

**ACADEMIC POLICIES**

**FOR THE**

**MD DEGREE**

**University of Washington  
School of Medicine**

**2013 – 2014**

# **ACADEMIC POLICY MANUAL FOR THE MD DEGREE**

## **2013 – 2014**

### **TABLE OF CONTENTS**

#### **PREAMBLE**

<b>CHAPTER 1: MISSION STATEMENTS .....</b>	<b>1</b>
--	----------

UW Medicine Mission Statement

UW Medical Student Education Mission Statement

<b>CHAPTER 2: INSTITUTIONAL ENVIRONMENT .....</b>	<b>3</b>
---	----------

Teacher/Learner Environment

Managing Student Mistreatment

Institutional Expectations for Students' Standard of Behavior

Potential Conflicts in Student Evaluation

    Student Healthcare and Physician Relationships

    Personal/Familiar Relationships in the Educational Environment

Faculty Responsibility and Conduct: UW Faculty Code

Grievance Procedures

<b>CHAPTER 3: ADMISSIONS .....</b>	<b>6</b>
------------------------------------	----------

Admissions Requirements and Selection Factors

    Premedical Course Requirements

    Other Requirements

    Other Selection Factors

Matriculation Deferral

Transfer

First Year Site Assignment

Application for Combined Degree Programs

    Medical Scientist Training Program (MSTP)

Concurrent MD-Master's and MD-Doctoral Degrees

<b>CHAPTER 4: MD PROGRAM REQUIREMENTS .....</b>	<b>11</b>
---	-----------

Requirements for Participation in MD Program

    Essential Requirement of Medical Education: Admissions, Retention,

    and Graduation Standards and Technical Standards

    Compliance Requirements

    UW Policy on Use and Possession of Marijuana and Drug Screening

    Health and Disability Insurance

## **Curriculum Overview and Standards for Completion of the MD Degree**

### **General Description of the Curriculum**

Basic Science Curriculum

Clinical Curriculum

Curricular Requirements for the 2012 Entering Class and Subsequent Classes

### **Policies Related to Specific Requirements**

Professional Development

Independent Investigative Inquiry

Non-Clinical Selective Course Requirements

Objective Structured Clinical Examinations (OSCE) Program

Capstone Course

United States Medical Licensing Examinations (USMLE)

### **Concurrent Degrees**

Medical Scientist Training Program (MSTP)

UW MD/MHA and MD/MPH

University Degree Programs and Courses

Graduate Degree at Another Institution

## **CHAPTER 5: MD PROGRAM CURRICULUM .....19**

### **Curriculum Oversight and Management**

#### **University of Washington School of Medicine WWAMI Medical Education Program**

WWAMI Faculty Appointments for the MD Program

Funding for Clinical Clerkships

Approval of Clerkship Sites for Required/Elective Rotations

Approval Procedures for Establishment of New Clinical Clerkship Site

### **The Learning Environment**

Active Learning

Basic Science Curriculum

The College Program

Clinical Curriculum

Course and Clerkship Hours

Basic Science Curriculum

Clinical Curriculum

### **Purpose of Examinations**

Basic Science Curriculum

Concurrent Examinations

WWAMI Common Examinations

Scheduling of Basic Science Examinations during Quarter/Semester

Clinical Curriculum

Clinical Skills and Clerkship Examinations

Scheduling of Clinical Examinations during Quarter/Semester

## Observed Structured Clinical Examination (OSCE)

### Policies Related to Assigning Credit

- Previously Earned Credit
- Calculation of Academic Credit
- Credit by Examination
- Granting Non-Clinical Selective Credit to Students
- Awarding Credit Utilizing Videotapes, Web-based Learning, Distance Learning
- Academic Credit for Research
- Credit for Courses Providing a Stipend

### Restricted Access to School of Medicine's MD Program Requirements

- Basic Science Requirements
- Clinical Requirements
  - Required Clerkships
  - Clinical Electives

### Restriction of Non-UW Individuals and Children in Educational Settings

## **CHAPTER 6: GENERAL MD PROGRAM POLICIES FOR STUDENTS.....27**

### Good Standing/Eligibility for Participation in MD Program

### Universal Precautions and Blood Borne Pathogens Policy

### Liability/Malpractice Coverage for Medical Students

### Educational Technology

- Laptop, PDAs, and Mobile Devices
- Handling Patient Data and Encryption
- Internet Posting/Social Networking/Media

### Professional Behavior and Conduct

- Honor Code
- Examination Environment
- Appropriate Use of Curricular Material
- Standards of Dress and Appearance

### Expectations of Students' Participation

- Attendance/Absence Policies
  - Basic Science Curriculum
  - Clinical Curriculum

### Scheduling Policies for Course Requirements

- University's Change in Published Examination Schedule Policy
- University Administrative Holidays and Religious Observances
- University Closure

Clerkship Policies	
Third Year Intact Curriculum	
Required Clerkship Scheduling	
Swaps/Trades	
Clinical Electives and Subinternships	
Clinical Elective Planning	
Clerkship Housing Policy	
Clinical Electives Taken at Other Institutions	
<b>CHAPTER 7: ACADEMIC/PROFESSIONAL PERFORMANCE STANDARDS.....</b>	<b>34</b>
Grading and Evaluation System	
Final Course Grades: Entering Class of 2011 and Subsequent Classes	
Professional Development Evaluation	
Other Designations: Evaluator Concern, Incomplete, Course Withdrawal	
Submission of Students' Performance Evaluations	
Midcourse Feedback	
Determining Final Grade	
Timing of Release of Grades	
Basic Science Curriculum	
Clinical Curriculum	
Change of Grade	
Appeal of Grade and/or Evaluation Comments	
Confidentiality of Grades and Graded Material	
Access to Medical Student's Academic File	
Family Educational Rights and Privacy Act (FERPA) Compliance Policy	
<b>CHAPTER 8: STUDENT AFFAIRS: STUDENT PROGRESS .....</b>	<b>39</b>
AND SUPPORT SYSTEMS	
Oversight of Students' Progress and Academic Review Process	
Student Progress Committee	
Academic Promotion	
Professional Development	
Standards of Conduct	
Fitness for Clinical Contact	
Management of Academic Review and Remediation Process	
Probationary Status	
Advance Information on Student's Academic Status	
Expansion of MD Program beyond Four Years	
Leave of Absence	
Withdrawal from the School of Medicine	
Application for Admission following Withdrawal	
Suspension from the School of Medicine	
Dismissal from the School of Medicine	
Due Process Guidelines for Students	

Student Status while in Dismissal Review Process

## Maintaining Personal Integrity and Understanding Plagiarism

### Academic and Personal/Professional Support for Students

School of Medicine-based Support Services

University-Based Support Services

Washington Physicians Health Program

### Recognition of Meritorious Performance

Graduation with Honors

School of Medicine and Departmental Awards

Alpha Omega Alpha

### Hooding Ceremony

## **CHAPTER 9: STUDENT LEADERSHIP AND PARTICIPATION IN.....48 PROGRAMS AND ACTIVITIES**

Service Learning Projects

Medical Student Association

UW School of Medicine Student Fee Policy

Medical Student Honor Council

Opportunity to Contribute to Medical Education

Establishing UW School of Medicine Officially Recognized Student Groups

Student Conference Travel Support

## **CHAPTER 10: VISITING MEDICAL STUDENTS .....50**

Visiting Medical Students from LCME or COCA/AOA Accredited Medical Schools

Visiting International Medical Student Policy

## Preamble

### *Academic Policy Manual for the MD Degree*

The Academic Policy Manual for the MD Degree is a compilation of the relevant policies for the University of Washington School of Medicine's undergraduate medical education program leading to the awarding of the Doctor of Medicine degree. This document was first prepared in 1985 as an information reference to guide the educational process and programs of the MD degree. Its purpose was to provide an ongoing record of educational policies and documentation of modifications to those policies as they occurred. In the 1990's, a major review of policies for the MD degree occurred, and the 1996 edition of the manual replaced all previous versions of academic policies and procedures for the awarding of the MD degree. Since that time, periodic reviews and updates of policies are done as needed.

The Dean of the School of Medicine has the delegated responsibility for the development and maintenance of the academic program in medical education, and has further delegated that authority to the Vice Dean for Academic Affairs. The Faculty Council on Academic Affairs (FCAA), formerly the Academic Affairs Committee, is chaired by the Vice Dean for Academic Affairs and provides a forum for presentation and discussion of topics of importance to the development of the medical student educational program, for reports from the educational standing committees on current issues and activities, and for approval of recommended changes in operational or program management. Major MD program changes are typically reported to the Medical School Executive Committee (MSEC) for information, and may under certain circumstances be presented to MSEC for review and submitted to the Dean of the School of Medicine for approval.

Revisions in MD program current policies or the development of new policies may arise from recommendations from the School of Medicine's relevant medical education standing committees, e.g. admissions, curriculum, and student progress, which have delegated responsibility in their respective areas, initiatives put forth by FCAA, collaborations with other School of Medicine vice deans, such as Regional Affairs and Graduate Medical Education, or requests from the Dean of the School of Medicine. Recommendations for significant changes to admissions requirements, the curriculum, retention or promotion criteria, and/or graduation requirements are vetted through FCAA. Responsibility for maintaining and incorporating revised or new MD program policies falls within the purview of FCAA.

The Academic Policy Manual provides statements of policy by which the MD Program is governed. The brief narratives surrounding individual policies are intended to give direction to the Academic Affairs leadership for implementation of the policies. The associate deans have responsibility for developing, maintaining, and updating the MD program's management and operating guidelines that fall within their respective areas. It is anticipated that there will be collaboration regarding MD program policies both within Academic Affairs, as many policies impact the educational continuum from admissions through graduation, and also with Regional Affairs and Graduate Medical Education.

Current policy operating guidelines are available through the respective associate deans' offices in written and/or electronic form, updated periodically, and easily accessible to students, faculty, and staff.

Revised 2013-14

## **CHAPTER 1**

### **MISSION STATEMENTS**

#### **UW Medicine Mission Statement**

The University of Washington School of Medicine is dedicated to improving the general health and well-being of the public. In pursuit of its goals, the School is committed to excellence in biomedical education, research, and health care. The School is also dedicated to ethical conduct in all of its activities. As the pre-eminent academic medical center in our region and as a national leader in biomedical research, we place special emphasis on educating and training physicians, scientists, and allied health professionals dedicated to two distinct goals:

Meeting the health care needs of our region, especially by recognizing the importance of primary care and providing service to underserved populations;

Advancing knowledge and assuming leadership in the biomedical sciences and in academic medicine.

The School works with public and private agencies to improve health care and advance knowledge in medicine and related fields of inquiry. It acknowledges a special responsibility to the people in the states of Washington, Wyoming, Alaska, Montana, and Idaho, who have joined with it in a unique regional partnership. The School is committed to building and sustaining a diverse academic community of faculty, staff, fellows, residents, and students and to assuring that access to education and training is open to learners from all segments of society, acknowledging a particular responsibility to the diverse populations within our region.

The School values diversity and inclusion and is committed to building and sustaining an academic community in which teachers, researchers, and learners achieve the knowledge, skills, and attitudes that value and embrace inclusiveness, equity, and awareness as a way to unleash creativity and innovation.

**Approved by MSEC and Dean Ramsey: June 2006; Revised December 2011**

## **UW Medical Student Education Mission Statement**

Our mission is to improve the health and well-being of people and communities throughout the WWAMI region, the nation, and the world through educating, training, and mentoring our students to be excellent physicians.

### **Vision for Medical Student Education**

Our students will be highly competent, knowledgeable, caring, culturally sensitive, ethical, dedicated to service, and engaged in lifelong learning.

### **Institution-wide Goals for Medical Student Education**

In support of our mission to educate physicians, our goals for medical student training are to:

- Challenge students and faculty to achieve excellence;
- Maintain a learner-centered curriculum that focuses on patient-centered care and that is innovative and responsive to changes in medical practice and healthcare needs;
- Provide students with a strong foundation in science and medicine that prepares them for diverse roles and careers;
- Advance patient care and improve health through discovery and application of new knowledge;
- Teach, model, and promote:
  - the highest standards of professionalism, honor, and integrity, treating others with empathy, compassion, and respect;
  - a team approach to the practice of medicine, including individual responsibility and accountability, with respect for the contributions of all health professions and medical specialties;
  - the skills necessary to provide quality care in a culturally sensitive and linguistically appropriate manner;
- Encourage students to maintain and model a balanced and healthy lifestyle;
- Foster dedication to service, including caring for the underserved;
- Engage students in healthcare delivery, public health, and research to strengthen their understanding of healthcare disparities and regional and global health issues; and
- Provide leadership in medical education, research, and health policy for the benefit of those we serve regionally, nationally, and globally.

## **CHAPTER 2**

### **INSTITUTIONAL ENVIRONMENT**

The University of Washington School of Medicine is committed to maintaining the highest standards of academic performance, professional behavior, personal integrity, and respect for each other as individuals. These standards apply to all individuals associated with the educational experience.

Integrity is an essential personal quality for successful completion of the MD program. Upholding the standards of professional and personal conduct includes both acquiring behavioral patterns and attitudes consistent with the oath taken at the time of graduation and also being accountable for one's own conduct as well as assuming responsibility for the professional behavior of one's colleagues within the medical profession. In this regard, the teachers are expected to provide role modeling that will enhance the learners' ability to incorporate appropriate behaviors into their professional development.

#### **Teacher/Learner Environment**

The School's goal is to provide a learning environment that supports self-assessment, inquiry, and life-long learning. Graduates of the School are expected to achieve a level of competence in the prescribed curriculum and to demonstrate appropriate professional behavior in all interactions with faculty, staff, peers, and patients. It is anticipated that these standards of personal conduct and integrity will be upheld not only in the academic setting but also within the community.

It is expected that the teachers and learners will be on their honor to maintain the highest standards of professional behavior in all aspects of training. Both also must be respectful of the special nature of the physician-in-training status in how they conduct themselves in the presence of patients and maintain patient confidentiality.

The provision of an atmosphere in which individuals can learn from each other in a supportive environment and in which there is recognition of the dignity and worth of each person is essential to the School of Medicine's mission. Members of the community come from many different backgrounds and include different races, religions, sexual orientations, ethnic ancestries, and socio-economic status. Learning to understand the differences, as well as the similarities, between people and how to integrate culturally competent skills in communications at all levels is an important dimension of medical education and training. It is hoped that students, faculty and staff would all seek to appreciate the richness and personal growth that this diversity provides to members of the medical school and university community.

