

# UW Medicine

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UW SCHOOL  
OF MEDICINE

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## **M.D. PROGRAM HANDBOOK**

For medical students, faculty, and staff



**2018-2019**

Applicable to the E-2015 Class and Later

Released September 2018

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# INTRODUCTION

Welcome to the University of Washington School of Medicine program.

The *School of Medicine M.D. Program Handbook* provides general information for medical students, faculty, and staff on a wide variety of topics and issues that are germane to the medical education program. This information is intended to provide a framework on which to build throughout the students' tenures at the University of Washington School of Medicine.

The handbook is not a comprehensive statement of all policies and procedures, nor is it intended to preclude the implementation of changes in the medical school program or policies for students.

The School of Medicine reserves the right to revise or modify the curriculum, system of evaluation, or graduation requirements as deemed appropriate by the faculty. Changes to school policies, procedures, or requirements will be provided in updates at meetings, in emails, on web pages, and/or in information memos. Students are expected to read and/or attend meetings to familiarize themselves with requirements and modifications that may impact their programs.

Questions about policies, requirements, and procedures may be directed to the Academic Affairs office for referral to the appropriate dean or staff member.

## **UW School of Medicine Mission Statement<sup>1</sup>**

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 missions:

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

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<sup>1</sup> Approved by Medical School Executive Committee (MSEC) and Dean Paul Ramsey: June 2006; Revised: December 2011

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.

## **UW Medical Student Education Mission Statement<sup>2</sup>**

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.

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<sup>2</sup> Approved by Medical School Executive Committee (MSEC) and Academic Affairs deans: 2008; Reviewed: 2014

# MD PROGRAM CURRICULUM

The undergraduate medical school [curriculum](#) at the University of Washington School of Medicine (UWSOM) is dynamic and designed to provide students with a strong scientific foundation and a comprehensive approach to clinical medicine. Ongoing changes in the curriculum are actively managed by curriculum governance committees. The curriculum is educationally equivalent at all of the Foundations sites, and common examinations are given to ensure that all students achieve the same level of competence. The curriculum is planned to allow time for students to complete required additional electives in areas of interest at the University of Washington and WWAMI affiliated institutions in order to broaden their perspective of medicine and the world in which the physician functions.

Due to the integrated nature of the curriculum, requests for credit by examination, commonly known as “challenging,” are not approved under any circumstances. All students are expected to complete all coursework.

## Foundations Phase Curriculum

The [Foundations Phase curriculum](#) is a 15-month curriculum consisting of seven integrated, interdisciplinary blocks, three integrated longitudinal threads, a research methods course, a longitudinal clinical curriculum (Foundations of Clinical Medicine), a scholarship requirement (Independent Investigative Inquiry), and the first portion of the longitudinal Ecology of Health & Medicine course .

Each interdisciplinary block integrates basic, clinical, and social sciences into a single course. Longitudinal curricular threads and themes are woven throughout the curriculum. Topics include communication and interprofessionalism, health disparities, diversity, quality and safety, ethics and professionalism, lifelong learning, scientific discovery, and primary care.

During the Foundations Phase, students must complete the following required blocks as a full-time, intact, contiguous curricular schedule:

- Molecular & Cellular Basis of Disease
- Invaders & Defenders
- Circulatory Systems (CPR)
- Energetics & Homeostasis
- Blood & Cancer and Musculoskeletal
- Mind, Brain, & Behavior
- Lifecycle

During the summer between first and second year of the Foundations Phase, all students complete a research methods course and work on their scholarly Independent Investigative Inquiry (III) requirement.

## Patient Care Phase Curriculum

The Patient Care Phase begins with the Consolidation and Transition course, which includes Foundations Phase content review, a preparatory USMLE Step 1 course, a research/time to complete the scholarship requirement started in the previous summer, and a Transition to Clerkships component.



During the Patient Care Phase, students must complete the second portion of the longitudinal Ecology of Health & Medicine course and the following required clinical clerkships representing a full-time, intact, contiguous curricular schedule:

- Family Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics
- Psychiatry
- Surgery

All students are expected to complete a minimum of 24 weeks of clerkships outside of the Seattle area during the Patient Care Phase, and a minimum of 8 weeks at designated UW Medicine affiliated hospitals in the Seattle area (University of Washington Medical Center, Harborview Medical Center, Puget Sound VA Medical Center, and Seattle Children’s Hospital) during their entire clinical curriculum.

Additional time is available during the Patient Care Phase for students to complete clinical electives, Ecology of Health & Medicine, and the Patient Care Phase OSCE.

## Explore and Focus Phase Curriculum

During the Explore and Focus Phase, students must complete the final portion of the longitudinal Ecology of Health & Medicine course and the following required clinical clerkships:

- Emergency Medicine
- Neurology or Neurosurgery
- 4 weeks of Advanced Patient Care subinternships
- 4 weeks of Advanced Patient Care clerkships
- 20 weeks of elective clerkships
- Transition to Residency

Students are required to schedule at least 4 weeks off from clerkships to complete residency interviews. USMLE Step 2-Clinical Knowledge and USMLE Step 2-Clinical Skills examinations must be completed. The Transition to Residency course must be completed in the final year prior to graduation.

## Curricular Requirements for the 2017 Entering Class & Subsequent Classes<sup>3</sup>

<b>A. Foundations of Medical Science</b>	<b>97 credits</b>
Molecular & Cellular Basis of Disease	11 credits
Invaders & Defenders	10 credits
Circulatory Systems	16 credits
Blood & Cancer & Musculoskeletal	8 credits
Energetics & Homeostasis	10 credits
Mind, Brain, & Behavior	14 credits
Lifecycle	8 credits
Ecology of Health & Medicine	4 credits

<sup>3</sup> Approved, School of Medicine: Fall 2017

To support curricular continuous improvement, small changes may be made to the MD program graduation requirements established at matriculation that would apply to students already enrolled.

	Foundations of Clinical Medicine: Clinical Skills		8 credits
	Foundations of Clinical Medicine: Primary Care Practicum		8 credits
<b>B.</b>	<b>Consolidation and Transition</b>		<b>11 credits</b>
	Intensive Foundations Review/USMLE Board Prep		9 credits
	Transition to Clerkships		2 credits
<b>C.</b>	<b>Scholarly Project</b>		<b>12 credits</b>
	Clinical Research Methods		6 credits
	Independent Investigative Inquiry (III)		6 credits
<b>D.</b>	<b>Patient Care</b>		<b>86 credits</b>
	Required Clinical Clerkships		
	Family Medicine	6 weeks	12 credits
	Internal Medicine	12 weeks	24 credits
	Obstetrics and Gynecology	6 weeks	12 credits
	Pediatrics	6 weeks	12 credits
	Psychiatry	6 weeks	12 credits
	Surgery	6 weeks	12 credits
	Ecology of Health & Medicine		2 credits
<b>E.</b>	<b>Explore and Focus</b>		<b>73 credits</b>
	Advanced Patient Care	4 weeks	8 credits
	Advanced Patient Care - Subinternship	4 weeks	8 credits
	Emergency Medicine	4 weeks	8 credits
	Neurology or Neurosurgery	4 weeks	8 credits
	Clinical Electives	20 weeks	40 credits
	Ecology of Health & Medicine		1 credit
<b>F.</b>	<b>Transition to Residency</b>		<b>8 credits</b>
	<b>Total minimum credits for M.D. degree:</b>		<b>287 credits</b>

## Curricular Requirements for the 2015 & 2016 Entering Classes<sup>4</sup>

<b>A.</b>	<b>Foundations of Medical Science</b>		<b>90 credits</b>
	Molecular & Cellular Basis of Disease		11 credits
	Invaders & Defenders		10 credits
	Circulatory Systems		16 credits

<sup>4</sup> Students from the 2014 and earlier entering classes who extended their medical school training after entering the clinical curriculum should confirm their graduation requirements individually with the curriculum office. Requirements may vary based on when they extend/take a leave from and return to the clinical curriculum.

Blood & Cancer		5 credits
Energetics & Homeostasis		10 credits
Mind, Brain, & Behavior		14 credits
Lifecycle & Reproduction		8 credits
Foundations of Clinical Medicine: Clinical Skills		8 credits
Foundations of Clinical Medicine: Primary Care Practicum		8 credits
<b>B. Consolidation and Transition</b>		<b>11 credits</b>
Intensive Foundations Review/USMLE Board Prep		9 credits
Transition to Clerkships		2 credits
<b>C. Scholarly Project: Independent Investigative Inquiry (III)</b>		<b>6 credits</b>
<b>D. Patient Care</b>		<b>84 credits</b>
Required Clinical Clerkships		
Family Medicine	6 weeks	12 credits
Internal Medicine	12 weeks	24 credits
Obstetrics/Gynecology	6 weeks	12 credits
Pediatrics	6 weeks	12 credits
Psychiatry	6 weeks	12 credits
Surgery	6 weeks	12 credits
<b>E. Explore and Focus</b>		<b>72 credits</b>
Advanced Patient Care	4 weeks	8 credits
Advanced Patient Care – Subinternship	4 weeks	8 credits
Emergency Medicine	4 weeks	8 credits
Neurology or Neurosurgery	4 weeks	8 credits
Clinical Electives	20 weeks	40 credits
<b>F. Transition to Residency</b>		<b>4 credits</b>
<b>Total minimum credits for M.D. degree:</b>		<b>271 credits</b>

Students who do not engage in the clinical curriculum immediately after completing the pre-clinical coursework will be expected to meet the clinical requirements that exist at the time that they start/enter the clinical curriculum.<sup>5</sup>

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<sup>5</sup> MD/PhD students who entered the School of Medicine in 2014 or earlier are required to complete only 36 credits of clinical electives.

## Additional Curricular Requirements

### Clinical Immersion

Completed at the start of medical school, [Clinical Immersion](#) is a component of Foundations of Clinical Medicine that focuses on basic clinical skills and topics relevant to a career in medicine, such as professionalism and patient-centered care.

### Independent Investigative Inquiry

An exception in the III timeline is given to those in the Medical Scientist Training Program (MSTP), for whom a thesis or dissertation in a medical or medically-related field fulfills the III requirement. The thesis or dissertation must be completed during the graduate portion of the program and prior to entering the Patient Care Phase of the curriculum.

Students who have received Master's or Ph.D. degrees with a thesis or dissertation in disciplines basic to medicine, or those who are first authors of published papers on scientific disciplines basic to medicine in peer-reviewed medical or scientific journals may petition for a waiver of the requirement. Abstracts and papers used to fulfill requirements other than those noted above do not meet criteria. Only a dissertation or thesis is sufficient.

Petitions for waivers must be submitted and approved by the Curriculum Office no later than January 5 and January 31, respectively, of the first year of medical school. Waiver requests including evidence of scholarship/publication should be sent via email to the Curriculum Office at [somcurr@uw.edu](mailto:somcurr@uw.edu). All students must have an III project approved by the Curriculum Office by the end of winter quarter of the first year of medical school.

### Objective Structured Clinical Examination (OSCE)

Passing the [Objective Structured Clinical Examinations](#) (OSCE) given at the end of the Foundations and Patient Care phases is required for graduation with the M.D. degree from the School of Medicine. The OSCEs are intended to assess whether the appropriate level of clinical skills has been learned; successful completion of each OSCE must be accomplished on the timeline established by the School of Medicine in order to continue in the medical school curriculum. A practice OSCE is administered part way through the Foundations Phase to determine a student's progress. The summative Foundations Phase OSCE must be completed at the end of the Foundations Phase. The Patient Care Phase OSCE must be completed at the end of the Patient Care Phase irrespective of the student's plans to expand the fourth year. Failure to successfully complete either exam will require remediation, potentially delaying the student's progress in the curriculum, and will result in the student's record being referred to the Student Progress Committee (SPC). The student's completion status of the OSCEs is noted in the Medical Student Performance Evaluation (MSPE).

## USMLE Step 1, Step 2-Clinical Knowledge, Step 2-Clinical Skills

Passing USMLE Step 1, Step 2-CK, and Step 2-CS is required for graduation with the M.D. degree from the School of Medicine. Successful completion of each Step must be accomplished on the timeline established by the Student Progress Committee in order to continue in the medical school curriculum. Failure to successfully complete the exams will result in the student's record being referred to the [Student Progress Committee for subsequent management](#).

All students are required to complete and successfully pass the following USMLE examinations in order to graduate: Step 1, Step 2-Clinical Knowledge (CK) and Step 2-Clinical Skills (CS).

The student's completion status of the USMLE examinations is noted in the Medical Student Performance Evaluation (MSPE).

### *Step 1*

- Remediation of unsatisfactory Foundations Phase required coursework must be completed prior to taking USMLE Step 1.
- Step 1 must be completed in the second year prior to beginning clinical clerkships in the Patient Care Phase.
- Combined degree students and students entering into research fellowships must achieve a passing score on Step 1 prior to entering/continuing in their graduate/research program.
- If a student has had academic difficulty and/or marginal performances in the Foundations Phase, including the Comprehensive Basic Science Exam, the Student Progress Committee (SPC) may recommend or require that the student's entry into the Patient Care Phase be delayed allowing additional study time for Step 1. At the end of the Foundations Phase blocks, SPC will review students with thread remediation and/or Fail grades to determine if delaying the clerkship start date is necessary.

### *Step 2-CK and Step 2-CS*

- Remediation of unsatisfactory Patient Care Phase required clerkships must be completed prior to taking Step 2 CK and CS.
- Step 2-CK should be taken after completion of the Patient Care Phase and no later than June 30 of the third year.<sup>6</sup> For students who complete their Patient Care Phase off-cycle from the projected timeline, Step 2-CK should be taken within 8 weeks of completing the Patient Care Phase of the clinical curriculum.
- Step 2-CS should be taken after completion of the Patient Care Phase and no later than August 30 of the student's fourth year.<sup>7</sup> For students who complete their Patient Care Phase off-cycle from the projected timeline, Step 2-CK should be taken within 8 weeks of completing the Patient Care Phase of the clinical curriculum.

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<sup>6</sup> Students who delay their exam beyond the deadline will have that date noted in their MSPE.

<sup>7</sup> Students who delay their exam beyond the deadline will have that date noted in their MSPE.

## Transition to Clerkships and Transition to Residency

The Transition to Clerkships course serves as a preparation for clinical clerkships. Completion of Transition to Clerkships is required for graduation.

The Transition to Residency course serves as a preparation for residency. It is a graduation requirement and is scheduled at the end of the student's final year prior to the Physician's Oath and Hooding Ceremony.

## Additional Curricular Options

### Non-Clinical Electives

During the Foundations Phase, students may take additional elective coursework that is relevant to medical education through the University of Washington that does not involve direct patient care, in order to enhance their personal medical education. All UW non-clinical electives run on the main university's quarterly academic calendar, and the dates may not correspond with other courses in the School of Medicine. If taken, non-clinical electives may not be taken during Foundations class hours and all non-clinical electives must be completed prior to entering the clinical curriculum. The credits earned from non-clinical electives are not approved for M.D. graduation credit although the credits show on the student's transcript.

### Pathways

[Pathways](#) provide students an opportunity to take selected coursework with an emphasis on specific skill sets or specific populations:

- The [Global Health Pathway](#) provides medical students with the information and experiences necessary to practice in underserved communities worldwide. It is designed for students interested in research or clinical practice in resource poor settings and with international communities.
- The [Hispanic Health Pathway](#) provides medical students with experiences and educational opportunities in the area of Hispanic health. This pathway is designed for students interested in experience or clinical practice in urban or rural communities with a high Hispanic population.
- The [Indian Health Pathway](#) provides medical students with experiences and educational opportunities in the area of Native American health. The coursework includes health issues that affect American Indian and Alaska Native (AI/AN)'s and provides preceptorships in tribal and urban Indian health settings.
- The [LGBTQ Health Pathway](#) provides medical students with experiences and educational opportunities in the area of LGBTQ health. The coursework is designed to enable students to provide LGBTQ-competent healthcare.
- The [Underserved Pathway](#) provides medical students with a general introduction to communities with health disparities, such as rural, homeless and various racial and ethnic groups. This pathway is for students who are considering careers working with underserved patients and want a broad exposure to underserved populations and settings.

## Special Programs

There are several programs through which students can focus their training at the School of Medicine. Capacity of each program varies per year.

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

The [Medical Scientist Training Program](#) (MSTP) allows students particularly interested in conducting research to pursue both the M.D. and Ph.D. degrees. Selected students receive funding for tuition and a stipend from the National Institutes of Health (NIH) or through other funds available through the School of Medicine. The application for this program is different from the application to the MD program and occurs during the admissions application cycle prior to attending medical school.

