms important in maintaining the body's homeostasis.
- Knowledge of the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of maladies and the ways in which they operate on the body (pathogenesis).
- Knowledge of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions.
- An understanding of the power of the scientific method in establishing the causation of disease and efficacy of traditional and non-traditional therapies.
- An understanding of the need to engage in lifelong learning to stay abreast of relevant scientific advances, especially in the disciplines of genetics and molecular biology.
- Normal pregnancy and childbirth, the more common obstetrical emergencies, the principles of antenatal and postnatal care, medical aspects of family planning, and psychological issues involved.
- Factors affecting human relationships, the psychological well-being of patients and their families, and the interactions between humans and their social and physical environment.

Skills

- The ability to obtain an accurate medical history that covers all essential aspects of the history, including issues related to age, gender, and socio-economic status.
- The ability to perform routine technical procedures including at a minimum venipuncture, inserting an intravenous catheter, arterial puncture, thoracentesis, lumbar puncture, inserting a nasogastric tube, inserting a foley catheter, and suturing lacerations.
- The ability to interpret the results of commonly used diagnostic procedures.
- Knowledge of the most frequent clinical, laboratory, roentgenologic, and pathologic manifestations of common maladies.
- The ability to reason deductively in solving clinical problems.
- The ability to construct appropriate management strategies (both diagnostic and therapeutic) for patients with acute and chronic common conditions, including medical, psychiatric, and surgical conditions, and those requiring short- and long-term rehabilitation.
- The ability to recognize patients with immediately life threatening cardiac, pulmonary, or neurological conditions regardless of etiology, and to institute appropriate initial therapy.
- The ability to recognize and outline an initial course of management for patients with serious conditions requiring critical care.
- Knowledge about relieving pain and ameliorating the suffering of patients.
- The ability to communicate effectively, both orally and in writing, with patients, patients' families, colleagues, and others with whom physicians must exchange information in carrying out their responsibilities.
- The ability to counsel patients sensitively and effectively and to provide information in a manner that ensures patients and families can be fully informed when consenting to any procedure.

Altruism

- Knowledge of the theories and principles that govern ethical decision making, and of the major ethical dilemmas in medicine, particularly those that arise at the beginning and end of life as well as those that arise from the rapid expansion of knowledge of genetics.
- Compassionate treatment of patients, and respect for their privacy and dignity.

- Honesty and integrity in all interactions with patients' families, colleagues, and others with whom physicians must interact in their professional lives.
- Respect for human diversity including sexual, religious, and cultural differences.
- An understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate with others in caring for individual patients and in promoting the health of defined populations.
- A commitment to advocate the interests of one's patients over one's own interests.
- An understanding of the threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine.
- The capacity to recognize and accept limitations in one's knowledge and clinical skills, and a commitment to continuously improve one's knowledge and ability.

Duty

- Knowledge of the important non-biological determinants of poor health and of the economic, psychological, social, and cultural factors that contribute to the development and/or continuation of maladies.
- Knowledge of the epidemiology of common maladies within a defined population, and the systematic approaches useful in reducing the incidence and prevalence of those maladies.
- The ability to identify factors that place individuals at risk for disease or injury, to select appropriate tests for detecting patients at risk for specific diseases or in the early stage of disease, and to determine strategies for responding appropriately.
- Recognition that a doctor should look after their own wellbeing and safety as well as that of their patients and have the required professional support to do so.
- An appreciation of the systems approach to health care safety, and the need to adopt and practice health care that maximizes patient safety.
- The ability to retrieve (from electronic databases and other resources), manage, and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations.
- An appreciation of the responsibility to contribute toward the generation of knowledge and the professional education of junior colleagues.
- A desire to achieve the optimal patient care with an awareness of the need for cost-effectiveness to allow maximum benefit from the available resources.
- Knowledge of various approaches to the organization, financing, and delivery of health care.
- A commitment to provide care to patients who are unable to pay and to advocate for access to health care for members of traditionally underserved populations.

Graduation Requirements

Below is a summary of the mechanisms used to measure student readiness to meet the University's graduation requirements which may not be completed in less than four years:

Knowledge: Acquisition and Retention

Tools to assess gained medical knowledge include:

- Weekly formative quizzes and a final summative examination at the end of each preclinical module
- Interval Performance Exams during the preclinical curriculum (For USMLE students entering in Term 1704 and beyond)
- United States Medical Licensing Exam (USMLE) Step 1 (Primarily for students expecting to rotate at teaching hospitals and practice in the USA)

- Weekly quizzes during the core clerkships (Beginning in Term 1801)
- Summative clinical knowledge exam during clinical modules
- Clinical Supervisor Reports during core rotations and electives
- Final Clinical Examination (FCE) Part 1 (Required for students beginning clinical clerkships in Term 1801 and beyond or USMLE Step 2 CK (Clinical Knowledge))
- Publication of a research paper in *Medical Student International* or another peer-reviewed journal

Clinical Skills Development

Clinical skills assessment tools include:

- Clinical Skills Course and head-to-toe physical exam
- USMLE Step 2 CS (Clinical Skills) for students planning on practicing in the USA
- FCE Part 2: Objective Structured Clinical Examination (OSCE)
- Clinical Supervisor Reports
- Clinical Logbook Assessment

Personal Attributes and Behaviors

Tools to evaluate and report the attributes and behaviors necessary to successfully practice medicine include:

- Preclinical Student Assessment form, completed by the student's local physician mentor
- Preclinical module faculty assessment
- Clinical Supervisor Reports
- Core Clerkship Clinical Adviser reports
- Medical School Performance Evaluation (MSPE) for US residency applications

Plagiarism and Cheating

Plagiarism diminishes the capacity of students to comprehend and summarize information from different resources by paraphrasing it in one's own words. The University monitors all student postings in Moodle and does not condone students who respond to any assigned, online task or presentation by copying and pasting directly from web sources. Such behavior will be viewed as plagiarism by the University and actions will be taken in accordance with established University policies. Repeated acts of plagiarism are sufficient grounds for dismissal. Copying intellectual property from other sources and submitting it as one's own is unethical and may be considered copyright infringement. It is also not permitted to submit material originating from previous Moodle posts. Cheating on an exam will result in failure of the module and dismissal from the University.

Academic Integrity

All OUM exams are proctored, and students have a responsibility to uphold and maintain the highest standards of integrity in study; therefore, students must refrain from the following and similar activities:

- Using a "cheat sheet" or other material not approved by the instructor
- Using textbooks or other learning materials during an exam
- Browsing the Internet during an exam to research questions and answers
- Disappearing from view of the remote proctor camera during an exam
- Covering your camera
- Muting your microphone
- Use of a cellphone or technology other than the computer

- Communicating with others
- Having others communicate with you
- Use of any materials such as writing pads, scratch paper/note paper, course textbook, handouts, calculator
- Collaborating with one or more students when not approved by the module instructor
- Tampering, altering, misusing, or misrepresenting official documents and records
- Forging official signatures
- Plagiarizing
- Creating and utilizing unauthorized question banks
- Logging into an OUM account that does not belong to the student
- Offering or giving any favor or thing of value for the purpose of improperly influencing a grade or other evaluation of a student in an academic program
- Intentional omission of material fact so as to mislead any person in connection with academic work
- Intentional interference with an instructor's ability to accurately evaluate a student's competency or performance in an academic program
- Wearing a headset, ear buds, or other audio device*
 - * Use of industrial ear plugs is acceptable if and only if you show all angles of your ear plugs to the camera

If a student is suspected of acting without academic integrity, faculty/classmates are encouraged to report the student to the Student Affairs Committee (SAC). In addition, Proctortrack, the secure online proctoring program utilized at OUM, is very sensitive and monitors students during exams to alert faculty of any irregular activity or violation. Faculty may submit the violation to the SAC for further review. The student who is alleged to have committed an offense will be informed of the circumstances and asked to respond. The SAC will review the case under the assumption that the student is innocent. A thorough investigation will then be conducted and a decision rendered. In the event of a finding of guilt by the SAC, the Chancellery may review the case. Students are advised that the penalty for cheating or academic dishonesty is failure of the exam attempted and ultimately dismissal from the University.

Access to Enrolled Courses and Course Materials

Students access their courses and course materials through Moodle, OUM's learning management system, which may be accessed at <https://courses.oum.edu.ws>. Students are required to enter their username and password to login. The usernames for Moodle are created using the student's first name, period, last name (firstname.lastname). The final step to access courses/course materials is to click on "OUM Courses" followed by "My Moodle Courses," and then select the enrolled course in which access is sought. The Registrar enrolls students in all classes once tuition payments are satisfied. Students are not permitted to self-enroll in any classrooms other than the Basic Science Library, student program classrooms such as Journal Club, OUMSA, *Medical Student International*, and other approved testing classrooms. Students who self-enroll into classrooms other than the approved self-enrollable classrooms such as those mentioned above may be subject to disciplinary action and/or applicable tuition payments.

Should a student experience difficulties logging into the system, s/he should contact support@oum.edu.ws. Alternatively, a student may request technical support by clicking on the "Click here for the OUM Help Desk" link under "Request Tech Support" on the right side of the Moodle home screen.

Private Access to Virtual Classrooms for Group Study

Every OUM student has full access to Zoom, including the ability to schedule meetings and invite others, though student accounts are limited in two important ways:

1. Meetings with three or more attendees are limited to 40 minutes' duration. One-on-one meetings have no limit, and there is no limit to the number of back-to-back meetings. Therefore, if a group of students has a meeting that will take more than 40 minutes, it is possible to end one meeting then immediately start a new one.
2. While recording by the host is enabled, students may only save recordings to their local computers. Recording files may be shared with others by uploading them first to Google Drive, or Moodle (in a course where the student has permissions), or by some other means of sharing large files.

Students with questions about how to schedule a meeting, invite others, etc. should review the extensive Zoom documentation www.zoom.us. Students may access Zoom using the link in the Linked Sites menu item in Moodle.

Library Resources

OUM's Library is available through Moodle. It includes a range of electronic information resources including OUM's Basic Sciences Library, textbooks, journals and web sites as well as training resources to orient users.

Students are charged an annual fee, which must be paid prior to the start of the first term each year, to access subscribed materials such as the primary resource, ClinicalKey, a database which contains the latest edition of hundreds of medical textbooks, journals published by Elsevier and clinical content which is useful for current health care providers. ClinicalKey is updated monthly.

OUM has negotiated a 25% discount for OUM students if they wish to purchase hard copies of any textbook for themselves (however the annual library fee must still be paid). Any student who has not paid the fee will not have access to ClinicalKey, and no registration in further instruction will be allowed, until the ClinicalKey fee is paid.

IV. Procedures and Related Policies

Appeals

A student has the right to appeal exam grades, probation, dismissal, or any other action that affects his or her University status. Students may request an appeal when:

- a penalty is deemed to be excessively harsh for the given offense;
- insufficient evidence is presented;
- a biased or prejudiced review is suspected; or
- new information is discovered.

The student must submit an appeal as an attachment in a Word or PDF document to the Student Affairs Committee (SAC) by sending an e-mail to specialconsideration@oum.edu.ws. The Committee meets to decide upon action to be taken, and the student is informed, usually within 10 business days of the decision being rendered. Decisions of the Committee are binding and final.

A student whose academic dismissal is reversed by successful appeal and is permitted to repeat a module will be placed on probation for one calendar year. A student failing any block/module during that time will face automatic dismissal, which is not subject to appeal. A student placed on probation by the SAC, who fulfills his/her probation requirements, will have his/her status reviewed by the Committee upon completion of the probationary period.

Student Affairs Committee

The Student Affairs Committee (SAC) is composed of faculty and administrators from Australia and the USA who meet to hear and discharge student petitions/appeals and other cases in addition to discussing general student matters. Students seeking to submit a petition for reasons discussed in the *Appeals* section, a leave of absence, a time extension for testing periods, or for other various individual situations should consult local Student Affairs personnel prior to submitting a petition to confirm that a petition is warranted. If it is deemed that a petition is required for a particular situation, the student would submit a petition as an attachment in a Word/PDF document to specialconsideration@oum.edu.ws. Petitions and appeals should be self-composed as there is not currently a form for appeals/petitions due to the unique nature of individual requests.

As of Term 1904, students requesting a time extension for an exam are required to have an academic adviser.

Enrollment Procedure and Fees

To register for a term, tuition must be paid in full or payment on an approved payment plan must be received during Registration Week. Students should be in contact with the Bursar to express interest in enrolling in a term, at which time the invoice is created and sent via e-mail to the student. Invoices are available to students within eOUM. Tuition received after Registration Week may be subject to penalties and fees, and students should then not expect to be enrolled on the first day of classes. To register for a term, students should submit their request during the registration period to termregistration@oum.edu.ws. After enrollment and prior to the term start date, students may access the module / block / segment in Moodle under Future Courses or by accessing All Courses. The class will appear in My Courses in Moodle only after the term has begun.

Enrolling Late in a Module

All students are expected to enroll during Registration Week and begin class activities in the block/module on the first day of any term. Under no circumstances will a student be allowed to commence a block/module after 5:00 pm Eastern Time North America on the Friday of the first week.

Good Standing

The standard for all students, regardless of year of enrollment, is to complete 24 weeks of instruction within each academic year to remain in good academic standing. However, it is strongly recommended that students undertake uninterrupted study to maintain a competitive edge for post-graduate training.

In order to maintain good standing, the preclinical student must enroll in 24 weeks of instruction per year and successfully complete the preclinical curriculum within four years commencing with the term during which the e-Foundation Sciences 100-Series or e-Foundation 300-Series (or the former e-ITM) is initiated.

Following completion of the preclinical phase of the curriculum, students who will be sitting the USMLE Step 1 must do so within three months. A request for an extension may be made through the SAC, though the granting of such an extension is not guaranteed.

To remain in good standing, the clinical student must enroll in 24 weeks of clerkships per academic year and successfully complete the clinical curriculum within three years.

NOTE: For preclinical students, good standing is based on actual weeks of instruction, rather than on calendar weeks. For clinical students, good standing is based on calendar weeks, not weeks of instruction. Enrollment in exam review courses, such as Structured Study Protocol and Basic Science Immersion, which are offered by OUM will count toward the student's "good standing" requirement, based on the number of registered and paid weeks of instruction.

Leave of Absence

Personal or medical circumstances sometimes make it necessary for a student to apply for a leave of absence (LOA). For students applying for residency positions in the USA, it is important to note that non-medical LOAs will likely be viewed negatively by residency selection committees. The Bursar's Office may answer questions regarding refunds or applying tuition to a future term (bursar@oum.edu.ws). The number of modules a student has completed and whether or not those were in preclinical or clinical modules determine the steps necessary to request a leave of absence.

LOA: Students Who Have *Not Yet* Finished 24 Weeks of Initial Instruction

Students are required to finish a minimum of 24 weeks of instruction per year to maintain good standing. A leave of absence for students who have not completed the initial 24 weeks of instruction will be considered by the University only on grounds of serious personal health issues that are supported by verifiable medical documentation (e.g., a student who has been involved in an accident with serious injuries or a student who has been diagnosed with a devastating illness). If a student has not finished the minimum and is absent for a length of time exceeding 16 weeks in a year, whether consecutive or non-consecutive, without written approval of a leave of absence application, the student will be dismissed from the University.

LOA: Students Who *Have* Finished 24 Weeks of Initial Instruction

Students who have completed 24 weeks of initial instruction and wish to apply for a leave of absence must send the request as an attachment in a Word or PDF document to the SAC at specialconsideration@oum.edu.ws and copy their academic adviser.

The SAC may grant a student a medical leave of absence, with proper documentation, for a period of up to 12 months or a personal leave of absence in one-month renewable intervals, for a maximum of 12 months as deemed appropriate by the SAC. A personal LOA may be available in addition to a medical LOA but only granted for extraordinary circumstances (e.g., unforeseen financial hardship, personal or family tragedy). Detailed personal LOA requests should be submitted to the SAC, including the reason for the request, the plan to rectify the problem, and the estimated time required. The SAC will determine the legitimacy of the request, and if approved, the amount of time required to rectify the problem. Renewal requests will be submitted to the SAC and include a status report.

If a student who has finished 24 weeks of instruction is currently enrolled in a preclinical module and asks for and is granted a LOA, 100 percent financial credit (for a future term) will be given to the student. This will be offered only once to each student.

Any single LOA may result in a student sitting out for no more than one full academic year, including terms during which the student may have elected to sit out while abiding by the good standing policy, prior to or following time off during an approved LOA. Upon return from a LOA, students will be required to abide by the good standing policy and to thus enroll in 24 weeks of academic instruction offered during the academic year.

Preclinical students who choose not to enroll in courses consecutively, and/or are approved by SAC for a LOA, will be given the option to undertake individualized self-paced learning consisting of independent study and weekly testing. Weekly testing will serve as a means of self-assessment only and will not be entered on the student's official transcript. The weekly examinations will consist of a mix of 25 simple recall and clinical vignette-based questions and be prepared by the Examination Committee, student's academic advisor, and/or the Director of Curriculum. The weekly examinations will be administered on Moodle with Proctortrack monitoring.

The individualized reading list will be created by the student with input from the SAC, Deputy Vice Chancellor, regional Dean, and/or Director of Curriculum, with final approval by the Director of Curriculum. The purpose of the reading list will include, but not be limited to the following:

- a. review of courses which have been completed;
- b. extension of course content (on average, one-third or less of the discipline is covered in each e-Foundation 100-Series or 300-Series block); and
- c. focused study on select basic sciences (e.g., pathology and physiology).

It is recommended that students enrolled in self-paced learning maintain a cumulative examination average of 60%; students who do not do so will be counseled by the Director of Curriculum, but the decision to continue or discontinue will be solely at the discretion of the student.

Enrollment in self-paced learning is entirely optional and will not affect or modify the existing LOA or academic good standing policies. Self-paced learning will not serve as a substitute for any required coursework and no grade will be entered on the transcript. Please note that failures in a Self-Paced Learning plan may count toward the total of allowed failures to remain enrolled as a student in good standing.

LOA: Students Taking Clinical Modules

Students wishing to apply to the SAC for a leave of absence during their clinical modules may request a maximum of 12 months, independently of how much time they may have taken off during their preclinical modules. The onset of the cumulative leave is the term during which the student begins his/her first clinical module (e.g., if a student begins the clinical phase in Term 1701, any time during which a student is not enrolled after Term 1701 will begin to contribute to the 12-month cumulative LOA). Students who exceed the 12-month limit may be dismissed from the University or required to undertake structured review coursework.

Withdrawal

Any student wishing to withdraw from a term of study at OUM must contact the Registrar (registrar@oum.edu.ws) for the Dean's approval. The withdrawal will be effective on the date written notice is received. If delivery is by mail, the letter must be mailed certified or registered, return receipt requested. If the request is faxed or e-mailed, the student must call the recipient to ensure that the communication was received and to request written confirmation by fax or e-mail.