#### **Managing Mistreatment**

Mistreatment of students by the faculty, staff and peers is prohibited. At both the School of Medicine and University levels, individuals have been identified to assist any member of the educational environment to deal with situations, perceived or real, of inappropriate behavior. Such behaviors may fall in the areas of sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, sexual orientation, or age; humiliation; or the use of grading or other forms of assessment in a punitive way. It is important to address these situations, whether intentional or unintentional, in a timely manner as they tend to result in a disruption of the spirit of learning and a breach in the integrity and trust between teacher and learner.

The UW Medicine Policy on Professional Conduct addresses professionalism standards for faculty, staff, students and trainees in all UW Medicine entities, including the School of Medicine.

### **Institutional Expectations for Students' Standard of Behavior**

Throughout their medical school program, students are expected to maintain professional conduct in the educational setting and abide by the guidelines established for behavior in basic science and clinical settings. As physicians-in-training, students are also encouraged to gain skills for working with each other in stressful situations and for providing feedback to peers when there is an appearance of misconduct. Students, faculty, staff and trainees are asked to read and refer to the UW Medicine Policy on Professional Conduct referenced above.

In an effort to support a standard of professionalism and promote excellence at the University of Washington School of Medicine, an Honor Council and Honor Code were conceived of by a group of students, ratified by the student body, and embraced by the faculty and administration. The Honor Council, an elected body of students spanning all years and WWAMI sites, serves as an intermediary between students, faculty, and administration. It is a resource that students can use to voice concerns or ask questions about mistreatment or misconduct. All concerns submitted to the Honor Council are kept confidential and the feedback gathered and recorded over time is reviewed in order to improve the UW School of Medicine experience.

### **Potential Conflicts in Student Evaluation**

#### **Student Healthcare and Physician Relationships**

If a student requires medical treatment, the student will, whenever possible, be provided with the option to receive care from a health care provider who is not the student's instructor or otherwise responsible for academic evaluation of the student. When this option is not possible, the faculty member will be recused from evaluation of the student.

#### **Personal/Familiar Relationships in the Educational Environment**

No faculty members, teaching assistant, research assistants, department chairs, deans, staff or other administrative officer should vote, make recommendations, or in any other way participate in the decision of any matter which may directly affect the employment, promotion, academic status or evaluation of a student with whom he or she has or has had a familial, sexual, or romantic relationship.

*From University of Washington Faculty Code, S-C, February 27, 1992.*

#### **Faculty Responsibilities and Conduct**

#### **UW Faculty Code: Chapter 24**

#### **Section 24-33 A Statement of Principle: Academic Freedom and Responsibility**

Membership in the academic community imposes on students, faculty members, administrators, and Regents an obligation to respect the dignity of others, to acknowledge their right to express differing opinions, and to foster and defend intellectual honesty, freedom of inquiry and instruction, and free expression on and off the campus. The expression of dissent and the attempt to produce change, therefore, may not be carried out in ways which injure individuals or damage institutional facilities or disrupt the classes of one's instructors or colleagues. Speakers on campus must not only be protected from violence,

but given an opportunity to be heard. Those who seek to call attention to grievances must not do so in ways that clearly and significantly impede the functions of the University.

Students and faculty are entitled to an atmosphere conducive to learning and to evenhanded treatment in all aspects of the instructor–student relationship. Faculty members may not refuse to enroll or teach students on the grounds of students' beliefs or the possible uses to which students may put the knowledge to be gained in a course. The students should not be forced by the authority inherent in the instructional relationship to make particular personal choices as to political action or their own roles in society. Evaluation of students and the award of credit must be based on academic performance professionally judged and not on matters irrelevant to that performance. (Examples of such matters include but are not limited to personality, personal beliefs, race, sex, religion, political activity, sexual orientation, or sexual, romantic, familial, or other personal relationships.)

*Section 13–31, April 16, 1956 [formerly Section 24–37]; S–A 83, April 30, 1991; S–A 85, May 27, 1992:  
all with Presidential approval.*

<http://www.washington.edu/admin/rules/policies/FCG/FCCH24.html>

### **Grievance Procedures**

*Executive Order #58, issued by the president of the University in spring 1979, directs that each school in the University shall establish an undergraduate student academic grievance procedure. This memorandum establishes that procedure for the School of Medicine for both undergraduate and professional students.*

<http://www.washington.edu/admin/rules/policies/PO/EO58.html>

## **CHAPTER 3**

### **ADMISSIONS**

The University of Washington School of Medicine admits to its MD program individuals who have achieved a high level of academic performance and who possess the maturity, motivation, and aptitude to become excellent practitioners and scholars of medicine. Applicants admitted must demonstrate humanitarian concerns and high ethical/moral standards.

Diverse backgrounds are sought among applicants admitted to each class with particular attention paid to providing access to medical education for those who are underrepresented in the medical profession in the WWAMI region.

The people of the state and region are served best when graduates of the School choose a variety of careers that will meet the healthcare needs of our region, recognizing the importance of primary care as well as clinical specialties. It is a policy of the School of Medicine to seek applicants who will pursue these careers as well as those who show promise for advancing knowledge and assuming leadership in the biomedical sciences and academic medicine.

#### **Admission Requirements and Selection Factors**

The premedical course requirements must be completed before matriculation but preferably before the time of application. Undergraduate or post-baccalaureate required courses must be completed at a college or university accredited by the appropriate regional accrediting body. The premedical courses must include the following at a minimum:

#### **Premedical Course Requirements**

<u>COURSE</u>	<u>SEMESTERS</u>	<u>or</u>	<u>QUARTERS</u>
Social Sciences or humanities:	4		6
Chemistry and biology:	6		9
Physics:	2		3
or Physics plus Calculus or Linear Algebra	1 each		2 each

The content of the chemistry and biology courses must include:

- General Chemistry
- General Biology
- Biochemistry
- Molecular Genetics
- Cell Biology/Cell Physiology

The following courses are recommended, but not required:

- Ethics
- Anatomy or Comparative Anatomy
- Human or Mammalian Physiology
- Embryology

## **Other Requirements**

All applicants must demonstrate substantial academic ability in their major field as well as in the required science courses. Applicants should be proficient in the use of the English language and basic mathematics. Applicants are expected to be able to meet the essential requirements of the MD program with or without accommodations. It is also expected that applicants have demonstrated appropriate behavior and conduct in their educational and community environments.

No specific major is advised, but a broad background in the humanities and liberal arts is encouraged.

Applicants are expected to have a basic understanding of personal computing and information technology prior to entry.

Applicants must complete and submit the Medical Colleges Admissions Test (MCAT) in a timely manner related to their application to medical school. The MCAT must have been taken no more than three years prior to the date of matriculation.

Completion of a degree from a college or university accredited by the appropriate regional accreditation body is required before matriculation. [Modified and Approved by the School of Medicine's Faculty Council on Academic Affairs, 3-14-13]

All accepted applicants must complete the criminal background check required by the UW School of Medicine in the timeframe specified within the admissions process.

Residents of the states of Washington, Wyoming, Alaska, Montana, or Idaho are eligible to apply. Individuals with a demonstrated interest in research may apply for the MD/PhD program (MSTP) regardless of residency. Applicants from outside this five-state region who come from disadvantaged backgrounds or who have demonstrated a commitment to serving underserved populations will be considered. Foreign applicants, in addition to the above requirements, must also have a permanent resident visa. [Approved by the School of Medicine's Faculty Council on Academic Affairs, 11-15-2007]

Applicants with Deferred Action for Childhood Arrivals (DACA) status who reside in a WWAMI state and who are legally authorized and recognized by their respective state's residency office as a state resident for WWAMI educational purposes will be considered. [Approved by the School of Medicine's Faculty Council on Academic Affairs, 9-11-2014]

As part of the application process for the Entering Class of 2012 and subsequent classes, applicants are informed about the UW School of Medicine Honor Code and asked to sign a statement demonstrating their understanding of this policy and their agreement to abide by it. Applicants who are unwilling to sign the code will not be considered for admission. [Approved by the School of Medicine's Faculty Council on Academic Affairs, 9-8-2011]

As part of the application process for the Entering Class of 2012 and subsequent classes, applicants are made aware of the policy that all students are expected to complete 24 weeks of the required 3<sup>rd</sup> year clerkships outside the Puget Sound area and are asked to sign a statement demonstrating their understanding of this policy. [Approved by the School of Medicine's Faculty Council on Academic Affairs, 9-8-2011]

As part of the application process, applicants interested in working in rural or underserved areas may apply to the Targeted Rural and Underserved Track (TRUST). Applicants who are accepted to TRUST, but who then decide prior to matriculation not to participate in TRUST will have their offer of acceptance to the University of Washington School of Medicine rescinded for that application year. Should the UW School of Medicine Deferral Policy apply, the deferred applicant may enter the program in the following year as stipulated in the deferral policy. Applicants who have applied to TRUST, but who are accepted into the regular class while holding a position on the TRUST alternate list, will not be obligated to participate in TRUST should a position in the TRUST cohort become available. Applicants who applied to TRUST; but are not accepted, will be considered for admission into the regular medical school class for the same entering year. Applicants are made aware of this policy at the time of application to TRUST and asked to sign a statement demonstrating their understanding of this policy. [Approved by the School of Medicine's Faculty Council on Academic Affairs, 9-8-2011]

### **Other Selection Factors**

Applications from persons who have failed to meet minimum standards at this or another medical (MD or DO) or dental school will not be considered. [Approved by the School of Medicine's Faculty Council on Academic Affairs, 9-8-11] Applications from individuals who have been rejected by the University of Washington School of Medicine on three prior occasions will not be considered.

### **Matriculation Deferral**

Matriculation deferral will be considered for educational and medical reasons only. All requests for deferral must be submitted to the Admissions Office no later than June 1 of the matriculation year. A decision on whether or not to grant the deferral will be made by the Associate Dean for Admissions in consultation with the appropriate regional Deans and Vice Dean for Academic Affairs. Deferred applicants must sign a contract that obligates the applicant to enter the University of Washington School of Medicine the following year and in which the applicant agrees not to apply to any other medical school. Deferrals are limited to one year except under extraordinary circumstances. [Approved by the School of Medicine's Faculty Council on Academic Affairs, 11-13-2008]

## **Transfer**

The University of Washington School of Medicine does not accept applications from students who request to transfer from other medical schools unless the students are residents of Wyoming, Alaska, Montana, or Idaho (WAMI) and there is a funded position open in the respective state's contract due to student attrition. Consideration of a transfer application must also take cognizance of LCME standards on availability of space and adequate educational sites.

Transfer applicants from these states will be considered based on the size of the equivalent entering class for each state and whether an opening is available in that cohort. If there is an opening in the cohort, a decision on whether or not to fill the position(s) will be made in consultation with the WAMI Assistant Deans in the state involved. A decision to accept a student in transfer will be made by the Executive Committee on Admissions, the appropriate WAMI Assistant Deans, and the Associate Dean for Curriculum in consultation with the appropriate course directors.

Transfer applicants from these WAMI states will be accepted for entry only into the start of the University of Washington School of Medicine's clinical curriculum and only if they are in good academic standing at an LCME accredited medical school. Offers of acceptance into the clinical curriculum are also contingent on passing USMLE Step 1. Students from WAMI states accepted for transfer are required to satisfy all University of Washington School of Medicine requirements including completion of the Independent Investigative Inquiry and demonstration of equivalent clinical skills as assessed by the School's second year OSCE. Because of potential curricular differences between the UW School of Medicine and the school from which the student is transferring, the accepted student may be required to successfully complete additional course work at the University of Washington School of Medicine prior to entering the clinical curriculum. [Approved by the School of Medicine's Faculty Council on Academic Affairs, 9-8-2011]

Applicants to the University of Washington School of Medicine and University of Washington School of Dentistry integrated MD degree and Oral and Maxillofacial Surgery (OMS) residency certificate program (hereafter known as the UW/MD/OMS program) who have graduated from a CODA accredited dental school and successfully completed the National Board of Medical Examiners Comprehensive Basic Science Examination (NBME CBSE) or similar exam will be considered for entry with advanced standing into the Consolidation and Transition to Clerkships block of the UW School of Medicine's MD program. Applicants to the UW MD/OMS program will be reviewed by the School of Medicine's Associate Dean for Admissions or designee and approved for acceptance to the UW School of Medicine with advanced standing prior to the UW School of Dentistry submitting the match list for OMS programs.

Applicants who match to the integrated UW/MD/OMS certificate program are accepted to the School of Medicine and OMS certificate program simultaneously. Entry into the MD required core clinical rotations is contingent on satisfactory completion of the OMS internship rotations, demonstration of clinical skills as assessed by the School of Medicine's second year OSCE, and taking USMLE Step I. [Approved by the School of Medicine's Faculty Council on Academic Affairs, 12-11-2014]

## **First Year Site Assignment**

Other than out-of-region applicants, all accepted applicants must complete the first year of the curriculum in the home state of legal residence. Washington and out-of-region residents accepted to the University of Washington School of Medicine will complete their foundations phase of the curriculum at one of the approved sites in Washington state using an equitable selection process based on student preference and space available.

[Modified and Approved by the School of Medicine's Faculty Council on Academic Affairs, 9/11/2014; Option for regional applicants to request a change in first year site removed per Vice Dean for Academic Affairs and Vice Dean for Regional Affairs on behalf of the region, 9/11/14]

## **Applications for Combined Degree Programs**

### **Medical Scientist Training Program (MSTP)**

The Medical Scientist Training Program (MSTP), which provides funding to the student from a number of sources for the entire MD/PhD program, recruits from a highly qualified national pool of applicants. Application to MSTP occurs at the time of application to the School of Medicine. Acceptance of MSTP applicants into medical school must be approved by the School of Medicine's Executive Committee on Admissions. Depending on funding available, about ten MSTP applicants may matriculate into the School of Medicine each year.

### **Concurrent MD-Master's and MD-Doctoral Degrees**

Applicants must be accepted by both the School of Medicine for the MD degree and by a department of the UW Graduate School or School of Public Health in order to work toward a Master's or PhD degree while concurrently working on the MD degree.