### *Oral and Maxillofacial Surgery Program (O.M.S.)*

The [O.M.S.](#) program is a 6-year education training program that certifies graduates to practice Oral and Maxillofacial Surgery. Students admitted to the program have completed dental school and enter into M.D. training with advanced standing. They must meet all of the requirements for both the M.D. degree and the Oral and Maxillofacial Surgery residency in order to remain in the program. Dismissal from either program for any reason constitutes dismissal from all aspects of the combined six-year program. Application to this program is limited to D.D.S. students and occurs prior to matriculation at the School of Medicine. Deadline dates are determined by the O.M.S. match process.

### *TRUST*

The [TRUST program](#) (Targeted Rural and Underserved Track) is focused on training specially qualified and selected students to serve in underserved areas, including both rural and small city community health centers. Students participating in TRUST are required to complete the [WRITE program](#) during their Patient Care Phase. Application to the TRUST program occurs during the medical school admissions application cycle.

### *CUSP (Community-focused Urban Scholars Program)*

[CUSP](#) (Community-focused Urban Scholars Program) is focused on training specially qualified and selected students to serve in urban underserved areas. Application to this program occurs between medical school acceptance and matriculation.

### *R/UOP (Rural/Underserved Opportunities Program)*

[R/UOP](#) (Rural/Underserved Opportunities Program) is a four-week, elective immersion experience in community medicine for students between their first and second years of medical school. When done in conjunction with a community-based scholarship project, R/UOP may be used to meet the III requirement. During the four-week rotation, students live in rural or urban underserved communities in the WWAMI region and work side-by-side with local physicians providing healthcare to underserved populations. Application to this program occurs in December of the student's first year.

### *AHEC Scholars Program*

Beginning in the 1970's, Area Health Education Centers (AHEC) were launched to develop a rural and urban underserved workforce, focused on addressing the needs of these communities. The University of Washington received a recent HRSA grant for the AHEC Scholars Program in September. The program targets health profession students who are seeking a degree or certificate, specifically targeting students from disadvantaged backgrounds. The purpose of the AHEC Scholars program is to develop a rural and urban underserved workforce that will be educated on core issues facing such communities. The program is based on interprofessional education (IPE) and meant to encourage team based learning and clinical care. These objectives are the same as many of the School of Medicine's special programs and will highlight the work these medical students are doing with this nationwide certificate. Students from disadvantaged backgrounds are particularly encouraged to participate although anyone in good standing can apply. <http://depts.washington.edu/ahec/wwami-ahec-scholars-program/>

### *Greater Seattle Option*

The Greater Seattle Option (GSO) allows students to complete 24 weeks of the Patient Care phase required clerkships in the greater Seattle area, including Everett, Renton, and the Eastside. It does not include Bremerton, Tacoma or Madigan. Application to this program occurs during the spring of the student's first year. Interested students should contact the Curriculum Office, [somcurr@uw.edu](mailto:somcurr@uw.edu), for more information.

### *Olympia LIC*

The Olympia Longitudinal Integrated Clerkship (LIC) program allows students to complete the majority of the Patient Care phase required clerkships in Olympia, Washington and its surrounding communities. Students participating in this program are required to meet their minimum time of eight weeks or required clerkships in Seattle during the Patient Care and Explore and Focus phases. Application to this program occurs during the spring of the students' first year. Interested students should contact Dr. John McCarthy, [mccajf@uw.edu](mailto:mccajf@uw.edu), or Michelle Pelt, [peltm@uw.edu](mailto:peltm@uw.edu), for more information.

### *WRITE*

The [WRITE program](#) (WWAMI Rural Integrated Training Experience) provides a four - five month opportunity to work with physicians in a rural area during the Patient Care Phase of the clinical curriculum. Application to this program occurs during the spring of the first year.

### *Tracks*

The [Track program](#) allows students to complete 24 weeks of the Patient Care phase and XX weeks of the Explore and Focus phase required clerkships in one specific city or state in the WWAMI region. Students participating in this program are required to meet their minimum time of eight weeks of required clerkships in Seattle. Application to this program for the Patient Care Phase occurs during the spring of the student's first year. Application to this program for the Explore and Focus Phase occurs during the spring of the student's second year.

### **Concurrent Degree Programs**

There are two approved concurrent degree programs at the University of Washington. Students with an interest in pursuing an additional degree concurrently with their M.D. degree may petition the associate



dean for student affairs for permission to participate in a concurrent degree program following the completion of the Patient Care Phase of the curriculum and prior to their final year of the M.D. curriculum.

Students must be in good academic standing and have permission to enter another graduate program while enrolled in the School of Medicine in order to be eligible for consideration for concurrent degree status. Approval of application to pursue a concurrent degree involves both the School of Medicine and the additional program's administration.

Participation in a concurrent degree program will delay the student's anticipated date of graduation. 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, and will be charged Washington's out-of-state tuition for the non-M.D. graduate portion of the combined degree program.

#### *M.D./Master of Public Health (M.D./M.P.H.)*

The [M.D./M.P.H.](#) concurrent degree program allows students particularly interested in public health, health policy, clinical epidemiology, or community-based health disease prevention or health promotion to pursue both the M.D. and M.P.H. degrees concurrently. The program requires one additional full year of coursework dedicated to public health, and submission of a Master's thesis. Application to this program occurs either at the same time as application for the M.D. degree or occurs during the fall of the Patient Care phase. Deadline dates are determined by the School of Public Health.

#### *M.D./Master of Health Administration (M.D./M.H.A.)*

The [M.D./M.H.A.](#) program allows students particularly interested in management, health care policy, or systems-based approach to health care delivery to pursue both the M.D. and M.H.A. degrees concurrently. The program requires one additional full year of coursework dedicated to health administration and the completion of a capstone project. Application to this program occurs during the fall of the Patient Care phase. Deadline dates are determined by the School of Public Health.

### **Pursuing a Graduate Degree at Other Institutions or Other Non-concurrent Degree at the University of Washington**

If a student wishes to pursue a Ph.D. or Master's program at another institution, s/he is required to meet with the associate dean for student affairs for approval. A letter of recommendation and/or permission for a leave of absence from the School 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 the student is accepted into the program, s/he 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 Ph.D. or Master's degree.

#### **Western Student Medical Research Forum (WSMRF)**

The [Western Student Medical Research Forum](#) (WSMRF) offers students the opportunity to present their clinical or basic investigative research. Students must be enrolled in winter quarter and in good academic

standing to submit abstracts of their research work for consideration. Abstracts will be reviewed internally for quality of work and approved for submission of an application. Students who are on academic probation are not eligible for this opportunity. Reimbursements for students attending this meeting are handled by the Academic Affairs office. Questions regarding WSMRF can be directed to the Curriculum Office at (206) 543-5562 or [somcurr@uw.edu](mailto:somcurr@uw.edu).

### *Student Conference Travel Funding*

Medical students are encouraged to pursue various extracurricular opportunities and to present their research or represent the UWSOM at regional and national meetings provided it does not interfere with curricular attendance and coursework requirements. The School of Medicine provides awards for up to \$350 towards airfare to attend a student conference. The Medical Student Association (MSA) and Academic Affairs have created an application and evaluation process for disbursement of UWSOM financial assistance related to conference-related travel expenses. Application deadlines for these awards occur annually in September and February, and any medical student in good standing is eligible to apply. Interested students should review the [Student Conference Travel website](#) for more information regarding eligibility, availability, deadlines, the application, selection criteria, and receiving the funding.

## **Curricular Requirements for the 2017 and 2018 Entering O.M.S. Classes<sup>8</sup>**

O.M.S. residents are granted advanced standing status with the UW School of Medicine effective the summer quarter in which they begin their first year of the O.M.S. residency program.

The awarding of the Doctor of Medicine degree is contingent upon satisfactory completion of all curricular requirements and academic and professional conduct requirements. The curriculum is dynamic and designed to provide students with a strong foundation in the basic sciences and a comprehensive approach to clinical medicine. The curriculum is planned to allow time for the student to pursue additional electives at the University of Washington and WWAMI-affiliated institutions in order to broaden their perspective of medicine and the world in which the physician functions. Since the field of medical science is constantly changing, the graduation requirements for the M.D. program set forth at matriculation may undergo modification that will apply to students already enrolled.

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 Steps 1 and Step 2, clinical knowledge and clinical skills, serve this function. Passage of the Foundations and Patient Care Phase OSCEs is also required.

<b>A. Consolidation and Transition</b>	<b>11 credits</b>
Intensive Foundations Review/USMLE Board Prep	9 credits
Transition to Clerkships	2 credits

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<sup>8</sup> Approved, School of Medicine Faculty Council on Academic Affairs: Fall 2017

<b>B. Scholarly Project: Independent Investigative Inquiry (III)</b>		<b>6 credits</b>
Credit is awarded by satisfactory performance of the Independent Investigative Inquiry or waiver if students have received Master's or Ph.D. degrees with a thesis or dissertation in disciplines basic to medicine or first authors of published papers in peer-reviewed medical or scientific journals.		
<b>C. Patient Care</b>		<b>84 credits</b>
Required Clinical Clerkships		
Family Medicine	6 weeks	12 credits
Internal Medicine	12 weeks	24 credits
Obstetrics and Gynecology	6 weeks	12 credits
Pediatrics	6 weeks	12 credits
Psychiatry	6 weeks	12 credits
Surgery	6 weeks	12 credits
<b>D. Explore and Focus</b>		<b>72 credits</b>
Advanced Patient Care	4 weeks	8 credits
Advanced Patient Care - Subinternship	4 weeks	8 credits
Emergency Medicine	4 weeks	8 credits
Neurology or Neurosurgery	4 weeks	8 credits
Clinical Electives	20 weeks	40 credits
<b>Total minimum credits for M.D. degree:</b>		<b>173 credits</b>

### Waived Curricular Requirements for the 2017 and Subsequent Entering O.M.S. Classes

<b>A. Foundations Phase</b>		<b>90 credits</b>
UW School of Medicine M.D. foundational coursework met by D.D.S., D.M.D. (or equivalent), CBSE score (or equivalent), and satisfactory completion of O.M.S. intern experience		
<b>B. Transition to Residency</b>		<b>4 credits</b>
The Transition to Residency coursework is met by O.M.S residency.		
<b>Grand total of required and waived credits for degree:</b>		<b>271 credits</b>

### Grading and Assessment

The assignment of grades is the prerogative of the block and clerkship directors, who are responsible for the final determination of the evaluation of the students' performance. The Student Progress Committee, which is charged to review student performance, does **not** make determinations of grades but rather relies on the information submitted by the faculty on student performance for making decisions on remediation or other actions related to a student's progress in the medical school program. No grade-point average is assigned under the School of Medicine grading system.

In order to receive the M.D. degree, students must receive a Pass or higher grade in all courses for which they register in the medical school curriculum and must develop attitudes and professional conduct appropriate for a physician-in-training. College faculty mentors are given access to all evaluations of their assigned medical students.

### Final Grades for Foundations Phase

In the Foundations Phase, the grading system is Pass and Fail only. Students must also demonstrate mastery of thread content in the Foundations Phase. The Mastery designation indicates that the student completed all thread requirements at or above the minimum standards of performance. This designation does not appear on the student's official transcript.

### Final Grades for Clinical Phases

In the Patient Care and Explore and Focus phases, the grading system is Honors, High Pass, Pass, and Fail for the clinical curriculum. The Honors and High Pass designations are available in clinical clerkships greater than or equal to four weeks in length. Two-week clinical electives<sup>9</sup> and international clinical electives<sup>10</sup> are graded on Pass/Fail only.

The determination of grades in required clerkships is determined by standardized grading rubrics. If a final exam is required by the clerkship, a passing grade on the final exam is required in order to pass the clerkship.

The grading criteria for achieving Honors and High Pass will be specified in the course syllabus or website. Qualification for Honors may require additional criteria or coursework, such as completion of a paper, which is subject to determination by the department responsible for the clerkship. If completion of additional criteria or coursework is required for achievement of an Honors grade, all requirements must be completed and submitted by no later than the last day of the course.

### *Fail Grade*

The Fail grade indicates that the student has not achieved the minimum standards of performance in the block, course, or clerkship. Fail grades are reported to the Student Progress Committee and appear on the student's official transcript and the student's Medical Student Performance Evaluation (MSPE).

### *Incomplete Designation*

The Incomplete designation is not a grade and may be given only in circumstances of documented, excused illness, or personal/family emergency. The Incomplete is expected to be cleared within a short time frame. If circumstances do not permit this, the Student Progress Committee, in consultation with the block or clerkship director, will determine a date by which the Incomplete must be cleared. If this deadline is not met, the Incomplete will be converted to a Fail.

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<sup>9</sup> Approved by the Faculty Council on Academic Affairs: March 2015; Effective July 2015

<sup>10</sup> Approved by the Elective Clerkship Committee: December 5, 2016

To be eligible for consideration for an Incomplete, the student must call the block/clerkship director and/or the associate dean for student affairs or foundations dean to discuss the need to delay an examination **prior** to the beginning of the examination. If the student's request for a delay is not approved and the student chooses to not take the examination at the scheduled time, a Fail will be submitted.

### *Withdrawal from Course*

A withdrawal from a block/clerkship may be permitted in the event of illness or personal/family situations or when the student is placed on a leave of absence prior to completing a course. Students must consult with the associate dean for student affairs for approval. If a withdrawal is approved, this is recorded by the University of Washington registrar. A student is **not** permitted to withdraw to avoid failing a block or clerkship.

In consultation with the associate dean for student affairs and the registrar, students may elect to petition the University to convert their withdrawal to a [hardship withdrawal](#).

### **Internal Levels of Assessment**

Internal levels of assessment, such as Evaluator Concern regarding Professional Behavior or Conduct, academic performance, or attendance are included on the grading forms for all courses in both Foundations and clinical curriculum. The purpose of this form of faculty assessment is to provide feedback to students and to give the Student Progress Committee additional information to use in the management and oversight of students' academic and professional development.

### *Evaluator Concern*

The Evaluator Concern designation is not recorded on the official transcript, although an observed pattern of Evaluator Concerns may be noted in the Medical School Performance Evaluation (MSPE). An Evaluator Concern documenting a serious deficiency or a pattern of evaluation concerns in two or more courses may result in the student's performance being deemed unsatisfactory for continuance in the medical school program.

### *Professional Development Assessment*

Students are expected to develop the professional behavior and conduct, cultural competency, and sensitivity to cultural differences appropriate for an individual working in the medical profession. Professionalism benchmarks are used to evaluate the professional development of the students. The levels of assessment include: Unacceptable, Needs Development, and Meets or Exceeds Expectations.

Management of concerns regarding a student's development of professionalism will be assessed based on the severity, pattern, and significance of any problems that are noted, and will be referred to the associate dean for student affairs, Foundations dean, College mentor, and/or Student Progress Committee, as appropriate, for review with the student. A pattern of concerns regarding professional behavior and conduct may be noted in the student's Medical Student Performance Evaluation.

If a student's overall professional development is deemed unacceptable by the Student Progress Committee, the student must successfully complete appropriate remediation in order to receive the Doctor of Medicine degree. If the student fails to complete the appropriate remediation within the time frame established by the Student Progress Committee, the student may be recommended for dismissal from the School of Medicine. No student with unremediated, unacceptable professional behavior will be granted the Doctor of Medicine degree from the University of Washington School of Medicine.

## Performance Feedback and Evaluation

All blocks, courses, and clerkships are required to provide feedback to students on their performance during the course so that the students have adequate opportunity to improve by the end of the course. Evaluators may also provide feedback at the conclusion of the course to enable students to continue to improve in areas needing development as they move into subsequent blocks or clerkships.

Feedback is delivered to students through exams, evaluation forms, narrative commentary, statistical information, and direct conversation with faculty, residents, attendings, and/or preceptors. Evaluators may elaborate on areas of strength and areas needing development, including but not limited to:

- Academic performance
- Attendance
- Clinical skills
- Communication skills
- Contribution
- Data gathering
- Dependability
- Educational attitudes
- Integration skills
- Knowledge
- Management skills
- Motivation
- Participation
- Patient-centered care
- Professional conduct
- Professional relationships
- Relationships with patients & families
- Reporting skills
- Responsibility

Block, clerkship and/or site directors are encouraged to speak with students who appear to be having significant difficulty in the courses based on their exam scores or participation in required components of the block or clerkship.

At the completion of the block, course, or clerkship, the director is responsible for submitting examination scores, the final grade percentage, and an overall assessment of the student's development, which includes an evaluation of the skills listed above, formative and summative narrative comments, and an overall grade, to the School of Medicine registrar for processing. If applicable, evaluator concerns and/or comments on professional development may be included. The summative comments are for use in the Medical Student Performance Evaluation (MSPE). The grade percentages do not appear on the official transcript. The percentages conversion to Honors, High Pass, Pass, or Fail (as applicable) will appear in the students' academic files.