In the event that circumstances change, and the student wants to rescind the intent to withdraw, the student must provide timely written notice to the Registrar stating his/her intent to remain in academic attendance through the end of the term.

A student is considered to have withdrawn him/herself from OUM after the student does not enroll in the last possible term to maintain good standing status as set forth in the University policy requiring students to take a minimum of 24 weeks of instruction per academic year. A letter confirming this status is sent to the student via postal mail.

Withdrawal from e-Foundation 300-Series

If a student wishes to withdraw from the e-Foundation 300-Series within the first two weeks of the segment, enrollment in that segment will be dropped from the student's record. If a student withdraws from the e-Foundation 300-Series segment during the third or fourth week, enrollment will be maintained in the student's record, and the student will receive the letter W for withdrawal, instead of a grade. If a student withdraws from the e-Foundation 300-Series segment after the fourth week, the student receives an "F" for that e-Foundation 300-Series segment.

Withdrawal from an e-Foundation 100-Series Block

If a student wishes to withdraw from an e-Foundation 100-Series block within the first week of the block, enrollment in that block will be dropped from the student's record. If a student withdraws from an e-Foundation block between Weeks 2 and 3, enrollment will be maintained in the student's record, and the student will receive the letter "W" for withdrawal, instead of a grade. If a student withdraws from an e-Foundation block after the end of Week 3, the student receives an "F" for the e-Foundation block.

Withdrawal from a System-Based Module

If a student wishes to withdraw from a system-based module within the first two weeks of the term, enrollment in that module will be dropped from the student's record. If a student withdraws from a system-based module in Weeks 3 or 4, enrollment will be maintained in the student's record, and the student will receive the letter "W" for withdrawal, instead of a grade. If a student withdraws from a module after the end of Week 4, the student receives an "F" for the module.

All posted grades will remain on the student's transcript, even if the failed module is remediated.

As stated in the Medical Student's Personal Code of Conduct, dual-enrollment in OUM and another medical school is not permitted. If a student decides to enroll in another University's MD or MBBS program, it is required that the student request withdrawal from OUM immediately.

Withdrawal – Tuition Refunds

Students who withdraw from a block/module may be eligible for a tuition refund (excluding non-refundable deposits and convenience fees), depending upon when their official notice is submitted.

On or before the commencement of classes	100 percent refund
Within the first week of classes	75 percent refund
Within the second week of classes	50 percent refund
After the second week of classes	no refund

V. Information Technology

Computer Literacy Requirement

A fully functioning computer that students are able to use independently is essential. OUM students must have a basic working knowledge of computer use and maintenance, including the ability to browse the web, navigate a web site, send and receive email, create and organize files and folders on their computer, download and launch computer programs, and manage passwords. OUM recommends having at least two browsers available (Chrome and Firefox are good secondary options), as well as a full-featured word processor (for example MS Word, Apple Pages), and PDF reader (for example Adobe Acrobat, Apple Preview). Familiarity with MS Excel and MS PowerPoint (or their Apple counterparts) also will be beneficial. Students should be competent using a scanner, fax/copy machine, computer microphone/speakers, and a web cam. Since the OUM curriculum uses a distance-learning, computer-based format, student success may be determined, to a certain extent, upon his/her understanding and comfort level using these technologies. Finally, students will need to become very familiar and comfortable with OUM's teaching applications, Moodle and Zoom, discussed below.

Moodle

OUM's primary curriculum delivery vehicle is an established, web-based, education software system called Moodle (www.moodle.org). OUM has tailored this program to maximize efficiency and function as a teaching tool, while also remaining user-friendly for students.

As the virtual platform in which basic science and clinical themes are presented, Moodle fosters an optimal, well-structured and efficient environment for academic interaction between students, faculty, staff and administration. During the preclinical curriculum, instructional materials are delivered through the Moodle platform to provide tools for learning the basic sciences, introductory clinical medicine, and group discussions. During the clinical curriculum, Moodle is utilized to provide supplemental learning material and resources.

Zoom

Zoom is a highly-regarded educational software package that provides real-time, online learning and collaboration using high-quality “voice over Internet” technology, the ability to present overlapping interactive functions and unique technology that supports multiple platforms and low-bandwidth connectivity. The software facilitates a live classroom environment with audio-visual capabilities that is specifically suited to academic institutions that incorporate distance-education into their curricula.

The Zoom classroom enables students to “raise their hands” to ask questions, present information on a whiteboard, answer questions from the instructor using a voting system, take notes, and carry on a group discussion, much like a telephone conference call.

Zoom provides an app for mobile devices (iOS and Android) to participate in live sessions and to replay recordings. All recordings of Zoom sessions may also be viewed on a full computer operating system (Windows or Mac).

Technology Competencies

Students are required to have the following technological competencies—the ability to:

- Access materials using Moodle,
- Read and print e-mail and attachments,
- Locate and use the OUM Electronic Library, and
- Use Microsoft Office programs (or their Apple counterparts), as well as the Internet and search engines.

Technology Requirements

The University requires that students have access to a computer that has Internet connectivity, is reliable, functioning, free from viruses, with an integrated or external webcam, microphone, and speakers/headset. Students should always have a back-up plan in case their computer experiences problems and/or is no longer in working order.

A laptop or notebook computer is a requirement for the in-person new student orientation session.

Additional Requirements:

- Broadband connection with an upload speed of at least 200kbps,
- At least 2.4 GHz dual core processor,
- At least 4 GB RAM
- Microphone, speakers and webcam (internal or external)
- Anti-virus program
- All software up to date.

The following are recommendations for students' computers:

- Less than two years old (Strongly recommended and a laptop or notebook computer preferred),
- PC: Windows 10 (latest version, with all updates installed), Mac: OS version 10.15 (latest version).

NOTE: Due to the requirements of OUM's exam proctoring software, the following are NOT supported for exam taking: Chromebooks, Linux, Virtual Machines, or mobile devices (including iPads and iPhones). These devices may be used, however, for consuming content and attending Zoom lectures.

Proctortrack

All OUM exams are offered through the Proctortrack secure test-taking application. Proctortrack records the student and his/her computer screen during testing. It is a highly sensitive program, and students should become familiar with Proctortrack's guidelines to avoid being flagged with a test violation.

Instructions on how to install and use Proctortrack are available in the "Proctortrack Info" area of OUM's Moodle home page.

All OUM students are required to take an annual Proctortrack Onboarding Exam to go through the Proctortrack verification process before they are permitted to sit any graded exam. As soon as students get access to Moodle, they should visit the "Proctortrack Info" page and take the Onboarding Exam. This is not a graded exam — it is only to confirm the student's ability to use the Proctortrack monitoring software. Students will be unable to sit graded exams at OUM until the Proctortrack Onboarding Exam has been successfully completed.

Proctortrack fees are assessed as follows:

- \$200 annually (includes all testing in a calendar year)
- \$100 per half year proctoring
- \$25 per individual exam (primarily for students needing to sit less than eight quizzes/exams within a calendar year)

Annual exam proctoring fees are invoiced at the end of each calendar year. All exam proctoring fees are assessed at the lowest possible price depending on the student's schedule. For students who expect to take OUM's In-House exam (IHE) on a regular basis, it is recommended to pay the annual proctoring fee; otherwise, students who have not paid the annual fee will be invoiced for each individual IHE taken. Students may not start a term until the Proctortrack fee is paid.

A clinical student completing core rotations in the first half of the year should pay the semi-annual proctoring fee.

Student e-Mail Accounts

OUM provides a University e-mail account to each enrolled student. This account is to be used for educational purposes only. Any use other than for educational purposes, such as sales offers, may warrant action by the University. The e-mail account is accessible at all times to graduates and students who are in good standing with the University. If there is an interruption in enrollment, e-mail privileges may be suspended or terminated.

Students are required to use their OUM e-mail address for all correspondence with the University, as University staff, faculty, and consultants will only initiate electronic communications to members of the OUM community through OUM e-mail accounts.

Students are expected to check their OUM e-mail at least once daily, as important notices concerning coursework, grades, invoices, and University policies possibly affecting eligibility and performance as a student will only be sent to them at their OUM address. OUM e-mail accounts may easily be directed to appear in virtually any regular e-mail account such as Gmail, Yahoo, Outlook, etc. For assistance with OUM e-mail accounts, students should contact support@oum.edu.ws. Additionally, instructions are available by clicking on “Set up email on your desktop or mobile device” on the home page of Moodle.

Students should be respectful and responsive to e-mail communications. Untimely or absence of response to e-mails sent to students by OUM staff, faculty, and/or consultants will be viewed very poorly and may even result in the student’s dismissal from the University. The ability to stay in touch and be available is crucial for all physicians in the practice of medicine, and these practices will be an expectation throughout a student’s time at OUM.

As with the Moodle User names, user names for e-mail are created using the student’s first name, period, last name. Legal names only are used. An example would be firstname.lastname@oum.edu.ws. Should an issue arise with a student’s OUM e-mail, including login or password problems, the student should immediately contact the IT Department at support@oum.edu.ws to resolve the problem.

VI. Curriculum and Assessment

Preclinical Modules

Note: Use of a reliable time zone converter to determine the local time for students residing outside of the Eastern Time zone in the North America is recommended, as all times quoted in this Student Handbook are in North America Eastern Time. Please be aware that time changes to/from Daylight Saving Time are not the same in all countries.

Orientation

Students are required to attend an orientation session where the program is explained in detail and students have a chance to meet the Dean(s), other students in their cohort, and University personnel. An introduction to the technology used throughout the program is a critical part of the orientation session, including Moodle, the online teaching platform; Zoom, the online lecture delivery vehicle that is modeled as an interactive classroom; and ClinicalKey, an electronic resource for medical texts, journals, and other resources. Students wishing to meet with an adviser should email adviser_request@oum.edu.ws to make an appointment.

e-Foundation Sciences Module (e-Foundation 300-Track vs. Basic Science Track)

The e-Foundation Sciences module offers an intensive treatment of the basic sciences and is composed of two tracks: the 100-Series and the 300-Series.

Students are able to select whether they would like to start the MD program with the e-Foundation 300-Series or start directly with the e-Foundation 100-Series. MD students who enroll in the e-Foundation 100-Series commence the Basic Science Track, which is recommended for students wishing to practice in the United States. Beginning in Term 1801, all tracks include clinical skills beginning the first day of medical school. The Day-One Clinical Skills Course is taken concurrently with other preclinical modules.

The e-Foundation 100-Series covers the basic sciences (Anatomy, Behavioral Medicine, Biochemistry, Biostatistics, Cell Biology, Embryology, Immunology, Medical Genetics, Microanatomy/Histology, Microbiology, Molecular Biology, Neuroanatomy, Pathology, Pharmacology, and Physiology). Students who will complete the e-Foundation 100-Series prior to Term 2101 will complete the series in four-week blocks. Students entering the e-Foundation 100-Series starting in Term 2004 will take the e-Foundation

100-Series blocks offered in year 2020 at four-weeks each, and in year 2021 the remaining blocks will be available at six-weeks each with no change in tuition cost for the remaining blocks, unless remediation is necessary. For MD students starting directly with the e-Foundation 100-Series, only nine of the ten e-Foundation 100-Series blocks will be required (completing the e-Foundation 100-Series Behavioral Medicine and Biostatistics block is required only for students enrolled in the Post-Bac program).

Each of the three 10-week segments in the 300-Series is followed by a one-week break. The 300-Series delivers the basic sciences in a total of 180 contact hours.

The e-Foundation blocks/segments are offered on the Moodle learning platform, where students attend interactive sessions and view recorded lectures while completing reading assignments as outlined in each block's syllabus. Assessments for the e-Foundation include weekly quizzes and a final exam. All e-Foundation lecturers hold doctoral-level degrees.

The final grade for each e-Foundation 100-Series and 300-Series block/segment is composed of 50 percent quiz average and 50 percent for the final exam.

Interactive sessions for both e-Foundation tracks are offered Monday through Thursday from 8:00-10:00 pm Eastern Time (North America). Once a student is enrolled in an e-Foundation block, s/he has ongoing access to the materials used in the enrolled blocks after completion for review purposes.

Upon successful completion of the e-Foundation series (100 or 300) students begin the system-based modules, once an approved mentor is on file.

Repeating an e-Foundation Sciences Block

Students enrolled in the 100-Series track of the e-Foundation Sciences module whose final block grades are below passing will be required to repeat the block at a cost of 75 percent of the tuition fee.

Because individual e-Foundation 100-Series blocks are only offered live once per calendar year, students are not required to re-take a failed block until its next scheduled date. The student remains enrolled and will be allowed to take subsequent e-Foundation 100-Series blocks if future blocks result in grades of 60 percent or greater.

In the e-Foundation 300-Series, since the nine subjects are taught throughout three 10-week segments, and subject examinations are interwoven and resulting in the segment's final grade, a failure of a segment will result in the following:

- One failure toward the University's limit of three failures before a student is dismissed for academic performance.
- The student may enroll in the next segment of the e-Foundation 300-Series.
- The student must remediate (live or asynchronously) in one of two ways:
 1. Repeat the failed segment when it is next offered.
 2. Enroll in the corresponding e-Foundation 100-Series blocks.
- A passing grade must be earned on the remediated subject matter before the student is permitted to advance to the system-based modules.

A student remediating an e-Foundation block or system-based module may **not** take it concurrently with another block or module. A block or module taken in remediation will count toward the weeks needed for the student's "good standing" status.

Additionally, MD students who fail three different e-Foundation Sciences blocks may be dismissed from the University.

Post-baccalaureate program students will be dismissed after two failed attempts at the same e-Foundation 100-Series block or failing two different 100-Series blocks.

Asynchronous Study

One of OUM's unique features is that students may enroll in and complete a block/module, even when it is not being offered formally by the University. Thanks to recorded lectures, instructor and academic adviser availability, and other resources, qualified students with available time and strong academic records may enroll in two classes asynchronously with permission from the Student Affairs Committee and the following guidelines:

- e-Foundation 100- and 300-Series blocks and system-based modules (SBMs) may be taken asynchronously; however, students enrolled in the Basic Science Track may only request to take an e-Foundation 100-Series block asynchronously if the student missed the requested block during the initial sequence prior to taking the SBMs. Such a student may petition the Student Affairs Committee to determine whether the needed 100-Series block may be taken asynchronously.
- Students must have approval from their academic adviser, module instructor, and the Deputy Vice Chancellor if not already approved by the Student Affairs Committee and block/module instructor.
- Priority is given to students facing an immediate delay in their progression toward graduation if the system-based module they need is more than one term away.
- Students taking a block/module asynchronously may meet with the module instructor(s) for a total of up to two hours per week.
- Regular tuition fees apply, plus a surcharge of \$200 per week to cover the cost of the instructor to prepare for and meet privately with the student.
- If a module taken asynchronously is failed, live remediation is recommended for e-Foundation and required for system-based modules. The SAC may impose additional requirements.
- A student must request to take the asynchronous module/block prior to or during the registration period for that term.

Requests to study asynchronously may be made online through eOUM on the student's Registration page. All asynchronous requests must include an explanation why the student needs to take a course asynchronously instead of enrolling in the term's live course offering. Requests are to be submitted no later than the registration week for the term.

Asynchronous blocks may only be scheduled when a live block/module is in session; therefore, an asynchronous enrollment must coincide with an equivalent live term. Asynchronous blocks cannot be scheduled during a normal term break.

If a student's asynchronous request is approved, s/he will be notified via his/her OUM e-mail account generally within ten business days.

Please note that providing an asynchronous option is a courtesy to students who have no other options for enrollment during a particular term. Untimely submissions of asynchronous requests (after the registration period) may not be accepted.

Asynchronous study includes access to a past run of the requested module/block, and students will utilize the lectures and syllabus available within that classroom for asynchronous enrollment. The student should contact the course instructor to arrange a meeting to clarify concepts or to answer questions.

If a student finds any technical issues with the classroom of enrollment for the asynchronous module/block, the student must notify the course instructor, Dean for North America, academic adviser (if assigned to one), and regional student affairs contact without delay.

Quizzes and exams are expected to be taken according to the testing schedule of a live block/module. If students encounter any trouble with testing during an asynchronous block/module, please contact Dr. Sarmad Ghazi via e-mail at sarmad.ghazi@oum.edu.ws.

Taking Two Modules Simultaneously

The following guidelines apply to taking two modules simultaneously, whether or not the student is taking them asynchronously or live:

- To be eligible to “pair” two SBMs in one term, the student must have an overall average of 75 or higher **and** have achieved final grades of 85 or higher on his/her previous two SBMs or an average of 80 on the quizzes and final exams on his/her previous two SBMs. Because good performance in the SBMs must be established before the student is allowed to double up, the soonest a student would be eligible to “pair” SBMs would be the fourth and beyond.
- In any calendar year, only the first “pair” of SBMs in one term would count toward a student’s “good standing status,” i.e. the two paired modules would comprise 12 of the 24 weeks needed to meet the student’s annual good standing status. If the student pairs two SBMs for another term during a given year, the second (or any subsequent) pair would only count for six weeks toward the student’s annual good standing status. The reason is that the Academic Board does not feel it is appropriate for a student to complete as few as 12 calendar weeks of instruction per year and be considered a full-time student.
- The Trends & Topics module may be “paired” with another SBM with approval from the SAC. The Research Methodology course may be “paired” with another SBM without prior approval.
- The eight-week Clinical Skills Course may **not** be “paired” with another SBM, other than the Research Methodology module, and possibly Trends & Topics, with permission from the Student Affairs Committee.
- The Day-One Clinical Skills Course and the Research Methodology module are designed to be taken concurrently with other blocks and modules.

System-Based Modules

OUM recognizes that problem-based learning (PBL) is the cornerstone of modern medical school teaching and has adopted this style in developing its curriculum content. The program utilizes several PBL case studies with each featuring a virtual patient presentation (or scenario) and following the patient through the following stages:

- Patient presentation
- History & physical examination
- Differential diagnosis
- Laboratory tests & diagnostic imaging
- Provisional diagnosis
- Short-term management
- Long-term management

Together with the patient-based information, each case includes basic or clinical science learning issues. Preclinical PBL case studies link basic sciences with the development of clinical reasoning through virtual patient scenarios. All PBL cases reference current core medical and basic science textbooks, journal articles, and verified websites.

Completion of the nine system-based modules listed below is required of all students. The modules may be taken in any order but are listed below in alphabetical order:

- Cardiovascular System
- Endocrine System
- Gastrointestinal System
- Hemic-Immune System
- Musculoskeletal System
- Neurology and Neurosciences
- Renal System
- Reproductive System
- Respiratory System

The structure for each system-based module includes six weeks of instruction, one week of review for the final exam, and one of two windows to complete the final exam.