## **CHAPTER 4**

### **MD PROGRAM REQUIREMENTS**

#### **Requirements for Participation in MD Program**

##### **Essential Requirements of Medical Education: Admissions, Retention, Promotion, and Graduation Standards and Technical Standards**

In 1995, the University of Washington School of Medicine's Ad Hoc Committee to Develop Technical Standards for Admission to and Retention in the MD program developed and the faculty approved the Essential Requirements of Medical Education, including technical standards, that addressed the 1990 landmark legislation of the Americans with Disability Act, Section 504.

In 2013, the Academic Affairs Working Group to Review the Technical Standards was appointed to conduct a rigorous review of the School of Medicine's 1995 Essential Requirements of Medical Education, including updating the technical standards to reflect the curriculum renewal's ongoing process of curricular change and innovations. This review took cognizance of the Americans with Disability, Section 504 and the 2008 Americans with Disability Amendments Act that restated the original legislative intent that the definition of disability be construed in favor of providing broad coverage of individuals under the law, including the "invisible disabilities" such as learning disabilities and reading disorders. The 2013 Academic Affairs Working Group's recommended revisions of the Essential Requirements of Medical Education were reviewed and approved by the Faculty Council on Academic Affairs on December 12, 2013. The approved revisions reflect the University of Washington faculty's and institution's position on policies and standards regarding the essential requirements that must be met for admission, retention, promotion, and graduation with the MD degree from the University of Washington School of Medicine.

#### **Compliance Requirements**

All students must provide timely documentation and maintain compliance in all of the School of Medicine's required areas throughout their tenure in the medical school program, even while in a non-clinical segment of the curriculum, on a leave of absence, or in an expanded or combined degree program. These include, but may be modified as appropriate to the practice of medicine, immunizations and TB screening, universal precautions, CPR certification, criminal background checks, HIPAA compliance certification, UW Medicine privacy, confidentiality, and information security agreement.

If reported as non-compliant, the student will not be considered to be in good standing, i.e. the student may not be present in patient care settings, financial aid will be withheld, and a registration hold will be applied.

## **UW Policy on Use and Possession of Marijuana and Drug**

State Initiative 502 (I-502) legalized the possession of a small quantity of marijuana by those 21 and over in Washington state. I-502 continued to make it unlawful for anyone, whatever age, to open a package containing marijuana or consume marijuana in a public place.

The UW policy prohibits the production, distribution, possession, and use of marijuana on University property or during University-sponsored activities. It is important for medical students to take cognizance of both the UW policy for faculty and staff and how healthcare facilities will be handling positive tetrahydrocannabinol (THC) results on drug screening. For medical students training in healthcare facilities throughout the WWAMI region, several already require drug screening including the THC as a prerequisite for participation in a clerkship or clinical elective. Thus, medical students may face negative consequences for a positive THC screen.

## **Health and Disability Insurance**

The Affordable Care Act requires all citizens to have health insurance, or to pay a penalty. The State of Washington does not permit the University to require students to have health insurance. However, the School of Medicine strongly recommends students have health insurance throughout their tenure in medical school. Disability insurance should also be considered given the risks inherent in the practice of medicine.

## **Curriculum Overview and Standards for Completion of the MD Degree**

The MD program is a four-year curriculum. It is expected that students will complete the curriculum in four years; however, due to academic and/or personal circumstances, the student's program may be extended if approved by the Student Progress Committee. Concurrent degree students and those engaged in a research year or fellowship are expected to complete the MD program portion of their education within four years. The graduate portion of a concurrent degree is subject to the requirements of the degree awarding department, e.g. MSTP, MPH, MHA.

The curriculum is dynamic and designed to provide students with a strong scientific foundation, a comprehensive, integrated approach to patient care, an opportunity to explore areas of potential career interest and broaden students' perspective of medicine and the world in which physicians function. A defined set of core course requirements to meet these curricular objectives provides the framework for MD program. Since the field of medical science is constantly changing, the graduation requirements for the MD program set forth at matriculation may undergo modification that will apply to students already enrolled as long as there is adequate time to complete the requirements within the students' anticipated date of graduation.

The MD program should provide a variety of clinical settings in which students can explore medicine as it is delivered in rural, urban, and underserved settings. The options may include summer programs, Pathways, and longitudinal clinical programs. State tracks permit students to complete the required clinical clerkships and a number of electives in their home states.

The awarding of the Doctor of Medicine degree is contingent upon satisfactory completion of all curricular, academic, and professional conduct requirements. The latter includes the demonstration of behavior patterns and attitudes consistent with the oath that all students take at the time of graduation. As such, student evaluation is based upon observation by faculty and others in a teaching role (TAs, residents, etc.) of the student's behavior and conduct as well as the student's performance on papers,

examinations and other assessments. A pattern of documented evaluator concerns about a student's performance may indicate unsatisfactory performance when the record is viewed as a whole, even though passing grades have been assigned. In addition, every student is required to successfully complete or receive a waiver of the Independent Investigative Inquiry, pass the Objective Structured Clinical Examination (OSCE) at the end of second year and the beginning of the fourth year, and pass all School of Medicine required courses, clerkships, and scheduled electives, and Step 1, Step 2-Clinical Knowledge, and Step 2-Clinical Skills of the United States Medical Licensure Examination.

Upon satisfactory completion of all graduation requirements of the School of Medicine, the Doctor of Medicine degree is awarded to those candidates who (1) have given evidence of good moral and ethical character, (2) have satisfactorily completed all requirements of the curriculum, (3) have fulfilled all special requirements, and (4) have discharged all indebtedness to the University of Washington and WAMI partner universities. No student with an unremediated professional behavior or conduct violation (or concern) will be granted the MD degree

## **General Description of Curriculum**

### **Basic Science Foundations Phase Curriculum**

The first two years of the medical student curriculum are identified as the Basic Science Curriculum. It consists of courses in the sciences basic to medicine, taught by faculty in the basic and clinical disciplines, in introduction to clinical medicine, and in health care. During the first two years, all students participate in a preceptorship, usually in a primary care specialty, with a continuity of care experience. The academic demands of the Basic Science Curriculum are scaled so that students will be able to take additional elective courses. Electives may be used to make up educational deficiencies, to broaden the student's background, or to fulfill the non-clinical selective requirement.

### **Clinical Curriculum**

The Clinical Curriculum is pursued in the third and fourth years. The required third year clerkships include family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery; fourth year clerkships include emergency medicine, neurology, chronic care, and clinical surgical selectives. In addition, students are required to take 32 credits or 16 weeks of clinical electives. At the completion of the fourth year, students are required to participate in the Capstone Course, Transition to Residency, which is an academic and skills based course that prepares students for entering residency training.

**Curricular Requirements for the 2012 Entering Class & Subsequent Classes**

The requirements include satisfactory completion of such comprehensive examinations as may be adopted by the Medical School Executive Committee. Currently, the United States Medical Licensing Examination Step 1 and Step 2, clinical knowledge and clinical skills serve this function. Passage of the second year and senior year OSCE is also required.

A. Basic Sciences Curriculum (Generally defined as 500 level course)	<b>147 credits</b>	
1. Required Human Biology (Basic Science) first and second year courses		
2. Required Preceptorship		
3. Introduction to Clinical Medicine I and II		
B. Clinical Curriculum (Generally defined as 600-level courses)	<b>148 credits</b>	
1. Required clinical clerkships in the third year:		
Family Medicine	6 weeks	12 credits
Internal Medicine	12 weeks	12 credits
Obstetrics/Gynecology	6 weeks	12 credits
Pediatrics	6 weeks	12 credits
Psychiatry	6 weeks	12 credits
Surgery	6 weeks	12 credits
2. Required clinical clerkships in the fourth year:		
Emergency Medicine	4 weeks	8 credits
Neurology	4 weeks	8 credits
Chronic Care	4 weeks	8 credits
Surgical Selectives	4 weeks	8 credits
3. Other clinical electives	16 weeks	32 credits
C. Independent Investigative Inquiry	8 credits	
D. Non-Clinical Selectives (500-level medical school courses)	4 credits	
E. Capstone (Transition to Residency)	2 credits	
Total minimum credits for MD degree:	<b>309 credits</b>	

Approved School of Medicine, September 2012

## Policies Related to Specific Requirements

### Professional Development

The student's professional development is an essential part of the MD program. If a student's overall professional development is deemed unacceptable based on documentation provided through the course and clerkship evaluations and/or the Student Progress Committee and this is affirmed by the Faculty Council on Academic Affairs and the Dean of the School of Medicine, the student must successfully complete appropriate remediation in order to continue in the curriculum and receive the degree of Doctor of Medicine. Failure by the student to complete appropriate remediation within the timeframe established will result in dismissal from the School of Medicine. No student with a record of an unremediated failure to achieve professional standards will receive the degree of Doctor of Medicine from the University of Washington School of Medicine.

Students are expected to abide by University, local, state, and federal regulations and laws. If an incident occurs the student should report this in a timely manner to the associate dean for student affairs and not wait until the next scheduled background check. Violations of School and University standards for professional behavior and conduct will place the student in jeopardy of dismissal.

### Independent Investigative Inquiry (III)

All students earning the MD degree are required to complete an independent research or community-based project. This may be through a data-gathering/hypothesis driven inquiry, critical review of the literature, experience-driven inquiry, or a special simulation project overseen by a faculty sponsor with whom they collaborate. The student must be the sole author of the final paper or project, which must be completed on an agreed upon timeline.

Students who received Master's or PhD degrees with thesis or dissertation or those who are first authors of published papers in peer-reviewed journals in disciplines basic to medicine may petition for a waiver of the III requirement. Petitions for waivers must be submitted and approved no later than April of the first year.

### Non-Clinical Selective Course Requirement

This four-credit requirement must be satisfied by taking approved courses during the Basic Science component of the curriculum, and must be completed during the first and second years and prior to entering the clinical curriculum.

Any 500-level course offered by the School of Medicine or the School of Public Health that has been approved by the Curriculum Committee for non-clinical elective credit may satisfy this requirement. This includes courses taught at the University of Washington in Seattle and at the regional WWAMI sites. These courses are academic in nature and do not involve direct patient care. The types of courses not accepted for non-clinical selective credit include CME courses, preceptorships, and independent study (generally numbered 499) courses.

## **Objective Structured Clinical Examinations (OSCE) Program**

The Objective Structured Clinical Examinations (OSCE) are required during the second and fourth years of the medical school program. The OSCEs provide an evaluation of the individual student's knowledge and skills and an assessment of the educational program.

The OSCE Steering Committee, chaired by the OSCE medical director and supported by several subcommittees, provides oversight and management of the School's OSCE program. The OSCE Steering Committee reports to the Associate Dean for Curriculum.

### **Capstone Course**

All students must take and pass the Capstone Course, titled Transition to Residency, that is scheduled prior to graduation.

### **United States Medical Licensing Examination (USMLE)**

Passage of Step 1 and both components of Step 2 [Clinical Knowledge (CK) and Clinical Skills (CS)] of the United States Medical Licensing Examination (USMLE) is a graduation requirement. This ensures that UW School of Medicine graduates will meet state licensing requirements for practicing medicine.

Required timelines for taking the USMLE examinations should be appropriate to the educational preparation of the students, i.e. Step 1 exam at the conclusion of the basic science curriculum and Step 2-CK exam at the conclusion of the third year required clerkships and Step 2-CS exam after the fourth year OSCE. If a Step is failed, interventions for restudy and continuance in the curriculum should be established for each Step. School of Medicine guidelines regarding the number of times a step may be repeated and timeline allowed between completions of each step should be cognizant of NBME policies.

### **Concurrent Degrees**

#### **Medical Scientist Training Program (MSTP)**

Application to the Medical Scientist Training Program (MSTP) occurs at the time of application to the School of Medicine. MSTP students are expected to complete the Basic Science Curriculum and pass USMLE Step 1 prior to entering the PhD portion of their program and must complete the dissertation and receive the PhD prior to entering the Clinical Curriculum.

MSTP students have access to a wide choice of research opportunities in numerous disciplines and interdisciplinary areas of medical science, and receive funding for tuition and a stipend from the National Institutes of Health or other funds available through the School of Medicine.

On occasion, an MSTP position may become available at the second year level. If accepted into the MSTP program after matriculation into the School of Medicine, the student's schedule will be determined in consultation with the MSTP Director and the Associate Dean for Curriculum.

## **UW MD/MHA and MD MPH**

In order to expedite the training of physicians who wish to specialize in public health or community medicine, the School of Medicine's Faculty Council on Academic Affairs approved a concurrent degree with the UW School of Public Health in February 2001 that leads simultaneously to the MD and Master of Public Health or Master in Health Administration.

Only students in good academic standing and eligible to participate based on satisfactory progress, i.e. coursework and professional conduct may be considered for these joint degree programs. A full year devoted to Public Health coursework is required. In addition, the student must conduct a research project, culminating in a Master's thesis, which may also be submitted for consideration to fulfill the School of Medicine's III requirement.

The program typically adds one year to the student's medical education.

### **University Degree Programs and Courses**

While in medical school, a student may petition to pursue a graduate or professional degree concurrently with the MD to provide more in-depth expertise in areas of interest. Such programs may include a PhD or Master's program or other professional degree in any area within the University. The student should confer with the Chair of the graduate program and the Vice Dean for Academic Affairs and Associate Dean for Student Affairs regarding eligibility to apply. Permission to pursue an advanced degree is granted only if the student is progressing in a satisfactory manner in the medical school curriculum and shows evidence of being able to take on the additional workload. Such concurrent programs extend the student's educational program, and the student's anticipated date of graduation is revised to accommodate the combined degree.

Regional students whose education is being supported by Alaska, Idaho, Montana, or Wyoming may have restraints on extending time in medical school and on their state's loan repayment or service commitment contracts signed upon admission into the WWAMI program. Regional students will be charged Washington's out-of-state tuition for the non-MD graduate portion of the combined degree program.

With permission from the School of Medicine, students may take selected courses within the University. The tuition for these courses is billed at the medical school tuition rate and grades are reported on the medical school transcript, typically modified to the School's Pass/Fail grading system.

### **Graduate Degree at Another Institution**

Students may apply to pursue a PhD or Master's program at another institution if in good standing or with eligibility based on progress in the MD degree. A letter of recommendation and/or permission for a leave of absence from the School of Medicine needs to be submitted as part of the student's application for admission into the graduate or professional degree program at the other institution. If accepted into the program, the student is placed on a leave of absence from the School of Medicine during the duration of the graduate/professional degree program. Financial aid and deferments on educational loans while enrolled in the graduate/professional degree are managed through the institution granting the PhD or Master's degree.