### *Narrative Assessment in the Foundations Phase*

Narrative assessment is provided for the Foundations of Clinical Medicine at the completion of the Foundations Phase. It is provided in Foundations blocks and other courses when feasible, as outlined in the UWSOM Narrative Assessment Policy. The Narrative Assessment Policy<sup>11</sup> states that narrative assessment will be a component of the student's formative and, where appropriate, summative evaluation in courses that teach on an individualized or small-group (12 or fewer students) basis with a consistent (4 or more sessions) teacher.

### *Confidentiality of Grades or Graded Material*

The Family Educational Rights and Privacy Act (FERPA) prohibits posting of student grades by University student identification numbers to protect students' identities. Graded materials, including clinical case write-ups, must be returned to the student directly from the faculty instructors.

### *Timing of Release of Grades/Evaluations*

Grades for the Foundations blocks, courses and Foundations of Clinical Medicine are posted to Canvas and submitted to the UW Registrar's Office no later than four days after the end of the quarter, per University of Washington policy.

Grades for all required and elective clinical clerkships must be reported to the student within four weeks and never more than six weeks after the end of the clerkship, per LCME standards. If a student has not completed the required work, the student will not receive a grade until the clerkship is completed.

If additional time is needed to submit the grade, the clerkship director must consult with the associate dean for curriculum and/or the associate dean for student affairs prior to delaying the release of the grade. Reasons that may delay the expected grade release timing for clerkships include the student missing time in the clerkship or an incomplete component of the clerkship. It may be appropriate to issue an Incomplete in consultation with the associate dean for curriculum or associate dean for student affairs.

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

Students have the right to appeal their grades and/or evaluation comments in situations in which they feel the performance was based on inaccurate information, was not evaluated by faculty or residents with whom they worked, and/or included comments that were inappropriate or insufficient based on feedback received during the course. If the student is not satisfied after the block, course, or clerkship director's review, the student may appeal to the Grade Appeal Committee for Foundations Phase or Patient Care/Explore and Focus Phase. Within an academic setting, the faculty are responsible for the final determination of the evaluation of the students' performance.

### *Timeline*

For all Foundations blocks and courses, [University of Washington 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<sup>12</sup>. For all Foundations Phase blocks and courses, and for all clinical clerkships, a request

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<sup>11</sup> Approved by the Curriculum Committee on May 14, 2018.

<sup>12</sup> This does not include the summer quarter.

for a grade review may be requested at any point after the grade has been submitted. The student must begin the Foundations grade challenge three weeks after grade submission and the process ends by 4 weeks after grade submission. If the student wishes to appeal the grade challenge outcome, the process begins within 5 weeks of grade submission and must be complete by 7 weeks following the grade submission. Remediation of a fail grade and grade challenge will generally occur concurrently since grade failure may prohibit a student from progressing in the Foundations Phase curriculum.

If there is significant concern about the clinical clerkship evaluation or final grade the student must begin the grade challenge process two weeks after grade submission and the process ends by 8 weeks after grade submission. If the student wishes to appeal the grade challenge outcome, that process begins within 8 weeks of grade submission and must be complete by 12 weeks following the grade submission. If the grade was not finalized within 6 weeks after the end of the clerkship, the student's appeal timeline will be appropriately extended, i.e. the student should never have less than 6 weeks to appeal a grade.

### [Review Process](#)

If a decision is made to change the grade/comments at either review level, a revised evaluation will be submitted to the School of Medicine registrar for placement in the student's official academic file.

If the grade/comments are not changed but there are circumstances or information worth documenting, the block/clerkship director may submit a letter for inclusion in the student's official academic file. Students may also submit a letter providing their perspective on the grade or comments for inclusion in their academic file.

### [Medical Student Performance Evaluation \(MSPE\)](#)

The MSPE provides an overall assessment of the student's medical school performance. Compiled in the summer prior to the student's final year, it includes an assessment of the student's professional behavior, grades and comments from course evaluations, the title of the student's III requirement project, OSCE and USMLE completion status, and national honor society membership, if applicable.

### [Graduation with Honors](#)

A degree of Doctor of Medicine with honors may be awarded to students with high academic achievement who have demonstrated initiative and success in clinical and scholarly pursuits related to medicine, outstanding leadership, or exceptional service commitment. Graduation with honors may be awarded to up to 15% of a graduating class. A designation of high honors may be awarded to recognize the outstanding and truly exceptional performances of a few select students and may or may not be given each year. Nominations are submitted by departmental and College faculty; honorees are selected by the Student Progress Committee; and final recipients are approved by the Medical School Executive Committee.



# EXPECTED STANDARDS OF PERFORMANCE & MANAGEMENT OF STUDENT PROGRESS TOWARDS THE M.D. DEGREE

The following provides an overview of the expectations for, completion of, and performance in, the graduation requirements. The Student Progress Committee reviews the records of medical students and makes decisions about a student's progress in, and required remediation for, meeting the School of Medicine's graduation requirements.

## Academic Standards

### Foundations Phase

Students must successfully complete the following in order to qualify for the Patient Care Phase of their medical training:

- Immersion & Orientation
- Molecular & Cellular Basis for Disease
- Invaders & Defenders
- Circulatory Systems
- Energetics & Homeostasis
- Blood & Cancer and Musculoskeletal
- Mind, Brain, & Behavior
- Lifecycle
- Foundations of Clinical Medicine
- Threads
- Ecology of Health & Medicine (I)
- Clinical Research Methods
- OSCE (Foundations)
- Intensive Foundations Review/USMLE Board Prep
- USMLE Step 1
- Transition to Clerkships
- Independent Investigative Inquiry (III)

### Patient Care Phase

Students must successfully complete the following in order to qualify for the Explore & Focus Phase of their medical training:

- Family Medicine
- Internal Medicine
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry
- Surgery
- Ecology of Health & Medicine (II)
- OSCE (Patient Care Phase)

## Explore & Focus Phase

Students must successfully complete the following in order to qualify for consideration for receiving the MD degree from UW School of Medicine:

- Advanced Patient Care clerkships
- Emergency Medicine
- Neurology or Neurosurgery
- Clinical electives
- Ecology of Health & Medicine (III)
- USMLE Step 2 Clinical Knowledge (CK)
- USMLE Step 2 Clinical Skills (CS)
- Transition to Residency

Exception: the Ecology of Health & Medicine and Clinical Research Methods course requirements do not apply to students who matriculated before 2017.

## Professional Standards

Medical students are expected to maintain the highest standards of personal and professional conduct both in the academic setting and within the community. They are 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 University of Washington, the School of Medicine or the Student Progress Committee, apart from whether there is any action that may occur in civil or criminal court.

## Policy on Professional Conduct

Medical students are expected to adhere to [UW Medicine's Policy on Professional Conduct](#), which states that "UW Medicine is committed to high standards of professionalism in patient care, research and education among our faculty, staff, residents, fellows, and students. Professionalism is integral to our mission of improving health, and includes demonstrating excellence, respect, integrity, compassion, altruism, and accountability in all endeavors and creating an environment supportive of diversity in ideas, perspectives and experiences. All individuals in our UW Medicine community are responsible for creating an inclusive environment where every person is valued and honored.

All members of the UW Medicine community are expected to conduct themselves in a professional and ethical manner with colleagues, patients, and the public. Leaders in our community are expected to model, promote, and advocate for a strong and visible culture of professionalism."

Students, faculty and staff are encouraged to review the entire policy that is located on the UW Medicine web page and reviewed annually by the Medical School Executive Committee.

## Fitness for Clinical Contact

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 could 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, rural and regional 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, rural and regional affairs and informed of the situation concerning the student.

It is important to note that existing statutes require physicians to report other physicians who have a condition, either physical or mental, that may affect their ability to practice with reasonable skill and safety. Under [WAC 246-16-200](#), all individuals licensed by the Department of Health in the State of Washington are required to report any other individual licensed by the Department of Health who commits an act of unprofessional conduct or who has a condition, physical or mental, that may affect his/her 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. Thus, students believed to have a condition that may affect their ability to interact safely with patients, 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.

Reporting of concerns and for reviewing the situation in which those observing or working with the student became aware of the medical student's possible impairment due to mental illness, physical illness, or drugs and/or alcohol is accomplished by contacting the associate dean for student affairs or vice dean for academic, rural and regional affairs.

The associate dean for student affairs will meet with the student and with those involved in observing the student's behavior as necessary to assess the situation. If not already submitted, all faculty and staff who observed the student's behavior of concern, or otherwise might have pertinent information concerning the behavior, will be asked to provide to the associate dean for student affairs with a written statement that details their observations. If in the associate dean's best judgment, students may pose a risk to patients, students, faculty, or others, they will be withdrawn from the courses, clinical setting, and/or extracurricular program in which they are enrolled and may be placed on a leave of absence until referral and evaluation by the WPHP has been completed. The WPHP may find the student poses no risk to patients or others in the educational community and can return to the curriculum and medical school setting. If the WPHP finds the student may pose a risk regarding patient care or safety, they will recommend and oversee a course of evaluation and treatment and make the decision on whether to endorse the student to return when appropriate.

In the event that a student wishes to challenge the appropriateness of being removed from patient contact, the educational setting, and/or the appropriateness of the WPHP referral, the student will be advised of their right to due process. The student's request for a review will be presented to the Student Progress Committee according to the committee's guidelines for managing student reviews.

## Standards of Conduct and Professional Behavior

Students are expected to be on their honor to maintain high standards of professional behavior in all aspects of their medical school training both in the academic setting and in the community. Upholding the highest standards of academic performance, professional and personal behavior, personal integrity, respect for each other as individuals, and accountability for one's own conduct includes acquiring behavioral patterns and attitudes consistent with the Honor Code signed at the time of application and confirmed at matriculation and the physician's oath taken at the time of graduation.

Evaluations of the performance of students in the medical school curriculum include an assessment of whether the student is making satisfactory progress in developing appropriate professional behavior for a physician-in-training. For a student in whom unprofessional behavior has been identified and documented

through an appropriate review process, the Student Progress Committee may interview the student to determine whether the student has insight into the behavior, whether there are any extenuating circumstances that need to be taken into account, and whether an appropriate remediation should be considered.

Breaches of professional behavior are considered grounds for dismissal. However, in reviewing the circumstances surrounding the student's behavior, the SPC may elect to mandate a leave of absence or suspension from the medical school program as a sanction for the unprofessional behavior and allow for a period of time during which the student may undergo appropriate remediation. The SPC may also interview the student at the conclusion of the imposed sanction to determine whether the student should be permitted to reenter the medical school program or should be dismissed.

If the students' professional behavior is deemed to be unacceptable and the students have not sufficiently learned how to modify their behavior or if the behavior is so egregious and deemed to make a student unfit for being a physician-in-training, the student will not be recommended for graduation with the M.D. degree and dismissed from the medical school.

Below are broad categories of personal/professional behavior and conduct that fall under the purview of the Student Progress Committee as part of the overall academic standards expected of students who are recommended for promotion and graduation. They are also reflective of the [University's Student Conduct Code](#). This is not intended to be an exhaustive list, but rather general guidelines for which inappropriate behavior would be of concern in professional development.

### *Cheating/Plagiarism*

- Cheating:
  - Involving examinations
  - Copying work of others
  - Sharing questions on current or past exams with others
- Plagiarism:
  - Careless attribution of sources
  - Intentional misrepresentation
  - Submission of commercially prepared personal statement or other written material not of one's own creation

### *Inappropriate Interaction with Patients*

- Taking action regarding patient care outside of the care team hierarchy
- Arguing about diagnosis or treatment in front of patient
- Describing patient in inappropriate terms
- Not respecting personal or professional boundaries with patients
- Inappropriate personal relationship with patient or member of patient's family

### *Inappropriate Behavior in Clinical Setting*

- Taking patient's record from the hospital

- Inappropriate access to patient's electronic record
- Talking about patient in public setting
- Acting beyond level of responsibility without direction from the patient care team
- Fabricating clinical data, such as when asked about patient status or in recording information on the patient
- Inappropriate attire/hygiene
- Ignoring proper universal precautions

#### *Inappropriate Interaction with Peers, Staff, Faculty*

- Harassment or abusive behavior in person or electronically
- Assault
- Deliberate degradation or disruption of the learning environment
- Intentional misrepresentation of self or qualifications
- Argumentative behavior beyond what is reasonable for issue or setting
- Inappropriate, inadequate, or untimely response to queries from faculty/staff/deans

#### *Inappropriate Behavior outside Coursework*

- University Student Conduct Code infractions
- Inappropriate interaction with individual(s) within the University or community
- Conviction of a misdemeanor or felony
- Harassment or abusive behavior
- Crimes against property

#### *Non-Compliance with Requirements*

- Immunizations; TB Screening
- Criminal Background Check
- CPR/BLS
- HIPAA; UW Data Stewardship (PCISA form)
- Universal Precautions Training

#### *Inappropriate Financial Behaviors*

- Requesting or accepting financial aid based on misrepresentative or false documentation
- Not meeting agreed obligations related to research fellowship or other contract with stipend

For infractions related to personal/professional behavior and conduct within the medical school program, the School of Medicine's Student Progress Committee's review process will be followed. A student's right to appeal decisions of the Student Progress Committee falls under the auspices of the School of Medicine.

Investigation of infractions outside of the medical school program are typically conducted by the [University's Community Standards and Student Conduct](#) office (CSSC) which provides a report to the Student Progress Committee and may, independent of the Committee, impose a sanction on the student. The student's right to appeal a CSSC sanction falls under the University's [Student Conduct Code](#) guidelines.

Students are 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 be taken in civil or criminal court.

### Understanding Plagiarism and Maintaining Personal Integrity

Students must follow the appropriate guidelines for acknowledging the use of the work of others in all work and scholarly research projects. There are a number of manuals on how to write research papers, and students should identify the appropriate manual for the kind of project being completed. Failure to appropriately attribute and document the work of others may result in referral to the associate dean for student affairs and/or disciplinary action.

The definition of plagiarism used by the School of Medicine is from "Definition of Plagiarism" by Harold C. Martin, Richard M. Ohmann, and James H. Wheatly, as published in Wesleyan University's *Blue Book*.

Plagiarism can take many forms:

The spectrum is a wide one. At one end, there is a word-for-word copying of another's writing without enclosing the copied passage in quotation marks and identifying it in a footnote, both of which are necessary. It hardly seems possible that anyone of college age or more could do that without clear intent to deceive. At the other end, there is the almost casual slipping in of a particularly apt term, which one has come across in reading and which so admirably expresses one's opinion that one is tempted to make it personal property. Between these poles, there are degrees and degrees, but they may be roughly placed in two groups. Close to outright and blatant deceit - but more the result, perhaps, of laziness than of bad intent - is the patching together of random jottings made in the course of reading, generally without careful identification of their source, and then woven into the text, so that the result is a mosaic of other people's ideas and words, the writer's sole contribution being the cement to hold the pieces together. Indicative of more effort and, for that reason, somewhat closer to honesty, though still dishonest, is the paraphrase, an abbreviated (and often skillfully prepared) restatement of someone else's analysis or conclusions without acknowledgment that another person's text has been the basis for the recapitulation.<sup>13</sup>

### *Collaboration on Course Assignments*

In many courses, students will be encouraged to work together on questions covering broad topics or on various projects. It is expected, however, that each student will write their own individual responses based on the group's effort. It is inappropriate and unacceptable to write one response as a group and subsequently copy and submit that one response as each individual student's unique work.

### *Papers for Honors and Multiple Purposes*

For courses that require a paper for Honors, each paper must be unique. It is not acceptable to hand in the same paper for two or more clerkships, and it is inappropriate to hand in a paper completed for another

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<sup>13</sup> From reproduction in "[Honor in Science](#)," published by Sigma Xi, The Scientific Research Society, p. 15.

purpose (such as undergraduate or graduate coursework, III, MSRTP, etc.) to fulfill a course's paper requirement or to form the basis of a presentation that is a requirement for a clerkship.

### *Representation in Applications and Personal Statements*

The student should be the sole author of any personal statement prepared for medical school, residency applicants, or other purposes for which students are reflecting themselves to others. It is a breach of academic integrity for students to incorporate statements written by others or taken from commercially prepared documents, and for students to misrepresent their academic/professional qualifications and achievements in personal statements and/or curriculum vitae.

### **The Medical Student Honor Code for the University of Washington School of Medicine**

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

#### **PREAMBLE**

We, the students of the University of Washington School of Medicine, believe that high ethical standards are essential to the practice of medicine. As we aspire to cultivate and maintain a community of professionalism and academic integrity, we place at the foundation of our endeavors and in all of our interactions the ideals of excellence, integrity, respect, compassion, accountability and a commitment to altruism. Through this Honor Code, we attempt to articulate the most basic principles that should guide our professional behavior throughout our education.\*

\*Nothing in the Medical Student Honor Code for the UW School of Medicine is intended to supersede the University of Washington Student Conduct Code.