Students enrolled in a system-based module listed above attend interactive sessions with the instructor Monday through Thursday from 8:00–9:30 pm Eastern Time (North America) view recorded lectures, and complete reading assignments as outlined in each module’s syllabus. The lecture schedule includes mini-case discussions to increase exposure to the basic sciences. The mini-cases consist of short clinical scenarios on “bread-and-butter” disease entities with multi-disciplinary elements.

The module grade for each of the nine system-based modules listed above is calculated as follows:

- 50 percent module quizzes
- 50 percent final examination

An important component of the system-based modules is the live mini-case discussions that are offered two days per week. Beginning in Term 2004 (July 2020), students will be awarded participation points for participating in mini-cases as follows:

- 0.5 point per mini-case for making a substantive contribution to the mini-case discussion (at the discretion of the course instructor)
- The total number of participation points for the course (with a maximum total of 12 points) will be added to the student’s final exam score, not to exceed 100 percent
- Students choosing not to attend the live mini-case discussions or to participate will not be given participation points
- Though each round of mini-case discussions is offered twice, student may only appear for one round for credit. S/he may appear for the second offering of that round, but points will only be awarded for the first session.

For more information about the system-based modules, the University has recorded a System-Based Modules Orientation session which may be found in Moodle in the University-Wide Meetings classroom for 2018. Note that some policies, such as the mini-case discussions will have changed since that recording was made. Students should view this session prior to enrolling in the SBMs.

Trends & Topics in Medicine

In 2012, the Psychosocial Sciences/Renal System module was split into two modules. For students entering OUM in August 2012-August 2015, completion of ten system-based modules is required. Rather than

needing to complete the Psychosocial Sciences/Renal System module, students complete the Renal System module and the “Trends & Topics in Medicine” self-paced module which covers Biostatistics, Behavioral Medicine, Medical Ethics and Legal Medicine, Preventive Medicine, and Nutrition.

Each of the five topics is presented as an individual mini-course with its own syllabus, a set of lectures, a quiz at the end of each topic, and a comprehensive exam. The instructors teaching each mini-course (through recorded lectures) are available to students who have questions and are enrolled in the module. All quizzes and the final comprehensive exams (since the topics may be taken in any order) may be taken at any time during the module with proper scheduling notification sent to Sarmad.Ghazi@oum.edu.ws (typically 48-hours’ notice) and must be taken within the set term dates.

Requesting to enroll in the Trends & Topics in Medicine module concurrently with another module requires SAC approval. Full tuition fees apply for the Trends & Topics in Medicine module, and enrollment in the module must be requested during Registration Week for any term.

The module grade for the Trends & Topics in Medicine module (system-based module 10) is calculated as follows:

- 50 percent topic quizzes
- 50 percent comprehensive final examination

Students initially enrolling in the MD program with the Term 1601 class (Jan-Feb 2016) and beyond must complete the Research Methodology module to assist with preparation of the required research project for the new MD program. The research project is described in depth on pages 29-31.

Repeating System-Based Modules

Students who fail a system-based module are required to repeat the module at a cost of 75 percent tuition.

A student remediating a system-based module may **not** take it concurrently with another module. A module taken in remediation will count toward the weeks needed for the student’s “good standing” status. (It is expected that the repeated module be taken live; however, a repeated module may be requested for asynchronous enrollment only if the module that needs to be repeated will not be offered live within three months of the student completing all ten system-based modules.

Students who fail three modules, whether the same module or different modules, will be dismissed from the University.

Interval Performance Exams

Students who enroll in Term 1704 (July 2017) and beyond and plan to take the USMLE Step 1 are required to take Interval Performance Examinations (IPEs) during the e-Foundation series and system-based modules. e-Foundation students will be required to pass three 25-question comprehensive examinations prior to enrolling in the fourth and seventh 100-Series blocks. The IPEs will consist of simple recall and clinical vignette-type questions. Collectively the three examinations will cover the e-Foundation 100-Series blocks that the student has completed, even if taken asynchronously or out of sequence. The student will be responsible for selecting the three IPEs representing the e-Foundation 100-Series blocks taken. An IPE will be offered to students enrolled in the e-Foundation 300-Series prior to enrolling in the 303 segment. The IPE will be open to all students but required for students who plan to take the USMLE Step 1. The IPEs will be available any time, but it is recommended that students take the IPE the last day of the third and sixth e-Foundation 100-Series blocks and the 303 segment final exam window to coincide with block final preparation.

While a score of 60 percent or higher is considered a passing score, students are encouraged to score 75 percent or higher on the IPEs in preparation for the USMLE Step 1. Students who fail an IPE will meet with an academic adviser and the Student Progress Committee to discuss academic goals and a modified study strategy. Students enrolled in the e-Foundation 100-Series who fail the first and/or second IPE will be permitted to enroll in upcoming e-Foundation 100-Series blocks. Students enrolled in the e-Foundation 300-Series who fail the IPE will be permitted to enroll in 303.

Upon completion of the ninth 100-Series block or the 303 segment, students planning to take USMLE Step 1 will be required to pass the final e-Foundation IPE with a score of 60 percent or greater. The final e-Foundation IPE is a 100-question comprehensive examination consisting of simple recall and clinical vignette-type questions covering all nine e-Foundation 100-Series blocks covered in the Basic Sciences Track or all sciences covered in the 300-Series segments, prior to proceeding to the system-based modules. Students who score less than 60 percent on the final e-Foundation IPE (which is the third IPE for students enrolled in the 100-Series and the second IPE for e-Foundation 300-Series students) will be required to meet with the Student Progress Committee (SPC) during which the study strategy will be reviewed and modified as needed. The SPC will either approve enrollment in the system-based modules or recommend completion of a remediation program, which may consist of enrolling in the Structured Study Protocol or the Basic Science Immersion prior to enrolling in the system-based modules. The IPE scores will not be included in the block final score.

For students enrolled in the system-based modules (who commence study at the University in Term 1704 and beyond), three 25-question IPEs will be available to all students after the third and sixth system-based modules. As with the e-Foundation IPEs, the system-based IPEs will be available any time, though it is recommended that students take the IPE the last day of the third and sixth system-based module final exam windows to coincide with module final exam preparation. The student will be responsible for selecting the three IPEs representing the system-based modules taken. Students expecting to take the USMLE Step 1 who fail a system-based IPE will meet with an academic adviser to discuss a modified study strategy but will be permitted to enroll in upcoming system-based modules without interruption.

Minimum Time to Complete Preclinical Curriculum

In order for most physicians to be licensed to practice medicine in most countries, it is required that an individual spend a minimum of four years in medical school; therefore, students may not complete the preclinical curriculum in less than two calendar years. OUM's preclinical curriculum consists of the e-Foundation Sciences module with varying tracks (100- and 300-Series), and completion of the system-based modules (the number of system-based modules varies depending upon term of enrollment). It should be noted that the Trends & Topics in Medicine, Research Methodology, and Clinical Skills modules, as applicable, are included in the preclinical curriculum.

While the two-year minimum requirement to complete the preclinical curriculum applies to OUM students around the globe, US students should note that one of the requirements to gain ECFMG Certification after graduating requires that applicants have completed at least four years of a medical school curriculum (please see page 38-40 for more information); therefore, the preclinical curriculum cannot be completed in less than two calendar years as to balance out the duration of the clinical phase.

Journal Club

Students are required to participate in Journal Club (JC) upon enrolling in the system-based preclinical modules, though all students and faculty are invited to attend Journal Club sessions. Each student must present at least one article while enrolled in the system-based modules. At least one faculty member is present at each session to guide the discussion in relation to the students' presentation and the subject associated with the article. In addition, students must also attend a minimum of 75 percent of the sessions, either live or by viewing the recorded session and submitting a one-page review and critique of the article

and presentation within one week. Failure to comply will result in the University withholding the degree certificate until remedial measures are completed.

Journal Club is offered regularly via Moodle-launched Zoom sessions. Schedule changes and/or revisions may be made only at the approval of the Deputy Vice Chancellor. Most sessions consist of a presentation and discussion of an important peer-reviewed article. While the occasional session may be a didactic review of research methods, most sessions will use the presented article to demonstrate these methods including potential pitfalls and shortcomings. Announcement of Journal Club meetings will be advertised University-wide so that all students will be informed of upcoming sessions. All attendees are expected to read the article in advance of the discussion.

Students may earn a high distinction, pass, or fail grade for Journal Club at the end of the final preclinical module and at the end of the clinical modules.

Research Requirement

All students are required to write a research paper of the quality to be accepted for publication in *Medical Student International (MSI)* or a peer-reviewed journal prior to graduation.

Several resources to assist with the student's preparation of the research project are available including access to the Research Club, Research Symposium, Journal Club, Library (including assistance with literature searches), Research Committee, Institutional Review Board, Ethics Committee, and the Research Methodology module. While most of the research resources are available at no charge to the student, the Research Methodology module is the only research resource that has tuition fees attached to cover the costs of the content of the additional resources provided within the module.

The Research Methodology module provides students with access to a research adviser for up to 20 hours of personal consultation time to assist with the development of the research project, writing of the prospectus prior to approval, design of the project, literature searches, review of drafts of the manuscript and the final product prior to submission for publication. The research adviser will guide the student through the approval process with the Institutional Review Board and Ethics Committee as necessary. This module is subject to OUM's regular tuition fee which may be paid over a period of 10 modules, consistent with the time that students should devote to their research projects. Such a tuition payment plan request should be made to the bursar (bursar@oum.edu.ws).

In the course of conducting the research, if a student requires more than 20 hours of faculty supervision while enrolled in the Research Methodology module, the module may be repeated as needed (with tuition). Participation in the Research Club in the early stages of the project may save hours of consultation time with the research adviser that may be necessary later on in the project. The research prospectus must be presented in a meeting of the Research Club prior to approval.

All students matriculating to OUM's MD program in Term 1601 (January 2016) and beyond are required to enroll in the Research Methodology module. New MD program students initially enrolled at the University prior to January 2016 may choose not to enroll in the Research Methodology module but must still complete the research project to the specifications of *MSI* or another peer-reviewed journal.

Research Process

Ideally, the student will get started with Research Methodology early in the system-based modules and will work with the research adviser to identify a research project, which may be proposed in the form of a prospectus to the Director of Research for approval before completion of the fifth system-based module. Students who have already passed the fifth system-based module should submit their prospectus as soon as possible.

MD program students enrolled at OUM prior to January 2016 who choose not to enroll in the Research Methodology module (since it was optional for students enrolled at the University prior to 2016) should plan to start the process early in the system-based modules to determine a topic for the project. A good place to have topics vetted is at a meeting of the Research Club which is a no-cost resource to students. Once the topic is determined, the student should submit the prospectus to the Director of Research before the completion of the fifth system-based module. For students who do not have an OUM research adviser that is provided through the Research Methodology module, it is recommended to have the prospectus reviewed by someone outside of the University who is familiar with the doctoral-level research process prior to submission. Presentation at the Research Club, including a short overview of the project, is required for all students as part of the prospectus review process.

Upon approval by the Director of Research, the prospectus will be presented to the Institutional Review Board (IRB) and Ethics Committee (if indicated) for approval. Research topics may cover a wide range of subjects, and students are given wide latitude in choosing their area of research. Examples of typical categories include public health surveys, preventive medicine screenings, chart reviews, clinical studies, etc. As a general rule, students will have their own independent research project. However, projects involving two or more students will be considered. Along those lines, OUM is actively developing research projects that will require the involvement of a number of students. Participation in these studies will satisfy the OUM research requirement.

Although students are strongly encouraged to engage in scholarly activity by publishing case reports, treatment updates, mini-reviews, medical hypotheses, and meta-analyses, only original research conducted while the student is enrolled at OUM will satisfy the graduation research requirement.

The research requirement may be completed during the student's preclinical and/or clinical phases of the program. However, for those enrolled in the Research Methodology module, it will not count as a clinical rotation or taken in lieu of a clinical elective. Students enrolling in OUM in Term 1904 (July 2019) and beyond will not be permitted to commence clinical clerkships until the research prospectus has been approved by the Director of Research.

Students are encouraged to submit their paper for publication in *MSJ* or another peer-reviewed journal a minimum of three months prior to the anticipated date of graduation. The review process can be lengthy, and a delay in acceptance will result in a delay in graduation. To ensure that all graduation requirements are met, students should provide proof of manuscript acceptance at least four weeks prior to graduation. A letter of acceptance from the Editor-in-Chief of the target journal must be forwarded to the Registrar prior to graduation. Students not providing this proof will not be allowed to graduate, possibly delaying internship and residency opportunities. Upon acceptance of the manuscript, the Director of Research will forward the Research Methodology course grade to the Registrar. This grade will be based on successful completion of course assignments, as well as the quality of the manuscript.

The grading scheme for Research Methodology will be: HD, a manuscript accepted by an external peer-reviewed journal or *MSJ*; C, a manuscript not considered acceptable by an external peer-reviewed journal or *MSJ* with acceptable responses to reviewers' comments; and F, a manuscript not considered acceptable by an external peer-reviewed journal or *MSJ*, but with unacceptable responses to reviewers comments despite repeated attempts.

Recommendations

Students are encouraged to participate in Research Club, which will provide members with an excellent opportunity to discuss and/or choose a research project. Each session, a variety of potential research projects will be introduced to the group for consideration. For students who already have an idea for a

project, the Research Club will help in the early stages of development, offering suggestions on ways to improve the project.

Students should pace themselves, identify their research subject early, and submit the prospectus before the end of the fifth system-based module. As soon as the research project is approved by the IRB and Ethics Committee, the student should immediately design the study, do literature searches, and begin the research process. Data should be collected within 2-3 terms, and the first draft should be complete before clinical rotations begin. The difficulty of writing a research paper should not be underestimated. It challenges even the best writers. Those with difficulty writing will face additional challenges. A student not working with an OUM research adviser should find an individual outside of the University who is familiar with the doctoral-level research process and the submission of papers to review the manuscript and offer advice. Students working without an OUM research adviser should plan on submitting their manuscript for publication no later than midway through their clinical rotation period. If it is rejected, there should be sufficient time to make corrections and resubmit it before graduation. Failure to do so may result in a delay in graduation.

Structured Study Protocol

OUM offers four courses to help students and graduates prepare for USMLE Step 1. The purpose of the courses is to expose participants to the material covered on USMLE Step 1 that was not covered, or not covered in detail, during the basic science coursework. All four OUM courses cover the same material; the only differences between the courses are the amount of daily study time required and duration of the offering. Briefly, the courses set the pace by daily reading and quizzes (Monday-Friday). A weekend examination (Sunday) is cumulative and serves as an ongoing review. Participants who maintain a grade $\geq 80\%$ will be near USMLE-ready or USMLE-ready upon completion of the course. Students and graduates can be enrolled by contacting the Director of Curriculum. Enrollment coincides with the start of each e-Foundation 100 block.

- **Concurrent Structured Study Protocol (C-SSP):** This course is ideal for students who are beginning their studies at OUM. Thus, the course begins shortly after Orientation. It is estimated that the reading requires two hours per day x 90 academic weeks. There is no tuition fee for this course.
- **Basic Science Immersion (BSI):** This course is ideal for students and graduates who have completed the System-based Modules (SBMs). It is estimated that the reading requires 14-16 hours per day x 8 academic weeks. Tuition for the course is \$500 per four-week block.
- **Study Hall Structured Study Protocol (SH-SSP):** This course is ideal for students and graduates who have completed the SBMs. It is estimated that the reading requires four hours per day x 36 academic weeks. Tuition for the course is \$500 per four-week block.
- **Accelerated Structured Study Protocol (A-SSP):** This course is ideal for students and graduates who have completed the SBMs. It is estimated that the reading requires eight hours per day x 16 academic weeks. Tuition for the course is \$500 per four-week block.

Module Testing

Proctortrack

Information about Proctortrack is located in the *Information Technology* section on page 21.

Test Questions

To help preserve the integrity of the test questions, each student's individual test is drawn in a randomized fashion from a larger pool of questions so that no two tests are identical. All tests are of comparable scope and difficulty and are reviewed by OUM faculty.

Any questions answered incorrectly by more than 40 percent of students will be particularly scrutinized and used to identify areas of the readings and lecture which need to be reinforced. Based on student performance analysis, faculty members have the option to remove or revise test questions, and students will

be provided with generalized feedback either by the instructor or their adviser about concepts that may need to be reviewed.

Examinations are not returned to students at OUM for the following reasons:

1. The faculty are limited in number and preparing replacement questions is extremely labor-intensive and time-consuming;
2. The number of “essential” questions in medical education is small, and removal of “essential” questions from the question-bank reduces the quality and relevance of the examination; and
3. Removal of “essential” questions from the question-bank requires replacement with more trivial, nebulous questions.

OUM faculty members have terminal degrees and are well qualified to teach the courses they have been assigned. As a matter of professionalism, course instructors take pride in their work and create examinations, which are accurate, challenging, and probe the student’s fund of knowledge. It is rare, though not impossible, that the faculty make errors in keying examinations. If a student desires to challenge a test question, the test-question challenge procedure is as follows:

1. If a student deems the answer to a test question to be incorrect, the student will notify the course instructor and content@oum.edu.ws. The course instructor will provide the student the question and full complement of answers, with the correct answer noted. The course instructor will then remove the question from the question-bank and notify the Dean for North America.
2. To support the contention that there is a better answer to the question than selected by the course instructor, the student must provide excerpts from a standard medical textbook which clearly demonstrate that the incorrect answer is indeed the best answer AND textbook excerpts and an explanation demonstrating why the answer selected by the instructor is not the best answer; this rebuttal will be e-mailed to the course instructor and the Dean for North America.
3. If the test question challenge is deemed to be correct by the course instructor and Dean for North America, all students who answered the question correctly will be given full credit. If the test question challenge is without merit, the student will receive textbook excerpts from the course instructor, which support the answer without any changes to the student’s grade.
4. If the student does not agree with the decision rendered by the course instructor and the Dean for North America, the student may appeal the decision in writing to the Examination Committee, consisting of three neutral faculty members appointed by the Dean for North America. In such cases, the decision of the Examination Committee will be final.

General Test Information

Access to writing materials such as paper, white board, or writing implements is NOT allowed for students while testing. This is verified by the Proctortrack digital recordings. The only exception to this rule is the rare instance when writing materials are needed to perform calculations during a specific exam. For those instances, a special announcement will be made in advance to allow students access to a calculator program for that test only.