## Technical Standards

Technical standards refer to those cognitive, behavioral, and physical abilities required for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students approved to graduate with the MD degree. The essential abilities required by the curriculum and for the practice of medicine are in the areas listed below and cannot be compromised without fundamentally threatening a patient's safety and well-being, the institution's educational mission, or the profession's social contract:

- Intellectual/Cognitive: conceptual, integrative, quantitative abilities for problem solving and diagnosis
- Professionalism/Behavioral and Social Aspects of Performance
- Communication
- Physical and Mental Requirements

Medical students must continue to meet the medical school's technical standards throughout their enrollment.

The intention of an applicant or student to practice a narrow part of clinical medicine or to pursue a non-clinical career does not alter the requirement that all medical students take and achieve competence in the full curriculum, evaluations of academic and professional conduct, and USMLE licensure examinations required by the faculty.

The individual must be able to function independently in his/her care and interactions with patients without the use of a surrogate in any the above categories.

While an individual's performance is impaired by abuse of alcohol or other substances, he/she is not a suitable student for admission, retention, promotion, or graduation.

A student who has or develops a chronic disease or condition will be expected to seek and continue under the care of a physician. However, should the student have or develop a condition or disability that would pose a health or safety risk to patients, self, or others and that could not be managed with a reasonable accommodation, the student may be placed on a mandated leave of absence or be dismissed from the School of Medicine.

Applicants and students must meet the legal standards to be licensed to practice medicine in the States of Washington, Wyoming, Alaska, Montana, and Idaho. As such, students for admission must acknowledge and provide written explanation of any felony offense or disciplinary action taken against them prior to matriculation in the School of Medicine. In addition, should the student be convicted of any felony offense while in medical school, s/he agrees to immediately notify the Associate Dean for Student Affairs as to the nature of the conviction. Failure to disclose prior or new offenses can lead to rescinding the offer of admission, disciplinary action, or dismissal.

## **CHAPTER 5**

### **MD PROGRAM CURRICULUM**

#### **Curriculum Oversight and Management**

The oversight and management of the curriculum is the responsibility of curriculum committees, as established by the Dean for the School of Medicine, and falls within the responsibility of the Associate Dean for Curriculum.

The educational leadership, i.e. block directors, teaching faculty, Associate Dean for Curriculum, and the year-based and curriculum oversight committees, have responsibility for developing and implementing a curriculum that is appropriate for the education and training of students for the practice of medicine. It is anticipated that there will be continuous quality improvement in the structure and content of the curriculum.

#### **University of Washington School of Medicine WWAMI Medical Education Program**

The UW School of Medicine WWAMI medical educational program is a regionalized, four-year MD program for residents of the states of Alaska, Idaho, Montana, Washington, and Wyoming. The UW School of Medicine must maintain working relationships with the state universities housing the WWAMI program that respect their governance structure while creating an environment that retains program comparability and congruence across sites and that meets LCME standards.

The UW School of Medicine's Academic Affairs administration should provide leadership and structure for ongoing communication and dialogue among faculty responsible for curriculum and student learning and evaluation at all sites. Standards for teaching faculty appointments, evaluation, and retention should be established. Expectations of students' participation and contribution to their learning in both course work and patient care settings should be clearly communicated in a variety of settings. Each state's site structure should include a designated administrative position to manage all aspects of the delivery of the curriculum and support of its students in collaboration with the appropriate Academic Affairs associate deans.

The academic affairs and regional affairs educational leadership should have an agreed upon process for managing issues such as expansion of the number of students, number of students in TRUST, WRITE, Tracks and other special programs, development of additional first year or clinical sites, and the scope of the MD program delivered at all sites. There should be a protocol for establishing and retaining clinical educational sites, including the creation of unique longitudinal sites.

In addition, Regional Affairs should provide a link with individual state legislatures regarding state funding and programs, such as paybacks, that affect their state's students. There should be a unified educational planning approach in collaboration within the legislative process both to support maintenance of the standards of the medical student program and to assist in developing sound state initiatives aimed at increasing the number of health care providers within the WWAMI region.

### **WWAMI Faculty Appointments for the MD Program**

The faculty appointment process should be initiated prior to, or at the time of, a new site application. The process and criteria for appointment are determined by the sponsoring department.

Appointments for first year: Faculty instructors at WWAMI partner universities (University of Wyoming, University of Alaska Anchorage, Montana State University, Washington State University, University of Idaho) who have a leadership role in basic science courses for first year WWAMI medical students at their sites should have their primary faculty appointments in their home departments, but should also have affiliate faculty appointments in the appropriate department at the University of Washington School of Medicine.

Appointments for Clinical Courses: Physicians who have a leadership role in student education at clerkship sites should have affiliate faculty appointments in the appropriate department at the University of Washington School of Medicine or be appointed as UW Volunteer Clinical Faculty. Faculty with major teaching responsibility in the required clerkships are expected to have a UW Faculty/Volunteer Clinical Faculty appointment as soon as possible after beginning their work with students..

A new site application may be forwarded to the Curriculum Committee for review when the appointment process has been initiated. The site may be approved by the year-based committees and the Oversight Committee while the faculty appointment process is underway. While not all physicians who may interact with a student at a site are required to have a faculty appointment, the primary preceptor and any physicians who will have significant responsibilities for student education must have a faculty appointment.

Students may not be placed at a clerkship site until the faculty appointment process is completed by the specific department sponsoring the clerkship.

### **Funding for Clinical Clerkships**

Prior to beginning development of any clerkship sites, the Department or Regional Dean seeking a new site must obtain approval from the Vice Dean for Academic Affairs verifying that funding is available to support the proposed clerkship site.

### **Approval of Clerkship Sites for Required/Elective Rotations**

It is valuable and necessary for new training sites to evolve as new opportunities present themselves. In addition, changing patterns of health care delivery require the School to seek out different clinical settings to train its students.

Additional training sites for medical students must be developed to meet needs such as to accommodate increased class size, to incorporate new hospital affiliations, and to address changing patterns of health care delivery

### **Approval Procedures for the Establishment of a New Clinical Clerkship Site**

Clerkship Directors, Departments, Regional WWAMI Deans, and the Academic Affairs Office should work together to determine the need for new clerkship sites. The initial responsibility for reviewing a site's adequacy as a trial site for a required or selective rotation lies with the department. If the site is outside Seattle, the state specific clinical regional WWAMI Dean is also involved in the process. A

careful review of course objectives, resources, and general acceptability should be carried out and reported as a recommendation to the Required Clerkship Curriculum Committee.

The Required Clerkship Curriculum Committee, and Oversight Committee review and approve all sites. Ongoing monitoring of site adequacy to satisfy required or elective course objectives is a departmental responsibility.

## **The Learning Environment**

The School's goal is to provide a learning environment that supports self-assessment, inquiry, and life-long learning. It is equally important and essential to the School of Medicine's mission to provide an atmosphere in which individuals can learn from each other in a supportive environment and in which there is recognition of the dignity and worth of each person.

### **Active Learning**

#### **Basic Science Curriculum**

The format of each course should be designed to emphasize active learning processes and minimize the number of lectures. Small group sessions and independent learning should receive greater emphasis in the curriculum. Learning to work effectively in a small group is an important skill. Each student owns part of the responsibility to foster a productive learning environment in the small group in which a diversity of knowledge and experience can be joined for the common good.

#### **The College Program**

The School of Medicine's College Program, which was established in 2001, has three primary goals: to oversee a four-year integrated curriculum of clinical skills and professionalism; to teach the Introduction to Clinical Medicine course in the second year; and to provide a consistent faculty mentor/advisor to each student over her/his medical school career. Each College mentor, who is assigned six to seven students per year, serves in the role of teacher in the second year Introduction to Clinical Medicine course. During each phase of the students' education, the College mentor provides advice and support surrounding personal and academic issues encountered by their assigned students.

More in-depth support for students who are having significant academic or personal difficulty is often managed in collaboration with the Associate Dean for Student Affairs and/or other support services provided by the SOM, such as the study skills advisor, and the counseling staff.

#### **Clinical Curriculum**

The clinical curriculum should emphasize active student participation on patient care teams, and assignment of increased responsibility for patient management as the student progresses through the third year clerkships into fourth year subinternships. Students are expected to actively engage in independent learning/study on diseases encountered and to attend and participate in conferences. The professional development of students as patient care providers and team members is an essential component of teaching and role modeling within the clinical curriculum.

Students are expected to gain a broad educational experience utilizing both the wide-range of primary care and specialty clerkships in clinic and hospital settings. Students are expected to spend at least 24 weeks of their third year required clerkships outside of the Seattle area. Longitudinal clinical

experiences within WWAMI underserved rural and urban settings must meet educational requirements equivalent to the standard clinical curriculum.

## **Course and Clerkship Hours**

### **Basic Science Curriculum**

The required hours of classroom time should be modified to guarantee that the educational programs of the first and second years of medical school consume not more than 60 hours a week of academic activities both in and out of class for the average medical student. This entails careful course planning to evaluate not only the contact hours within each course but also the expected outside-of-class work to avoid excessive demands on the students.

### **Clinical Curriculum**

In the clinical setting, duty hours need to be structured to reflect an appropriate time commitment for expected patient care and study time requirements of the clerkship and for students' overall personal planning and well-being.

The Clerkship Directors developed and have oversight of the duty hours policy guidelines for clerkships with and without call to enable students to plan appropriately for meeting the duty hour requirements and planning personal time.

## **Purpose of Examinations**

Examinations should provide a stimulus to learning and thus be educational as well as evaluative of the student's progress in achieving the minimum competency defined for the course and an ability to synthesize information learned. Examinations should be designed to encourage students' continuing and concurrent integrated learning. It is equally important that students develop life-long learning skills for the practice of medicine and successful completion of licensure and certification examinations.

Feedback must be prompt and constructive. It should provide input both to students regarding their progress during the course while there is still time to modify their study patterns and also to the faculty regarding the progress of the course while there is still time to make adjustments for the remainder of the course. In addition, feedback also informs faculty evaluation and overall program evaluation.

### **Basic Science Curriculum**

All basic science courses are required to have assessments appropriate to the structure, content, and learning objectives of the course. Examinations should be structured to test common areas taught at all sites, and should provide a mechanism to incorporate congruence and consistency of content delivery, comparability of assessments of students' performance, and evaluation of the quality of the education provided across all sites delivering the required course content.

The required basic science courses should incorporate the National Board of Medical Examiners subject exam to bring consistency to the teaching and examination process across sites and courses and to promote the incorporation of national learning objectives and appropriate testing skills for students' preparation for USMLE Step 1.

### **Concurrent Examinations**

Concurrent examinations assist students in developing study patterns that maintain their learning in all subjects evenly, to provide timely feedback on students' acquisition of knowledge, and to identify students having difficulty with the material early in the course.

A concurrent exam is a single examination with all disciplines teaching in that educational component of the curriculum contributing to the examination. The format may be discipline-based questions or integrated content of subjects taught. The number of examinations for the material being taught and the number of questions in each content area on the concurrent exam should be determined prior to the start of the quarter/semester. The number of questions per course should be proportional to the total number of hours an individual course has in relation to the total number of hours for the educational component being taught.

### **WWAMI Common Examinations**

All WWAMI foundations courses, taught at multiple sites, must participate in common exams that are developed by the course faculty and administered at each WWAMI site. Common exams are based on foundational concepts that are agreed upon by faculty responsible for the course.

The purpose of the WWAMI common examinations is to ensure that fundamental concepts and essential content are taught uniformly and are up-to date at each site. Congruence and comparability of course content, number of hours, examinations, and management of the students' progress are essential to providing an excellent educational environment and for meeting LCME standards.

### **Scheduling of Examinations during Quarter/Semester**

In the basic science courses, examinations are scheduled in collaboration with the course directors and the Curriculum Office or WWAMI Office for regional first-year sites. The timing of the quarter/semester exams should coincide with completion of the teaching of the material tested and be scheduled in a manner that minimally disrupts other courses. Multiple exams should not be scheduled on the same day.

Examination schedules should be developed after careful consideration of students' need for preparation time and the faculty's availability and cognizance of the University's administrative holiday schedule and religious observances. As part of the students' professional development as a physician-in-training, there will be times when they are expected to set their medical school schedule as a priority. With the exception of documented illness or personal or family emergencies, a student should not expect to be permitted to take the exam at a different time.

The scheduling of the final examinations should allow sufficient time between examinations to provide students with time to prepare for the next examination. No course should have a final examination outside of the established examination week unless the course is taught in an approved block format that ends prior to the end of the quarter or semester.

### **Clinical Curriculum**

#### **Clinical Skills and Clerkship Examinations**

All required clerkships must develop appropriate assessments that reflect the structure, learning objectives, and content of the course. Assessments must have comparability among all sites delivering the required course content.

Each of the required clerkships has a specific clinical skill or professionalism/communication component that should be incorporated into the teaching schedule. Mini-Clinical Examinations are administered to each student during the clerkship and are a component of the final evaluation criteria used for determining the final grade.

The required clerkships should incorporate the National Board of Medical Examiners subject exam to bring consistency to the teaching and examination process across sites and clerkships and to promote the incorporation of national learning objectives and appropriate testing skills for students' preparation for USMLE Step 2.

#### **Scheduling of Clinical Examinations during Quarter/Semester**

In the clinical clerkships or electives, the final examinations should be scheduled in a uniform manner, usually on the last day of the clerkship. If an oral examination is given, the clerkship directors have responsibility for assuring that there is adequate reliability in its administration. Other forms of examinations, such as the use of computer simulations or standardized patients are set-up and managed within the clerkship department. The final examination or required presentation, Honors paper, etc. incorporated as part of the assessment of the final grade must be completed within the time period allocated for the course.

#### **Observed Structured Clinical Examination (OSCE)**

The second year required OSCE is administered prior to entry into the clinical curriculum. Its purpose is to assess the level of knowledge and clinical skills in the introductory clinical courses and to assess the student's readiness to enter required clerkships. The fourth year OSCE is administered in the summer of the fourth year. Its purpose is to assess the student's readiness to move forward in the fourth year electives and to proceed with applying to residency program. If minimum standard are not met in either the second or fourth year OSCEs, the student must successfully complete the recommended remediation plan in order to be approved to continue in the curriculum.