## I. PROFESSIONAL CONDUCT

### *I.A. Respect for Patients*

#### *I.A.1 Care at the Bedside*

We will take the utmost care to ensure respect and confidentiality for patients. As medical students, we will demonstrate this respect and confidentiality through appropriate language and behavior, including using language and behavior that are non-threatening and non-judgmental. We will be truthful and will not intentionally mislead or give false information to any patient or to individuals involved in the patient's care and well-being.

Throughout our training, we will enter into professional relationships whose integrity rests on strict confidentiality. Except in situations where we are obligated by law to do otherwise, we will hold all matters we discuss with any patient confidential within the medical team responsible for that patient's care.\*

#### *I.A.2. Communication*

As medical students, we are obligated to comply with laws regarding patient privacy. In addition, the written medical record is important in communications between healthcare providers and in effective patient care; it is also a formal document and is available for patient review. As such, it is crucial that we maintain the integrity of patients' medical care through accurate reporting of all appropriate and relevant information about which we have direct knowledge.

#### *I.A.3. Safe Clinical Practice*

If we recognize ourselves or other healthcare providers to be impaired in any way that may impact patient safety, we will address the issue promptly and appropriately. We will consult more experienced members of the medical team concerning decisions about which we are uncertain of the appropriate standard of care in relation to the patient. In cases where we are concerned about potential harm to self or others, we commit to reporting the issue through appropriate medical staff.

### *I.B. Respect for Faculty, Staff, Colleagues and Hospital Personnel*

Our behavior and our oral and written communications should demonstrate respect for the diversity of our colleagues. We will avoid disparaging remarks or actions with regard to a person's race, age, gender, gender identity, disability, national or regional origin, medical specialty, religion or sexual orientation. We will strive to create an environment that fosters mutual learning, dialogue and respect, while avoiding verbal or written communications or physical contact that could create a hostile or intimidating environment for learning or for patient care.

\* Examples of mandatory reporting include, but are not limited to, patients reporting that they are planning to harm themselves or someone else or that they were the perpetrator of an act of child abuse.



Upon encountering actions or values of peers that we find degrading to ourselves or to others, we will strive to respectfully address our concerns with the individual(s) involved. While we strive for common understanding through respectful communication, we understand that achieving a common understanding does not necessarily mean reaching agreement.

### *I.C. Respect for Self*

In addition to the ethical standards set forth in this Code, we realize and appreciate the diversity of personal beliefs that exist in our medical student body and believe that diversity serves to enrich the medical profession. Therefore we encourage the upholding of personal ethics, beliefs and morals in both our daily conduct and in our practice of this Code.

### *I.D. Respect for Community*

We will consider how our words and actions may affect the sense of acceptance that is essential to an individual's or group's participation in the community.

Since our actions reflect on us as medical students of the University of Washington and as future physicians, we will strive to adhere to our standards of professional conduct both within and outside the classroom and clinical settings. We recognize that physicians are viewed as leaders within their communities and that we are expected to behave with civility and a deep regard for the honor of the profession.

## **II. ACADEMIC STANDARDS**

As medical students, we are obligated to develop and advance our medical knowledge and skills to the best of our abilities, realizing that the health and lives of the persons committed to our care could depend on our competence. We are responsible for proper conduct and integrity in all scholastic and clinical work.

### *II.A. Examinations*

We understand that examinations and many assignments within the UW School of Medicine are meant to reflect our individual knowledge and skills. Whereas cheating is unethical, cheating (defined in the UW School of Medicine *Student Handbook*) during, or in procurement of information prior to, examinations will not be tolerated by our student peers.

We will not communicate any specific information regarding an examination to a classmate in any UW educational site who has not yet completed that examination during that academic year or in subsequent years. This specific information includes any details that would result in an inequitable testing situation.

Students have an obligation to respect their peers and thus maintain a non-disruptive atmosphere during examinations.

### *II.B. Other Academic Work*

As members of the academic community, and pursuant to University and School rules, we have an obligation to not plagiarize or intentionally misrepresent the work of others nor claim it as our own. During

medical training we will be provided with communal instructional material that will greatly aid our learning. In respecting the scientists, doctors and patients who have shared their knowledge and experience for the betterment of medical learning, we will make every effort to protect and preserve these resources for the use of future peers and classmates.

### **III. MISTREATMENT OF STUDENTS**

The UWSOM recognizes professionalism to be a vital part of medical education and patient care. Mistreatment of students by trainees, faculty or staff compromises the learning environment, impairs the well-being and emotional development of students, and perpetuates poor modeling of the professional role. Each of these is likely to translate into impaired physicians and impaired patient care. Recognizing that addressing mistreatment of students plays a major role in ensuring that professionalism standards are upheld, we commit to bringing concerns of mistreatment to each other as peers, and/or our counselors, formal or informal mentors, and School of Medicine administration.

### **IV. THE HONOR COUNCIL AND VIOLATIONS OF THE HONOR CODE**

Pursuant to the terms of this Honor Code, an Honor Council will be formed by the UWSOM students from the elected representatives from all current classes. The role of the Honor Council will be 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 UWSOM administration or other appropriate bodies. The Honor Council will operate according to Honor Council Procedures which will be openly shared with the student body. In every Honor Council activity, confidentiality will be maintained to the maximum possible under the law and University policy.\*

### **V. AMENDING THE CODE**

The Honor Code may be amended at any time by the UWSOM student body. The Honor Council will accept proposals for amendment at any time and will have procedures for bringing compelling proposals to the student body for consideration. The Honor Council will establish procedures for hearing discussions about a proposed amendment and for conducting a school-wide vote about adopting it. Alternatively, an amendment may be brought to an immediate vote if it is signed by one-third or more of the students in a class or by one-third or more of the students at a first-year regional site. An amendment agreed upon by a simple majority of the student body with one-half of students voting will be adopted and incorporated into the Honor Code.

\* In keeping with mandatory reporting laws, we recognize that there are some situations in which the Honor Council would inform local authorities and/or members of the University Administration about a matter of which they have been informed. These situations have been outlined in the Honor Council Procedures.

## Physician's Oath

The Physician's (or Hippocratic) Oath is administered during the Physician's Oath & Hooding Ceremony following completion of the clinical curriculum. A tradition in the western medical world, the oath reminds graduates of the high standards of performance and ethical and moral behavior they should aspire to as they receive their degree and embark upon their career as a physician. The UW School of Medicine uses a variation of the Geneva version of the oath at the Physician's Oath & Hooding Ceremony.<sup>14</sup>

## The Student Progress Committee

*(The following is a summary of the Student Progress Committee's charge, general principles, and operating guidelines. Specific questions regarding the guidelines and how these affect a student's performance should be directed to the associate dean for student affairs who serves as the administrative dean to the Student Progress Committee.)*

The Student Progress Committee (SPC) reviews the records of medical students and makes decisions about a student's progress in meeting the School of Medicine's graduation requirements. The SPC makes decisions related to all areas of the student's progress including promotion, remediation, probation, leave of absence, expanded curricular program, reprimand, suspension, dismissal, graduation, and other ad hoc assignments. The SPC is also charged with recommending graduating seniors for graduation with Honors or High Honors and for School of Medicine graduation awards and approving the list of students recommended for receipt of the Doctor of Medicine degree.

The final grades and evaluations submitted by the block or clerkship directors form the basis on which the SPC makes decisions about a student's progress in the medical school program. Similarly, in situations in which below standard professional conduct or behavior is reported, the inquiry into the misconduct is completed by a designated School of Medicine or University review process and the findings of the investigation are forwarded to the SPC for a decision on the sanction or other appropriate course of action.

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<sup>14</sup> Approved by MSEC: spring 2000

The SPC considers each case on an individual basis within the context of the School's standards. The SPC may allow latitude within its guidelines for managing the student's progression in the medical school program when SPC members agree that the circumstances of the case support it.

### General Principles for Managing Course Performance and Professional Behavior

The following concepts serve as the foundation for the SPC's operating guidelines for overseeing students' academic progress and professional development. The guidelines are structured to convey the School's academic and professional standards and to make the expectations for performance clear to members managing decisions about students. In deciding whether the student has met the School's standards or could be successful with remediation or other academic accommodations, SPC members depend on the guidelines with careful consideration of the individual merits of the case.<sup>15</sup>

- Students must meet all of the School's requirements for graduation and perform at a passing level or above in all coursework and requirements. The SPC's role is to uphold the standards of the School of Medicine and the University of Washington, while at the same time supporting the student's continuation in the medical school program by allowing appropriate remediation or modifications of the student's schedule when there is evidence that the student can be successful in the program.
- Since students learn at varying rates and through different study techniques and in the broader context of their life circumstances, the SPC considers cases of unsatisfactory progress on an individual basis. The SPC depends on the guidelines outlined in this document, but weighs all aspects of the student's performance and extenuating circumstances, and reserves the appropriate latitude for considering a variety of remediation options to support the student's continuation in the medical school program. Extenuating circumstances include such stressors as personal health issues and unexpected personal and family emergencies.
- Input from students on how they learn and which remedial course of action may work best for them is important to the SPC's deliberations. In situations when students make positive academic progress and show insight into the modifications that need to be made, the SPC will take into account extenuating circumstances and permit the student to have a "second opportunity" to continue in the medical school program. If extenuating circumstances continue to interfere with the student's performance in subsequent coursework, the SPC will most likely not permit the student to continue. Decisions for these kinds of situations include a range of options from allowing or mandating the student to step out of the curriculum and return the next year, to a leave of absence to give the student more time to manage the extenuating circumstance, to recommending dismissal when it becomes evident that the student is unable to perform at an acceptable level or is unable or unwilling to implement changes needed to be successful.

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<sup>15</sup> The School of Medicine takes cognizance of the University's academic and registrar policies. Due to the nature of the structure of the medical school curriculum and utilization of academic and clinical sites within the five state region of Washington, Wyoming, Alaska, Montana, and Idaho, the School's SPC's guidelines for managing the students' academic progress and professional development may differ from University's policies but not to the detriment of the student.

## Confidentiality

It is important to maintain confidentiality surrounding the student's academic performance and progress in the medical school program. The following individuals have knowledge of the student's status and/or are informed, when appropriate, to facilitate the student's successful progress:

- SPC chair and faculty members
- Academic and regional affairs deans and staff who serve as ex officio members of the SPC
- Student's college mentor, who is informed of any action taken by the SPC regarding one of the mentor's students
- Academic, rural, and regional affairs staff who schedule appointments with deans, schedule students in courses and clerkships, write letters of good standing, maintain the academic files, etc.
- Block, thread, and clinical skills directors/leads or designees who present or provide information at the SPC's end-of-term meetings and need to manage remediation plans related to the Foundations curriculum
- Clerkship directors or designees who present or provide information on student difficulty in their clerkship and need to manage remediation plans related to the clinical curriculum
- Academic faculty of affiliated degree programs (e.g., MSTP)
- Anyone with legitimate need to know as defined by the federal Family Educational Rights and Privacy Act (FERPA).

## Guidelines for Review of Progress in Coursework and Professional Conduct & Remediation Decisions

*The following general guidelines represent the framework within which the SPC operates in reviewing the records of medical students and in making decisions about the student's progress in meeting the School of Medicine's graduation requirements.*

The SPC takes cognizance of students' progress while in courses, including courses that extend over one term, and when the final grades and evaluation comments are submitted. The block/ clerkship directors have overall responsibility for determining the final grades and written evaluation comments in conformance with the School of Medicine's grading policies which fall within the responsibility of the curriculum office. Grades and evaluations submitted to the SPC for review form the basis on which the SPC makes decisions about the students' progress in coursework. Similarly, in situations in which below standard professional conduct or behavior is reported, the inquiry into the misconduct is completed by a designated School of Medicine or University review process and the findings of the investigation are forwarded to the SPC for a decision on the sanction or other appropriate course of action.

### *Fail Grades*

All Fail grades are reviewed by the SPC. They must be remediated on the timeline set by the SPC. Determination of the appropriate remediation is dependent on a review of the entire record and/or professionalism issues that may preclude the student from continuing in the medical school program. Consequently, reexaminations or other remedial work may not be completed without the SPC's approval. Following the SPC's meeting, students will receive a letter from the chair of the SPC that will confirm the approved remediation plan, the timeline expectations for completion of the remediation, and the impact on

the student's participation in summer or other extracurricular plans or continuance in the medical school program.

### *Evaluator Concerns*

Two or more evaluator concerns and/or professional development issues will be reported to the SPC.

### *Professional Behavior or Conduct*

Issues of unprofessional behavior or conduct in foundations, transitions, clinical clerkships/electives, approved summer programs, such as RUOP; and medical student activities may be placed on the SPC's agenda for discussion and determination of the appropriate course of action after completion of misconduct review process.

### *Incompletes*

Permission to receive an incomplete designation is granted by the associate dean for student affairs. Incompletes are typically completed within a specified period of time appropriate to the course or clerkship with the approval of the associate dean for student affairs. All incompletes are reported to the SPC for review.

### *Block/Clerkship Withdrawals*

A withdrawal from a block/clerkship may be permitted in the event of illness or personal/family situations in consultation with the associate dean for student affairs and other deans when appropriate, or when the student is placed on a leave of absence.

The block or clerkship director will submit a Fail grade if the student begins a block/clerkship and does not complete it without approval to withdraw.

A student is not permitted to withdraw to avoid failing the block/clerkship.

### *Timeline for Remediation*

Decisions regarding remediation or continuance in the curriculum for students who receive a Fail grade are the responsibility of the SPC. Block or thread leaders and clerkship directors may not institute remedial action until the SPC meets and determines the appropriate course of action related to the student's overall performance as the student may have difficulty in more than one area and a coordinated plan is needed for the student's benefit.

Decisions related to the student's progress in the medical school program is determined by the SPC based on a number of factors including but not limited to recommendations of the block or clerkship director, input from the committee chair or ex officio members who have knowledge of the student's progress, the student's College mentor when available, and the student's overall medical school performance to date.

Fail grade(s) must be remediated on the timetable set by the SPC. If remediation is not completed in a timely manner, the student is not considered to be making satisfactory progress and may be required to repeat the course.

The SPC may require that a remediation be completed successfully before the student may continue in other coursework.

### *Failures on USMLE Step 1, Step 2-Clinical Knowledge, Step 2-Clinical Skills*

Fail score(s) on the USMLE Step 1, Step 2-Clinical Knowledge (CK), or Step 2-Clinical Skills (CS) exams must be remediated on the timetable(s) established by the SPC and the NBME. The second and third attempts on any of the USMLE Step exams must be taken within six months of the previous attempt. Students may register for an independent study course up to two times during their medical school tenure. If remediation is not completed in a timely manner or if an exam is not successfully completed after multiple attempts, the student will not be considered to be making satisfactory progress and may be recommended for dismissal from the School of Medicine.

#### *Step 1 – Failed First Attempt*

Following the notification of a fail score on the USMLE Step 1, students are permitted to complete their current quarter's clerkships. The student is required to drop all clerkships scheduled for the subsequent quarter and to retake the exam during that quarter. Delays in retaking the exam beyond that quarter must be approved by the associate dean for student affairs and may necessitate adjustments to the student's expected graduation date.

#### *Step 1 – Failed Second Attempt*

Following the notification of a second fail score on the USMLE Step 1, students are permitted to complete their current clerkship. Students are required to drop any remaining clerkships from their schedule until a passing score is achieved, which may necessitate adjustments to the student's expected graduation date.

#### *Step 1 – Failed Third Attempt*

Following the notification of a third fail score on the USMLE Step 1, the student will be recommended for dismissal from the UW School of Medicine.

#### *Step 2-CK or Step 2-CS – Failed First Attempt*

Following the notification of a fail score on either the USMLE Step 2-CK or Step 2-CS, students are permitted to complete their current clerkship. Subsequent adjustments to the student's clerkship schedule will be managed by the associate dean for student affairs and the registrar. If the fail score is on the USMLE Step 2-CK exam, the student must retake and pass Step 2-CK prior to the deadline(s) for match certification.

#### *Step 2-CK or Step 2-CS – Failed Second Attempt*

Following the notification of a second fail score on either the USMLE Step 2-CK or Step 2-CS, students are permitted to complete their current clerkship. The SPC will review the student's record for expansion, which may necessitate adjustments to the student's expected graduation date.

#### *Step 2-CK or Step 2-CS – Failed Third Attempt*

If either USMLE Step 2-CK or Step 2-CS is failed on the third attempt, the student will be recommended for dismissal from the UW School of Medicine.