Beginning with Term 1904, students must take exams within time windows as follows:

- e-Foundation 100 and 300 quizzes and final exams and SBM quizzes. One 48-hour window:
 - North America: Saturday, 6:00 pm, to Monday, 6:00 pm ET

- Australia: Sunday, 8:00 am, to Tuesday, 8:00 am Sydney time
- New Zealand: Sunday, 10:00 am, to Tuesday, 10:00 am
- Samoa: Sunday, 11:00 am, to Tuesday, 11:00 am
- System-Based Module final exams. One 24-hour window and one 48-hour window:
 - Week Seven (end of review week):
 - North America: Saturday, 6:00 pm, to Sunday, 6:00 pm ET
 - Australia: Sunday, 8:00 am, to Monday, 8:00 am Sydney time
 - New Zealand: Sunday, 10:00 am, to Monday, 10:00 am
 - Samoa: Sunday, 11:00 am, to Monday, 11:00 am
 - Week Eight (end of exam week):
 - North America: Thursday, 6:00 pm, to Saturday, 6:00 pm ET
 - Australia: Friday, 8:00 am, to Sunday, 8:00 am Sydney time
 - New Zealand: Friday, 10:00 am, to Sunday, 10:00 am
 - Samoa: Friday, 11:00 am, to Sunday, 11:00 am

Note: The exam window times will change slightly as Daylight Saving Time changes in students' countries. The constant time is North American Eastern Time.

In addition, students wishing to take their final exams outside of these windows, but not after the last window, will be able to request an exam time at the time of module registration. After course registration is complete, students wishing to schedule an exam time outside of the exam windows will have to request special consideration.

Special Consideration

The medical school understands that technical difficulties, medical emergencies, or personal circumstances may prevent a student from being able to sit for an examination as scheduled. Exam extensions may be granted on the following situations that must be documented as described below.

- **Medical emergency:** This applies to the student and immediate family members under the student's care. Medical details do not need to be disclosed, and all personal details will be kept in the strictest of confidence.
- **Work schedule conflicts:** Students should take care not to schedule work assignments in conflict with the OUM exam schedule. When such conflicts do arise, students will be asked to provide documentation from their employers.
- **Extreme personal crisis:** Such a request may trigger an inquiry from an OUM faculty member who assists students with personal crises.
- **Technical problem:** As technical problems usually cannot be predicted, it is likely to arise at or near the time of the exam. Therefore, the student should immediately contact OUM IT support at support@oum.edu.ws with details of the nature of the technical problem. OUM IT support will investigate the problem and determine the degree to which the technical issue will affect the student's exam performance. Note:
 - The request must be sent at least four hours before the end of the exam period.
 - If no technical problem is detected, the student may be denied the extension to take the exam later.

These are the only situations that will result in an exam being re-scheduled.

Procedure to Request Exam Extension

Students requesting an extension for their quiz or exam should have an Academic Adviser and follow this procedure:

1. It is mandatory meeting the student meet with academic adviser a minimum of four days before the quiz or exam to discuss a mitigation plan to prevent the need for future extensions.
2. First timers without an academic adviser may use the skipped exam option (see #4 below) and must get an adviser as soon as possible and discuss the situation that led to the extension with the adviser.
3. Fill out the request form (link found in the course page); provide complete supplementary documentation related to the student's request from the reason's listed above—doctor's note, work supervisor's note, statement regarding personal crisis, OUM support ticket and/or Proctortrack ticket. Note: All supplementary documentation must be uploaded as one document, as only one document may be uploaded in the system.
4. There is an alternative to an extension: students may skip a quiz and the scores will be pro-rated accordingly. Please know that students may skip:
 - one quiz per eF100 block
 - two quizzes per 10-week eF300 segment
 - one quiz per SBM

Note: No more than five extensions requests or skipped exams will be allowed per year. Students exceeding this limit will be required to appear before the Student Progress Committee and may be required to take a term off in order to organize and execute a study plan and to resolve any other outstanding issues.

5. The student may take one unapproved extension per year for a quiz or final exam. However, the student must first apply for the extension.
6. Requests may be denied for the following reason(s):
 - Untimely – request is received less than four days before exam period opens; or request for a technical issue is received less than four hours before the end of the exam period.
 - Irrelevant: Meeting with academic adviser did not take place; evidence of a viable mitigation plan not provided; reasons given were not convincing or consistent with University policy.
 - Adequate documentation not provided.
 - Excessive requests: more than five per year.
7. Rejected requests may be appealed to Student Affairs Committee (specialconsideration@oum.edu.ws), but students should know that if their appeal is granted, they will likely be taking the quiz or exam at the same time as another. If the appeal is not granted, they may receive a failing grade for the exam.

Grades

After each term, final module/block grades will appear in the Grades area of each classroom and in eOUM. Students will only be provided with their own individual grade.

As of Term 1404 which commenced on June 30, 2014, the grading scale for the revised/new MD program and students who chose to remain in the Bachelor of Medicine, Bachelor of Surgery (MBBS) program is as follows:

90 percent and above	= High Distinction (HD)
80-89 percent	= Distinction (D)
70-79 percent	= Credit (C)
60-69 percent	= Pass (P)
59 percent and below	= Fail (F)

Previously-earned grades will not be changed retroactively. All grading scales are displayed on official OUM transcripts.

Incomplete Coursework

Students who receive a grade of “incomplete” in a course will have one week to complete the course, unless otherwise specified by the Student Affairs Committee in advance. Students on medical or personal leave will have one week to complete the course upon return from leave.

A score of zero will be assigned to examinations which have not been completed within the specified time period, and the final grade will replace the incomplete previously recorded on the transcript. Further, students who have an existing incomplete grade will not be eligible to enroll in new courses. Preclinical students who have not completed quizzes or exams from a previous block or module will not be able to continue to another block/module/term without first completing the previous requirements.

United States Medical Licensing Examination (USMLE)

Anyone seeking to practice medicine in the United States must pass the United States Medical Licensing Exams (USMLEs).

Passing the USMLE Step 1 is a pre-requisite for entry into the clinical modules and a graduation requirement for students enrolled in the “old” MD program.

Students expecting to go through US residency match and planning to practice in the US must pass the USMLEs and complete core rotations at a teaching hospital. Otherwise, they may encounter problems with their temporary or permanent license.

As described on the official USMLE website, www.usmle.org, the USMLE Step 1 consists of questions presented in standard multiple-choice format which is designed to measure basic science knowledge through interpreting graphs and tables to identify gross and microscopic pathologic and normal specimens, and to solve problems through application of basic science principles. The examination is constructed from an integrated content outline that organizes basic science content according to general principles and individual organ systems. Test questions are classified in one of 18 major areas, depending on whether they focus on concepts and principles that are important across organ systems or within individual organ systems.

The USMLE Step 1 is an important first hurdle toward obtaining licensure to practice medicine in the United States, and students are strongly encouraged to research and abide by the timeframe during which they are required to complete all three steps of the USMLE, according to the individual state in which licensing is desired.

To assist students in their preparation for the USMLE Step 1, OUM provides study resources through the academic adviser program (included with tuition), through a hybrid USMLE preparation program through

the Structured Study Protocol available during the preclinical modules, which is included with tuition, and after completion of the preclinical modules for an additional fee as outlined on page 31 and through the Basic Science Immersion program which is available to students in need of additional help with the basic sciences upon completing the system-based modules.

The Basic Science Immersion (BSI) program is a comprehensive USMLE preparation course that covers all of the basic sciences which will be tested on the USMLE Step 1 over a six-week period. The daily quizzes and weekly cumulative examinations are derived from daily reading assignments, and it is estimated that the course will require 14 hours of daily study (seven days per week). Students desiring to participate in BSI may contact an academic adviser or the student affairs coordinator for more information.

USMLE Study Hall Committee

A Study Hall Committee, led by the Dean of North America, will meet with each Study Hall student on a monthly basis commencing one month before completing the system-based modules and until the student passes USMLE Step 1 or commences clerkships. These meetings are required and will include, but not be limited to the following: 1) overview of the student's specific activities during the month (method of preparation and amount of study time); 2) student's report of progress toward USMLE preparation with objective data, if available; 3) student's opinion of what, if anything, OUM can do to provide additional support; 4) review of the study strategy, with recommended changes if indicated; and 5) specific recommendations from the Study Hall Committee. As the Study Hall Committee will advise and guide the Student Affairs Committee's decisions on all matters related to USMLE, students who do not participate in meetings with the Study Hall Committee will likely face adverse decisions from the Student Affairs Committee regarding USMLE preparation extensions or may be transferred to the non-USMLE track.

In-House Examination

Students must pass OUM's In-House Examination (IHE) to receive the University's approval to sit for the USMLE Step 1. The IHE is 100 questions, focuses on basic sciences principles and is offered on Moodle the last Friday (North America) of every month, opening at 1:00 am and closing at 11:00 pm Eastern Time North America. The IHE is available through the Pre-Clinical Curriculum Classroom, and students may access the test by registering through the Director of Curriculum at least 24 hours in advance. Students are asked to take the IHE when USMLE-ready and only after completion of SBMs, preferably based on IPE performance, external test scores, and/or recommendation from the Study Hall Committee.

1. A student who scores $\leq 40\%$ on the IHE is not USMLE-ready and will require many months, if not a year or more, to become USMLE-ready.
2. Students who score $\leq 50\%$ will not be permitted to re-attempt the IHE in < 6 months and will be required to submit a detailed study plan to the SHC.
 - a. A student who has scored $< 50\%$ on the IHE should immediately move on to clerkships. Alternatively, the student may retake the IHE per the procedure below.
 - b. According to current University policy, students are given 3 months to prepare for USMLE after completion of the system-based modules.
 - i. If a student has been diligent in supplementing the coursework, 3 months is ample time. The Student Affairs Committee (SAC) may give an extension if the student shows objective evidence of making progress toward USMLE readiness.
 - ii. If a student scores $< 50\%$ on the IHE, the student will be required to take a 6-month hiatus from administration of the IHE. Such a student should apply to the SAC for an extension in order to remain in good standing for the required 6-month period of active preparation, including Basic Science Immersion, Structured Study Protocol, or another IHE/USMLE prep resource.
 - iii. If a student who scores $< 50\%$ on the IHE would like to retake the IHE in < 6 months, the student should submit an appeal to the SHC to retake the IHE.

1. If the SHC approves the appeal, the student will be permitted to retake the IHE.
2. If the SHC does not approve the appeal, the student may submit an appeal for a USMLE extension to the SAC.
3. This provision is not intended to delay the prepared student from taking/passing the IHE, rather the intent is to be realistic about what is needed to keep the underprepared student moving forward.
4. In the case of a student who has scored < 50% on the IHE, the student should either move on to clerkships at a non-teaching hospital immediately or at the end of 3 months per existing policy, transfer to OUM's Master of Health Science program, or withdraw from the program.
3. Students who score 51-70% will not be permitted to re-attempt the IHE in < 3 months and will be required to submit a detailed study plan to the SHC.
4. Students who score $\geq 70\%$ will be permitted to re-attempt the IHE monthly.
5. If a student's previous score was < 70% and improved by > 10% to a passing score ($\geq 80\%$), the student will be required to achieve an additional passing score on a future IHE, prior to approval to take USMLE Step 1.

The SHC may review an individual student's performance to adjust re-attempt timing, as appropriate. All IHE attempts will be available for the student's review immediately after completing the IHE, but not for downloading.

If a student feels strongly that the IHE does not reflect their USMLE readiness, they may request a waiver from the SHC by providing **objective evidence** of their readiness to the committee at SHC@oum.edu.ws.

A student or graduate must have access to and have paid the fee for the remote proctor system to attempt the IHE.

Questions are randomized, and students can expect a novel exam for each offering of the IHE. Students must score 80 percent or higher on the IHE in order to be approved to schedule the USMLE Step 1, and students are expected to sit for the Step 1 exam within two months after passing the IHE.

Students are provided with an initial three-month study period following the completion of the system-based modules to prepare for and pass the USMLE Step 1. Extensions may be granted based on review by the Student Affairs Committee (SAC), with a maximum period from completing all preclinical modules to sitting for the USMLE Step 1 being two calendar years.

If a motivated student needs additional time to prepare for the IHE and/or USMLE Step 1, a one-time three-month extension period may be awarded after the initial study period.

Students who commenced their OUM studies in or after Term 1904 are required to enroll in either the eight-week Basic Science Immersion (BSI) or the 16-week Accelerated Structured Study Protocol (A-SSP), if the In-House Exam (IHE) has not been passed within three months of completing the SBMs. These students are subject to tuition fees of \$500 per month for the appropriate USMLE prep course and are expected to maintain an average quiz/examination score of 85%.

If a student has <85% at the end of week 4 in the BSI or A-SSP, the students will be disenrolled from BSI or A-SSP, and the Director of Curriculum will recommend that the student be transferred to the non-USMLE track to commence clerkships.

After successful completion of the BSI or A-SSP, the student is expected to take the next offering of the IHE. Students who score >85% in the BSI or A-SSP but do not pass the IHE will be encouraged to study

independently with guidance from Dean for North America and/or Director of Curriculum. If such a student does not pass the IHE within three months of successfully completing the BSI or A-SSP, s/he may request an extension from the SAC or transfer to the non-USMLE track and begin clerkships. A student who enrolled in or after Term 1904 may request a USMLE extension from the SAC if s/he is making objective progress. Objective progress is defined as a 5% per month incremental increase on the IHE, or at the discretion of the SAC.

For students who matriculated prior to Term 1904 and who have not passed the IHE within three months of completing the SBMs, the SAC may require such students to enroll in BSI, A-SSP, or Study Hall SSP (SH-SSP).

Currently, OUM does not limit the number of times that a student may sit for the USMLE Step 1; although, the USMLE program limits to six the total number of times an examinee can take the same Step or Step Component. An examinee is ineligible to take a Step or Step Component if the examinee has made six or more prior attempts to pass that Step or Step Component, including incomplete attempts. All attempts at a Step or Step Component are counted toward the limit, regardless of when the examinations were taken. Students should be aware of additional restrictions by medical licensure boards in the state(s) in which they wish to practice, i.e. some states will not license a physician who has previously failed even one step of the USMLE. Additionally, a student who has any more than one attempt at any part of USMLE will have a greatly diminished chance of obtaining a residency training slot.

- **Examinees who had NOT taken any Step or Step Component before January 1, 2012**
If [an examinee] did not take any Step or Step Component prior to January 1, 2012, the six-attempt limit went into effect for all exam applications that were submitted on or after January 1, 2012. <http://www.usmle.org/announcements/?ContentId=99>
- **As of January 1, 2021**, the attempt limit will be a maximum of four attempts for USMLE Step component. <https://www.usmle.org/attemptlimit.html>

OUM requires students to sign a document accepting full responsibility for any consequences resulting from the number of attempts that a student makes at the Step 1 exam, as many state licensure boards set limits on the number of times that the USMLE may be attempted. Once a US student passes the USMLE Step 1, if s/he is enrolled in the “old” MD program s/he will be permitted to start rotations. Once a US-based student enrolled in the revised/new MD program passes the USMLE Step 1, s/he may commence rotating at US teaching hospitals.

Registration Process with the ECFMG to sit the USMLE Step 1/ECFMG Certification

In order to sit the USMLE Step 1, all students/graduates of international medical schools must submit an application to be certified by the Educational Commission for Foreign Medical Graduates (ECFMG) before they may apply to the ECFMG for examination. The current fee for submitting the Application for ECFMG Certification is US\$135 payable directly by the student to the ECFMG and once an application is submitted to the ECFMG, it typically remains valid throughout the certification process. The certification fee is in addition to exam fees.

The first part of the ECFMG Certification process begins by applying to ECFMG for a USMLE/ECFMG Identification Number. Once this number is obtained, it is used to complete the Application for ECFMG Certification. Once the Application for ECFMG Certification has been submitted, the student may apply for examination. Since one of the requirements of certification is verification of the medical school diploma, which is awarded to students after successful completion of the MD program, the final stage of the ECFMG Certification process is finalized after graduation.

The ECFMG Certification application requests:

- confirmation of identity
- contact information
- confirmation of understanding
- release of legal claims

Current students must confirm enrollment in a medical school listed in the *World Directory of Medical Schools* (World Directory) as meeting eligibility requirements for its students and graduates to apply to ECFMG for ECFMG Certification and examination, the “Graduation Years” listed in the ECFMG note on the Sponsor Notes tab for the school must be “Current” both at the time of application and test day. Graduates must confirm graduation from a medical school listed in the *World Directory* as meeting eligibility requirements for its students and graduates to apply to ECFMG for ECFMG Certification and examination, the “Graduation Years” listed in the ECFMG note on the Sponsor Notes tab for the University must include the year that the graduate graduated from the University.

Graduates wishing to apply for ECFMG certification must take the In-House Exam (IHE) in order to receive approval from the University. It is not necessary that the graduate pass the IHE, but the attempt must be made. The exam’s result will provide an assessment of the graduate’s readiness for USMLE Step 1 and a recommendation of suitable University resources to aid the graduate’s preparation to take the exam.

To receive ECFMG Certification, graduates must meet and submit the following requirements:

- passing score on USMLE Step 1,
- passing score on both parts of USMLE Step 2 (Clinical Skills & Clinical Knowledge),
- receipt of academic credit for at least four years of a medical curriculum from a medical school that is listed in the *World Directory* as meeting eligibility requirements for its students and graduates to apply to ECFMG for ECFMG Certification and examination,
- final medical diploma, and
- final medical school transcript.

Since a requirement for ECFMG Certification is that the final medical diploma be verified by ECFMG with the issuing medical school, students complete the final process of certification after graduating from the MD program. Upon graduation, the applicant will forward two copies of the diploma with one current full-face, passport-size color photograph to ECFMG and complete the appropriate forms on the ECFMG website to finalize ECFMG Certification. Once these items are received by the ECFMG, the ECFMG contacts the University for verification of the degree, and upon verification by the University and submission of the final transcript by OUM, ECFMG will issue the ECFMG Certificate to the graduate. As this process takes ECFMG several weeks to complete, OUM students are advised to complete their degree requirements at least two months prior to the commencement of any post-graduate training (residency) program.

Clinical Skills Course

Most students who commenced study at the University in Term 1304 (July 2013) and beyond are required to pass a clinical skills course.

Students during Terms 1304 through 1504 and anticipate rotating at US teaching hospitals are required to pass OUM’s Clinical Skills Course or the Kaplan Test Preparation course for Clinical Skills (CS), which offers both online and in-person didactic portions and an in-person CS preparatory examination. A passing score on the in-person examination must be achieved prior to a student being permitted to commence

clinical rotations at US teaching hospitals in addition to passing the USMLE Step 1. The cost of the course is at the expense of the student and more information may be obtained at www.kaptest.com. The Kaplan Test prep course is recommended for all students intending to practice in the USA.

All students who commenced study at the University in Term 1601 (January 2016) and beyond are required to complete OUM's Clinical Skills Course which features both online and live on-site components prior to commencing the clinical phase. This course may not be taken concurrently with another module.