### **Policies Related to Assigning Credit**

#### **Previously Earned Credit**

No credits earned prior to entering the University of Washington School of Medicine can be counted towards the MD degree.

#### **Calculation of Academic Credit**

The University of Washington's basic rule for determining academic credit is one (1) credit represents a total time commitment of 3 hours each week in a 10-week quarter or a total of 30 hours per quarter for a typical student. The credit calculation considers time spent in and out of class, including time devoted to individual conferences with instructors, time devoted to assigned reading or other study, problem solving, laboratory work, completion of team exercises, or any other activity required of students. A specified number of credits must be earned for a degree.

#### **Credit by Examination**

The policy for credit by examination, commonly known as "challenging a course," is in effect for students at all UW School of Medicine first year sites. Credit by exam shall be defined as an attempt by regularly admitted and currently registered students to earn credit for required basic science courses in the School

of Medicine without attending the courses. In consultation with the Associate Dean for Curriculum, credit by examination will be granted only to those students who have successfully completed an equivalent course and have successfully demonstrated competence in the subject in an appropriate examination as determined by the course director.

#### **Granting Non-Clinical Selective Credit to Students**

Courses not on the approved non-clinical selective list that are offered at the University of Washington School of Medicine's WWAMI Medical Education Program may be taken to meet this graduation requirement with prior approval from the First Year Regional Assistant Dean and the Associate Dean for Curriculum.

#### **Awarding Credit Utilizing Videotapes, Web-based Learning, Distance Learning**

Students may receive credit for elective courses in which they are enrolled where attendance is not required, and take only the final exam to receive credit for the course. The University of Washington's regulations enable faculty to offer course content utilizing video or web-based materials at their discretion. For courses where 50% or more of the student time is spent learning from video or web-based materials, a designation of "DL" for distance learning should be added to the course title for registration purposes. It is the decision of each faculty member to allow the videotaping of his or her course for credit.

In general, course lectures may not be videotaped without advance approval by the course director and Associate Dean for Curriculum. Class sessions involving patients may not be videotaped without advanced approval and release from the patient.

#### **Academic Credit for Research**

Students are allowed to register for credits on a sliding scale from 12 to 18 per quarter, using the regular University policy of three (3) hours per week in the lab or research activity for one quarter equaling one (1) credit hour. The final number of credits is determined between the student and his/her research mentor.

#### **Credit for Courses Providing a Stipend**

A maximum of 36 credits will be granted for approved learning experiences that provide a stipend in accordance with provisions approved by the Faculty Council for Academic Affairs. Implementation of these provisions is managed by the Curriculum Office.

#### **Restricted Access to School of Medicine's MD Program Requirements**

##### **Basic Science Requirements**

All first and second year basic science courses, which are required for the completion of the MD degree, are restricted to medical students enrolled in the University of Washington School of Medicine WWAMI Program. Within the first year, these include those courses within the basic science curriculum at the Seattle site and the respective courses at the regional sites at the University of Alaska Anchorage, the University of Idaho, Montana State University, and University of Wyoming, and the first and second year courses at the Washington State University Spokane site.

An exception may be considered for a student who is enrolled in a graduate program within one of the basic science departments of the host university (UW or regional affiliated institutions) and the course is a documented component of the student's graduate degree with the permission of the course director in consultation with the Associate Dean for Curriculum and also where appropriate the First Year Regional Assistant Dean. Visiting students are not eligible to register for the School of Medicine's first and second year courses given in Seattle or at the regional first or second year sites.

### **Clinical Requirements**

**Required Clerkships:** All third and fourth year required clerkships are restricted to medical students who are enrolled in the University of Washington School of Medicine's WWAMI Program and approved to pursue the MD degree. These include all clerkships offered at the Seattle and all regional sites.

**Clinical Electives:** UW School of Medicine students approved to pursue the MD degree have priority in the scheduling process for clinical electives. Visiting students from LCME-accredited schools may be scheduled if positions are available after the UW medical students have been accommodated.

### **Restriction of Non-UW Individuals and Children in Educational Settings**

School of Medicine classes, laboratories, and patient care settings are restricted to enrolled UW medical students. Under no circumstances may a student bring a non UW medical student to classes or clerkship settings without prior approval from the Associate Dean for Student Affairs or Associate Dean for Curriculum and permission of the Course or Clerkship Director. If there is an exceptional situation in which a student would like to bring a friend or family member to class, he/she should make an appointment with the Associate Dean for Student Affairs to discuss the request and the circumstances under which the request might be permitted.

The School of Medicine's Office of Admission may make arrangements with first and second year Course Directors to allow applicants to sit in on a lecture on the day they are interviewed.

The School of Medicine's deans and faculty recognize that some students with children are the sole source of care outside of prearranged daycare. In addressing this issue, students who are parents are encouraged to have daycare arrangements and backup options confirmed prior to beginning coursework. In general, it is not appropriate to bring children into the classroom and, under no circumstances, when examinations are being given. In addition, children may not be brought into laboratory or the patient care settings.

## **CHAPTER 6**

### **GENERAL MD PROGRAM POLICIES FOR STUDENTS**

#### **Good Standing/Eligibility for Participation in MD Program**

Good standing criteria must be clear and objective criteria and not be based on subjective decisions related to the student's academic performance and progression through the curriculum. Good standing criteria should also stipulate how the student regains good standing status.

The criteria for determining good standing or eligibility for participation in the MD program and associated activities or recommendations for scholarships, other graduate programs, awards, etc. take into account many aspects, such as the student's progress in the medical school's educational program, enrollment status, maintenance of compliance, and financial aid status. Determination of a student's status for continuing in the MD and/or participating in extracurricular programs or activities should be based on established good standing criteria and/or student's eligibility as directed through oversight by the Student Progress Committee and/or defined Curriculum guidelines, concurrent degree programs, such as MSTP, and/or national and University guidelines for satisfactory academic progress for financial aid. The School's good standing criteria should also take cognizance of University guidelines and the Washington Administrative Code.

#### **Universal Precautions**

All students enrolled in the University of Washington School of Medicine must complete the School's program on universal precautions. The purpose of this program is to ensure that medical students have been informed of the appropriate handling of blood, tissues, and body fluids during medical school. Opportunities for review of universal precautions will be included in the orientation program, Introduction to Clinical Medicine courses, and the required clerkships. As part of professional development, students will be responsible for incorporating these principles into their routine practice while in patient care situations. UW School of Medicine's blood-borne pathogen policy [LINK].

#### **Liability/Malpractice Coverage for Medical Students**

University of Washington School of Medicine's medical students have liability coverage from the time they are enrolled until graduation. Enrollment begins at the time an admitted applicant submits the registration deposit and completes the HIPAA, immunization, and all other compliance requirements. Students who are on leave of absence or in an expanded schedule in which educational activities such as in-depth research or international health opportunities that do not require registration for credit are also considered to be enrolled. This includes participation with College mentor or other approved School of Medicine clinical faculty members in career exploration, clinical skills remediation, or retooling programs for students who need additional clinical experience or for students during the transition period after completing another degree (PhD, MPH, etc.) or after being approved to return from a leave of absence prior to reentering the medical school curriculum. Once the student receives the MD degree, he/she is no longer enrolled and thus no longer has liability coverage.

## **Educational Technology**

### **Laptops, PDAs, and Mobile Devices**

Access to electronic information is an essential part of the medical school program. Students are required to have a sufficiently current laptop and mobile devices to access medical information and personal productivity tools.

### **Handling Patient Data and Encryption**

Confidentiality of patient data and use of encryption are essential. As the representatives of UW Medicine, medical students are personally, professionally, ethically, and legally responsible for their actions. It is essential to safeguard data (electronic or paper), which is used or accessed, that is confidential (protection of data required by law) and that is restricted (considered protected by either contract or best practice, including research data). UW Medicine requires training for all medical students to learn how to properly safeguard confidential information and comply with standards for personal accountability for data stewardship.

### **Internet Posting/Social Networking/Media**

The advent of the Internet, social networking, and subsequent immediate availability and record of one's activities has greatly increased public scrutiny of the medical profession. The scope of the implications of one's Internet presence is broad and can affect one personally (residency interviews, employment, promotion, legal exposure) and the profession (social contract, institutional and professional integrity). The concept of intended audience no longer pertains: once something is posted on the Internet, the audience is anyone and everyone.

<http://depts.washington.edu/comply/docs/COM-03SocialMedia.pdf>

## **Professional Behavior and Conduct**

### **Honor Code**

Students are expected to abide by the principles of the Medical Student Honor Code signed as part of the admission process to and matriculation in the School of Medicine. Breaches in academic integrity and/or professional behavior or conduct are serious violations of the School's MD program standards.

Examples of academic misconduct include: cheating on examinations, sharing exam questions with students at other sites, in subsequent clerkships, or from year to year; plagiarism of a research project, personal statements, patient chart write-ups; misrepresenting knowledge of patient's status; inappropriate communication with peers, faculty, or staff.

Students are asked to review and abide by the UW Medicine Professionalism Policy  
(<http://www.uwmedicine.org/about/policies/professional-conduct>)

### **Examination Environment**

There are uniform guidelines regarding in-class examinations, open book exams, computer exams completed by students outside the classroom environment and other forms of unmonitored evaluation.

For courses using NBME subject examinations, the NBME protocol for managing the examination environment and the security of the exams while in the School of Medicine's possession must be followed. Guidelines should provide clear expectations related to students' timeliness in arriving for the start of an exam, what items students may not have in their possession during the exam, the number of proctors per students, restriction of student questions to proctor after the exams, etc. Proctors and course directors should have guidelines for managing the appearance of cheating or other misconduct during the examination.

### **Appropriate Use of Curriculum Resources**

The School of Medicine faculty and Curriculum Office put a tremendous amount of effort in gathering and creating learning resources for students' use during medical school. These resources include written syllabus content, lecture PowerPoint slides, websites, articles, videos, etc. These materials are shared with UW School of Medicine students electronically for personal use as part of the School's medical education program. They are not intended to be shared outside of the WWAMI community. Redistribution or reposting of material created by others without their permission is a serious violation of US copyright law. Students found to be engaging in this type of redistribution activity will be referred to the Student Progress Committee.

### **Standards of Dress and Appearance**

The School of Medicine's guidelines follow UW Medicine's standards. These were adopted and modified for medical students to ensure that they present a professional appearance consistent with what is expected in a clinical setting. How one looks and acts directly affects how the care provided is perceived by patients, faculty, staff, and other students.

**Clothing:** Clothing should be neat and clean and appropriate for the clinical setting. Items that are **not** appropriate include: blue jeans, tank tops, spaghetti strap women's tank tops and men's sleeveless shirts; shorts; overalls; sweats; exposed backs or midriffs or any revealing clothing that exposes undergarments; low cut necklines, or form fitting; dresses or skirts shorter than 2-3" above the knee.

**Shoes:** Flip-flops, slippers, or open-toed shoes/sandals are **not** allowed in the patient-care setting.

**Hair:** Hair must be neatly groomed and clean. Long hair may neither obstruct vision nor interfere in any way with the student's performance. A hair restraint, i.e., hair net, may be required in certain settings. Also, hair color and style must be appropriate for the clinical work environment.

**Facial hair** must be neatly groomed, clean, and must not interfere in any way with the student's performance. For safety and infection control reasons, students working in some areas of the hospital, such as operating rooms, may not be permitted to wear beards, or may be required to wear beard guards.

**Jewelry** worn by students must be of reasonable shape and size, appropriate to the work setting, and may not interfere with patient care or safety. Earrings and small nose studs are the only acceptable forms of visible pierced jewelry. Rings must be small enough to allow for the use of gloves, with no risk of tearing the gloves.

**Tattoos:** If a tattoo is obscene, indecent, extremist, racist, or sexist, it should be covered.

## **Expectations of Students' Participation**

The School of Medicine expects that its students will recognize that they have entered a profession in which commitment to full participation in the learning environment is an essential component of what will become a style of life-long learning. It also is built upon the belief that each individual has something to contribute to the group's learning, and is an integral part of medical profession's team approach of sharing knowledge and problem solving together.

### **Attendance/Absences**

#### **Basic Science Curriculum**

For the basic science and introductory clinical courses, attendance is expected in all educational activities, and is required for team-based learning, small group sessions, and class sessions in which a patient is present unless the course director specifically states otherwise. Attendance is also expected at lectures by guest UW or visiting faculty. Course Directors should provide clear statements of their expectations of students for attendance and the consequences of non-compliance.

In cases of illness or a personal/family emergency that necessitates missing an examination or required activity, students are responsible for contacting the Associate Dean for Curriculum or the Associate Dean for Student Affairs or the Regional Assistant Dean prior to the start of the examination or required activity and for making arrangements for completing course requirements.

Students should not expect to be excused from required coursework for personal/family events, such as attending family gatherings, running marathons, or giving presentations at meetings. However, when considering participation in these kinds of opportunities, the student must consult with the appropriate dean and course director well in advance of the requested absence. Such absences should not be planned during required programs such as orientations or when examinations are scheduled. The deans and faculty leadership recognize the importance of family events and should work with students if possible when adequate notice is given to facilitate brief absences and to schedule make-up time for course work or service commitments.

#### **Clinical Curriculum**

As a member of the clinical team with patient care responsibility, attendance is required and thus students should not expect to take time off. Students are expected to adhere to the policy guidelines developed by the Clerkship Directors related to attendance, the approval process for missing time, and consequences of unexcused absences. Personal events (such as weddings and reunions) and academic events (such as presenting papers at meetings) should be anticipated before scheduling a clerkship or clinical elective.

## **Scheduling Policies for Course Requirements**

### **Administrative Holiday and Religious Observances**

As an institution of higher learning dedicated to training individuals with diverse backgrounds, the University of Washington School of Medicine supports educational accommodations for those students whose religious beliefs require they participate in recognized holy day observances. Guidelines should enable reasonable accommodations for those students participating in observances unique to their faiths' traditions that conflict with required classroom or clinical responsibilities, should enable academic affairs, and course and clerkship directors to develop course and clerkship schedules that minimize required

activities being on major religious holidays, and should provide a mechanism for students to request rescheduling or to be excused from required course/clerkship responsibilities to accommodate participation in their religious observances. As a physician-in-training, it is important for the students to recognize the inherent tensions in balancing one's life with the demands of their medical school education and increasing patient care responsibilities.