### *Process to Request a Review of Student Progress Committee Decision*

If the student chooses to request a review of the Student Progress Committee's decision, the following process is followed:

- The request for a review must be made in writing to the associate dean for student affairs within ten (10) business days of the student's being notified of the SPC's decision.
- At least one week prior to the scheduled review by SPC, the student must provide a letter with detailed, written reasons for appealing the sanction. The student may also have letters of support submitted.
- At the review meeting with the SPC, the student will be given time to present reasons for requesting a review and a modification in the sanction imposed by the SPC.
- One advocate who is a member of the medical school faculty may accompany the student. (Note: The presence or appearance of a student's legal counsel is not permitted because a formal hearing and appeal are not part of the academic review process.)
- For sanctions other than suspension or dismissal, the decision of the SPC following this review meeting with the student is final with no further appeal within the School of Medicine or University and the sanction determined to be appropriate by the SPC will be imposed.  
The student who chooses not to accept the sanction may withdraw from the School of Medicine.

If the SPC's recommendation is for a sanction of suspension or dismissal, the student will be informed of this and given information relevant to the SPC's decision, such as permission to continue in the curriculum, and the due process guidelines for students that include reviews at the Faculty Council on Academic Affairs and dean of the School of Medicine.

## Options for Managing Progress toward the Degree

### *Probation*

Probation is a warning to students that they must demonstrate improvement to remain in the School of Medicine's M.D. program. The student is advised of the expected level of performance in subsequent coursework for retention in the school.

Academic probation is based on performance in required curricular elements, OSCEs, USMLE status, etc. It is an internal notation to enable tracking of performance by the SPC and is not reported on the official university transcript or in the MSPE.

Disciplinary probation is based on an academic integrity violation or professional misconduct. It is part of the student's record and is reported in the MSPE.

A student may be placed on Academic Probation based on the following:

- One or more fail grades within an academic year
- Unsatisfactory mastery of thread objectives at the end of the term of instruction



- Unprofessional behavior or disciplinary misconduct violation
- Two or more USMLE Step fails (multiple of the same Step examination or combination of different Step exams)
- Unsatisfactory progress, in the judgment of the SPC, in any area that falls under the SPC's purview

A student is eligible for consideration for removal from probation when all the following condition(s) related to being placed on probation has/have been met:

- Satisfactory remediation of all fail grades or professional behavior issue
- Satisfactory completion of one year of full-time coursework
- Successful completion of the relevant USMLE Step examination(s)
- Absence of any other issues of concern being considered or other criteria set by the SPC, such as an extended period of probation time (e.g. throughout student's tenure in medical school)
- At the times of being considered for graduation, the SPC will review the student's record to determine if the student is eligible for removal from probation

When it is clear that the student has met the criteria for being removed from probation, the chair of the SPC may remove the student from probation and inform the student of this. If there is some question about the decision for removing a student from probation, the student's record will be presented to the SPC for a decision.

#### [Student Status while on Probation](#)

The following apply while the student is on probation:

- The student may not take electives without permission from the associate dean for student affairs
- The student is not permitted to participate in leadership of medical school activities
- The student may not be recommended for a concurrent degree, fellowship, or other program that may interfere with the student's medical school performance

#### [Expansion of Curricular Program](#)

The School of Medicine's M.D. curriculum is a four-year program. Within the curricular structure, students may request or be placed on an expanded clinical curriculum for personal reasons, to remediate academic difficulties, to complete a second degree, and/or to allow more time to explore specialty career options. There are financial aid ramifications related to extending the M.D. program and retaining eligibility for financial aid that students must be aware of in considering expanding their training.

The request to expand should be submitted to the associate dean for student affairs who, in consultation with the registrar, may approve the request on behalf of the SPC if there are no academic performance issues. The expansion will be reported to the SPC for approval or information as appropriate. **Note:** Non-Washington students may need to request permission from their home state to extend their education beyond four years.

#### [Expansion Policies](#)

The SPC has created the following guidelines for all expansions:

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- Students may **not** expand the Foundations Phase or Patient Care Phase curriculum.
- Students must be in good standing in order to be approved for expansion.
- Students on approved expansions retain their original matriculation date, and all grades and evaluations submitted prior to the leave are retained as part of the student's permanent record.
- Students on approved expansions must maintain compliance in all areas required by the School of Medicine.
- Students must complete USMLE Step 2 CK and CS at the conclusion of the Patient Care Phase. Expanded students may not delay either component of the USMLE Step 2 graduation requirement.
- Students must complete the Patient Care Phase OSCE graduation requirement at the conclusion of the Patient Care Phase.
- Students on approved expansions must complete the remaining required Explore and Focus Phase clerkships during the fourth year.
- Each clerkship taken during the expanded curriculum must be taken in a full-time capacity, i.e. it is not acceptable to expand a six-week clerkship over ten weeks.
- The Transition to Residency course must be completed during the spring immediately prior to graduation.

#### Student Progress Committee's Use of Expansions

If the SPC (or the associate dean for student affairs in consultation with the chair of the SPC) determines that there are significant extenuating circumstances interfering with the student's performance, the student may be recommended or mandated to expand the clinical curriculum. A student may be expanded in the clinical curriculum to permit additional time in areas needing improvement identified by clerkship, clinical elective, and OSCE evaluations. The expansion may be used to allow time for re-taking a failed component of the USMLE. Performance must be improved to a level acceptable for continuance in the curriculum, consideration for graduation, and/or readiness to enter residency training.

When approving the student to return to the curriculum, the SPC may establish criteria related to the student's return and subsequent performance that the student must meet in order to remain in the medical school curriculum.

- If no criteria are set, the student may return from leave without intervention by the SPC and is responsible for following the routine registration timetable for scheduling courses.
- If criteria are set and are not met, the SPC may recommend that the student continue on leave, be advised to withdraw, or be dismissed from the School of Medicine.
- In cases in which the SPC must approve the return from leave, the SPC may set requirements on the student's academic program and may place the student on probation upon re-entry.

Petition to return requires documentation that the issue(s) has (have) been resolved or managed sufficiently to allow the student to perform at a level acceptable for consideration for graduation and readiness to enter residency training. The petition may also include an interview with the SPC.

#### Student Status while on an Expansion

The following apply while the student is on an expansion:

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- Students in an approved expanded program must request approval to change the scheduling of the required coursework or to add electives.
- Students in expanded curriculum for academic reasons **may not** be recommended for other educational opportunities, research fellowships, or degree programs.
- Students in an expanded curriculum for academic reasons **may not** take coursework beyond what was approved by the SPC or participate in major extracurricular activities. Students are expected to dedicate full-time to their expanded program and to the remediation of areas of deficiencies in their medical school coursework.
- Students in an expanded curricular program for personal or academic reasons as a result of their request or as a requirement of the SPC are expected to maintain a passing or above level of performance in all aspects of their expanded curriculum. If a Fail grade is received while in an expanded curriculum, students' performance may place them in jeopardy of being dismissed.

### *Leaves of Absence*

Students may request or be placed on a leave of absence for personal, academic, or health related issues, to complete research, or as an intervention to allow time to manage an issue of concern. The request should be submitted to the associate dean for student affairs who, in consultation with the associate dean for curriculum and the registrar, may approve the request on behalf of the SPC if there are no academic performance issues. The leave will be reported to the SPC for approval or information as appropriate.

### *Leave of Absence Policies*

The SPC has created the following guidelines for all leaves of absence:

- Leave status is **not** used when an acute issue occurs and short intervention is approved without delaying the anticipated date of graduation.
- Students may **not** drop a course during the quarter in order to avoid failing.
- Students who take a leave of absence retain their original matriculation date, and all grades and evaluations submitted prior to the leave are retained as part of the student's permanent record.
- Students on leaves of absence must maintain compliance in all areas required by the School of Medicine.
- A leave of absence is for up to one year only. Extension for a second year may be permitted with adequate documentation to support an extension.
  - If at the conclusion of the first year's leave of absence, the student or SPC believe an extension of up to one additional year is the best course of the action, the extension must be approved by the SPC and criteria may be set.
  - At the conclusion of two years, the SPC will determine whether the student is ready to return. If the student is permitted to return from the leave, the SPC may require a specified curriculum, including repeat of coursework previously taken, and may place the student in a probationary status.
  - A student who needs leave time beyond 2 years to resolve the issues, must withdraw from the School of Medicine.

**Foundations Phase Curriculum:** Students having difficulty in the Foundations Phase curriculum may be placed on a leave of absence and petition to re-enter the block/curriculum the following year. If the student is approved to return to the curriculum, the student will re-enter at the original Foundations site.

**Consolidation and Transition:** Students having difficulty in completing the required components of the Consolidation and Transition phase, i.e. passing USMLE Step 1, completion of III, or Transition to Clerkships, may be placed on a leave of absence. Criteria for successful completion of area of difficulty must be met on the timeline established by the SPC in order for the student to continue in the medical school program.

**Clinical Curriculum:** Students having difficulty in the clinical curriculum may be placed on a leave of absence and petition to re-enter the clinical curriculum on a schedule approved by the SPC. If a student fails a clerkship, the timing and site of remediation of the clerkship will be in determined consultation with the clinical department responsible for the clerkship.

#### [Student Progress Committee's Use of Leaves of Absence](#)

If the SPC (or associate dean for student affairs in consultation with the chair of the SPC) determines that there are significant extenuating circumstances interfering with the student's performance, the student may be granted a leave or mandated to take a leave of absence with the ability to petition to return. When approving the student to return to the curriculum, the SPC may establish criteria related to the student's return and subsequent performance that the student must meet in order to remain in the medical school curriculum.

- If no criteria are set, the student may return from leave without intervention by the SPC and the student is responsible for following the routine registration timetable for scheduling courses.
- If criteria are set and are not met, the SPC may recommend that the student continue on leave, be advised to withdraw, or be dismissed from the School of Medicine.
- In cases in which the SPC must approve the return from leave, the SPC may set requirements upon re-entry on the student's academic program and may place the student on probation.

Petition to return requires documentation that the issue(s) has (have) been resolved or managed sufficiently to allow the student to perform at an acceptable level. The petition may also include an interview with the SPC.

### [Student Status while on a Leave of Absence](#)

The following apply while the student is on a leave of absence:

- The student may not be involved in any medical school programs or activities.
- The student should be absent from the medical school setting.
- The student may not have ongoing access to student support services such as counseling or study skills advising.

### [Advance Information on Student's Academic Status](#)

When deemed appropriate by the SPC, the block or clerkship director (or other appropriate faculty member) will be informed in writing of the student's area(s) of weakness 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. The following guidelines are used when providing information in advance of the student beginning the block or clerkship:

- The Student Progress Committee approves the use of the advance information process when the student has had academic or professional behavior difficulty in prior coursework. This difficulty may be in any area(s) of evaluation, e.g. knowledge, problem solving, integration, communication, professional conduct. The period of time for providing advance information will be specified by the SPC and may be modified based on the student's subsequent performance with this intervention. The two major objectives for using the advance information process are: (1) to provide the student with additional support and help in the area(s) of deficiency as appropriate and (2) to ensure that there is adequate feedback to the student and evaluation of the area(s) of concern.
- The associate dean for student affairs manages the transmission of the SPC chair's confidential summary along with a description of the advance information process to the block/clerkship director(s) specified by the SPC. Having the information prior to the beginning of the block or clerkship, the block/clerkship director can use discretion in making small group or tutor assignments (predominantly for Foundations Phase blocks) or for selecting the team or hospital site to which the student is assigned (predominantly for clinical clerkships or electives). The advance information also allows the block/clerkship director to directly handle situations that may arise during the block or clerkship should the faculty, teaching assistants, or residents identify a problem early.
- To reduce the possibility of negative bias, the information on the student's record is sent only to the block/clerkship director and not to the individual faculty member and teaching assistant or attending and resident team to which the student is assigned. It is anticipated that the block/clerkship director will check discreetly with the appropriate individuals at an appropriate interval after the course has begun to determine whether any problems have arisen. As needed, the block/clerkship director will speak to the associate dean for student affairs about the student's progress.
- The associate dean for student affairs meets with the student to discuss the advance information process that will be implemented, and provides the student with a copy of the confidential summary and area(s) of concern that is sent to the block/clerkship director. The associate dean for student affairs assists the student with the block/clerkship director contact information, and encourages the

student to meet with the block/clerkship director prior to the beginning of the course in order to schedule time as needed during the course to discuss student issues of concern and/or course performance feedback.

### *Withdrawal from the School of Medicine*

Withdrawals commonly result from a decision that medicine is not the student's best career path, an inability to complete the program for personal reasons, or a dismissal recommendation. The student is encouraged to talk with one of the medical student counselors and/or College mentor to be certain that s/he has carefully considered the decision.

Students who have been recommended for dismissal may withdraw from the School of Medicine up to the time the dean of the School of Medicine sustains the dismissal recommendation. 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 enrollment or performance of the former student.

To withdraw from the School of Medicine, the student must submit a letter to the associate dean for student affairs. Upon receipt of the letter, the withdrawal will be confirmed, any scheduled coursework will be dropped, and the SPC will be notified.

### *Suspension from the School of Medicine*

Suspension is an institutional action separating the student from continuing in the School of Medicine program for a specified period of time. A suspension may be issued when there is clear evidence of a serious breach of the School's guidelines for personal or professional conduct, including but not limited to:

- Documented cheating in coursework
- Intentional misrepresentation of patient information
- Placing patients' care or safety at risks
- Unacceptable behavior in the community
- Violating the University's student code
- Violating local, state, or federal laws

Upon completion of the suspension, the student will meet with the SPC and present documentation to support his/her readiness to return and understanding and growth in the area of personal/professional conduct that was breached. If the behavior is egregious enough, the student does not show insight into the behavior as being inappropriate for a physician-in-training, and/or the student does not demonstrate satisfactory progress in the conduct area of concern, the SPC may recommend that the student be dismissed from the School of Medicine.

If a student is permitted to re-enter the medical school program, the SPC will place the student on disciplinary probation with the expectation that the student's conduct will be at an acceptable level for the remaining 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 is included in administrative letters written about his/her performance, including the MSPE.

#### [Student Status while on Suspension](#)

The following apply while the student is on probation:

- The student may not be involved in any medical school programs or activities.
- The student should be absent from the medical school setting.

#### [Dismissal from the School of Medicine](#)

A student may be dismissed from the School of Medicine for not meeting the graduation standards set by the School of Medicine. The SPC reviews students' records and makes recommendations for dismissal. If the record, when viewed as a whole, does not meet the School's expected level of performance, the SPC may recommend dismissal even though passing grades are recorded in individual courses. A dismissal recommendation may be made at any time during the student's medical school enrollment, and the student does not need to have been placed on probation prior to being dismissed.

#### [Dismissal Recommendation Review Process](#)

If the SPC recommends dismissal, the student has the right to request a dismissal review meeting. The request must be made in writing to the associate dean for student affairs within ten (10) days of the date of the SPC's decision.

In preparation for the dismissal review meeting, the student must submit the following to the associate dean for student affairs at least one week prior to the scheduled meeting with the SPC. The letters and statement should be addressed to the chair of the SPC:

- A written statement addressing the issues of concern raised in the SPC's dismissal letter.
- Any additional letters of support or relevant documentation requested by the student along with a list of the names of the individuals submitting letters.
- If applicable, the name of the medical school faculty advocate the student has requested to bring to the SPC dismissal review meeting.

As part of the dismissal review meeting, there will be time designated for the student to present information and to have a question and answer period with the SPC members. The student may be accompanied by one advocate who is a member of the medical school faculty.<sup>16</sup> If present, the faculty advocate may also share information and respond to questions.

If the student does not request a review of the dismissal recommendation or the decision of the SPC is to sustain the dismissal after review, the SPC's dismissal recommendation will be forwarded to the Faculty Council on Academic Affairs for a review of process and then to the dean of the School of Medicine for a final decision. The student may elect to withdraw from the School of Medicine at any point in the dismissal process until the point at which the dismissal is forwarded to the dean for review and final determination.

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<sup>16</sup> Note: The presence or appearance of a student's legal counsel is not permitted because a formal hearing and appeal are not part of the academic review process.

### [Student Status while in Dismissal Recommendation Review Process](#)

During the dismissal review process, the student may be permitted to continue in his/her curricular program pending a final dismissal decision or a decision by the student to withdraw from the medical school. However, the vice dean for academic, rural and regional affairs, associate dean for student affairs, associate dean for curriculum, and/or the SPC have the right to determine the appropriateness of the student's continuing in coursework during the dismissal review process, particularly if there are issues related to professional conduct and behavior. (See [Fitness for Clinical Contact](#).)

If the student is permitted to continue in coursework or in fulfilling other graduation requirements, such as III or USMLE examinations, during the dismissal review process, the SPC will make a decision on a quarterly basis whether to permit the student to schedule additional coursework. In most cases, the student will not be able to complete more than one quarter's work while in the dismissal review process.

If the dismissal recommendation is based on a Fail grade, the student is not permitted to complete the block/clerkship director's recommended remediation unless the dismissal recommendation is overturned through the academic review process.

If the dismissal recommendation is overturned, the SPC will determine the appropriate academic program and curricular schedule for the student's continuance in the medical school program. This may include requiring a student to retake a block(s) or clerkship(s) which was/were previously passed. The SPC may place the student on probation for an extended period of time and elect to provide advance information to block/clerkship directors.