Prior to enrollment in the course, it is expected that students have access to and begin reviewing the required text (*Seidel's Guide to Physical Examination and History-Taking*) and associated videos. *Seidel's* is included in the ClinicalKey subscription. Course content will include regular lectures, interactive online sessions, videos, and live, on-site, in-person instruction. All assignments must be passed – quizzes count for 33 percent of final grade (75 percent passing score required), and the final exam counts for two-thirds of final grade (75 percent passing score required). The course's final exam will be a “head to toe” physical examination performed by the student and a complete patient history written by the student along with notes for differential diagnosis. The final grade is Pass/Fail.

Eight-Week Clinical Skills Course

The eight-week Clinical Skills Course should be completed immediately prior to beginning clinical clerkships and consists of a seven-week online component which students must pass prior to enrolling in the live on-site component. The eight-week Clinical Skills Course may not be taken concurrently with another preclinical module.

Beginning in Term 1904, the Clinical Skills Course will be offered two parts: the seven-week online Basic Clinical Skills—covering didactic lectures, readings, and quizzes as part of the preclinical curriculum—and Advanced Clinical Skills – the in-person on-site live component, which may be two days to two weeks in length as noted above. As Advanced Clinical Skills is the first module in the clinical phase and a pre-requisite to any clinical rotation, students taking USMLE prior to rotations would complete Step 1 prior to taking the Advanced Clinical Skills course.

Opting Out of the Eight-Week Clinical Skills Course

Students who are required to complete the eight-week Clinical Skills Course (those matriculating in Term 1601 through 1704) may opt out of the Clinical Skills Course by completing their first clinical module as 12 weeks of Internal Medicine in Samoa, but space is limited.

Students who register for the 12-week IM rotation in Samoa and subsequently withdraw will face financial consequences:

- Cancellation more than 30 days prior to beginning the IM rotation – no fees forfeited.
- Cancellation 10-30 days prior to beginning the IM rotation – 50 percent of the fee is forfeited unless another student can take the place of the cancelling student.
- Cancellation 1-9 days prior to beginning the IM rotation – 75 percent of the fee is forfeited unless another student can take the place of the cancelling student.
- Cancellation or withdrawal after rotation has begun – 100 percent of the fee is forfeited unless another student can take the place of the cancelling student.
- If the alternate student is able to take the place of a cancelling student in IM rotation, the cancelling student will be charged a 10 percent cancellation fee for entire rotation (\$750).

A student not completing the 12-week IM Clerkship in Samoa will be required to take the eight-week Clinical Skills Course. A student dropping out of the Samoa IM after four weeks will have met the

requirements of the Samoa Clinical Skills Course, will receive elective credit and eligible to enroll in another core clerkship in Samoa once the eight-week Clinical Skills Course is completed. If the student has sufficient elective credits to graduate, credit will not be awarded in any other field—the student will simply have credit for an extra elective. A student completing more than four weeks of the IM Clerkship in Samoa, those weeks completed beyond four weeks would be counted toward the IM core rotation requirement.

Day-One Clinical Skills Course

Students enrolling in Term 1801 (January 2018) and beyond will participate in clinical skills activities beginning with the first module. Structured similarly to the eight-week Clinical Skills Course, but with content spread throughout the entire preclinical phase, the “Day-One Clinical Skills Course” is taken concurrently with the other modules. In the e-Foundation phase, students focus on history taking and the basic physical exam. During SBMs, students cover physical exam material related to the specific module. The live component and final exam will be taken as the first clinical module.

Students matriculating in Term 1901 and beyond may not opt out of the Day-One Clinical Skills Course by completing their first clinical module as 12 weeks of Internal Medicine in Samoa.

Live Component and Final Exam

In North America, the live component will be held in Chicago and in McAllen, Texas. Students may choose a three-day on-site Clinical Skills Course for clinically experienced students, a one-week on-site Clinical Skills Course, or a two-week on-site Clinical Skills Course for those needing extra clinical skills training prior to beginning rotations. The Dean for North American must approve the appropriate live component to be taken by the student.

In Australia, the live component will be provided via weekend workshops (Friday-Sunday) offered 2-3 times per year utilizing a curriculum approved by the Australian Dean and organized by a physician facilitator. A minimum of six students is needed to initiate the course and a maximum of ten students may enroll each time. The students will practice history taking and physical examinations and will be evaluated by the workshop facilitator and at least one OUM faculty member who will provide written feedback including a pass/fail grade for each student based on performance.

The live component should be taken immediately before the student begins clinical rotations. The one-week live component is the first week of the clinical phase. Students must pass both the online and live components. Failure of either component will require the entire Clinical Skills Course to be repeated.

Samoa Clinical Skills Course

Students who are not required to complete the eight-week Clinical Skills Course and do not want to wait to begin rotations in Samoa may register in an intensive four-week Clinical Skills/Hospital Medicine elective in Samoa, thus allowing them to begin rotations there without waiting for space to open up in the IM rotation. The four-week Samoa Clinical Skills elective may be taken as a general clinical elective. (Students planning to match for a residency in a US-based teaching hospital, are urged to take the full 16 weeks of specialty electives.) The four-week Samoa Clinical Skills elective may not be substituted for either the eight-week Clinical Skills Course or the Day-One Clinical Skills Course.

Clinical Modules

Rotation Period

The rotation commencement date and enrolled program will dictate the number of weeks of the rotation period and some individual clerkships.

For **ALL** students, the following rotation requirements apply:

Core Rotations (56 weeks)

- Community/Family Medicine (8 weeks)
- Emergency Medicine (4 weeks)
- Internal Medicine (12 weeks)
- Obstetrics and Gynecology (8 weeks)
- Pediatrics (8 weeks)
- Psychiatry (4 weeks)
- Surgery (12 weeks)

Advanced Electives (16 weeks)

Clinical Skills Course – Live Component and Final Exam (1 week – depending on the intake)

Students are required to complete a four-week rotation in Samoa. A wide range of rotations is offered in Samoa and available to students based upon approval by the regional Dean.

It is NOT possible to:

- Double up on clinical rotations—take two at a time.
- Complete a clinical rotation faster than the prescribed number of calendar weeks—a student is not allowed to put in extra hours or go to the hospital on weekends with the expectation that s/he may complete an eight-week rotation in seven, for example.
- During the end-of-year holidays (21 December-1 January), a student may volunteer to work in the hospital or clinic, but s/he likely will not receive any academic credit for that time, as many attending physicians are not available during that time and the student will not receive appropriate supervision or full exposure to the clerkship. Exceptions may be granted if the attending physician provides written proof to the Student Affairs Committee and/or Chancellery that the student would be properly supervised during this time.

Students are highly discouraged from working for pay during clinical modules. If a student goes against the advice of the University and works for pay during a clinical module, it must not be at the same hospital or clinical facility as the clinical clerkship. A student may work in the hospital where he/she undertakes clinical rotations **only** with permission of the student's clinical supervisor at the hospital and his/her dean.

Documentation Required for Clinical Rotations/Clerkships

All clinical rotations must be approved through the student's regional Dean, as well as the OUM administrator charged with arranging clerkships in the region where the student will complete rotations. Once approved, for clerkships arranged by OUM, the clinical site will receive proper documentation so that the student may begin his/her rotation and earn course credit.

In order to request enrollment in a rotation, students must submit a Clinical Rotation Request Form for each desired clerkship. For students requesting to rotate at facilities outside of his/her country of residence and outside of Samoa, an additional form must be submitted. These documents are provided by student affairs personnel, as required. While the Clinical Rotation Request form is a University requirement, each clerkship location may also require a unique set of documents before allowing a student to start at a rotation facility. Generally, all rotation documents are sent to the clerkship site by the OUM administrator charged with arranging clerkships in the region where the student will complete rotations for clerkships that are arranged by OUM. This individual informs the student of the required documents to be submitted to OUM, which are forwarded to the clerkship site for each rotation. In some instances, clerkship site staff will

contact the student directly for certain items. The following is a list of commonly-requested items by clinical clerkship programs:

Background Check

Students are required to have a national background check completed by a recognized law enforcement agency or originating from a source that is reliable and credible in order to secure many clerkships. Fees for background checks are payable by the student.

Liability Insurance

Generally, OUM secures liability insurance for each US student participating in an approved rotation in the USA. For clinical clerkships taken outside of Samoa and the US (including American Samoa), the student must arrange and pay (if applicable) for medical malpractice and liability insurance and provide proof to OUM, prior to the commencement of the rotation. Check with regional student affairs personnel for more information.

Letter of Good Standing and/or Transcript

Both the Letter of Good Standing and Transcript are generated by the Registrar after the student submits a Transcript/Letter of Good Standing Request Form, which is located in the 'Current Students' section of the OUM website and also in the Student & Academic Affairs section of Moodle. Which document(s) is being required should be selected on the request form. The request form may be faxed, e-mailed, or mailed to the University.

Proof of Vaccination/Immunization

Many clinical sites require proof of vaccination or immunization for the following:

- Measles, Mumps, Rubella
- Tuberculosis
- Seasonal flu and/or H1N1
- Chicken pox (varicella)
- Hepatitis B
- Diphtheria, Tetanus, and Pertussis

Negative Drug Test Results

Information will be provided to the student if a drug test is requested by a clerkship facility that is affiliated with OUM. Students are responsible for the cost of a drug test.

Proof of Personal Health Insurance

The cost of personal health insurance is payable by the student.

Current Resume/CV

Students should provide the OUM administrator charged with arranging clerkships with an updated resume or CV before beginning rotations.

Clerkship Application

Some clerkship sites have a separate application that the student must complete. This application will be provided to the student for clerkship sites arranged by OUM, if required.

Personal Statement

A general practice of competitive clerkship programs is for students to submit a personal statement. The personal statement typically needs to discuss the student's interest in the specialty of the program in which the student has requested to rotate.

In addition to tuition fees, students are responsible for all hosting fees that a clerkship site/agency charges the University or the student; this includes hospital and/or physician fees.

General Rotation Information

Upon completion of the core clinical rotations, students begin elective rotations (typically in four-week increments). Electives may expand further study into core subjects through subspecialties or introduce students to new areas, focusing on patient management problems, exposure to the specialties, and the acquisition of additional procedural skills prior to beginning an internship or residency program.

Electives cover one of three areas:

- Medical elective options include exposure to medicine at a higher level, integrating other specialties and introducing internal medicine subspecialties such as endocrinology, rheumatology, and infectious diseases, as well as pediatric specialties, and clinical pharmacology.
- Surgical electives provide continued development of surgical techniques and patient management, as well as exposure to subspecialties such as anesthesiology, trauma medicine, orthopedics, ophthalmology, and plastic surgery.
- General electives provide exposure to a broad range of medical and health care specialties ranging from forensic medicine and medical ethics to sleep medicine, occupational health, and biostatistics. OUM's Research Methodology module may not count as a clinical elective.

Students are required to complete a four-week rotation in Samoa, as available. A wide range of rotations is offered in Samoa and available to students based upon approval by the regional Dean. Students who started in term 1804 or prior and choose to begin rotations by completing the 12-week Internal Medicine rotation in Samoa will not be required to take the clinical skills course, but space is limited. Students who do not want to wait to begin rotations in Samoa may register in an intensive four-week Clinical Skill elective in Samoa, allowing them to begin rotations there without waiting for space to open up in the IM rotation. The four-week Clinical Skills in Samoa may count as an elective rotation, but it may not be substituted for either the eight-week Clinical Skills Course or the Day-One Clinical Skills Course.

The Dean for North America and US-based faculty recommend that students passing USMLE and desiring a residency in the United States should undertake their core clinical rotations in US-based teaching hospitals, ideally in "green book" hospitals that have an ACGME-accredited residency program in the discipline area of the rotation.

The following items must be submitted at the end of each clerkship:

- *Clinical Logbook* – Students are required to maintain a log of their clinical experiences during each rotation. A minimum number of entries must be recorded for each activity, including case histories taken, clinical procedures attempted, seminars attended, etc.
- *Clerkship Feedback Survey* – Student remarks are a vital component of the curriculum review process and such feedback helps the clinical curriculum team improve the quality of rotations.
- *Clinical Supervisor's Report* – At the completion of each clinical rotation, both core and elective, supervising physician(s) submit a student performance evaluation. The clinical supervisor awards quantitative marks based upon predetermined criteria including assessment of medical knowledge, clinical competency, skills, and professional behavior. To receive a passing grade for each elective

clinical module, students must obtain a passing score on their Clinical Supervisor Reports.

As of Term 1604, all students are required to complete all posted tasks and assessments for the core clerkships in the corresponding clinical classrooms in Moodle, including end-of-rotation exams which count for 30 percent of the final grade for the clinical module. The clinical supervisor's assessment and logbook will count for 70 percent of the clinical module's final grade. Both scores will be added, and the final grade will be either pass or fail.

The OUM end-of-rotation exams are required for all core clerkships that commenced on or after July 4, 2016. The end-of-rotation exams consist of 50 randomized multiple-choice questions (MCQ) based on the reading assignments posted to the Moodle classroom for each core clerkship. There is essentially one reading task assigned for each day of the clerkship based on a Monday through Friday schedule multiplied by the number of weeks for that rotation. Within seven calendar days from the completion of each core clerkship, the end-of-rotation exam must be taken. If a clinical student does not take the end-of-rotation exam within seven days of completion from a core clerkship, zero will be assigned as the exam score and the student will be required to meet with the Student Progress Committee. The end-of-rotation exams are open at all times (no scheduling necessary) and taken via Proctortrack.

Students may download recorded lectures for core clerkships ahead of time so they may access the clinical series before beginning that rotation. Once a student opens a Help Desk ticket for a specific subject, the video will be downloaded with a unique watermark for each student. The material is not to be shared.

Students enrolled in core clinical clerkships starting on or after January 2018 will sit for weekly quizzes based on the reading assignments posted to each core clerkship classroom page in Moodle. At this time, clinical students are advised to pay the annual exam proctoring fee, unless they are nearing the completion of their core rotations (check with the Bursar for details). The reading serves as the source for questions on the end-of-rotation exams. The topics are listed on the clerkship home page and were chosen to represent essential clinical entities for each core clerkship at the frequency of one reading/specific topic per day in a five-day week.

The weekly quizzes for core clerkships will consist of 10 questions (two questions for each five weekly topics) which will be proctored and subject to the proctoring fee and the University's academic dishonesty policies. Clinical students enrolled in core clerkships may take the weekly quiz at any time.

The purpose of the weekly quizzes is to confirm that the student is completing and comprehending the assigned reading for the clerkship and as a form of self-assessment for the USMLE CK/Final Clinical Exam/Australia Medical Council exam readiness. Students working with a clinical adviser will be provided with individualized general feedback on a weekly basis by their clinical adviser. Students who score less than 60 percent on an individualized quiz will be required to meet with a clinical adviser, who in turn will address the quiz failure and suggest remedy. Students who have a cumulative quiz average of less than 60 percent and/or an end-of-rotation exam score less than 60 percent will be required to meet with the Student Progress Committee (SPC). If a student chooses not to take the quizzes, the student will be referred to his/her Dean for counseling. The quiz scores will not be included in the final clerkship score. Student mastery of clinical content is collectively assessed when the student sits for the USMLE Step 2 at the completion of the core rotations or the Final Clinical Examination (FCE) which is a graduation requirement for all students who do not sit and/or pass the USMLE. Students graduating in 2017-18 and not sitting the USMLE Step 2 will not be required to sit the written FCE, though the OSCE portion of the FCE will remain a graduation requirement in the interim. Passing the written FCE resumes as a graduation requirement in 2019 and beyond for those who do not sit or pass the USMLE Step 2.

The logbooks of each student will be evaluated by the student's Dean and/or other academic staff and

marks will be awarded for the case records (Part A – 50%) and procedures observed/performed (Part B – 50%). Students who fail in the logbook evaluation will be referred to the Student Progress Committee (SPC) for review and remedial action.

Students earning less than passing grades on either the clinical assessment component or the end-of-rotation exam will be asked to make an appearance before the SPC to discuss their performance and sub-standard fund of knowledge and to receive any remedial actions recommended by the SPC. Students not submitting a satisfactory logbook will also be referred to the SPC for review and remedial action.

If a student is directed to the SPC to re-take an end-of-rotation MCQ examination, s/he must pay a re-examination fee of \$400 to cover the costs of faculty time to re-write the exam.

Students failing a clinical module greatly jeopardize their chances of earning an internship or residency. A failed clinical module will result in the student re-taking the entire clinical module at 75 percent of the current rate of tuition fees (\$3,750 for an 8-week clerkship), plus any additional hospital or clinical clerkship fees. Students failing three modules (any combination of preclinical and clinical) will be dismissed from the University without opportunity for appeal.

For more information about the clinical modules, the University has recorded Clinical Phase Orientation sessions—including information specific to rotations in Australia, North America, and Samoa—which may be found in Moodle in the University-Wide Meetings classroom for 2018. Students should view these sessions mid-way through the SBMs in order to properly prepare for the clinical phase.

Students attending core rotations in locations with unreliable or expensive internet access may want to download the clinical lectures before leaving home. To request your download, at least one week before leaving home, open a support ticket at support@oum.edu.ws and request which clinical course lectures you would like to download. You will be sent an agreement to sign, saying that you understand how you are allowed to use the copyrighted downloaded material. Upon receipt of the signed agreement, downloads are usually available within two business days.

In response to the COVID-19 pandemic, OUM created two non-patient-contact clinical electives offered primarily online beginning in April 2020: Radiology and Pathology. During the time of the pandemic, OUM students were allowed to take both non-patient-contact clinical electives. Going forward, students will only be allowed to take one. As is the case with all clinical clerkships, attendance at all activities (including lectures) is monitored and required. Weekly quizzes and final exams will be based on class time and reading assignments, and clinical logbooks are required. Consult the course syllabus for more information.

For students beginning core clinical clerkships in Term 2004 (29 June 2020) and beyond, core clerkships will be graded as follows:

90 percent and above	= High Distinction (HD)
80-89 percent	= Distinction (D)
70-79 percent	= Credit (C)
60-69 percent	= Pass (P)
59 percent and below	= Fail (F)

IMPORTANT: All students who commenced a core clerkship PRIOR to Term 2004 will remain with the Pass/Fail grading system throughout their clerkships to graduation.

In addition to moving overall rotation grades away from Pass/Fail, logbook assessments for the core clerkships for students beginning core clinical clerkships in Term 2004 and beyond will also move to a similar scale:

- 90-100: Five excellent, thorough, well-written original cases addressing all points
- 80-89: Five good, well-written original cases covering most assessment criteria
- 70-79: Five average original cases covering at least half of the points
- 60-69: Five marginal cases covering many points, but missing some key areas
- ≤59: Fewer than five logbook cases, or very poorly presented cases that miss critical points, or at least one case with material that does not appear to be original
- 0: One or more cases where plagiarism is clearly evident.