### **University's Change of Published Examination Schedule Policy**

Examination schedules should be developed after careful consideration of students' need for preparation time and the faculty's availability and take cognizance of the University's published dates of administrative holidays and religious observances. Once the schedule is set, students are expected to take the examination on the date scheduled, and the dates and times of the examinations cannot be revised for the class, except through criteria established by University policy. The University policy requires that to advance an established test date, each enrolled student and the course faculty must give unanimous written approval. Faculty are not expected to make exceptions on an individual basis for a student to take an examination earlier or later than the scheduled time except in cases of documented illness or personal/family emergencies.

If the course director has a valid reason for considering changing the date of an examination, he/she must receive the approval of the Associate Dean for Curriculum and provide assurances that the change will not have an undue adverse impact on the students or other courses and that a satisfactory room can be identified for the examination. In such cases, the final examination may be postponed as long as it does not interfere with the exam schedules of other courses. The examination may not be moved to an earlier time prior to the examination period; it may be moved to an earlier time within the examination period if agreed to by all the students, the course director, and other course directors whose examinations are scheduled in that exam period.

### **University Closure**

The University of Washington in Seattle and regional Universities at which there is a WWAMI site generally seek to maintain their normal operations. However, there may be times when situations like inclement weather, power outages, earthquakes, etc., impact operations and/or students' and faculty members' ability to be present for scheduled coursework. In these types of situations, the University will determine whether it will officially close.

The School of Medicine's Seattle and regional sites follow their respective University operations policies. Medical students in the basic science curriculum are responsible for knowing their University's policies with respect to class cancellations or other suspended activities and for checking with the School's academic affairs or curriculum offices to confirm the status of their class and/or exam schedule.

The School of Medicine's required clerkships' policies take precedence over University Closure decisions. All students in course work in the clinical setting in any of the five-state area should assume that they are expected to be in the hospital or clinical setting if at all possible. If unable to get to the clinical setting, it is important that the student call and speak to either the attending or the resident in charge. It is not acceptable to leave a message with a receptionist, office staff, or answering machine.

## Clerkship Policies

**Third Year Intact Curriculum:** Students are not permitted to expand the required third year clerkship year after beginning this component of the curriculum. This year should be completed without interruption for educational reasons, including the importance of continuity in the development of clinical skills, preparation for both components of USMLE Step 2 and the senior OSCEs, and the complexity of scheduling the required clerkships.

Only under exceptional circumstances may the Associate Dean for Student Affairs or the Student Progress Committee consider approving an expansion of the third year required clerkships for reasons other than academic difficulty. When permitted to modify the third year clerkship schedule for academic or approved exceptional circumstances, the student must be flexible in the rescheduling of both the timing and site of the clerkship(s).

Each clerkship must be taken in a full-time capacity, i.e. it is not acceptable to expand a six-week clerkship over ten weeks.

**Required Clerkship Scheduling:** The clinical curriculum scheduling is managed by the School of Medicine's Registration and Scheduling Office. Clerkships will be assigned based on guidelines including regional and departmental request of minimum enrollment at sites. Associate Dean for Student Affairs can approve variances with the usual scheduling guidelines.

Once the third year clinical schedules are published, there is a two-week window for students to review their assigned clerkship sites and timeframes. During that two-week review period, students have the opportunity to "swap/trade" with other students.

**Swap/Trade Rules:** Students who wish to attempt a "swap/trade" of either site or timeframe or both will be required to find another student willing to "swap/trade" via student-initiated communication. Agreeable parties are required to set-up an appointment with the School of Medicine Registrar to review, approve, and facilitate the schedule change. Many factors are taken into consideration prior to approving a "swap/trade" and include, but are not limited to, schedule and travel coordination, housing availability, and academic standing.

Once clinical schedules are finalized (two weeks after initial publication) students may not drop, add, or change their required clerkships for the remainder of the year. Approval of any schedule changes due to extenuating circumstances must be approved by the Associate Dean for Student Affairs.

All changes to students' schedules must be made through the School of Medicine Registrar's Office; no other parties may change clinical schedules, sites, and/or timeframes including, but not limited to, other academic affairs staff; department clerkship directors or coordinators; WWAMI deans, faculty, or staff; site coordinators; or preceptors. In cases where permission is necessary, it is the student's obligation to contact the SOM Registrar's Office to ensure that the updates are made to his/her clinical schedule.

## Clinical Elective and Subinternship Scheduling

**Clinical Electives:** Clinical elective clerkships may only be dropped, added, and/or edited up to six weeks or more prior to the clerkship start date. Some departments have further limitations when dropping their clerkships (such as permission from the department), and that supersede the six week guideline mentioned above.

Students who would like to change their elective clerkships up to six weeks prior to the clerkship start date must contact the SOM Registrar's Office to facilitate the scheduling change.

All changes to students' schedules must be made through the School of Medicine Registrar's Office; no other parties may change clinical schedules, sites, and/or timeframes including but not limited to: other academic affairs staff; department clerkship directors or coordinators; WWAMI deans, faculty, or staff; site coordinators; or preceptors. In cases where permission is necessary it is the student's obligation to contact the School of Medicine's Registrar's Office to ensure that the updates are made to his/her clinical schedule.

**WWAMI Site Clerkships and Subinternships Drop Policy:** Students assigned to clerkships at regional sites or to any subinternships are not permitted to change these assignments. If there is sufficient reason to modify the site assignment, the student must find and meet with the Associate Dean for Curriculum to receive permission to drop the clerkship in collaboration with the appropriate departmental clerkship director.

**Clinical Elective Planning:** Students need to pay attention to clinical elective policies when scheduling coursework to be certain sufficient credits for graduation have been anticipated.

### **Clerkship Housing Policy**

The School of Medicine contracts for medical student housing for required clerkships located outside the Seattle metropolitan area.

The School does not provide housing for Track students at Track sites; Track students must secure their own housing which becomes their permanent address for third year and often fourth year.

Non-Track students are eligible for housing for the required clerkships in family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, surgery, chronic care, emergency medicine, and neurology. The School does not provide medical student housing for elective courses, including surgical selectives. This includes electives taken at Track sites for which the housing is restricted to students in the required clerkships.

### **Clinical Electives at Other LCME Institutions**

Students may take up to 12 weeks of clinical electives credit toward the MD degree at other LCME accredited institutions. Granting of credit by UW School of Medicine is contingent on the student meeting all criteria: eligibility, approval, credit, and performance evaluation as specified in the Curriculum Office's educational program guidelines. No more than 8 weeks may be within the same clinical specialty in electives of similar content.

The University's malpractice insurance will not cover students during away electives unless they are formally enrolled for credit at the University of Washington. Retroactive credit may not be awarded for any course or clerkship for which the student did not receive approval and register prior to taking the course or clinical clerkship or elective including those taken away from the University.

## **CHAPTER 7**

### **ACADEMIC/PROFESSIONAL PERFORMANCE STANDARDS**

#### **Evaluation and Grading System**

The Curriculum Office has overall responsibility for the implementation and management of guidelines governing the grading system. There must be uniform standards for evaluating students' performance and consistent guidelines for managing remediation. The Associate Dean for Curriculum works in collaboration with the course and clerkship directors and first year and clinical regional assistant deans who oversee compliance across all courses. All grades and evaluations must be submitted to the School of Medicine's Registrar's Office on the required timeline. All Fail grades and students' performance in which evaluations include a pattern of evaluator or professional development concerns are reviewed by the Student Progress Committee. No remediation may be completed without prior approval by the Student Progress Committee.

#### **Final Course Grades: Entering Class of 2010 and Subsequent Classes**

- Pass/Fail: Required first and second year and ICM courses
- Pass/Fail: All first and second year preceptorships and non-clinical selectives
- Pass/Fail: Independent Investigative Inquiry (III)
- Honors/High Pass/Pass/Fail: Required third and fourth year clerkships and clinical electives\*\*
- Evaluator Concern internal designation
- Professional Development Assessment internal designation
- Withdrawal

\*\* All clerkships 8 credits or longer will have the option of H/HP/P/F and clerkships less than 8 credits will be Pass/Fail only. [Approved by the School of Medicine's Faculty Council on Academic Affairs, 3-12-2015 to become effective July 2015]

**Note:** If completion of an additional paper or project is required for achievement of an Honors grade in a required or elective clinical course, all requirements for the Honors grade must be completed no later than the last day of the course.

A Fail grade is given when the student does not meet the passing standards set. In order to achieve a passing grade in the course, the student needs to complete additional work beyond what is required of the entire class after the end of the course.

## **Professional Development Evaluation**

The professional development of all medical school students is a critical educational component of the student's training. The recommendations from the Committee on Student Grading, Student Evaluation, and Professionalism that included guidelines for assessing students' professional development and managing incidents of concern were approved in April 2007. Each student's progress in demonstrating an understanding of professional standards appropriate to his/her level in medical school *should*, if possible, be rated in each basic and applied science course, and *must* be rated in ICM I and II and in each required clerkship and clinical elective.

A process should be established to review evaluations with the student when the student's professionalism is reported at below expected level or unacceptable or as an evaluator concern. In situations in which a student's overall professional development is deemed unacceptable based on documentation provided through the course and clerkship evaluations and/or the Student Progress Committee, the student must successfully complete appropriate remediation before being permitted to continue in the curriculum.

In situations in which the student's overall professional behavior is deemed unacceptable at the time the student is proposed for graduation from medical school by the Student Progress Committee and this is affirmed by the Faculty Council on Academic Affairs and the Dean of the School of Medicine, the student must successfully complete appropriate remediation in order to receive the degree of Doctor of Medicine. A failure by the student to complete appropriate remediation within the timeframe established by the Dean will result in dismissal from the School of Medicine. No student with a record of an unremediated failure to achieve professional standards will receive the degree of Doctor of Medicine from the University of Washington School of Medicine.

## **Other Designations: Evaluator Concern, Incomplete, and Course Withdrawal**

**Evaluator Concern:** The Evaluator Concern designation is not recorded on the transcript. When there are two or more Evaluator Concerns or formative comments raising serious issues, the Associate Dean for Student Affairs consults with the Chair of the Student Progress Committee regarding placing these on the Committee's agenda for review. If a pattern exists in multiple courses and the issues are not resolved after documented discussions with the student, the concerns raised may be included in the Medical Student Performance Evaluation (MSPE).

**Incomplete Designation:** Incomplete is a temporary designation, not a grade. It may be granted only when a medical or personal/family emergency prevents completion of the course requirements or final exam on schedule. To be eligible for consideration for an Incomplete, the student must contact the course or clerkship director and the Associate Dean for Student Affairs to discuss the need to delay the examination prior to the start of the examination or to delay completion of the course prior to end of course. An Incomplete should be cleared within a specified period of time appropriate to the course or clerkship schedule. If additional time is needed, the Incomplete should be converted to a final grade no later than the next quarter in which the student is enrolled. If an Incomplete is not converted to a passing grade, it will be replaced by a Fail grade.

**Course Withdrawal:** A withdrawal from a course is unusual. In situations such as an illness or personal family emergency, the student should discuss his/her situation with the course or clerkship director and the Associate Dean for Student Affairs. Based on the circumstances, the student may be permitted to withdraw from the course. The course or clerkship director will submit a summary of the student's performance in the course for the student's academic file. The transcript will reflect a "W" designation along with the week in which the withdrawal occurred. A student may not withdraw from a course if the

performance to date has been at the failing level. If the student is failing and then decides to withdraw from the course, a Fail grade will be recorded and the course or clerkship director will submit a summary of the performance that will be placed in the student's academic file.

## **Submission of Students' Performance Evaluation**

Evaluations of students' performance should be completed immediately after the conclusion of the course or clerkship. Basic science course grades must be submitted to the School of Medicine's Registrar no later than a week after the end of finals week, or for courses taught in a block format, within a week after the final has been completed. Required clerkship and clinical elective evaluations should be available to the student and submitted to the School of Medicine's Registrar by the department within 4 weeks, but no later than 6 weeks, after completion of the course.

## **Midcourse/End of Course Feedback**

In the basic science courses, each examination or other forms of evaluation such as case studies should provide the student feedback to promote improvement and understanding. In the required clerkships and clinical electives, the attending or clerkship director must provide midcourse feedback sessions with the students to provide an opportunity to improve or to enhance areas of strength while in the clerkship.

At the conclusion of each of the basic science courses, the course director must contact students who failed the course and should contact students who, had a marginal performance or who would benefit from feedback before moving forward in the curriculum. At the conclusion of each clinical course, the faculty member(s) responsible for completing the evaluation should schedule an opportunity to discuss the evaluation with the student in order to allow time for improvement in course requirements and to provide guidance for moving forward to subsequent clinical rotations; the clerkship grade is not expected to be finalized at this point.

## **Determining Final Grade**

The determination of the final grade is the prerogative of the course or clerkship director responsible for the course, and should be based on established criteria which are congruent at all sites offering the course. For each grade level, criteria are established by the course leadership responsible for the course and should be outlined in the course syllabus, on the course website, or through other materials distributed to the student. The philosophy underpinning the determination of grades is based on criterion-referenced assessment such that if a student achieves the criteria specified, the student receives that grade. This means that all or none of the students could achieve a given grade.

There should be an established process in place within each department for gathering information, e.g. test scores, formative and summative comments, and notation of performance or professional conduct areas of concern if applicable. The course/clerkship director has overall responsibility for ensuring that evaluations are submitted on time by all faculty, TA's, residents, etc., designated to teach and evaluate the students prior to the final grade being determined.

## **Timing of Release of Grades**

### **Basic Science Curriculum**

Basic science course chairs are responsible for submitting course grades to the UW Office of the Registrar via GradeBook within the UW grade submission window.

## **Clinical Curriculum**

For all nine required clerkships, the School of Medicine, in compliance with LCME standards, requires that a grade be reported to the student within four (4) weeks and never more than six (6) weeks after the end of the clerkship.

Clinical electives, including surgical selectives, are expected to submit grades to the student within four (4) weeks, but no longer than six (6) weeks, after completion of the elective.

Reasons that may delay the expected grade release timing for clerkships include: clerkship is not yet completed (e.g. WRITE clerkships have traditional and site components that combine into one grade), and approved make-up of missed time and/or approved delay of component of the clerkship due to illness or other extenuating circumstance.