# MD PROGRAM REQUIREMENTS & POLICIES

## Essential Requirements of Medical Education: Admission, Retention, and Graduation Standards<sup>17</sup>

The full text of the Essential Requirements of Medical Education: Admission, Retention and Graduation Standards is available on the Expectations page of the Admissions website. Applicants are required to review and sign this document when submitting the secondary application. Matriculated students are required to review and sign this document prior to beginning the clinical phases of the curriculum and when returning from a leave of absence. The Essential Requirements of Medical Education: Admission, Retention and Graduation Standards can be found here:

<https://www.uwmedicine.org/education/Documents/TechnicalStandards.pdf>.

## Compliance Requirements

All matriculated medical students, including those in concurrent degree programs and those on approved expansion/leave of absence, are required to achieve and maintain [compliance](#) in all of the School of Medicine's required areas throughout their tenure in the medical school program. These compliance requirements include the following:

- Basic Life Support (BLS) Certification
- Criminal Background Check
- UW Self-Disclosure, Consent, and Release of Information form
- UW HIPAA Training
- UW Data Stewardship Training
  - UW Privacy, Confidentiality and Data Security Agreement (PCISA) form
- Universal Precautions Training
- Immunizations (Measles, Mumps, Rubella, Hepatitis B, Tetanus-Diphtheria-Pertussis, Varicella; TB-screening <PPD or IGRA>; Influenza)

These immunization requirements follow the recommendations of the Center for Disease Control (CDC) and may be updated during the course of a student's tenure if the recommendations are changed.

Documentation of compliance for the above immunizations is required of all medical students prior to matriculation. All medical students must maintain compliance with these requirements throughout their tenure in the medical school program, even while in a non-clinical segment of the curriculum. If reported as non-compliant, the student will not be considered to be in good standing, at which point they will not be allowed to train in patient care settings, financial aid will be withheld, and registration holds will be applied.

Students are expected to track their own compliance due dates and update items needing renewal prior to the six-week block in which they expire. Students' compliance status is monitored by the Academic Affairs Office, and students are notified when they need to update their status. Students who do not respond to

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<sup>17</sup> Approved December 2013; Revised February 2014

notification of non-compliance are removed from enrolled clinical coursework until they have updated their status appropriately and are required to meet with the appropriate dean. Non-compliance may impact the release of financial aid and may result in an expanded program if clinical coursework needs to be dropped and rescheduled. Non-compliance may be considered by the Student Progress Committee when a student's record is before the committee. Students who maintain a record of timely compliance throughout medical school will be awarded the Personal Accountability and Commitment to Patient Safety Certificate of Recognition.

## Basic Life Support for Healthcare Providers

### **Completion Frequency: Every two years**

Students must be certified in CPR at the level of Basic Life Support (BLS) for Healthcare Providers (American Heart Association approved training) prior to matriculation and again before entering the clinical curriculum. BLS cards expire every two years and students are responsible for keeping their certification current throughout their medical school training. Combined degree and expanded students must track this two-year certification process based on calendar year, not necessarily year in school, to remain current.

Students must provide a copy of the current certification to the Academic Affairs Office to be uploaded to E\*Value, and are responsible for keeping the original certification card available and for maintaining this documentation in their own personal files.

The School of Medicine does not accept ACLS certification or online-only BLS/CPR training courses for this requirement. AHA endorsed online courses must also include an in-person skills test.

The [American Heart Association](#) has a course locator function that students can use to find a class in a geographic area convenient to them. [Cascade Training Center](#) in Seattle frequently trains medical students and provides a discount to UW students who call in their registration.

## Criminal Background Check

### **Completion Frequency: Every two years - at matriculation, prior to the Patient Care Phase, and prior to graduation. If a student extends their training beyond 4 years, they will be required to complete additional background checks.**

The School of Medicine's affiliation agreements with clinical sites require that students complete and maintain a current national criminal background check. There are two portions to the background check; both must be completed every two years. The first portion is the national criminal background check that is completed [online](#) for a fee through the School's third party vendor.

The second portion is the [UW Request for Criminal History Information Self-Disclosure, Consent, and Release of Information](#) form. This form is required by the Washington State Child and Adult Abuse Information Act (RCW 43.43.830 through 43.43.845) for all individuals who have access to children under 16 years of age, developmentally disabled persons, or vulnerable adults who are required to disclose background information concerning crimes and offenses against these populations. Students must include any law infractions on the Self-Disclosure and Consent form and, by signing the form, students authorize the Academic Affairs Office to conduct future checks and to allow the office to report the student's status to the clinical sites to which they are assigned.

Students will be required to meet with the associate dean for student affairs to discuss any discrepancies found in the background check. Depending on the situation, further action may be taken by the School, which may include dismissal from the School of Medicine.

## HIPAA Compliance Certification, Data Stewardship Training, and UW Medicine Privacy, Confidentiality, and Information Security Agreement

### **Completion Frequency: Annually**

All students are required to complete the HIPAA training for the University systems and sign a Privacy, Confidentiality, and Information Security Agreement (PCISA) form prior to matriculation. Additional HIPAA training may be required by other regional hospitals during student rotations. If a student does not complete the required training, that student will not be permitted to be in a patient care setting.

HIPAA training, Data Stewardship training, and the PCISA form are administered by the Academic Affairs Office. UW Medicine Compliance has a required training for all medical students to learn how to properly safeguard confidential information and comply with standards for personal accountability for data stewardship. Students must view the web-based training annually prior to submitting their PCISA form.

Examples of violations of the security/confidentiality agreement include, but are not limited to: blogging or otherwise describing or discussing patients and/or patient interactions on social media; accessing the records of patients' which are not related to student's job duties; leaving the workstation unlocked and unattended; forwarding email to a non-UW email account; etc. All infractions are taken seriously and will be referred to the associate dean for student affairs for a misconduct hearing process.

## Immunizations and TB Screening

### **Completion Frequency: Varies per immunization. TB screening and the influenza vaccine are an annual requirement.**

Documentation of compliance with all [required immunizations](#), including the annual tuberculosis screening, must be confirmed by the [Health Sciences Immunization Program](#) (HSIP) via a web-based vendor service, CastleBranch, for compliance tracking. HSIP screens and documents students' immunization compliance. In situations where a specific vaccination is contraindicated, HSIP staff will advise students on the appropriate documentation to obtain from their health care provider.

Students are responsible for sending all immunization documentation, including annual PPD or TB symptom survey results and influenza documentation to HSIP via a web-based vendor service, CastleBranch, for compliance tracking. Questions about vaccine requirements can be directed to HSIP at [myshots@uw.edu](mailto:myshots@uw.edu) or 206-616-9074 (VM). Questions about compliance status should be directed to CastleBranch. Documentation should be submitted to HSIP via the CastleBranch web portal. It is the students' responsibility to confirm with CastleBranch that their documentation has been received and their status is compliant. CastleBranch provides compliance reports to HSIP and the School of Medicine.

## Universal Precautions: Managing Blood Borne Pathogens

### **Completion Frequency: Annually**

All students must complete the School's [program on universal precautions](#) to ensure they are informed of the appropriate handling of blood, tissues, and body fluids during medical school. The commonly used term for the methods used is "Universal Precautions" – universal in that one uses these precautions with all patients, not just those with known or suspected infectious disease. The agents associated with many infectious diseases are transmitted by superficial physical contact; others require intimate contact with blood or other body substances (Hepatitis B and C, HIV).

Opportunities for training in universal precautions are included as part of a required pre-orientation online session, Foundations of Clinical Medicine (FCM), and required clerkships. As part of professional development, students are responsible for incorporating these into routine practice while in patient care situations and for being certain they understand what is available at each hospital as they rotate from one clerkship to another.

The following precautions are intended to safeguard both the students and patient, and they are appropriate for the level of patient contact that students will have in FCM:

- **Immunizations:** See above section on immunizations.
- **Routine hand washing:** Hand washing is performed frequently to protect both patients and healthcare workers. Hands are washed before touching patients, performing invasive procedures, and eating; hands are also washed after glove use, working with body substances, and using the toilet. Skin is a natural barrier to infectious agents, and products that protect and promote skin integrity can be used. **Establish the habit now of hand washing** when entering a patient's room, before touching the patient, when leaving, and before eating.

Additional precautions that may be required in specific clinical settings include:

- **Barrier Protection:**
  - **Gloves** are worn for anticipated contact with all body substances and are changed between patients and sometimes between contacts with different body sites on the same patient.
  - **Gowns and/or plastic aprons** are used to cover areas of the skin or clothing that are likely to become soiled with body substances.
  - **Facial barriers, including masks, glasses/goggles and face shields** are worn whenever splashing or splatter of body substances into the mouth, nose, or eyes is likely to occur. Specialized masks and individual respiratory devices are also used for certain airborne diseases such as meningococcal meningitis and tuberculosis.
  - **Other barriers** such as hair covers, shoe covers, and boots may be used when extensive exposure to body fluids may occur. (e.g., cystoscopy, vaginal delivery, multiple trauma).
- **Sharps management:** Sharps management refers to safe use of sharp agents, such as needles, scalpel blades, etc. Dispose of them in appropriate rigid, impervious containers, and learn to handle them safely.

In addition to learning the principles and techniques of universal precautions, students should make sure they have adequate health insurance and consider disability coverage.

## Needlestick Protocol

Each student will be provided with a card that provides instructions on how to proceed and get prophylactic treatment in the event of a needlestick or body substance exposure, i.e. contact with blood, tissue, or body fluids. This card is provided by the Student Affairs Office when the student enters the School of Medicine and again when entering the clinical curriculum.

Information on the card is as follows:

### Blood/Body Fluid Exposure (2018)

1. **Time matters (!)**, so proceed swiftly as follows.
2. **Remove** all soiled clothing.
3. **Wash** needlesticks and cuts with soap and water (15 mins).  
**Flush** splashes to the nose, mouth, or skin with water (15 mins).  
**Irrigate** eyes with clean water, saline, or sterile irrigants (15 mins).
4. **Write** down the following information on “source patient”:  
***Name, hospital or clinic number, date of birth, & patient location***
5. **Notify** supervising staff member that you need to report to Employee Health (or, after hours, report to local Emergency Department)
6. **Report** to Employee Health/Emergency Department as a blood/body fluid exposure for
  - a. **Risk assessment of exposure**
  - b. **Baseline laboratory work on you**
  - c. **Employee Health evaluation of “source” patient**
  - d. **Institution of post-exposure prophylaxis (PEP)** if appropriate (within 1-2 hours of exposure)
7. **BBP exposure lab testing and HSIP payment information:**  
All costs related to BBP exposures should be billed to your personal insurance first. Itemized bills (showing amounts not covered) should be sent to HSIP with your request for payment within 60 days. For questions about coverage, please contact HSIP by email at [myshots@uw.edu](mailto:myshots@uw.edu) or VM 206-616-9074.

If students have unanswered questions, they should contact:

- During business hours (8am-5pm PST): Academic Affairs, (206) 543-5560, ask for “compliance staff”
- Spokane students - call UWSOM Spokane Office: 509-313-7900 (7:30am-4:30pm PST)
- After business hours: call (206) 906-8996. Students should identify themselves as a School of Medicine student with a blood-borne exposure and request to speak with the “campus health physician”

Online Resources

- [UW HSIP Blood-borne Pathogens website](#)
- [CDC Emergency Needlestick Information](#)

## Clerkship Site Requirements for Immunizations and Compliance

The department clerkship website provides a definition of prerequisite requirements for preceptorship and clerkship onboarding. Generally, the department will take care of facilitating onboarding requirements. Students must comply with requests from departments to complete training site credentialing requirements. Departments will ask students to complete requirements up to 3 months prior to the clerkship start date. In addition to filling out site and department-specific paperwork, students may be asked to provide a copy of their immunization records (immunization summaries can be downloaded from CastleBranch). BLS cards, HIPAA training certificates, universal precautions training certificates, and other compliance training certificates are generally found in the Personal Records section of E\*Value.

The School of Medicine is working with clinical training sites on new compliance requirements that may include drug testing, fingerprinting, and secondary criminal background checks. Students should check with the clerkship department before completing any of these “new” requirements to ensure that what the site is requiring is appropriate for medical students and that School of Medicine legal agreements are in place.

## Drug Testing Policy

The School of Medicine does not require “routine” drug testing of medical students. However, some facilities where students may rotate for various clinical experiences do require drug testing before they will accept a student for a rotation. The School of Medicine generally contracts with these facilities so that the testing can be reported through the School of Medicine rather than through the facility. CastleBranch, which provides industry-standardized drug screening services through Quest Diagnostics and Lab Corp laboratories around the five-state region. Working with CastleBranch, the School has chosen to implement a urine drug screening program for its drug testing protocol. The CastleBranch drug testing procedure is used to test for the following drugs:

- Opiates
- Amphetamines
- Benzodiazepines
- Oxycodone
- Methamphetamines
- Cocaine

In addition to the 6-panel drug screen listed above, additional substances including, but not limited to, alcohol, barbiturates, and THC, may be screened for at some sites.

The drug screen is good for one year. If students are scheduled for multiple rotations which require the above 6-panel drug screen, they will only need to complete drug screening once.

The SOM will indicate compliance with drug testing on students’ Evaluate Personal Records tab. The date of the drug test and the expiration date will be one year later. The results will not be uploaded to Evaluate in order to protect student privacy.

### **Process for positive results for prescribed medications:**

If there is a positive result for a prescribed medication/s, a Castlebranch "Medical Review Officer" (MRO) will be in touch with the student and will ask for documentation of their prescription. Once the review is

completed, the results will be reported as negative and the SOM will not have any information about your medication/s.

If the CastleBranch MRO determines the test is positive for a controlled (Schedules II-V) or an illicit substance, the student will be referred to the associate dean for student affairs for further assessment and management. Depending on the circumstances, the student may be referred to the Washington Physician's Health Plan WPHP (or regional equivalent)

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

Regardless of the laws of the state in which the students reside, UW policy prohibits the production, distribution, possession, and use of marijuana on university property or during university-sponsored activities. A number of university employees are subject to drug and alcohol testing because of the type of work they perform. Violating these policies or testing positive for marijuana may lead to sanctions, including termination, under the applicable general code of conduct, even if the use occurred outside of work hours and otherwise in accordance with state law. It is still a federal crime to possess and use even small amounts of marijuana on or in any university facilities or vehicles. In addition, failure to comply with federal laws and regulations on marijuana possession and use on campus jeopardizes the UW's continued receipt of federal funds. See the [University's Drug and Alcohol Abuse Policy](#) for more information.

Medical students engaged in clinical activities are expected to abide by the same policies that apply to University of Washington employees. In addition, many of the clinical training sites require drug testing, often for marijuana, including major clinical sites in each of the states. A positive drug test for marijuana or other substances may preclude students from participating in clinical activities at that site, including clerkships, preceptorships, shadowing experiences, and college tutorials. There may be other consequences as well.

Clinical sites may ask students to complete a drug test with little or no notice.

## **Graduation Requirements**

The awarding of the Doctor of Medicine degree is contingent upon the student meeting the Essential Requirements and Technical Standards, successfully completing all of the School's academic requirements and demonstrating the attitudes and behavior appropriate to a career in medicine as established by the Faculty Council on Academic Affairs:

- All academic requirements
- All compliance requirements
- OSCEs:
  - Foundations
  - Patient Care Phase
- Professionalism benchmarks
- Clinical skills developmental benchmarks



- Interview skills, including taking patient histories
- Diagnostic and physical exam skills
- Clinical reasoning and interpretation skills
- Communication skills (with patient and colleagues) including both written and oral case presentation skills
- Professionalism and ethics
- Scholarly project (Independent Investigative Inquiry)
- United States Medical Licensing Examinations:
  - Step 1
  - Step 2-Clinical Knowledge
  - Step 2-Clinical Skills

No exceptions to these requirements are permitted, and a pattern of documented concerns about a student's performance and professionalism indicating an unsatisfactory performance when the record is viewed as a whole, even when passing grades have been achieved, may result in the student's being dismissed from the School of Medicine.

## Financial Responsibility Requirements

Students may not graduate from the School of Medicine if they have any unpaid tuition or fees due to the University of Washington, the School of Medicine, or any of its partner institutions.

### Health Fee

Upon entrance into a participating health science school/program, students are required to pay an [annual health fee](#) to cover the costs of administering the HSIP. This fee is subject to change yearly and is automatically attached to the student's tuition account each year as long as they remain in the school/program.

## Laptop and Mobile Device Requirements

Computers are an essential tool for participation in the medical education program. The UW School of Medicine requires all students to own both a laptop and a mobile device that meet the [current minimum requirements](#) in order to access all course materials and examinations.