For those students, final grades for the seven core clerkships will combine the clinical supervisor's report, end-of-rotation exam, and clinical logbook assessment, weighted as follows:

- Clinical Supervisor Assessment: 20%
- End-of-Rotation Exam: 60%
- Clinical Logbook: 20%

Beginning in Term 2004, all clinical students will be subject to the following composition of the grades for their clinical electives:

Grading composition for regular electives will be assessed as:

- Clinical Supervisor Assessment: 50%
- Clinical Logbook: 50%

Grading for the non-patient-contact electives taken online will be assessed as:

- Clinical Logbook: 20%
- Weekly Quizzes: 30%
- Final Exam: 50%

Elective rotations will continue to be graded and recorded on student transcripts as Pass or Fail: 60-100 percent = PASS (P) and 59 percent and below = FAIL (F).

In the event that the student has completed the clinical rotation with different preceptors, i.e. one portion in one hospital and the remainder in another, the Clinical Supervisor Assessment reports will be averaged, weighted by the number of weeks that the number of weeks in each location.

To obtain a pass, ≥60% of the aggregate score must be achieved. Students not scoring an aggregate of ≥60 must re-take the entire clerkship. Students who score "F" (< 60%) on one of the components will be asked to make an appearance before the Student Progress Committee (SPC) to discuss their performance and sub-standard fund of knowledge and fulfill the remedial actions recommended by the SPC, which may include re-sitting the MCQ End-of-Rotation exam, if that is the failed component.

Clinical students may do the assigned readings, listen to the lectures, and take the quizzes before beginning the clinical rotation but must complete the entire rotation before taking the MCQ End-of-Rotation final exam. The MCQ End-of-Rotation final exam must be taken by the students at the end of each rotation, preferably on the last Friday of the rotation or on the following Saturday. If a student fails to take the MCQ

exam at the end of the rotation, he/she must take it within seven days of completing the rotation or receive a score of “Zero” for the MCQ component.

If a student is directed by the SPC to re-take the End-of-Rotation MCQ examination, he/she must pay the re-examination fee of \$400 to cover the costs of faculty time to re-write the exam. The make-up exam should be taken in no less than two weeks and no more than two months’ time from the time of the previous attempt.

Clinical Logbooks and Case Studies

Logbooks and case discussions from students undertaking clinical rotations are OUM graduation requirements. The objective of the case discussion is to facilitate acquisition of core knowledge and develop clinical reasoning skills in addition to demonstrating student competence for level of study and enabling faculty to monitor student progress at all clinical clerkship sites. Specifically, the logbook:

- Facilitates practice of concise presentation, communication and handover skills;
- Develops intrinsic and extrinsic motivation for individual learning and lifelong learning strategies;
- Encourages self-evaluation and critical reflection on progress of learning and to formulate learning goals;
- Helps to integrate knowledge with patient centered learning pathway – aids long term recall of clinical knowledge.

The logbook and case report format outlined in this section must be followed, as per the document provided online or through the regional Student Affairs Coordinator. Case studies:

- Are MANDATORY for all clinical rotations with a minimum of five case studies for each clinical clerkship, including electives;
- Contain concise description of Clinical Presentation, Patho-physiology and Management;
- Must include Differential Diagnosis, Relevant Investigations and Results;
- Will have a Summary and Literature Review – Include Evidence-Based Management / National Assessment or Treatment Protocols – e.g. Asthma, Heart Foundation and Kidney Health Australia Guidelines etc., if applicable.
- Form must be signed by both the student and supervising physician.

Students should use statistical data of their home country, where applicable, unless a global comparison is appropriate. Ensure timely submission to allow for feedback, corrections, and resubmission if required.

Student Assessment Criteria:

- Appropriate identification of presenting problem
- Ability to identify critical signs and symptoms
- Reasoning for Differential Diagnosis
- Integrate Patho-physiology and co-morbidity with Investigations and Interpretation of results
- Rationale for choice of therapy
- Literature review of Principal Diagnosis – to provide evidence of active engagement in gaining core knowledge

Students should use care to document literature references and avoid cutting and pasting of in-patient progress notes. Patient privacy must be protected—patient personal identity should not be disclosed.

The Dean will ensure compliance with assessment guidelines mentioned above and will provide

constructive feedback to all students, with reference to ability to provide a succinct account of patient presentation, clinical knowledge and reasoning skills for every case report in addition to literature review of principal diagnosis. Feedback provided is to ensure that minimum standards are met and or to encourage higher academic application and clinical skill achievement.

Examples of student submissions from core rotations, that address all domains of assessment criteria with well-referenced literature review are collected and updated periodically and may be forwarded to those students who request additional guidance /assistance.

USMLE Step 2

Those seeking to practice medicine in the USA are required to complete and pass both parts of the USMLE Step 2, which is composed of the Clinical Knowledge (CK) and Clinical Skills (CS) exams. The CK exam evaluates a student's clinical science understanding, primarily relating to physician task and disease categories. The CS exam uses standardized patients, (i.e., people trained to portray real patients). The CS case scenarios cover common and important situations that a physician is likely to encounter in clinics, private practice, emergency departments, and hospital settings in the United States.

Registering for USMLE Step 2 CK & CS

Students rotating at US teaching hospitals seeking to sit the Step 2 exams must request an eligibility period for each exam through the ECFMG Interactive Web Application. The approval process to grant the student's eligibility periods for the Step 2 exams will initiate upon scheduling of the final core clerkship, confirmation of readiness to sit the exams, and a student's eligibility period request being present in the ECFMG system featuring an eligibility start date after the final core clerkship is scheduled to end. Students will not be considered for Step 2 approval until the core clerkships are completed. A committee of faculty and administrative members make the final decision about a student's approval based on the student's preparation.

Student performance on the USMLE Step 2 CK has proven that sitting and passing the end-of-rotation exams will greatly enhance the student's preparation for the essential exams required for graduation.

The Deans have also recommended the following self-assessments for the USMLE Step 2:

- The National Board of Medical Examiners' "shelf exams": <https://nsas.nbme.org/home>
- The British Medical Journal exam resource: <http://www.onexamination.com/>
- Toronto Notes: <http://www.torontonotes.ca/learn>

Note: Due to COVID-19 concerns, USMLE has suspended USMLE Step 2 CS. US students preparing for graduation in 2020 and 2021 should check with the Student Affairs Coordinator for North America and/or the Dean for North America regarding acceptable alternatives.

Final Clinical Examination

The Final Clinical Examination (FCE) is a graduation requirement for all students enrolled in the new MD program who do not take and pass the USMLEs or students enrolled in the MBBS. The FCE consists of two components: The Medical Knowledge multiple-choice (written) exam that is vetted by the school's regional deans and the Objective Structured Clinical Examination (OSCE). The FCE multiple choice (written) exam is delivered via Moodle and may be taken after the student has completed all core rotations. The FCE OSCE must be taken in person, generally upon completion of all clinical rotations.

The Medical Knowledge multiple-choice (written) exam is 250 questions on topics in the core clinical clerkships: internal medicine, surgery, pediatrics, obstetrics and gynecology, community/general medicine, emergency medicine and psychiatry. The Objective Structured Clinical Examination (OSCE) is a 15-station

examination to assess clinical skills in the same specialties covered on the multiple-choice exam utilizing mock patient scenarios while being observed by attending physicians.

The FCE covers the reading assignments for each of the seven core clerkships found in the core clerkship classrooms in Moodle. As mentioned with the end-of-rotations exams, there is essentially one reading assignment available in each clinical Moodle classroom for each day of the core clerkship (Monday through Friday) multiplied by the number of weeks of the clerkship.

Students planning to sit the FCE are strongly advised to sit the end-of-rotation exams, even if they completed some of their rotations at a time when the end-of-rotation exams were not required (pre-July 2016). Student performance on the FCE has proven that sitting and passing the end-of-rotation exams will greatly enhance a student's preparation for the essential exams required for graduation.

Once a student has received feedback on the end-of-rotation exams from a clinical student adviser, completed the necessary studying in areas of weakness, and finished the reading assignments, s/he shall at least two business days in advance of the desired exam date contact the Director of Curriculum copying his/her clinical adviser, to schedule the desired date/time (North America, Eastern Time) for the FCE. The student may wish to schedule a meeting with the clinical adviser in order to get a final assessment of the student's exam readiness, thus identifying any areas of weakness that may require extra study.

To qualify for the FCE, students must have successfully completed the required clinical modules and also submit a signed logbook for each clinical module and a signed clinical supervisor's report for each clinical module.

Students preparing to sit the written exam should meet with a clinical academic adviser to determine readiness and to develop a study plan. The recommended time to do so is no later than the beginning of a student's third core clerkship.

The Deans have also recommended the following self-assessments for the FCE:

- The National Board of Medical Examiners' "shelf exams": <https://nsas.nbme.org/home>
- The British Medical Journal exam resource: <http://www.onexamination.com/>
- Toronto Notes: <http://www.torontonotes.ca/learn>

The written FCE is administered in two 2.5-hour parts via Proctortrack, with up to a one-hour break between parts. Students who are not covered under an annual proctoring plan are subject to a \$25 fee per exam.

Strict proctoring rules will be followed. Students are advised that any detected rules violations or suspicious activity will be closely scrutinized by University administration, and any student found guilty of cheating on the FCE (or any other exam) will be dismissed from the University.

Upon achieving a final score of 60 percent or greater for MBBS and "new" MD students or 75 percent or greater for students in the "old" MD program, the student has passed the multiple choice question (written) portion of the FCE and should plan to take the OSCE upon completion of the core clerkships and electives prior to graduation.

For students scoring less than 60% (or 75% for students in the "old" MD program), the student shall schedule a meeting with his/her clinical adviser to learn the basis of the failure. For those sitting the written version of the FCE in 2018 and beyond, an individualized remediation program should be developed with a clinical adviser if a student earns a score below passing on the written FCE. Following the failure, the

student and clinical adviser may be called to meet with an impartial committee of faculty to review the study plan and to receive recommendations for improvement. The student's clinical adviser will monitor the progress of the remediation and must approve the student for scheduling the make-up exam of 250 new questions if the written component of the FCE must be passed as a graduation requirement at that time.

The remediated student will follow the procedure described above to schedule a re-examination of the FCE and must contact the Bursar to arrange payment of a \$400 re-examination fee in order to help defray costs of writing a new exam. It is expected that a student take no longer than six months to prepare for re-examination, as long delays will further diminish the student's chances of obtaining an internship or residency. Due to the University's policy that requires dismissal after three failures, a failure of the FCE will count toward the student's allotment of failures. A student failing the FCE three times may be dismissed from the University.

Though the written FCE was suspended in 2017 for review, it has been reinstated for students commencing the clinical phase in 2018 and beyond. The OSCE is required for all students who do not take and pass USMLE Step 2 CS, regardless of when they commenced rotations.

Remediation of the FCE OSCE

If a student has missed the passing score on the OSCE by one or two stations (passing for the ANZ exam is 12/16), the student may re-take the exam at next scheduled OSCE, at least one month later. If the student has missed the passing score by three or more stations, the student must wait at least five months before re-taking the OSCE at a future available date. If the student started clinical rotations prior to 2018 and is not required to pass the FCE MCQ exam, the student must sit and pass the FCE MCQ exam within six months of the failure of the OSCE.

The remediating student will be accommodated on a space-available basis and will not bump a first-time examinee. A special sitting of the OSCE exam will not be arranged to accommodate a student, unless it can be arranged through an approved third-party vendor and at the complete expense of the student.

Each failure of the FCE MCQ exam or OSCE will count toward the student's allotment of permissible failures. According to University policy, a student is subject to dismissal after three course or hurdle exam failures.

Scholastic Requirements

OUM academic policies address not only failing performance but module grades that do not show a reasonable progression toward graduation. Passing grades that are just above failure place students at risk of failing important exams such as OUM's In-House Exam, USMLEs, and the FCE. Inadequate grades also negatively impact a student's ability to secure residency interviews or ultimately, a residency or internship position upon graduation. (See also Academic Status and Deficiencies below.)

At the end of a preclinical module in which a student has performed at 60-69 percent, the Registrar will send a poor performance letter indicating that the Student Progress Committee may provide individual counseling or academic remediation. Students who earn a second grade of 69 or below, will be interviewed by the Student Progress Committee to determine whether or not they should be encouraged to:

- Continue with remedial instruction to help with difficult content;
- Repeat a module: or
- Take a leave of absence, returning at a time more suited to improved academic performance.

Class and Exam Failures

Preclinical

Students who fail an e-Foundation Sciences 100-Series block are required to repeat it and may request to do so through asynchronous study under the supervision of a faculty member who specializes in the subject matter if the block will not be offered again live in the near future. Additional fees apply. Students are permitted to enroll in another e-Foundation 100-Series block prior to repeating the failed block though all required e-Foundation 100-Series blocks must be passed prior to a student being eligible to commence the system-based modules.

Generally, students who fail a system-based module are required to repeat the module when it is next offered live. Students will be permitted to enroll in another system-based module with written approval from their academic adviser or Dean (copying the Registrar) prior to repeating the failed system-based module. The repeated module must be initiated within three months of completing other system-based modules. If a module will not be offered again live after all other modules are completed by the student, s/he may request to enroll in the needed module asynchronously.

A student who is repeating a module must abide by the same course schedule and required activities as all other students in the module. Additionally, academic advisers are available to work with the remedial student to help him/her focus on any identified deficiencies.

A 75 percent tuition fee is levied for a repeated module/block for all students. Any student who fails an e-Foundation 300-Series segment must enroll in the corresponding 100-Series blocks at full tuition.

If a student passes a repeated module/block, both the passing grade and the fail grade will be included in the student's transcript.

Students who fail a repeated module will be placed on academic probation for up to a maximum period of one year and will be sent a warning letter explaining the conditions of their probation and possible future dismissal from the University. During academic probation, the student will be required to retake and pass the repeated module.

Generally, students who fail three different blocks and/or modules (or fail the same module or block three times) during the degree program will be dismissed from the University without option for an appeal.

USMLE Step 1 and FCE

Information about the USMLE Step 1 and the FCE is located in the *Curriculum and Assessment* section.

Clinical Module

A failed clinical module must be repeated. Students earning less than passing grades on either the clinical assessment component or the end-of-rotation exam will be asked to make an appearance before the Student Progress Committee (SPC) to discuss their performance and sub-standard fund of knowledge and to receive any remedial actions recommended by the SPC. Students not submitting a satisfactory logbook will also be referred to the SPC for review and remedial action.

If a student is directed to the SPC to re-take an end-of-rotation MCQ examination, s/he must pay a re-examination fee of \$400 to cover the costs of faculty time to re-write the exam.

Students failing a clinical module greatly jeopardize their chances of earning an internship or residency. A failed clinical module will result in the student re-taking the entire clinical module at 75 percent of the current rate of tuition fees (\$3,750 for an 8-week clerkship), plus any additional hospital or clinical

clerkship fees.

Students failing three modules (any combination of preclinical and clinical) will be dismissed from the University without opportunity for appeal.

Academic Status and Deficiencies: Notice, Probation, and Suspension

Academic Notice

A student is on academic notice when s/he falls below OUM's academic standard, earning a Pass grade, for one term. S/he is required to raise his/her grade during the next term and may be required to take a remedial course. Following release of module/block grades, students receive a letter about Academic Notice (See also Scholastic Requirements above.)

Academic Probation

A student is on academic probation when s/he earns a second grade below OUM's academic standards. The student may be required to meet conditions imposed by the Student Affairs Committee, in consultation with the Student Progress Committee, in order to be removed from academic probation. A status of academic probation will be reflected on the student's transcript and will also be reported as per ECFMG certification regulations. Students will be notified of this status by e-mail.

Academic Suspension

A student is considered to be on academic suspension with a possible dismissal when s/he does not comply with, or has not successfully met in a timely manner, the conditions set forth by the Student Affairs Committee, in consultation with the Student Progress Committee, related to academic probation. A student in this situation receives a letter confirming the suspension and possible dismissal via e-mail, as well as by postal mail.

Additional information regarding examinations, appeals, and other curriculum or assessment issues may be found in the *Policies and Procedures* section of this handbook.

Students failing three modules (any combination of preclinical and clinical) will be dismissed from the University without opportunity for appeal.

Student Progress Committee

The Student Progress Committee (a different body from the Student Affairs Committee) will monitor the academic progress of OUM students throughout the program. The committee watches the progress of each student and recommends remedies when students are not making sufficient progress toward graduation. Those remedies may be for individual students or systemic changes needed to remove any barriers that may impede student progress.

Consisting of a faculty member each from North America and Australia/New Zealand and an administrator, the committee meets to review the progress of each student twice per calendar year. A written opinion of each student's progress and any recommendations for improvement will be forwarded to the appropriate University leaders within the faculty and staff.

Master of Health Sciences Program

OUM offers a Master of Health Sciences degree to students who want exposure to the preclinical sciences but do not wish to devote four-plus years to earning an MD degree.

The program is open to:

- Current students enrolled in preclinical modules who do not wish to proceed with clinical clerkships.
- Prospective students who would like to sample medical school before making the four-year commitment.
- Prospective students who want to broaden their medical knowledge to enhance their own careers or to seek new opportunities in health care administration, science and medical technical writing, or medical research.

The curriculum of the Master of Health Sciences degree is the same as the preclinical modules in the MD program, including Day One Clinical Skills. At the conclusion of the final module, the student either must score 60 percent or greater on OUM's In-House Exam or may opt for a research project and thesis, suitable for publication in *Medical Student International*, which is a journal featuring articles largely authored by international medical students. The research project must focus on a health care issue relevant to Samoa and the South Pacific and must follow the research approval process as outlined in the Research Requirement section on pages 29-31. Because of the faculty supervision required (up to two hours per week or 20 total contact hours), the research project and thesis will be treated as an additional module and subject to tuition fees. While students are permitted the equivalent of two terms (approximately 14 weeks) to complete the research project, students will only be charged the tuition fee for the Research Methodology module at a one-term rate, unless additional research guidance by faculty is needed.

Please note that completing the requirements of the Master's program does not qualify the graduate to practice medicine in any jurisdiction. Completion of clinical clerkships and commensurate licensing exams are required to become a medical doctor.

Procedures and Requirements of the Master of Health Sciences Program

Though the curriculum, admissions, and tuition fees are the same for the Master's program as they are for the MD program, there are special requirements and rules that apply to Master's students.

Admission Procedure:

- For current prospects, the admission process is the same as the MD program. Applicants should note the Master's degree on the application form.
- Current students should inform the Registrar via e-mail or letter about their desire to participate in the Master's program.
- A student in good standing in the MD program may transfer to the Master's program. However, dual-enrollment in the two programs is not permitted.
- Previous students should e-mail or send a letter to the Admissions Office to petition to enter the Master's program. The Admissions Office will contact the Registrar and Bursar to request confirmation of good standing for the former student before forwarding the petition to the appropriate committee.
- Students, who left OUM's graduate-entry MBBS/MD program for academic reasons or after disciplinary action, may not enter the Master's program.