## **Change of Grade**

Except in cases of error, the course or clerkship director may not change a grade that he or she has turned in to the Registrar.

## **Appeal of Grade and/or Evaluation Comments**

If the student believes the grade or evaluation comments received for a course are inaccurate, there should be defined guidelines for a review process within the department that has primary responsibility for the course in collaboration with Academic Affairs. Within an academic setting, the final determination of the evaluation of performance resides with the faculty.

The University policy stipulates that a request for a grade review must be made before the end of the academic quarter following the quarter in which the course was taken, and it is expected that the appeal review will be completed within a reasonable period of time, i.e. 3 weeks and preferably prior to the student beginning the next quarter's coursework. This does not include the Summer Quarter when enrolled in the three quarter basic science curriculum. A comparable timeline is followed by the regional universities on the semester system.

The Student Progress Committee, which is charged to review students' performance, does not make determinations of grades but rather relies on the information submitted by the course or clerkship director department on student performance for making decisions on remediation or other actions related to the student's progress in the medical school program.

In the event that the Department Chair does not respond to requests for the assignment of late grades from the Academic Affairs Office, the Vice Dean for Academic Affairs may assign a passing grade.

## **Confidentiality of Grades or Graded Material**

The federal Family Educational Rights and Privacy Act (FERPA) prohibits posting of student grades by University student identification numbers in order to protect students' identity. Graded materials such as examinations or ICM patient write-ups may be returned. Students will be informed by the Course Director where to pick-up this information. In clinical settings, students must adhere to HIPAA and encryption guidelines; in most cases write-ups with feedback comments will be returned directly from the clerkship director, attending, or resident with whom the student is working.

### **Access to Medical Student's Academic File**

An academic file is maintained in the Academic Affairs Office on each student. This file includes student's undergraduate transcript, AMCAS application, grades, evaluation forms, curricular course and clerkship schedules, Student Progress Committee actions, letters of commendation, MSPE, and copies of other correspondence related to the student's medical school training. Students may request to review their file at any time during office hours.

The Academic Affairs deans, directors, and staff, the student's College mentor, and Regional Affairs deans who oversee first year sites, state tracks, and special programs have access to the file. In order for any other faculty member to see the file, the student must complete and sign a release form.

### **Family Educational Rights and Privacy Act (FERPA) Compliance Policy**

The University of Washington School of Medicine complies with the Family Educational Rights and Privacy Act (FERPA) law, which allows students access to their academic record. If the student believes that information maintained in the academic file is inaccurate, misleading, in violation of the student's rights of privacy, or not applicable to his/her tenure in the medical school, the student may submit a request to the School of Medicine's Registrar to have the document corrected. The Associate Dean for Student Affairs and the Registrar will make a decision on the student's petition. If the student wishes to appeal this decision, the appeal request is to the Vice Dean for Academic Affairs, whose decision regarding the student's request is final. If the student's request is denied, the student will have the right to place a statement in the record commenting on the contested material.

## **CHAPTER 8**

### **STUDENT AFFAIRS STUDENT PROGRESS AND SUPPORT SYSTEMS**

#### **Oversight of Students' Progress and Academic Review Process**

##### **Student Progress Committee**

The Student Progress Committee is delegated responsibility by the Dean of the School of Medicine for reviewing issues related to the students' academic progress and professional conduct while enrolled in the medical school from matriculation through graduation and for making decisions related to all areas of the students' progress including promotion, remediation, probation, leave of absence, expanded curricular program, reprimand, suspension, withdrawal, dismissal, and graduation. If the record, when viewed as a whole, does not meet the School's expected level of performance, the Student Progress Committee may recommend dismissal even though satisfactory grades were received in individual courses.

Committee reviews of students' academic progress should be scheduled on a regular basis to enable early counseling regarding options to withdraw and redirect their career path. Dismissal decisions should also be made in a timely manner on students who are unable to make satisfactory progress in meeting the School's graduation standards after being given an opportunity for remediation and/or educational accommodations.

Students are expected to make satisfactory progress in all areas of their medical school coursework and are expected to maintain the highest standards of professional and personal conduct and behavior. Student evaluation is based upon the observations of performance in coursework, professional behavior and conduct, successful completion of course examinations by faculty, TA's, residents, and others involved in medical student teaching in the educational setting, and maintaining compliance and timely completion of other graduation requirements.

##### **Academic Promotion**

A student must successfully complete each year of the curriculum prior to being promoted. This includes maintaining compliance with all School requirements and satisfactory, timely progress in graduation requirements, such as Independent Investigative Inquiry, second year and fourth year OSCEs, Capstone Course and all USMLE Step 1, Step 2-CK, and Step 2-CS. If a student is unable to achieve a satisfactory level of performance despite educational accommodations, including reexaminations, repeat of course, or expansion, this is grounds for dismissal.

Failure of USMLE Step 1 or either component of Step 2 three times is grounds for dismissal. Under exceptional circumstances, the student may petition the Student Progress Committee for permission for a fourth Step test administration.

Students are required to complete the third year required clerkships intact during the third year; permission from the Associate Dean for Student Affairs is required to delay a third year required clerkship into the fourth year. Students are advised to plan schedules that include all required clerkships and selectives that fulfill the minimum graduation requirements prior to the midpoint of the final quarter in medical school.

If a student has difficulty in a clinical clerkship, the Student Progress Committee, in consultation with the clinical department, may specify the site at which the clerkship is repeated (this may require an additional position be created at the clerkship site). If the deficiency cannot be remediated, the Student Progress Committee will recommend dismissal from the School of Medicine.

A student must successfully complete all required course work, the second and fourth year OSCE, Step 1, Step 2-CK and Step 2-CS, and the Capstone Course, be in compliance with School's requirements and financial obligations to the University to be considered for graduation with the MD degree.

### **Professional Development**

A student is expected to develop and demonstrate qualities, attitudes, and behavioral patterns appropriate to a career in medicine and consistent with the oath taken at the time of graduation. Upholding the standards of professional and personal development includes being accountable for one's own professional conduct and for promoting professionalism among one's fellow students and colleagues in the medical profession. The Student Progress Committee may recommend dismissal from the School of Medicine of a student whose professional behavior or conduct is unacceptable or below the expected level. No student will be graduated with the MD degree with an unremediated professionalism issue.

### **Standards of Conduct**

A student is expected to maintain the highest standards of personal and professional conduct and integrity both in the academic setting and within the community. Integrity is considered an essential personal quality for successful completion of the MD program.

A student is expected to abide by University, local, state, and federal regulations and laws. Infractions of these standards may result in a sanction being imposed by the Student Progress Committee apart from whether there is any action that may occur in civil or criminal court.

### **Fitness for Clinical Contact**

Under WAC 246-16-200, all individuals licensed by the Department of Health in the State of Washington are required to report any other individuals licensed by the Department of Health who commit an act of unprofessional conduct or who have a condition, physical or mental, that may affect their ability to practice with reasonable skill and safety. Even though WAC 246-16-200 does not specifically apply directly to medical students, given that medical students will be licensed physicians after completing their training, it is reasonable to assume that the School of Medicine should take similar measures to ensure patient safety where medical students are involved.

The opportunity to participate in direct patient care carries with it the responsibility to ensure that patients are not placed at risk due to a student's mental illness, physical illness, or impairment from drugs or alcohol. It is the responsibility of faculty, residents, medical students and School of Medicine staff members who know of or observe student behavior that has the potential to place a patient at risk, to immediately report the concern to the course or clerkship director and the Associate Dean for Student Affairs or the Vice Dean for Academic Affairs. The Medical Director for the institution or practice site where the student is or will be rotating will be contacted by the Associate Dean for Student Affairs or the Vice Dean for Academic Affairs and informed of the situation concerning the student.

Thus, if a student is believed to have a condition that may affect his/her ability to interact safely with patients, he/she may be removed from the clinical setting until such time that the issue is effectively

resolved. This may include referral to the Washington Physicians Health Program (WPHP) for assessment, treatment, and continued monitoring as appropriate.

### **Management of Academic Review and Remediation Process**

A system for tracking students' progress from admission to graduation should be in place to enable appropriate support, remediation, and/or educational accommodations to be offered in a timely manner. The Academic Affairs Associate Deans in collaboration with the course and clerkship directors confer on the progress of students. Students' performance in coursework and/or professionalism issues are discussed with the Chair of the Student Progress Committee and placed on the Committee's agenda.

The Student Progress Committee reviews evaluations of the students' performance, including Fail grades, evaluator concern designation, and professional development assessment. The Course or Clerkship Director is responsible for submitting in a timely manner the final grade/evaluation and a recommendation for remediation if performance was below standard. The Course or Clerkship Director is responsible for attending the Committee meeting at which the performance of students in his/her course is discussed. The Committee makes the final decision on the remediation, and may approve or modify the course director's recommended remediation based on the student's overall performance. If the student has had academic or professional behavior difficulty in prior courses, the Committee may determine that the student should not continue in the medical school program. The Associate Dean for Student Affairs informs the student of the Committee's decision. The student is expected to complete the remediation on the timeline set by the Committee. If the remediation is failed, the Committee will review the student's record to determine the appropriate course of action.

Options for managing student progress and for providing feedback regarding concerns and/or educational accommodations or support include the following:

#### **Probationary Status**

Academic probation is essentially a warning to the student that he/she must show improvement if he/she is to remain in the medical school program. The student is eligible for removal from probation when he/she has met the criteria set by the Student Progress Committee. Probationary status is noted only on the internal medical school transcript, but is not reported in the Dean's Medical Student Performance Evaluation.

Disciplinary probation as a result of an academic integrity violation or professional misconduct is part of the student's record. Typically the student remains on disciplinary probation for the remainder of his/her medical school training. This notation is reported in the Dean's Medical Student Performance Evaluation.

#### **Advance Information on Student's Academic Status**

When deemed appropriate by the Student Progress Committee, the Associate Dean for Student Affairs will inform the course or clerkship director (or other appropriate faculty member) in writing of the student's area(s) needing improvement before the student begins the course in order to allow for additional assistance with the deficit(s) and more routine feedback on progress while in the course. This intervention is discussed with the student and the student has an opportunity to review the advance information prior to its being sent to the course or clerkship director.

### **Expansion of MD Program Beyond Four Years**

Student enrollment may be extended for academic reasons, incorporation of additional educational opportunity, accommodation of personal and family emergencies, and acceptance into a concurrent degree program at the University of Washington or a degree program at another institution. When an expansion is used, the student remains enrolled in course work during at least several quarters during the academic year.

The School of Medicine's faculty and administration support providing flexibility for completion of the medical school program. However, the relationship among the number of medical students per class, the available basic science and clinical resources, and the fiscal situation at the University of Washington School of Medicine and its regional partners require a clear statement of the approved process and procedures relevant to the delay of graduation beyond the expected four years.

### **Leave of Absence**

Students may be placed on leave of absence for personal or health-related issues and/or for academic deficiencies requiring remediation. A leave of absence is typically for one year, with the possibility of being extended for a second year with adequate documentation to support an extension. If the student is not ready to return to the medical school program after a two-year leave of absence, the student will be expected to withdraw from the School of Medicine.

A leave of absence may also be granted to enable the student to accept a year-out fellowship or enrollment in a Master's or Ph.D. program. The student is expected to return to the medical school program at the conclusion of the program for which the leave was granted.

Leave status is not used when an acute issue occurs and a short intervention is approved without delaying the student's anticipated date of graduation.

### **Withdrawal from the School of Medicine**

To withdraw from the School of Medicine, the student must submit a letter to the appropriate administrative officer, usually the Associate Dean for Student Affairs. Withdrawals most commonly result from a decision that medicine is not the best career path, an inability to complete the program for personal reasons, or as an option given when there is a dismissal recommendation.

Students who withdraw to pursue another career path may do so at the conclusion of a leave of absence or while still enrolled in classes. The student is referred to the School's Medical Student Counseling Service and/or College mentor to be certain that he/she has carefully considered the decision.

Students who have been recommended for dismissal have the option to withdraw prior to the point in time when the Dean of the School of Medicine meets with the student and sustains the dismissal. If the student withdraws, the official transcript will indicate this; however, the School reserves the right to disclose the dismissal recommendation if asked to write a letter about the student's enrollment or performance in the medical school program.

### **Application for Admission following Withdrawal; Advanced Standing Request**

If a former student's request to withdraw was approved and it was not a result of below standard performance, he/she may reapply to the medical school through the process established by the Admissions Committee.

If the individual is accepted into the medical school through the School's Admissions Committee, he/she may request consideration for advanced standing based on previous work done in the School. The Faculty Council on Academic Affairs will review the request with input from the Student Progress and Curriculum Committees. There is no guarantee that credit will be granted for any prior medical school coursework.

### **Suspension from the School of Medicine**

Suspension is an institutional action based on clear evidence of a serious breach of the School's guidelines for personal or professional conduct that is sufficiently egregious to remove the student from the medical school curriculum. A suspension separates the student from continuance in the School of Medicine program for a specified period of time.

Upon completion of the suspension, the students may elect to withdraw from the medical school or may petition to meet with the Student Progress Committee to present documentation to support his/her growth in the area of personal/professional conduct that was breached. If the student does not demonstrate satisfactory progress in the area of concern, the Student Progress Committee may recommend that he/she be dismissed from the School of Medicine.

If the student is permitted to reenter the medical school program, the Student Progress Committee will place the student on disciplinary probation with the expectation that the student's conduct will be at an acceptable level for the remainder of his/her tenure in the medical school. If there is another breach in personal/professional conduct, the student will be recommended for dismissal from the School of Medicine.

The suspension is part of the student's academic record and should be conveyed in administrative letters about his/her performance, including the Medical Student Performance Evaluation.

### **Dismissal from the School of Medicine**

The Student Progress Committee may consider recommending dismissal at any time during the student's medical school enrollment when the student's course performance or professional conduct is deemed to be unsatisfactory; the student does not need to be on probation. If the record, when viewed as a whole, does not meet the School's expected level of performance, the Student Progress Committee may recommend dismissal even though passing grades are recorded in individual courses.

The student has the right to request a review of the dismissal recommendation, and is provided an opportunity to meet with the Committee and be accompanied by a medical faculty advocate. This provides the student with an opportunity to present information regarding his/her performance and to request alternatives for continuing in the medical school program. The dismissal decision is based on the professional judgment of the faculty after reviewing the student's entire medical academic record including the student's performance in both cognitive and non-cognitive areas. The presence or appearance of a student's legal counsel is not permitted because a formal hearing and appeals are not part of the academic review process.