## Encryption and Handling Patient 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. Students are required to watch a web-based training and to review, sign, and return a Privacy, Confidentiality, and Information Security (PSICA) form to the School's assistant director of compliance. Incoming students must complete this training prior to orientation, and all students are required to complete the training annually.

As representatives of UW Medicine, medical students are personally, professionally, ethically, and legally responsible for their actions. It is essential to safeguard any data (electronic or paper), used or accessed, that is confidential (protection of data required by law) and restricted (considered protected by either contract or best practice, including research data).

All medical students must adhere to [requirements for device encryption, email forwarding, and cloud-based file storage and applications](#).

## Important UW Medicine Email Protocol

Students will receive most information through email or being referred to the web. Students are expected to check their UW email daily and to maintain professionalism in all their communications. UW employees are restricted from using UW email accounts for partisan political purposes. In general, students do not fall under the same restriction; however, students who are employed by the University could be considered employees under certain circumstances and consequently should exercise caution in their politically-oriented communications.

## Use of HIPAA-Compliant Email

Medical students are considered part of the UW Medicine workforce and may not auto-forward UW email away from UW Medicine-approved email servers or store confidential data on these servers due to the risk of exposing HIPAA-protected data. The only approved option for medical students is UW Exchange. The UW Medicine Compliance Office audits for this auto-forward feature and contacts individuals who violate the policy. Additional information is available about [UW Email for Medical Students](#).

## School of Medicine Listservs

There is both an administrative and an auxiliary listserv for each year in the curriculum and for each first year site. Students are automatically subscribed to the appropriate listservs based on their academic year and site. The administrative listserv is intended for official notices from Academic Affairs, course chairs, and student organizations. Students may not unsubscribe from the administrative listserv. The auxiliary listserv was instituted for each class for non-academic activities, such as housing notices, books for sale, etc. Students are subscribed automatically to the appropriate auxiliary listserv at the beginning of each academic year but may unsubscribe from the list at any time.

## Email Etiquette for Both Listservs

Students should respond individually to the person initiating an email message rather than replying to all who received the message, i.e. **do not “reply all.”** Email replies that include the entire class create an excessive number of irrelevant emails for all and are a misuse of student and faculty time.

The student body, faculty, and staff represent a broad spectrum of beliefs and opinions. Students are expected to exercise caution and prudence to ensure that their email messages are clear and will not be misinterpreted by other members on the list. Humor is especially vulnerable to misunderstanding in this setting.

## **UW Medicine Social Networking Policy and Guidelines**

Medical students must adhere to the same social networking policies and guidelines as UW Medicine faculty, staff, trainees, volunteers, and others who perform work for UW Medicine (hereafter referred to as workforce members). The UW Medicine policy on social networking can be found at: [http://depts.washington.edu/comply/social\\_media/](http://depts.washington.edu/comply/social_media/).

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

The University of Washington School of Medicine complies with the federal Family Educational Rights and Privacy Act (FERPA) that allows students access to their academic record. For more information about FERPA and the University of Washington, students should review the [website of the UW Office of the Registrar](#).

## **Professional Behavior and Conduct for the Teacher/Learner Relationship**

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.

Teachers and learners are expected to be on their honor to maintain the highest standards of professional behavior in all aspects of training. Both 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. Integrity is an essential personal quality for successful completion of the M.D. program. Upholding the standards of professional and personal conduct includes both acquiring and demonstrating the 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.

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

## **Conflict of Interest Policies**

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

No faculty member, teaching assistant, research assistant, department chair, dean, 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. This policy applies

to all individuals who teach or precept students enrolled in the University of Washington School of Medicine, including faculty, preceptors, residents, and others working with UW medical students throughout the WWAMI region.<sup>18</sup>

## Employee-Student Romantic Relationships and Conflicts of Interest

The University of Washington executive order outlining the policy regarding employee-student romantic relationships and conflicts of interest can be found here:

<http://www.washington.edu/admin/rules/policies/PO/EO54.html>

## Student Health Care and Physician Relationship

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

## Treatment of Students

The School of Medicine is committed to maintaining safe and inclusive academic, research, and clinical care environments for the entire community of learners and teachers. All members of the School of Medicine community – faculty, staff, and students – are expected to know and meet the standards of the [UW Medicine Policy on Professional Conduct](#).

As individuals who are entering a profession which is self-regulated, it is important that physicians-in-training begin to develop skills in providing feedback directly to the individual(s) who appear to be behaving outside the acceptable standards of conduct for the medical or educational profession. Such feedback should be approached in a manner that provides the individual with an opportunity to acknowledge his/her inappropriate behavior, identify ways to correct it, and reduce the possibility of the behavior reoccurring. The kinds of incidents considered unacceptable include cheating; inappropriate comments or humor; disruptive or rude behavior by peers in or outside of the classroom; and inappropriate behavior between peers or peers and faculty or staff.

The school's administration and the Medical Student Association (MSA) recommend the following options for handling incidents of unacceptable behavior or conduct:

- If the student is comfortable with his/her skills in providing direct feedback, the student should approach the individual and open a discussion about what has been observed and how this behavior might be perceived.
- If students are uncertain about whether what they have observed is an issue that needs to be addressed, the student may wish to debrief the situation further and can consider discussion with any of the following before making a formal report to the associate dean of student affairs:
  1. Counseling staff either within UWSOM or outside the SOM as health care providers are required to comply with HIPAA and are available to discuss any issue. This means they

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<sup>18</sup> UW Faculty Code, Section 24-50, S-A 38, approved March 1971; S-A 137, approved March 2016

cannot share anything the student reports except in exceedingly rare circumstances, such as risk of harm to the student or another individual. With this exception, all counseling sessions are confidential.

2. UW Ombud. The ombud's office staff are available to all students in the WWAMI region regardless of location and have phone appointments as well as office hours. Their services are also confidential.
  3. Students can also discuss their concerns with the learning environment director or their college mentor.
- If the student is uncertain about whether what s/he has observed is an issue that needs to be addressed (either on his/her own or after discussion with the appropriate individuals), the student may make an appointment to discuss the incident with one of the school's counselors. This will be a confidential discussion. If any follow-up is recommended, s/he will be part of that decision. Such a decision may include encouraging the student to speak with the individual or to have the counselor speak with the individual with or without the student being present.
  - If the student is uncertain about whether what s/he has observed is an issue that needs to be addressed (either on his/her own or after discussions as noted above), the student may make an appointment to discuss the issue with the associate dean for student affairs. Every attempt will be made to maintain the confidentiality of the discussion, and if a decision is made to take some action, the student will participate in that conversation. However, there are certain situations in which a member of the administration, including the dean, has a duty to report, e.g. sexual assault, harassment, etc., and in those circumstances, confidentiality may not be able to be maintained.

In managing issues in which the professional behavior or conduct of students, faculty, or staff do not meet the expected standards, it is preferable to have the discussion first at the level of the individual. In many cases, this resolves the problem and both individuals will have gained important insights into the kind of responsibility we have for each other's behavior. If the problem is not resolved at the individual level, then the issue may need to be managed at a more formal level.

Confidentiality and privacy are essential components in determining whether and how a formal level of intervention may occur. This refers to both the individual raising the concern and the individual whose behavior is being questioned. If the breach of professional conduct is confirmed and is in the realm of unacceptable behavior for graduation (such as cheating, breaking the law, inappropriate behavior with patients, etc.), the incident will be reviewed against the School's Misconduct Policy and by the Student Progress Committee for determination of the appropriate course of action.

## **Mistreatment Policy**

The University of Washington School of Medicine is committed to assuring a safe and supportive learning environment that reflects the institution's values: excellence, respect, integrity, compassion, altruism, and accountability in all endeavors. Diversity of ideas, perspectives and experiences are integral to our mission. All individuals in our UWSOM community are responsible for creating a welcoming and respectful environment where every person is valued and honored. Mistreatment of students by the faculty, staff or

peers at UWSOM is prohibited. This mistreatment includes incidents of humiliation; harassment or discrimination based on race, color, creed, religion, national origin, citizenship, sex, pregnancy, age, marital status, sexual orientation, gender identity or expression, genetic information, disability, or veteran status; and the use of grading or other forms of assessment in a punitive manner.

The Association of American Medical Colleges (AAMC) Graduation Questionnaire defines mistreatment as follows, “Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age, or sexual orientation.”

Examples of mistreatment can be remembered using the MISTREAT acronym:

	<b>Not Mistreatment</b>	<b>Mistreatment</b>
<b>M</b> <i>Malicious intent</i>	On the first day of third year, the ward clerk says to the student, “I can tell you guys are newbies,” then offers to help the students find a computer station.	Resident purposely gives student misinformation before rounds. Student overhears resident laughing about messing him over.
<b>I</b> <i>Intimidation on purpose</i>	Student working with the chairman of surgery says he feels nervous about operating with him since the chairman can "make or break" his career.	Resident tells a student that they intend to make them cry before the rotation is over.
<b>S</b> <i>Sexual harassment</i>	Male student asked not to go into a room because a female patient only wants a female to examine her.	Student subjected to offensive sexist remarks or names.
<b>T</b> <i>Threatening verbal or physical behavior</i>	A student is yelled at to "get out of the way" by a nurse as a patient is about to be shocked during resuscitation.	An attending grabs the student's finger with a clamp OR tells them they are an "idiot" after they could not answer a question.
<b>R</b> <i>Racism or excessive discrimination</i>	Attending gives student feedback on how to improve performance.	Student subjected to racist or ethnically offensive remarks or names.
<b>E</b> <i>Excessive or unrealistic expectations</i>	Student is asked by an attending to review an article and present it on rounds to the team.	A resident tells a student that it is their job to perform rectal exams (necessary or not) on all the patients admitted to the service.
<b>A</b> <i>Abusive favors</i>	A student is asked to get coffee for themselves and for the team prior to rounds since the resident did it yesterday. The team gives the student money.	A student is asked to pick up an attending's dry cleaning.

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<b>T</b> <i>Trading for grades</i>	A resident tells a student that they can review and present a topic to the team as a way to enhance their grade.	A student is told that if they help a resident move that they will get honors. <sup>19</sup>
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The list above is not comprehensive, and we invite students to share any serious concern about the learning environment using any of the methods outlined below.

### Director of the Learning Environment

The Director of the Learning Environment is the point person for any student who has a concern about the learning environment or mistreatment experienced or witnessed. Melinda Frank is the Director of the Learning Environment. She can be reached by email at [mmfrank@uw.edu](mailto:mmfrank@uw.edu) or by phone at 206.616.1816. Students may also make an appointment to meet with Melinda in person, by phone, or via Zoom. Her office is located in the A-300 suite. All UWSOM students, regardless of year in the curriculum and regardless of physical location, may contact Melinda at any time.

### Reporting mistreatment or a serious concern

If a student's safety is at risk, the student should first call 9-1-1. If a student has an urgent concern about the learning environment that requires an immediate response, (e.g. a potentially impaired physician, physical or sexual assault, or another egregious situation), the student should contact Dr. Maestas, Interim Associate Dean for Student Affairs, at 206.685.9076 or via email at [maestas@uw.edu](mailto:maestas@uw.edu).

Students who wish to report mistreatment or a serious concern that does not require immediate action can contact Melinda Frank directly. Students can also report mistreatment to Dr. Raye Maestas or any other dean at UWSOM, including a Foundations or clinical dean.

Additionally, the [Learning Environment Feedback Tool](#) on the UW School of Medicine Student Affairs website provides an avenue for reporting. This tool is for students who wish to report mistreatment or a serious concern that doesn't require immediate response. Using the tool, students can provide a description of their concern, indicate their follow-up preference, and state how they would like their feedback shared. Students have the option of reporting completely anonymously and indicating how they want their identity and the identity of anyone else involved in the situation to be shared.

### Addressing reports of mistreatment

We take your feedback very seriously and will take appropriate steps to address your concerns. The Director of the Learning Environment receives submissions and handles each submission with the utmost confidentiality, ensuring that your identity is safeguarded throughout the response process. Each student has the opportunity to discuss his or her concern with the Director of the Learning Environment further if desired. The concern is then reviewed with the Incident Response Oversight Subcommittee, a small group of deans from Curriculum, Student Affairs, and The Colleges. A determination is made about the severity of the concern, which determines appropriate follow up with the clerkship and faculty. Interventions could include feedback about the behavior, remediation, or removal from clinical teaching. The clerkship director, faculty, or other UW affiliated individuals will not be contacted until your grade has been finalized. The only exception is if we believe you or another individual is in imminent danger. If this is the case, we will contact you before proceeding.

### Other avenues to report mistreatment

If a student wishes to make a formal report to an entity that is external to the School of Medicine, they may contact the [University Complaint Investigation and Resolution Office \(UCIRO\)](#) or a [UW Title IX Coordinator](#).

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<sup>19</sup> [The University of Chicago Pritzker School of Medicine](#)

## Other people to talk to about concerns

Students may choose to discuss their concerns with any of the following people to determine the most appropriate course of action: College mentor, counselor, honor council member, staff member, [Center for Health Equity, Diversity, & Inclusion staff](#), or the [UW Office of the Ombud](#). Note that while these individuals and offices can assist students in choosing a course of action, talking with them is not equivalent to filing a report.

## Protections against retaliation

University of Washington students are always protected under [UW Executive Order No. 31](#), regardless of where they might be geographically in the five-state WWAMI region. University policy:

“Prohibits discrimination or harassment against a member of the University community because of race, color, creed, religion, national origin, citizenship, sex, pregnancy, age, marital status, sexual orientation, gender identity or expression, genetic information, disability, or veteran status...[and also] Prohibits retaliation against any individual who reports concerns regarding discrimination or harassment, or who cooperates with or participates in any investigation of allegations of discrimination, harassment, or retaliation under this policy, or any individual who is perceived to have engaged in any of these actions.”

For more information, please visit the [Learning Environment Concerns](#) page on the UW School of Medicine Student Affairs website.

## Attendance/Absentee Policies

Students are expected to make their medical school education their highest priority and are expected to follow the policies regarding attendance in the Foundation Phase and in clerkships in the Patient Care and Explore and Focus phases.

If time off is needed for chronic health issues and/or appointments, the student must contact [Disability Resources for Students](#) (DRS) to arrange accommodations.

The attendance and absentee policy for Foundations Phase can be found here:

<https://www.uwmedicine.org/education/Documents/md-program/attendance-and-absence-policy.pdf>

The attendance and absentee policy for Patient Care and Explore and Focus Phases can be found here:

<https://blogs.uw.edu/medevalu/files/2017/09/Clerkship-Absentee-Policy-070117-Final-9.25.2017.pdf>

## Absences Due to University Closures and Inclement Weather

### Foundation phase

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.

School of Medicine classes or examinations will be canceled **only** if the university has issued a decision to close via the official channels outlined on their respective websites:

[Alaska:](#)

[UA Alert](#)



<a href="#">Idaho:</a>	<a href="#">Vandal Alert</a>
<a href="#">Montana:</a>	<a href="#">MSU Alert</a>
<a href="#">Seattle:</a>	<a href="#">UW Alert</a>
<a href="#">Spokane:</a>	<a href="#">Zag Alert</a>
<a href="#">Wyoming:</a>	<a href="#">UW Alert</a>

Students in the Foundations Phase should follow their respective university's operations policies with respect to class cancellations or other suspended activities, and confirm with their respective WWAMI office for decisions on when required coursework or examinations will be rescheduled.

Students and block/thread chairs will also be notified of University closures by the associate dean for curriculum via email. The associate dean for curriculum will consult with the block/thread chairs on rescheduling of required coursework and will email students; the block/thread chairs will notify the teaching faculty and their staff.

### *Clinical Phases*

As members of a healthcare team during clerkships, students should follow the inclement weather practices of the site at which they are rotating. Students should assume that they are expected to be in the hospital if at all possible and are expected to show up if their teams are working in the hospital or if the clinic is open. If students are unable to access the hospital/clinic due to hazardous travel, they must 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.

## Examination Schedules and Environment

### Foundations Curriculum

During the Foundations Phase, exams are scheduled on fixed dates. With the exception of documented personal illness or personal/family emergencies, students should not expect to be permitted to take the exam at a different time. Any personal plans should be made around scheduled exam dates.

Once set, 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.

Students are expected to be on their honor not to discuss course information or share answers during the examination. Students are usually permitted to leave the room during the examination if necessary; however, as a courtesy, the student should indicate to the faculty or test proctor if there is a problem that requires an absence from the examination room of longer than five minutes. For examinations that are less than two hours, the faculty member may indicate that students may not leave the room except under exceptional circumstances approved by the proctor.

For in-class examinations, students must adhere to the [examination environment expectations](#) outlined by the curriculum office. Information on the testing environment is provided by the curriculum office. Students are expected to arrive on time for examinations. If a student is late, no additional time will be given to compensate for the late arrival. Students who arrive more than 30 minutes after the start time will not be seated for the exam. Exceptions may be given for emergency situations at the course directors' discretion.