Academic Requirements:

- Students in the Master's program must maintain an average of "Pass" or higher for the final grade of the preclinical modules. A failed module must be repeated successfully with a mark of Pass or higher.

- Students in the Master’s program are required to pass OUM’s In-House Exam (IHE) with a score of 60 percent or higher or to pass the USMLE Step 1.
 - Students not earning a Pass grade or higher on the IHE may take the exam one more time and must earn a Pass grade or higher to be eligible to be awarded the degree. If the second attempt is not successful, the student will be dismissed from the University with no appeals permitted.
 - Students not passing USMLE Step 1 in accordance with University policy may sit for the IHE within one month of their eligibility period or any applicable extensions to earn a Master of Health Sciences degree.

Eligibility:

- A declared Master’s degree student meeting the requirements of the MD program may transfer to that program, prior to completing the requirements for the Master’s degree.
- A student in the MD program is not eligible to earn a Master of Health Sciences degree, unless s/he leaves the MD program. Dual enrollment is not possible.
- A student who has completed the requirements of the MD program but has decided not to continue pursuit of an MD degree, may receive the Master of Health Sciences degree, as long as the student meets the academic requirements above.
- Former MD students passing the IHE and electing to pursue the MBBS degree will not be eligible to receive a Master of Health Sciences.

For more information, current students should contact regional student affairs personnel, and former and prospective OUM students should contact the Admissions Office.

Post-Baccalaureate Program

OUM offers a rigorous 40-week Post-Baccalaureate (Post-Bac) program to prospective MD students seeking an edge before applying to any medical school.

The application process for the OUM Post-Bac program is similar to that of the MD program, because upon completion, the student is eligible for enrollment in OUM’s MD program.

The same basic science courses that are the foundation of medical education around the world are taught utilizing OUM’s e-Foundation Sciences 100-Series. Through the e-Foundation 100-Series, OUM’s Post-Bac Program covers the basic sciences in ten four-week installments totaling 40 weeks of instruction for the entire series. The 100-Series blocks will be increasing from four to six weeks as of January 2021, increasing the duration of the Post-Bac program.

Students attend interactive sessions, view recorded lectures, and complete reading assignments as outlined in each block’s syllabus. Live interactive sessions for the e-Foundation 100-Series are offered Monday through Thursday from 8:00-10:00 pm Eastern Time (North America). Assessments include weekly quizzes and a final exam.

In addition to US-based faculty, all of whom hold doctoral-level degrees, Post-Bac students also have access to academic advisers who assist them throughout the program, provide extra resources as needed, and regularly test the students to ensure understanding of the material. The Post-Bac academic advisers also prepare students for admission to the student’s medical school of choice, including assistance with the application process, interview preparation, and appropriate follow up. Additionally, students receive a detailed letter of recommendation to go with medical school applications.

Upon successful completion of the Post-Bac program, students are guaranteed admission to OUM's MD program with advanced standing and depending upon performance, the student may be eligible to start the preclinical curriculum with the system-based modules.

If a Post-Bac student fails a block once, s/he must repeat the block with new quizzes and a new final exam. Since individual e-Foundation 100-Series blocks are only offered once each calendar year, students are not required to re-take the block until its next scheduled date and the student remains enrolled and is permitted to enroll in subsequent e-Foundation 100-Series blocks.

However, if a Post-Bac student fails a second block or fails the same block twice, s/he will be dismissed from the University.

Post-Bac students should be warned that performing at a level that results in even one failure, diminishes their chances of being admitted to a medical school and/or being considered for a competitive residency position if they do graduate from medical school.

Transferring Between Programs

Transferring from MD to Master in Health Sciences

A student wishing to transfer from the MD program to the Master in Health Sciences program need only to have passed all the preclinical modules to qualify. As mentioned in the Master of Health Sciences curriculum section, completing the requirements of the Master's program does not qualify the graduate to practice medicine in any jurisdiction. To complete the Master's program a student would need to pass the In-House Exam with a score of 60 percent or higher, pass USMLE Step 1, or write a research paper suitable for publication.

Transferring from Post-Baccalaureate Program

Students enrolled in the Post-Baccalaureate program may not transfer to any program within OUM. After successful completion of the Post-Bac program, students are guaranteed admission to OUM's MD program with advanced standing and depending upon performance, the student may be eligible to start the preclinical curriculum with the system-based modules.

A Post-Bac student may transition to the MD program by completing the following steps:

1. No sooner than commencement of the next-to-last block of the Post-Bac program and no later than one term prior to beginning the system-based modules, the Post-Bac student notifies the Registrar (registrar@oum.edu.ws) that s/he wishes to enroll in OUM's MD program.
2. Registrar notifies the student's Regional Dean and Deputy Vice Chancellor.
3. Dean and Deputy Vice Chancellor confer with Registrar regarding the applicant's record and discuss any concerns with the candidate.
4. Deputy Vice Chancellor interviews candidate, expresses any concerns, recommends any remedies, and provides encouragement/motivation to the student.
5. Registrar officially notifies student of status as OUM MD student by letter.

VII. Student Records

Access to Educational Records

While student records are strictly confidential, students have the option to provide a signed release statement allowing approved individuals or entities (family or possible rotation/residency/internship sites) to access their information. Student files may not be altered. Students may view their own file at any time upon written, signed request. Transcripts received from other academic institutions will not be provided.

Name Changes

If a name change request is made, the student must provide appropriate supporting documentation, including marriage license, passport, court order, or another legal document. All documentation must be received before educational records will be amended or changed. A copy of the request for change and supporting documentation will be maintained in the student's record.

Document Requests

To request an official document (e.g., transcript, letter of good standing), a student must complete a release form and submit it by mail, fax, or e-mail in order to authorize the University to provide the information requested. The release form may be found in the Student Affairs area of Moodle and on the OUM website, in the Current Student section, Transcript Request at <https://oum.edu.ws/transcript-request/>.

Students must complete all areas of the form, sign it, and specify which document is being requested and to where it should be sent. The standard processing time for all document requests is three business days.

Withholding Documentation

The University reserves the right to withhold an official document (e.g., transcript, letter of good standing, diploma) if the requesting student/graduate has an outstanding tuition or fee balance and/or other unresolved issues, as determined by OUM administration.

Denial/Revocation of Degree

OUM reserves the right to deny or revoke a student's degree if the University finds that a student was admitted and/or earned his/her degree under false pretenses.

Penalties

If a student engages in conduct prohibited by the University and abuses policies and procedures, those actions will be documented in the student's permanent record. The Student Affairs Committee (SAC) makes decisions about action appropriate to the offense, in accordance with regularly enacted University regulations.

Student Identification Cards

Student identification (ID) cards will be generated for students upon request. Students may contact regional student affairs personnel to request the ID card by providing a headshot of the student only in JPEG format and confirming the mailing address of where the ID card should be sent. The cost of an ID card is at the expense of the student and will be invoiced in eOUM.

VIII. Student/Graduate Programs

Academic Advisers

Academic help customizes the student's transition into the OUM preclinical program (academic advisers) and guides students through the clinical phase (clinical student advisers). Students wishing to meet with an adviser should email adviser_request@oum.edu.ws to make an appointment. Typically meeting for one hour each week via electronic means, the academic adviser provides continuity in the program and helps students overcome impediments inherent in a distance-learning environment. Many academic advisers are also instructors for the preclinical curriculum including the e-Foundation Sciences blocks/segments and the system-based modules. Thus, advisers are familiar with the OUM curriculum and licensure requirements in their country.

As appropriate, the academic adviser may interact with the student's instructor and/or physician mentor during the preclinical phase to gain an understanding of the course material being presented to the student, to gain insight or discuss any outstanding issues with the student's performance, and/or to address any gaps

in student knowledge. Care is taken to avoid violating confidentiality of student grades and specific performance issues. The preclinical academic adviser serves as the student's coach for benchmark exams such as the USMLE Step 1 by assisting with preparing the student for the exam and eliminating deficiencies in the student's knowledge base through reading assignments, test questions, and practice exams. The academic adviser is also responsible for certifying to the Dean that the student is current with the instructional material, and exam-ready for students taking the USMLE Step 1, as s/he:

- monitors the progress of students in his/her portfolio;
- maintains regular contact with enrolled students by telephone, e-mail and/or Skype or Zoom;
- documents that students complete the high volume of required readings assigned during each module;
- assesses student knowledge applied to material in the current module and as a whole in light of other modules taken;
- provides assignments to facilitate student learning or to supplement formal instruction;
- facilitates contact with appropriate faculty experts to bridge any learning gaps that a student demonstrates;
- provides time-management and study skills advice;
- provides practice questions for students to complete on a regular basis; and
- remains in contact with students not enrolled in a module to ascertain readiness to begin the next module and provides appropriate assignments to enhance knowledge retention and student readiness for the next module.

Students looking to receive an extension on a quiz or exam window must consult with their academic adviser at least four days prior to the opening of the window in order to develop a mitigation plan to avoid future exam extension requests. Failure to do so will result in the extension request being denied.

Academic Adviser Qualifications

All academic advisers hold a doctorate-level degree such as MBBS, MD, or PhD in a science basic to the practice of medicine. Advisers are also familiar with licensure exam requirements in the jurisdiction of advisees (i.e., most academic advisers of North American preclinical students have extensive knowledge of USMLE Step 1).

Academic Adviser's Student Portfolio

The portfolio of students for an OUM-provided academic adviser includes approximately 10-20 students at different points in the curriculum.

Clinical Student Advisers

Clinical Student Advisers extend the academic adviser role to the clinical rotations. Students will be matched with a clinician who is familiar with the licensure and registration exams and post-graduate opportunities in their country. Clinical student advisers meet with clinical students as needed throughout the core rotations (but at minimum during the beginning, middle, and end of each core clerkship and at maximum no more than one hour per week) to discuss any issues that a student is generally facing during a rotation and to strategize about future rotations and career plans. Clinical student advisers will also provide preparation strategies and progress for taking the FCE, USMLE Step 2, ensure student is completing weekly readings, provide feedback on weekly quizzes and the end-of-rotation exams, and advise students on administrative protocols.

If a student scores below passing on a weekly core clerkship quiz, s/he must meet with a clinical adviser.

Toward the end of each core rotation, the clinical adviser will survey the student for details such as:

- description of a typical day, including hours;
- types of cases the student saw and procedures performed;
- description of patient contact;
- description of student's role in recordkeeping;
- other educational resources at the clerkship facility;
- description of interaction with other medical students, residents, attending;
- description of supervision the student received, feedback, etc;
- positive characteristics of the rotation and whether the student would recommend it to others;
- concerns or any negative characteristics;
- readiness for end of rotation exam.

When clinical advisers and students are in the same facility, meetings will be in person. In the case of all advisers and students at a distance, meetings are held by telephone, Skype, or other web-based means. Short inquiries may be via email.

As with preclinical advisers, clinical advisers will contact students on break (not enrolled in a clerkship) monthly to ascertain readiness to begin next clerkship and to provide proper assignments to enhance knowledge retention and student readiness for next clerkship.

If a student has a complaint about the clinical supervisor (preceptor) or an issue with the clinical facility, the clinical adviser will report the incident through proper University channels including the regional Dean, Student Affairs Committee, and/or Grievance Committee.

Clinical advisers will also have input into the Medical Student Performance Evaluation (MSPE) which is a document required for students applying to US residency programs.

Clinical Adviser Qualifications

All clinical advisers must hold an MD, DO, or MBBS degree and have demonstrated knowledge of USMLE, AMC exam, or NZREX contents and methods.

Students who would like to work with their approved physician mentor as their clinical adviser may have the opportunity to do so. Interested students should inquire with regional student affairs personnel about how to recruit a physician mentor to become a clinical student adviser.

Physician Mentor

The physician mentor's role in OUM's distance-learning program is that of guide, coach, role model, and aide in student assessment during the system-based modules. Mentors do not teach course content or basic science material, but they assist in the learning of clinical skills by demonstrating them to students as well as offering clinical experience and advice relevant to the current module. The student is required to spend one hour per week in a clinical setting with the mentor, allowing the student to directly observe patient consultations, and/or discussing the case notes, learning objectives and related issues presented in curriculum materials. Mentors are permitted to meet with their mentees via in-person sessions, and sessions may be grouped together with a maximum of three hours at one time in a week. If meetings are grouped in two or three hours at one time, there should be a one- to two-week break before the next scheduled meeting.

Mentors also provide students with a positive role model and:

- discuss the career paths, personal, professional, scientific, and ethical aspects of a life as physicians;
- explain how knowledge gained through the case studies may be applied to the diagnosis and management of a patient's problem;
- complete a check list assessment of the student's clinical skills;
- monitor and report on a student's behavior and attitudes as they relate to patients, other health care professionals, and the practice of medicine in general; and
- report if a student appears excessively stressed or unable to cope with the assigned workload.

Identifying a Physician Mentor

OUM strongly advises newly-enrolled students utilizing the traditional pathway (300-Series) to identify their prospective physician mentor before beginning the second segment. Students enrolled in the Alternative Basic Sciences pathway (e-Foundation Sciences 100-Series) are advised to identify a prospective mentor by their fifth e-Foundation 100-Series block. Students will not be allowed to register for a system-based module without OUM's approval of the physician mentor and the prospective mentor's complete application with supporting documents must be submitted at least one month prior to a student's first desired system-based module term to allow time for processing. The regional student affairs administrator is charged with handling mentor documents and inquiries.

In order to prevent a potential conflict of interest, a student shall not be able to select as his/her mentor anyone who was previously or is currently related to the student legally or by kinship.

Students may not select mentors, who are licensed in the state of California, so that the University may remain eligible for future opportunities to be approved by the California State Medical Board.

Physician Mentor Requirements

The mentor must be a currently-practicing registered medical physician in good standing, be in or have completed a specialty-training program, and have a minimum of four years of clinical experience, including internship. Physicians interested in mentoring students are responsible for completing the Student Mentor Application and returning it with all required documentation to OUM no later than four weeks prior to the scheduled start date of the student's initial system-based module. Mentors are required to have Internet access and must regularly use e-mail communication. They are approved in North America by the Director of Faculty Affairs and in Australia and New Zealand by the respective regional dean.

Physician Mentor Assessment of Students

At the end of each module, mentors are required to complete a Mentor Preclinical Assessment Form. This document aims to identify learning experiences obtained during mentor visits, including observation of clinical skills and professional behaviors.

Mentor / Student Meetings

Each student is required to meet with his/her approved mentor for six hours each system-based module, ideally one hour each of the six weeks of the term, including Trends & Topics in Medicine but not including Research Methodology. For flexibility, a student and mentor may meet for a maximum of three hours in one day in one calendar week. Student-mentor meeting(s) during the term must account for all six hours of the requirement in block(s) of no more than three hours each during at least two separate weeks. If meetings are grouped in two or three hours at one time, there should be a one- to two-week break before the next scheduled meeting.

Physician Mentor Honorarium

Mentors of tuition-paying students are entitled to a modest honorarium from OUM. Honorarium invoices (which must be created by the mentor) are to be sent with the preclinical assessment for processing to the regional student affairs administrator. Mentors may opt to donate this honorarium payment to the student by noting this on the honorarium invoice or in a separate, signed letter. All honorarium invoices must be submitted within three months of the completion of the mentoring term, and they must be dated, signed, include the student's name, mentoring term, times, and dates of mentor meetings. If documentation is submitted later than three months after the term end date, the invoice may not be honored.

While mentors are expected to complete and submit both the mentor assessment and honorarium invoice in a timely manner at the completion of each term that a student is enrolled, it is ultimately the student's responsibility to ensure that the mentor is submitting these documents as they are evidence of the student's required participation in the physician mentor program. Any student whose mentor does not provide these documents for a given term (no later than three months from the end of a term) may be delayed in enrolling in a future term until the proper mentor documents are received.

Oceania University of Medicine Student Association (OUMSA)

The Oceania University of Medicine Student Association (OUMSA) is a chapter of the American Medical Student Association (AMSA) with the support of OUM's administration. The OUM Student Association is a student-driven initiative and was formed by a group of students in 2014, using the resources of AMSA due to the convenience offered to students by AMSA's existing chartering process and the benefits of being associated with one of the largest medical student associations in the world.

Though AMSA is located in the USA, membership and benefits of AMSA and the OUMSA are open to all OUM students, no matter where they live. Since OUM students live and study across the globe and with many of OUM's activities being Internet-based, the OUMSA meetings and activities are no different. They are created with consideration to the interests, needs, and health care structure of the countries of its members with the hope of representing the cultural and geographical diversity within the student body.

The OUMSA was created with the following goals:

1. To represent and promote the interests of OUMSA to all relevant bodies;
2. To facilitate cohesive interaction and collaboration between OUMSA members and all relevant bodies;
3. To promote awareness among OUMSA members of issues relevant to the study and practice of medicine;
4. To promote, encourage, and maintain a cohesive relationship between the OUMSA membership and OUM;
5. To affect change in the medical education process and to make it more responsive to the needs of students and society;
6. To maintain its status as an independent organization.

There are several OUMSA subcommittees covering all OUM students' interests in technology and medical resources in addition to geographically-focused subcommittees in North America, Australia, New Zealand, and Samoa.

Navigating the various medical registration pathways and global internship opportunities open to OUM students can be a difficult and daunting task, but OUMSA is a helpful source of information to students including sharing tips and rotation experiences from fellow students.

Current AMSA membership is required to be a voting member of the OUMSA and the fee for AMSA membership is US\$75.00 for the duration of the medical program.

Students may join AMSA at <http://www.amsa.org/AMSA/Homepage/MemberCenter/JoinAMSA.aspx> or by visiting the AMSA website (www.amsa.org) and clicking on the “Join AMSA Today!” tab.

Any questions about OUMSA may be directed to oumsachapter@gmail.com and the website for the group is www.oumsaglobal.org.

Case of the Week

The Case of the Week program was launched in 2014 and helps students strengthen their diagnostic, test-ordering, and management skills as a vehicle to further prepare students for clinical study. The program is delivered online through Moodle and is free-of-charge to all students, and both preclinical and clinical students are encouraged to participate.

Starting every Monday (North America time), weekly cases are presented in daily increments. Each day’s presentation is followed by a brief quiz consisting of 1-4 questions which typically take less than five minutes to complete. The daily quiz is available from 1:00 am to 11:00 pm Eastern Time North America and feedback is provided immediately after the quiz is submitted. The cycle begins again with a new case the following Monday. The course has open enrollment, and students may begin any given Monday. Please contact an academic adviser for any questions about finding the Case of the Week classroom in Moodle.