If the Committee overturns the dismissal recommendation, the student is permitted to continue in the curriculum and is advised that any further difficulty will result in dismissal. If the Student Progress Committee sustains the dismissal recommendation, the Committee submits the recommendation and a summary of the student's academic performance to the Faculty Council on Academic Affairs.

The Faculty Council on Academic Affairs conducts a procedural review to determine that the School of Medicine's process was followed, namely (1) notification of inadequacies, where appropriate, (2) careful and deliberate decision-making, and (3) an opportunity for the student to meet informally with the Student Progress Committee. If the Faculty Council determines that process has not been followed, the dismissal recommendation is returned to the Student Progress Committee. If the Faculty Council determines the School's process was followed, the Council sustains the dismissal recommendation.

The Student Progress Committee's and Faculty Council's decisions to recommend dismissal are forwarded to the Dean of the School of Medicine. The student may request an interview with the Dean, but this is granted at the Dean's discretion. The Dean makes the final decision on dismissal based on the review of the student's record, the recommendations of the Student Progress Committee and the Faculty Council on Academic Affairs, and input from the student interviewed.

### **Due Process Guidelines for Students**

The Student Progress Committee has responsibility to review students' academic progress, i.e. performance in course work and professional conduct and behavior and to determine the appropriate course of action. Due process guidelines must be provided to students that include notification of deficiencies where appropriate, careful and deliberate decision-making, and an opportunity for the student to meet informally with the Committee.

### **Student Status while in Dismissal Review Process**

During the dismissal review process, the student may not complete any outstanding remediation, but is usually permitted to continue in his/her curricular program until a final dismissal decision has been made or the student has decided to withdraw from the medical school. However, the Vice Dean for Academic Affairs, Associate Dean for Student Affairs, Associate Dean for Curriculum, and/or Student Progress Committee have the right to determine the appropriateness of the student's continuing in coursework, particularly if there are issues related to professional conduct and behavior. (See Fitness for Clinical Contact)

### **Maintaining Personal Integrity and Understanding Plagiarism**

During the Admissions application process, applicants are asked to read and sign adherence to the School of Medicine's Medical Student Honor Code. Students are expected to uphold the highest standards of personal and professional behavior and conduct. Examples of behaviors within the educational setting that are considered breaches of academic integrity include using work of others for course assignments, submitting a paper for Honors that was used for another requirement, not being the author, i.e. incorporating prewritten statements by others or from commercially prepared documents, and misrepresenting one's academic or professional qualifications or achievements in personal statements or curriculum vitae prepared for medical school, residency applications, etc. In conducting any research project, students must understand and follow guidelines for acknowledging the use of the work of others.

Plagiarism, which is a serious breach in academic integrity, deserves special attention because the definition of plagiarism is broad. There are ramifications for the manner in which one summarizes the work of others and how the ideas of others are documented with appropriate reference notes. Faculty members advising or sponsoring student projects should review research protocol with the students, and advise students that they must review and follow guidelines for acknowledging the use of the work of others.

## **Academic and Personal/Professional Support for Students**

### **School of Medicine-based Support Services**

The School of Medicine should commit sufficient funding within Academic and Regional Affairs for staff and facilities to support the medical students' academic and personal and professional development as a physician-in-training. This includes academic and curricular advising; academic skills support; personal, physical, and mental well-being counseling; career decision-making and residency selection advising; extracurricular educational opportunities; and financial aid and management of educational loan repayment. The College Program also provides individual student advising and support throughout the student's tenure in the medical school program.

The School of Medicine's academic and regional affairs leadership should provide oversight of programs to be certain there are adequate resources to meet the students' academic and personal/professional support needs and changes that impact the educational program such as increases in enrollment, advances in technology, new initiatives in medical education, etc. In addition, collaboration among offices within the regional host universities and clinical centers and the university and teaching hospitals in the Puget Sound area is essential for managing support services when a student has special needs, for example, in areas such as disability accommodations, substance abuse, domestic violence, mistreatment, or harassment.

### **University-based Support Services**

The School of Medicine works closely with the University of Washington's Disability Resources for Students to meet its commitment to ensuring that otherwise qualified students with disabilities are given equal access through reasonable accommodations to the educational program and access to facilities.

The University's Ombud Office or Complaint Investigation and Resolution Office, and the state and county facilities within the WWAMI region are among the many other services available to students.

The WWAMI regional host universities should provide similar support services for medical students in educational programs within their states.

### **Washington Physicians Health Program**

The School of Medicine maintains a working relationship with the Washington Physicians Health Program and similar programs in the WWAMI region to provide assessment of areas of concern, to enable appropriate management of the student within the MD program, and referral for treatment for medical students with possible substance abuse, medical, and/or psychiatric issues in consultation with the Associate Dean for Student Affairs and Vice Dean for Academic Affairs. An endorsement from WPHP may be required by the School of Medicine in order to permit the student to reenter the curriculum. All referrals to WPHP are handled in a confidential manner, and are overseen by the Associate Dean for Student Affairs, or the Vice Dean for Academic Affairs.

## **Recognition of Meritorious Performance**

### **Graduation with Honors**

A degree of Doctor of Medicine with Honors or High Honors may be awarded to students with high achievement who, in addition, have demonstrated initiative and success in clinical and scholarly pursuits related to medicine, outstanding leadership, or exceptional service commitment. The number of students selected should be based on a criterion referenced assessment of achievements, but typically ranges from 10 to 15 % receiving Honors and 0-1% receiving High Honors.

Graduating seniors are nominated for graduation with Honors or High Honors in the spring prior to the Hooding Ceremony by a subcommittee of the Student Progress Committee, which is comprised of members of the Student Progress Committee and teaching faculty at large.

### **School of Medicine and Departmental Awards**

Recognition of students who achieve excellence in their academic work, make significant contributions to medical education, and demonstrate commitment to community service is an important component of encouraging medical students in their personal and professional development.

Departments are encouraged to develop awards to recognize achievement in related specialty choices. Donations from graduates, families of alumni and faculty, and friends of the School of Medicine may be designated for graduating seniors who demonstrate leadership skills and personal and professional qualities. Awards from specialty societies for clinical performance and/or excellence in research and for service learning projects are also encouraged.

Offers of awards from outside groups not affiliated with the School of Medicine must be vetted through the Faculty Council on Academic Affairs before they are considered for acceptance as an additional School award managed by the School of Medicine. Awards from pharmaceutical companies are not deemed appropriate.

### **Alpha Omega Alpha**

A charter as Alpha of Washington was granted to the School of Medicine in 1950 by Alpha Omega Alpha Honor Medical Society. Students are elected by the membership of Alpha Omega Alpha from the student's home institution in keeping with the national requirement for election to AOA. The basis for selection includes outstanding academic performance and personal and professional development as a physician-in training. Students may be elected in the spring of the junior year and fall of the senior year. The total number of students that may be elected for senior AOA is set by the national organization and is based on a percentage of the number graduating in the year of selection. The number of students selected in the third year for junior AOA is at the discretion of the School's AOA Faculty Councilor, and impacts the number from that class who can subsequently be elected in the senior year.

## **Hooding Ceremony**

Students are eligible to participate in the School of Medicine's Hooding Ceremony if they have successfully completed all graduation requirements for the MD degree prior to the ceremony. If the MD degree has been received in any one of the previous three quarters (Summer, Autumn, and Winter), the student may request to participate in the Hooding Ceremony which occurs the following spring. This guideline is consistent with those established for the University of Washington Commencement Exercises.

The Vice Dean for Academic Affairs may grant exceptions to this policy. Under very special circumstances, a student who is graduating in the quarter immediately subsequent to the ceremony (Summer Quarter) may be permitted to participate in the Hooding Ceremony if the student has completed all requirements for the MD degree in a timely fashion, is in good academic standing, i.e. coursework, professional conduct, and financial obligations, and is cleared to officially receive the degree no later than one quarter immediately following the spring ceremony.

## **CHAPTER 9**

### **STUDENT LEADERSHIP AND PARTICIPATION IN PROGRAMS AND ACTIVITIES**

Students should be encouraged to participate in extracurricular programs or activities, and should be advised of commitment required to be certain participation does not interfere with satisfactory progress in academic course work and/or meeting other required obligations.

#### **Service Learning Projects**

The University of Washington School of Medicine values medical student participation in extracurricular community service projects that provide medical care, health education, or other health-related activities, particularly those that address the health needs of the underserved. In compliance with the Liaison Committee on Medical Education (LCME) national accreditation requirements for all US allopathic medical schools, the School of Medicine must make available sufficient service learning that include a variety of opportunities appropriate to medical students' level of learning and aligned with the medical school curriculum.

Guidelines must be in place for the approval and operation of community service projects involving School of Medicine medical students in order to promote student-initiated service learning opportunities; ensure such projects are aligned to the School of Medicine's mission; ensure an appropriate availability of service learning opportunities to satisfy the LCME accreditation requirements; provide consistency of oversight; ensure the safety of participants; and minimize risk of liability for students and the University. Student interested in service learning projects should be in good standing and eligible to participate.

#### **Medical Student Association**

The Medical Student Association (MSA) is a student organization of elected representatives from the entire student body from all four years. The MSA serves as the "umbrella" organization for student activities and organizations to which the Academic Affairs Office turns for student input on educational issues and concerns that arise throughout the year. Serving as an MSA class representative provides unique opportunities not only to interact with students from other classes but also with the Academic Affairs deans and administrative directors.

#### **University of Washington School of Medicine Student Fee Policy**

When the School of Medicine proposes a student fee that will be charged to the medical students, input on the fee will be sought from the Medical Student Association prior to the initiation of the fee. In situations where the fee will be charged to other student groups in the School of Medicine, input on the fee will be sought from the impacted students through the appropriate Departments, prior to the initiation of the fee.

## **Medical Student Honor Council**

The UW School of Medicine formed an Honor Council from elected representatives from all years; a faculty member serves as an advisor. The role of the Honor Council is to educate the student body about the Honor Code, confidentially mediate conflicts that arise due to student misconduct or mistreatment, and offer a safe environment for students to confidentially share their concerns about Honor Code violations. In the event that concerns arise due to student misconduct or mistreatment, the Honor Council may consult with the School of Medicine's administration or other appropriate bodies. The Honor Council operates according to Honor Council procedures that are shared with the student body. In every Honor Council activity, confidentiality will be maintained to the maximum possible under the law and University policy.

## **Opportunities to Contribute to Medical Education**

Students in good academic standing may apply for appointment to one of the School of Medicine's committees, including curriculum committees, admissions committee, and various ad hoc committees that may be appointed to focus on a specific educational program, professionalism, or current student or school issue. In addition, the Medical Student Association and Student Honor Council provide excellent opportunities for students to pursue leadership positions within the School of Medicine. Participation in Student Interest Groups and national medical education organizations also enable students to learn about and be involved in policy setting discussion related to medical education and other relevant areas affecting residents and practicing physicians.

## **Establishing UW School of Medicine Officially Recognized Student Groups**

Before a student group can be officially recognized and use campus facilities, members are required to apply for recognition as an officially sponsored student group of the University of Washington School of Medicine. An outline of the structure of the organization including names of officers, bylaws, its purpose, any affiliation with a national organization, and a commitment by the organization to abide by laws and institutional policies must be submitted to the Associate Dean of Student Affairs along with a letter of request to receive official status. Once submitted, the request is forwarded to the Medical Student Association for approval, and then to the University's Student Activities Office (SAO) for registration of the organization on the website. The new group's leadership will be required to attend an orientation session provided by the SAO. Once that has been completed, the new student group will be eligible to receive special services and benefits provided by the SAO.

NOTE: In addition to the above, any new student organization that wishes to provide volunteer services of any kind must complete the application and approval process provided on the Service Learning and Advocacy website.

## **Student Conference Travel Support**

The School of Medicine encourages students in good standing to submit their academic or service accomplishments for consideration for presentation at regional or national conferences or research forums and to assume leadership roles in medical education, research, and specialty organizations. To support the students, the school should maintain a travel fund for those are selected to present papers or projects through a competitive selection process and for those who are elected to leadership roles in one of the regional or national medical education organizations.

## **CHAPTER 10**

### **VISITING MEDICAL STUDENTS**

The Academic Affairs Office shall be responsible for overseeing the visiting student program, including developing appropriate administrative procedures for visiting student application and registration, and incorporating the visiting student guidelines recommended by the AAMC-Group on Student Affairs. The visiting student's performance is evaluated by University of Washington faculty and residents utilizing the evaluation form provided by the visiting student's home medical school, and credit for the elective is given and recorded on the visiting student's home school's transcript.

#### **Visiting Medical Students from LCME or COCA/AOA Accredited Medical Schools**

The University of Washington School of Medicine has limited clinical elective opportunities available for students from other medical schools. Visiting students may apply for research or clinical electives offered at Seattle-based sites, but are not eligible for any course work offered at the regional WWAMI sites.

[Note: Under special circumstances, an arrangement may be made for a visiting student to develop an elective within the region.]

Students apply through the AAMC Visiting Student Application Service (VSAS) and comply with UW School of Medicine compliance requirements and UW Medicine standards for malpractice insurance coverage.

#### **Visiting International Medical Student Policy**

At this time, it is the policy of the School of Medicine not to accept international medical students for visiting elective clinical course work. This includes all medical students, including American and Canadian citizens, who attend medical schools outside of the United States and Canada, and whose schools are not accredited by the Liaison Committee on Medical Education (LCME).

The University of Washington School of Medicine limits the number of international students who may enroll as visiting students. For this reason, and others related to immigration law and malpractice insurance, the Academic Affairs Office closely monitors the policies and procedures set forth below.

An exception may be permitted at the special request of a UW School of Medicine faculty member who wishes to sponsor the international student and arrange the clinical rotations for the student. The international medical student may not apply for elective clinical course work without an approved sponsor identified. Typically such sponsorship by faculty is based on a pre-existing relationship with the student.

Note: The University of Washington School of Medicine has special affiliation agreements with a small number of international medical schools. If the student's home school has such an agreement with the University of Washington School of Medicine, special rules, other than those noted above, may apply. Contact the Academic Affairs Office to learn which schools have special affiliation agreements with UW School of Medicine.