National Resident Matching Program (NRMP “Match”)

The National Resident Matching Program (NRMP) is a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education in the United States. The NRMP provides a uniform system by which residency candidates simultaneously “Match” to first- and second-year postgraduate training positions accredited by the Accreditation Council for Graduate Medical Education (ACGME). It is uniform in that all the steps of the process are done in the same fashion and at the same time by all applicants and participating institutions. The NRMP is the mechanism for connecting programs and applicants and coordinates the Match process for US, Canadian, and international medical students and graduates. MD students/graduates seeking to practice in the United States must complete a residency program in order to apply for licensure. The NRMP website, located at www.nrmp.org, provides information about registration and deadlines and outlines the basic process through which the Match is conducted.

Students/graduates apply for residency positions through the Electronic Residency Application Service (ERAS), which is coordinated by the ECFMG for international medical students/graduates (www.ecfm.org/eras). All international medical students/graduates who apply to programs that participate in ERAS begin the application process by requesting an ERAS Token, which is a unique identification number, from the ECFMG. The Token may be requested online, generally in the middle of each calendar year for each upcoming Match season and the Token may be registered at the AAMC’s MyERAS website (www.aamc.org/eras). Applicants may access the MyERAS website to complete residency applications, select the programs that they are applying for, and assign supporting documents to these programs.

The following documents must be submitted through ERAS:

- Residency Application(s)
- Reference Letters (Letters of Reference may need to be uploaded to a separate portal.)

Students/Graduates must also submit a medical school transcript as a component of the residency application. To request a medical school transcript from OUM for the Match application,

students/graduates must complete and submit a Transcript Request Form indicating that the transcript is to be forwarded directly to ERAS by the University. The Transcript Request Form is located on the Current Students section of OUM's website and also in the Student & Academic Affairs section of Moodle.

Medical School Performance Evaluation (MSPE)

The Medical School Performance Evaluation (MSPE), which is commonly referenced as the Dean's Letter, is an important component of a student's/graduate's complete residency application. It is an evaluative tool indicative of the applicant's entire medical school career. Students/graduates must forward an updated CV and a list of three to five unique characteristics about him/her to the Business Analyst or Registrar by July 31st to ensure that a well-rounded document is generated. The MSPE is drafted by the Registrar and reviewed by the appropriate Dean and a team of administrative and faculty members including a student's clinical adviser. Once the document is approved, the MSPE is forwarded to the student to be reviewed for any factual errors. If factual errors are found, they will be corrected, and the final document is then uploaded to the ERAS system by the University. At that time, ERAS sets the document release date.

After all of an applicant's ERAS documents have been received and transmitted to the residency programs, the first step of the Match process is complete and successful applicants are contacted for an in-person interview. Both residency programs and students rank each other, and these rankings are used for the final selection process. The entire NRMP Match process is conducted online using the Registration, Ranking, and Results System (R3). Users can access R3 through the NRMP website. Applicants pay their registration fee online with a credit card, enter their rank order list, and receive Match results during Match Week which occurs yearly in March. Most students can expect to begin residency in late June or early July.

The Match is "nearly" all-inclusive because it lists almost all first-year positions in ACGME-accredited training programs in the United States. Candidates for residency positions in some subspecialty programs will participate in other matches; however, these candidates must also participate in the NRMP in order to secure a preliminary position for each of those specialties. Programs sponsored by some branches of the Uniformed Services do not participate in the NRMP.

If a student/graduate happens not to Match, the applicant may participate in the Supplemental Offer and Acceptance Program (SOAP) or apply to Match in subsequent years. More information about SOAP is located on the NRMP website.

Students are encouraged to work closely with the Dean for North America who provides a Match preparation course and can help students to develop a sound strategy for Match and post-graduate training.

IX. Policy Updates

Listed below are recent policy updates that have impacted the curriculum and the administration of the programs, which were updated from the last version of the Student Handbook in 2019. Most of the items below are discussed throughout the current Student Handbook but are specifically highlighted in this section. The changes affected all degree programs and are listed in alphabetical order by topic. Each item was proposed by OUM faculty members, considered and passed by the Steering Committee and Academic Board, which includes student representatives, and ratified by OUM's governing board, the OUM Council. If students have any questions about the new policies, the academic advisers and Student Affairs personnel are able to assist.

Preclinical Phase Updates

Several updates were made to the preclinical portion of the program as noted below:

Change in Length of e-Foundation 100-Series

Students who will complete the e-Foundation 100-Series prior to Term 2101 will complete the series' four-week blocks. Students entering the e-Foundation 100-Series starting in Term 2004 will take the e-Foundation blocks offered in year 2020 at four-weeks each, and in year 2021 the remaining blocks will be available at six-weeks each with no change in cost for the remaining blocks, unless remediation is necessary.

Mini-Case Participation Points

An important component of the system-based modules is the live mini-case discussions that are offered two days per week. Beginning in Term 2004 (July 2020), students will be awarded participation points for participating in mini-cases as follows:

- 0.5 point per mini-case for making a substantive contribution to the mini-case discussion (at the discretion of the course instructor)
- The total number of participation points for the course (with a maximum total of 12 points) will be added to the student's final exam score, not to exceed 100 percent
- Students choosing not to attend the live mini-case discussions or to participate will not be given participation points
- Though each round of mini-case discussions is offered twice, student may only appear for one round for credit. S/he may appear for the second offering of that round, but points will only be awarded for the first session.

Exam Extension Requests

Students requesting an extension for their quiz or exam should have an Academic Adviser and follow this procedure:

1. It is mandatory meeting the student meet with academic adviser a minimum of four days before the quiz or exam to discuss a mitigation plan to prevent the need for future extensions.
2. First timers without an academic adviser may use the skipped exam option (see #4 below) and must get an adviser as soon as possible and discuss the situation that led to the extension with the adviser.
3. Fill out the request form (link found in the course page); provide complete supplementary documentation related to the student's request from the reason's listed above– doctor's note, work supervisor's note, statement regarding personal crisis, OUM support ticket and/or Proctortrack ticket. Note: All supplementary documentation must be uploaded as one document, as only one document may be uploaded in the system.
4. There is an alternative to an extension: students may skip a quiz and the scores will be pro-rated accordingly. Please know that students may skip:
 - one quiz per eF100 block
 - two quizzes per 10-week eF300 segment
 - one quiz per SBM

Note: No more than five extensions requests or skipped exams will be allowed per year. Students exceeding this limit will be required to appear before the Student Progress Committee and may be required to take a term off in order to organize and execute a study plan and to resolve any other outstanding issues.

5. The student may take one unapproved extension per year for a quiz or final exam. However, the student must first apply for the extension.
6. Requests may be denied for the following reason(s):
 - Untimely – request is received less than four days before exam period opens; or request for a technical issue is received less than four hours before the end of the exam period.
 - Irrelevant: Meeting with academic adviser did not take place; evidence of a viable mitigation plan not provided; reasons given were not convincing or consistent with University policy.
 - Adequate documentation not provided.
 - Excessive requests: more than five per year.

Rejected requests may be appealed to Student Affairs Committee (specialconsideration@oum.edu.ws), but students should know that if their appeal is granted, they will likely be taking the quiz or exam at the same time as another. If the appeal is not granted, they may receive a failing grade for the exam.

Clinical Phase Updates

Several updates were made to the clinical phase of the program as noted below:

Non-Patient Contact Clinical Electives

In response to the COVID-19 pandemic, OUM created two non-patient-contact clinical electives offered primarily online beginning in April 2020: Radiology and Pathology. During the time of the pandemic, OUM students were allowed to take both non-patient-contact clinical electives. Going forward, students will only be allowed to take one. As is the case with all clinical clerkships, attendance at all activities (including lectures) is monitored and required. Weekly quizzes and final exams will be based on class time and reading assignments, and clinical logbooks are required. Consult the course syllabus for more information.

Grading Scheme for Clinical Clerkships

For students beginning clinical core clerkships in Term 2004 (29 June 2020) and beyond, core clerkships will be graded as follows:

90 percent and above	= High Distinction (HD)
80-89 percent	= Distinction (D)
70-79 percent	= Credit (C)
60-69 percent	= Pass (P)
59 percent and below	= Fail (F)

IMPORTANT: All students who commenced a core clerkship PRIOR to Term 2004 will remain with the Pass/Fail grading system throughout their clerkships to graduation.

In addition to moving overall rotation grades away from Pass/Fail, clinical logbook assessments for the core clerkships for students beginning core clinical clerkships in Term 2004 and beyond will also move to a similar scale:

- 90-100: Five excellent, thorough, well-written original cases addressing all points
- 80-89: Five good, well-written original cases covering most assessment criteria
- 70-79: Five average original cases covering at least half of the points
- 60-69: Five marginal cases covering many points, but missing some key areas
- ≤59: Fewer than five logbook cases, or very poorly presented cases that miss critical points, or at least one case with material that does not appear to be original
- 0: One or more cases where plagiarism is clearly evident.

For those students, final grades for the seven core clerkships will now combine the clinical supervisor's report, end-of-rotation exam, and clinical logbook assessment, weighted as follows:

- Clinical Supervisor Assessment: 20%
- End-of-Rotation Exam: 60%
- Clinical Logbook: 20%

Beginning in Term 2004, all clinical students will be subject to the following composition of the grades for their clinical electives:

Grading composition for regular electives will be assessed as:

- Clinical Supervisor Assessment: 50%
- Clinical Logbook: 50%

Grading for the non-patient-contact electives taken online will be assessed as:

- Clinical Logbook: 20%
- Weekly Quizzes: 30%
- Final Exam: 50%

Elective rotations will continue to be graded and recorded on student transcripts as Pass or Fail: 60-100 percent = PASS (P) and 59 percent and below = FAIL (F).

See page 47 for additional details.

Research

The grading scheme for Research Methodology will be: HD, a manuscript accepted by an external peer-reviewed journal or *Medical Student International*; C, a manuscript not considered acceptable by an external peer-reviewed journal or *MSI* with acceptable responses to reviewers' comments; and F, a manuscript not considered acceptable by an external peer-reviewed journal or *MSI*, but with unacceptable responses to reviewers comments despite repeated attempts.

In-House Exam

Students must pass OUM's In-House Examination (IHE) to receive the University's approval to sit for the USMLE Step 1. The IHE is 100 questions, focuses on basic sciences principles and is offered on Moodle the last Friday (North America) of every month, opening at 1:00 am and closing at 11:00 pm Eastern Time North America. The IHE is available through the Pre-Clinical Curriculum Classroom, and students may

access the test by registering through the Director of Curriculum at least 24 hours in advance. Students are asked to take the IHE when USMLE-ready and only after completion of SBMs, preferably based on IPE performance, external test scores, and/or recommendation from the Study Hall Committee (SHC).

1. A student who scores $\leq 40\%$ on the IHE is not USMLE-ready and will require many months, if not a year or more, to become USMLE-ready.
2. Students who score $\leq 50\%$ will not be permitted to re-attempt the IHE in < 6 months and will be required to submit a detailed study plan to the SHC.
 - a. A student who has scored $< 50\%$ on the IHE should immediately move on to clerkships. Alternatively, the student may retake the IHE per the procedure below.
 - b. According to current University policy, students are given 3 months to prepare for USMLE after completion of the system-based modules.
 - i. If a student has been diligent in supplementing the coursework, 3 months is ample time. The Student Affairs Committee (SAC) may give an extension if the student shows objective evidence of making progress toward USMLE readiness.
 - ii. If a student scores $< 50\%$ on the IHE, the student will be required to take a 6-month hiatus from administration of the IHE. Such a student should apply to the SAC for an extension in order to remain in good standing for the required 6-month period of active preparation, including Basic Science Immersion, Structured Study Protocol, or another IHE/USMLE prep resource.
 - iii. If a student who scores $< 50\%$ on the IHE would like to retake the IHE in < 6 months, the student should submit an appeal to the SHC to retake the IHE.
 1. If the SHC approves the appeal, the student will be permitted to retake the IHE.
 2. If the SHC does not approve the appeal, the student may submit an appeal for a USMLE extension to the SAC.
 3. This provision is not intended to delay the prepared student from taking/passing the IHE, rather the intent is to be realistic about what is needed to keep the underprepared student moving forward.
 4. In the case of a student who has scored $< 50\%$ on the IHE, the student should either move on to clerkships at a non-teaching hospital immediately or at the end of 3 months per existing policy, transfer to OUM's Master of Health Science program, or withdraw from the program.
3. Students who score 51-70% will not be permitted to re-attempt the IHE in < 3 months and will be required to submit a detailed study plan to the SHC.
4. Students who score $\geq 70\%$ will be permitted to re-attempt the IHE monthly.
5. If a student's previous score was $< 70\%$ and improved by $> 10\%$ to a passing score ($\geq 80\%$), the student will be required to achieve an additional passing score on a future IHE, prior to approval to take USMLE Step 1.

The SHC may review an individual student's performance to adjust re-attempt timing, as appropriate. All IHE attempts will be available for the student's review immediately after completing the IHE, but not for downloading.

If a student feels strongly that the IHE does not reflect their USMLE readiness, they may request a waiver from the SHC by providing **objective evidence** of their readiness to the committee at SHC@oum.edu.ws.

X. Key Contacts and Payment Information

Key Contacts

Bursar: bursar@oum.edu.ws

Information Technology: support@oum.edu.ws

Registrar: registrar@oum.edu.ws
Student Administrator: studentadmin@oum.edu.ws
Student Affairs Administrator (AUS/NZ): studentadminAUSNZ@oum.edu.ws
Student Affairs Committee: specialconsideration@oum.edu.ws
Student Affairs Coordinator (North America): studentadminusa@oum.edu.ws

US Agent

Tel: +1 (888) 670-8510
Fax: +1 (888) 670-8512

Australian Agent

Tel: (Local) 1300 665 343
Tel: (Int'l) +61 3 9008 5933
Tel: (NZ Toll-free) 0800 99 01 01
Fax: +61 3 8678 1269 or +61 2 8007 7034

Oceania University of Medicine
400 Rella Boulevard, Suite 123-201
Montebello, NY 10901

e-Medical Education Australia Pty Ltd
Australian Agent for Oceania University of Medicine
Level 17, 31 Queen Street
Melbourne Victoria 3000
Australia

Payment Information

Credit card payments may be made online by the student within eOUM. Fees are charged at the equivalent rate of US dollars (USD).

USA

Tuition and fee payments may be remitted by credit card or electronic transfer of funds from accounts in USD.

Canada

Students in Canada pay in Canadian dollars via eOUM with a credit card as the only option.

Australia/New Zealand

Tuition fees may be remitted by credit card or electronic transfer of funds from accounts in Australian dollars (AUD) or New Zealand dollars (NZD), determined by the student's country of residence.

General Payment Information

Contact Information

Students should contact the bursar's office for tuition/payment information. Bank details for Australian and New Zealand payments are available on the student financial account page within eOUM.

Credit Cards

Only Discover, Visa, and MasterCard are accepted for any credit card payments, and students may make payments online within eOUM. A non-refundable 2.77% convenience fee is charged for all credit card payments.

Payment Plans

Payment plans are available to all OUM students, as long as the student is enrolled in good standing and has not abused the payment plan privilege in the past. Three unsuccessful or returned payments within one calendar year generally will lead to a student being removed from the payment plan option for the rest of the year. The student will be required to pay in full during the registration period for each term. If those payments, for the rest of the year, are successful and on time, the student will be permitted to resume a payment plan for the following calendar year.

Option 1

OUM will accept payment on student accounts in installments as long as half of the balance is paid four weeks before classes begin, and the balance due is paid two weeks after classes begin. The installment payment plan is:

- Four weeks before the term begins: one half of tuition
- Upon completion of two weeks of class: one half of tuition

Option 2

Students may spread tuition payments evenly over an entire 12-month period for the number of modules they plan to take during that time. Payments are due by the first of every month, starting with the December payment. For example, if a student plans to take five modules in a 12-month period, the tuition fees would total \$25,000. If monthly payments were arranged, the amount due would be \$2,083.33.

Students participating in either option who default on payment will not receive their module grade and may not register for another module until the account is settled. In addition, the opportunity to continue on a payment plan may be subject to review by the bursar's office.

Unsuccessful Payments Policy

If you anticipate having an issue paying tuition fees for the upcoming term, please contact the Bursar to make payment arrangements.

An unsuccessful payment is defined as follows: An attempt by a student to pay tuition and other fees on a per-module basis or through a previously-approved payment plan, where the funds are not transferred from the student's account into OUM's account, including but not limited to errors or misstatements made on documents to initiate transfers, insufficient funds in the account, cancelled payment, disputed payment, or closed account.

The University's policy for unsuccessful payments is as follows:

- A student making an unsuccessful payment will not be permitted to start the class. A student already in class may be disenrolled from that class without course credit, if the payment into OUM's Transferwise account is not made within a three-business-day grace period.
- Recognizing that accidents and mistakes may occur, the penalty of \$35 will remain for three unsuccessful payments during the student's total enrollment at OUM.
- A student making three unsuccessful payments via electronic check (bounced/returned checks, insufficient funds in the account, etc.) will lose the privilege of paying via checking account.
- After the lifetime limit of three unsuccessful payments has been reached, subsequent payments by electronic check will be disallowed by the University. Thereafter, that student will be required to make payment at least five business days before the start of class via credit card or into OUM's Transferwise account via wire, ACH, or direct transfer from another Transferwise account.
- As always, the student will be responsible for any fees related to wire transfers, Transferwise, and credit card transactions.
- Students interested in opening an account with Transferwise should click on the following link for more information: <https://transferwise.com/help/11/getting-started/2817401/tips-for-getting-started-with-transferwise>.
- For a student who has had previous unsuccessful payments, each student's tally was reset to zero as of registration for Term 2001. Any unsuccessful payments after that time count toward the

student's total allowable of three unsuccessful payments before alternative payment methods will be enforced.

Student Referral Reward

Current OUM students who refer a new student may be entitled to receive a \$2,500 credit to the referring student's tuition fees, if the following conditions are met:

- Upon his/her first communication with the University, the applicant's name must be attached to the referring student, through one of two ways:
 - Prospective student must state the referring student's name to the admissions counselor. The referring student may wish to confirm with the admissions counselor and bursar.
 - The referring student contacts admissions counselor to say "expect to hear from 'name' regarding admission. Please confirm that s/he is not in the system and that you are adding me as the referral source."
- The credit will be applied to the referring student's tuition fee after completion of the referred student's third full module, which translates as follows:
 - Six e-Foundation 100-Series blocks;
 - Three e-Foundation 300-Series segments; or
 - A combination of the two, as approved by the Registrar.
- Graduates and seniors who have paid in full may refer prospective students and receive the \$2,500 reward, once the above requirements have been met.
- Prospective students may not refer one another. Only a registered student in good standing is eligible to receive the referral reward.
- The reward is not applicable for the referral of scholarship students.

There is no limit to the number of referral rewards a student or graduate may receive. OUM appreciates students and graduates who refer others.

www.oum.edu.ws

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