During the exam, only soft foam earplugs, green laminated sheets, dry erase pens, beverages in covered containers, and computer/laptop/tablet and mouse/keyboard (if using for the exam) are permitted. All other items, including but not limited to phones, paging devices, watches, noise-canceling headphones, calculators, reference materials, coats, food, bags, and media devices, are not permitted, and must be placed where instructed by the proctor. If calculators are needed for exam questions, one will be provided for the purpose of that particular exam.

For open book, take home, or computer-based examinations, the respective course chairs will provide information on the testing environment, including explicit directions on whether students are to complete work on their own or may work with other classmates.

If in any of the course examination environments, a student is observed to engage in any of the following behaviors, they will be reported to the associate dean for curriculum and the associate dean for student affairs:

- Disrupting testing conditions of other students
- Copying answers from another student
- Allowing answers to be copied by another student
- Receiving or providing unauthorized information about the examination content
- Using unauthorized notes during the examination
- Making notes on anything besides the green laminated sheets
- Removing green laminated sheets from the testing room
- Continuing to work after time is called by the proctor

If a student is excused from an examination for reasons noted above, s/he is on his/her honor not to ask for information about the examination and should remove him/herself from any situation in which the examination is being discussed or answers posted.

If a student cannot take an examination due to illness or personal/family event, the student must follow the [appropriate absentee policy protocols](#). The student must contact the appropriate Foundations dean/assistant dean for student affairs prior to the start of the exam; permission to reschedule the exam may not be approved. The associate dean for student affairs will be notified of all students who need to reschedule more than one exam regardless of the reason. The block and site block leaders cannot provide permission to reschedule an examination.

## Clinical Curriculum

In the clinical curriculum, Patient Care Phase and Explore and Focus Phase required clerkships (Emergency Medicine and Neurology or Neurosurgery) are required to have a final examination; clinical electives may have an exam or clinical skills assessment. The types of written exams range from CLIPP exams to National Board for Medical Examiners (NBME) subject exams. Other performance evaluations include a mini-CEX, which is a review of a component of the physical examination relevant to the clerkship, demonstration of patient-centered communication skills, or other skill or knowledge taught as part of the clerkship.

Students are on their honor in the clerkship testing environment. The NBME subject exams are managed under the same strict guidelines as the USMLE licensure exams. It is unacceptable for students to share exam questions with students in subsequent clerkships; sharing exam questions, is considered a breach of professional conduct.

## Exam Accommodations

Only students who have a letter of accommodation from the University of Washington's Disability Resources for Students (DRS) can receive accommodations for examinations. After DRS has granted accommodations to a student, the School of Medicine will put these into place as soon as is reasonable depending on the particular course, the exam format, and the accommodations required.

## Online Learning Environment

Foundations Phase blocks use several technologies to facilitate student learning. The School of Medicine uses the Canvas learning management system as the gateway to these resources:

- Course information, syllabus, presentation materials, etc. All currently enrolled medical students, including those on leave or pursuing concurrent degrees, should have access to the most up-to-date version of a particular course at any WWAMI site.
- Discussion boards for discussion with classmates outside of class. In some courses, faculty may actively participate in discussions.
- Grades. Students will only see their own scores and grades for the course, and access is specific to the course/site in which the student is enrolled.
- Video recordings. Pre-class assignments often include brief video modules prepared by faculty for students at all sites. Some sites also provide recordings of in-class sessions. In-class recordings from Seattle-based courses are accessible by students at all WWAMI sites.
- Course-specific tools such as online exams, virtual microscopy, anatomy atlases, etc. Access beyond the specific course/site offering is dependent on the nature of the resource and any licensing restrictions.

The School of Medicine continually monitors emerging technologies to facilitate student learning and welcomes student input on the evaluation, selection, and adoption of new tools.

## Appropriate Use of Curriculum Resources

All School of Medicine resources, including but not limited to written syllabus content, lecture PowerPoint slides, websites, articles, and videos, are shared with UWSOM students electronically for personal use as part of the School of Medicine'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 U.S. copyright law. Students found to be engaging in this type of redistribution activity will be referred to the Student Progress Committee.

## Clinical Clerkship General Policies

The School's clerkship governance committees have created the following guidelines for all clerkships:

- Each clerkship has been approved for a specific number of allowable credits.
- If a clerkship has been approved for variable credit, it may be repeated at the department's discretion if taken for a differing number of credits
- If a clerkship has not been approved for variable credit, it cannot be taken for any other number of credits than what it has been approved for.

## Policy on Supervision of Medical Students in Clinical Settings<sup>20</sup>

Recognizing and supporting the importance of graded and progressive responsibility in medical student education, and recognizing and prioritizing the safety of patients, students and other healthcare providers, the following requirements must be adhered to when supervising medical students in clinical settings:

### *Supervisor Qualifications and Prerequisites*

- UWSOM medical students will be supervised by physicians and non-physicians with a regular, clinical or affiliate faculty appointment at UWSOM or who are guided by a physician with a UWSOM regular, clinical or affiliate faculty appointment.
- Students may also be supervised by a resident or fellow who is training in a graduate medical education program at or associated with UWSOM.
- Supervisors are expected to have the appropriate certification for their practice and specialty.
- Supervision by physicians and non-physicians must be within scope of practice of the supervising physicians and/or non-physicians charged with supervision.
- Supervisors will know the learning objectives for the student's educational level and clinical activities.
- The supervisor will have reviewed and adhere to the [UW Medicine Policy on Professional Conduct](#)

### *Delegation of Responsibility to Students*

- The level of responsibility delegated to students by the supervisor must be appropriate to the student's level of training.
- Students must be supervised at all times, with the student's supervisor either physically present in the same room with the student and patient(s) or within a distance that permits ready availability to the student and patient(s).
- The supervisor will teach the student in such a manner that the student's responsibilities may gradually increase as their knowledge, competence, and experience grows.

### *Feedback to Students about Clinical Skills and Performance*

- Supervisors will monitor the student's performance on an ongoing basis throughout the course or clerkship.
- Supervision is designed to provide formative constructive feedback to students in an ongoing manner and summative feedback at the end of assignments.

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<sup>20</sup> Approved by FCAA and Vice Dean Suzanne Allen: June 2017

- Formative feedback will be provided, at a minimum, at course/clerkship mid-points and early enough in the course/clerkship for the student to make corrections prior to summative assessment.
- The supervisor will notify the clerkship or course director immediately if serious academic or professional gaps in student performance exist.

### *Student Responsibilities Related to Supervision*

- Students are expected to have completed the appropriate compliance items to participate in clinical activities.
- Students must seek assistance if faced with a medical circumstance beyond their skill level or comfort.
- Students should not perform aspects of a history, physical examination, or a procedural skill that they believe they are not yet ready for or are too fatigued to perform, even in the presence of faculty supervision.
- Students are encouraged to voice any concerns to their residents, faculty, clerkship directors or the associate dean for curriculum or associate dean for student affairs about the adequacy of their clinical supervision.

### Clinical Exam Schedule Policy

Examinations for required clerkships occur on the final Thursday of the clerkship, with the exception of the Seattle-based Emergency Medicine clerkship. For students taking the Emergency Medicine exam in Seattle, the examination will be held on the last Friday of the clerkship. Students may be required to travel more than one hour to their exam site. Guidelines for permitted time off for travel to the exam site are outlined on the [Clerkship Exam Schedule Guidelines website](#). For questions regarding specific exams, students should contact the UW School of Medicine Testing Service, [somtests@uw.edu](mailto:somtests@uw.edu), or the clerkship administrator for that specific clerkship.

### Clinical Clerkship Housing, Travel, and Transportation Policy

The School of Medicine provides [housing and travel support](#) for required clerkships located outside the student's duty station. Students are responsible for all travel-related expenses once they arrive at their clerkship site and are expected to provide their own transportation. Students are expected to travel between clinical and didactic teaching sites during the clerkships, and it is the student's responsibility to understand expectations for travel while at the clerkship site and make appropriate plans before the clerkship begins. For specific housing, travel, and transportation-related questions, review the [WWAMI Student Travel website](#) and respectively contact the department clerkship administrator for more information.

### Work Hours for Patient Care Phase and Explore and Focus Phase Clerkships

The School of Medicine's clerkship committees have created the following work hour policy for students on all clerkships: <https://blogs.uw.edu/medevalu/files/2016/08/Duty-Hours-Policy.pdf>

Hours will not be specifically logged unless the student feels it is necessary because of a potential violation. If the student is working close to the 30-hour or 80-hour limit, s/he should document his/her hours for the week in question and present these to the clerkship site director as soon as possible; the student's work

schedule will be modified as appropriate. Further concerns should be brought to the attention of the clerkship director. Students will never be discriminated against for following the work hour policy.

### Student International Travel Policy

The University of Washington created the following [guidelines](#) for all students traveling abroad for official academic purposes:

- Students must register international travel with the [Office of Global Affairs](#) (OGA)
- Students must purchase comprehensive medical and evacuation insurance while abroad
- Students must request a waiver for travel to high risk destinations

Questions about this policy should be directed to the [Office of Global Affairs](#).

### Clinical Clerkship Scheduling Policies

Students' clinical schedules are created by the School of Medicine's registrar's office in the year prior to the start of clerkships. All assignments and/or 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; deans, faculty, or staff; site coordinators; or preceptors.

#### Patient Care Phase Clerkships

Once the Patient Care Phase clinical schedules are published, students will have a two-week window to review their assigned clerkship sites and timeframes and to "swap/trade" with other students. Students wishing to "swap/trade" with one another are required to set up an appointment with the School of Medicine registrar for the schedule changes to be reviewed, approved, and facilitated. Approval of the revisions is subject to the School of Medicine registrar's discretion and the students' academic standing.

Once the two-week review/swap/trade window has concluded, 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, such as illness or personal/family emergency, must be approved by the School of Medicine Associate Dean for Student Affairs.

#### Explore and Focus Phase Clerkships

After the Explore and Focus Phase clinical schedules are released, students may revise their schedule up to six weeks prior to the start of a clerkship. After the six-week deadline, students may not drop, add, or change their required clerkships without approval from the department that is responsible for the clerkship. Approval of any schedule changes due to extenuating circumstances, such as illness or personal/family emergency, must be approved by the UW School of Medicine Associate Dean for Student Affairs.

#### Clinical Elective Clerkships Add/Drop Policies

Clinical electives may be added or dropped up to six weeks prior to the start of the clerkship. Clerkships identified as "permission only" require students to seek permission from the department to add, drop, or

otherwise modify their registration related to that particular course. After the six-week deadline, students may not add, drop, or change their elective clerkships without approval from the clerkship department that is responsible for the clerkship. Approval of any schedule changes due to extenuating circumstances, such as illness or personal/family emergency, must be approved by the UW School of Medicine Associate Dean for Student Affairs.

# GENERAL MD PROGRAM INFORMATION

## Student Academic Files

Each student has an academic file that is maintained in the Academic Affairs Office. This file includes grades, evaluation forms, course and clerkship schedules, Student Progress Committee actions, letters of commendation, and copies of other correspondence related to the student's medical school training.

## Access to Student Academic Files

Students may request to review their file at any time during office hours. Students who are not in the Seattle area may request a copy of their file from the School of Medicine registrar's office, [somreg@uw.edu](mailto:somreg@uw.edu). A securely delivered copy of their file will be sent to them within five (5) business days of their request.

The academic affairs deans and staff, appropriate regional deans and staff, and the student's college mentor and college head have access to the student's physical and digital academic files.

In order for any other individual to see the file, the student must complete and sign a release form. The most common reasons for releasing one's file are to be considered for the AOA honor medical society or to have a faculty member write a recommendation letter in support of a scholarship or residency application. To obtain a file release form, please contact the registrar's office via email at [somreg@uw.edu](mailto:somreg@uw.edu) or pick one up at the A-300 front desk.

## Request to Amend an Academic Record

If the student believes that information contained in his/her 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 request will be reviewed with the associate dean for student affairs and may include meeting with the student to clarify the reasons for the request and to determine whether any other information is needed to make a decision. The associate dean for student affairs and registrar will make a decision on the student's petition. If the student wishes to appeal this decision, the appeal request should be submitted to the vice dean for academic, rural and regional affairs, whose decision regarding the student's request is final. If the decision is to not make the correction requested by the student, the student has the right to place a statement in the academic file commenting on the contested material.



## Release of Student Directory Information

Student directory information is maintained with both the School of Medicine registrar's office and the University of Washington registrar's office. These databases are independent of one another. Students are required to fill out a Directory Information Release form upon matriculation in the first year. To change authorization for the release of directory information, students must update the following:

- School of Medicine academic affairs office (A-300)  
Contact the School of Medicine registrar's office via email at [somreg@uw.edu](mailto:somreg@uw.edu) for a Directory Information Release form. Return the form to their office with an original signature.
- University of Washington registrar's office (upper campus)  
Log on to MyUW. Under directory information, select or de-select "restrict access."

## Access Cards & Building Keys

Students are issued access cards and/or building keys at various points throughout their medical school training. Access cards and building keys are required to enter various buildings and locations both during the day and after hours. Students should return the cards/keys at the conclusion of their Foundations training, clinical clerkship, or prior to graduation, as appropriate.

Lost or stolen access cards and building keys must be reported immediately to the regional administrative staff and/or clerkship coordinator, as appropriate. Students may be required to pay a replacement fee for each additional access card or building key that is issued to them.

## ID Badges

Students are issued ID badges at various points throughout their medical school training. ID badges should be worn whenever the student is on campus and must always be worn when seeing patients in an official capacity, including as part of a research protocol.

If an ID badge is lost or stolen, students must report it immediately to their regional administrative staff or clerkship coordinator, as appropriate. Students may be asked to submit an incident report to the clinical site's public safety office related to the lost or stolen ID badge and may be required to pay a replacement fee for each additional ID badge that is issued to them.

If a name change occurs, students must update their photo ID badge. Once the name change is registered with the School of Medicine's registrar's office, students should contact their regional administrative staff or clerkship coordinator, as appropriate, to inquire about the name change process for the ID badges.

## Name and Address Changes

Students should update both the School of Medicine Academic Affairs Office and the University of Washington registrar's office of any updates to their name or address. For name changes, a certified copy of a marriage certificate, dissolution decree, or court order, and a copy of the student's updated driver's license is required.

If a name or address change occurs, students must update the following:

- School of Medicine Academic Affairs Office (A-300)  
Contact the School of Medicine registrar's office via email at [somreg@uw.edu](mailto:somreg@uw.edu) for either a Name Change or Address Change form. Return the form to their office with the additional documentation as required.
- University of Washington Registrar's Office (upper campus)  
Contact the UW Registrar at (206) 543-5378 or visit their [website](#) for information about name changes with the University registrar's office
- ID Badge (name change only)  
See instructions above

## Communications between Administration and Students

The School of Medicine administration communicates regularly with students on pertinent topics related to the students' year in school. Topics and agendas may be proposed by either the administration or the students, and requests from students for information on topics of interest or issues of concern are welcome.

Routine, planned sessions are scheduled within curricular time throughout the year. These include, but are not limited to, the following:

- Class meetings/virtual office hours
- Program information meetings
- Meetings with leadership officers of key student organizations (MSA, Honor Council, SLAC, Wellness Council, etc.)
- Email
- Website

Policy information and manuals are distributed to students at various points throughout the school year as appropriate, and are also available [online](#).

## Student Email Addresses and Accounts

Prior to matriculation, accepted applicants will be asked to establish an email account and address. The School of Medicine uses students' University of Washington email addresses as the primary communication mechanism for all communication related to the medical school program and its activities. Students are expected to check their UW email on a daily basis.

### Student Email and Account Changes

If a student changes their email address or net UWID, s/he must update the following:

- School of Medicine academic affairs office (A-300)  
Contact the School of Medicine registrar's office via email at [somreg@uw.edu](mailto:somreg@uw.edu) to request an update to their email address. Students must provide their full name and student ID number when submitting the request.
- Upper Campus registrar's office (and financial aid)

Log into [MyUW](#) and click the “Change Student Address” link

## Liability Coverage for Medical Students

University of Washington School of Medicine’s medical students have liability coverage from the time they are enrolled until their 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 a leave of absence, engaged in approved educational activities or in an expanded schedule in which approved educational activities do not require registration for credit (e.g., in-depth research or international health opportunities) are also considered to be enrolled. Once the student receives the M.D. degree, s/he is no longer enrolled and thus no longer has School of Medicine liability coverage.

Examples of when UWSOM medical students have the University’s liability coverage are as follows:

- Registered in coursework for credit and paying University of Washington tuition. [This includes registration for credit in approved coursework away from the University of Washington at another approved educational institution when credit is granted by, and tuition is paid to, the University of Washington. This does not include coursework taken to complete another degree at another educational institution for which credit is granted and tuition paid to that institution.]
- Participating in approved School of Medicine non-credit medical educational programs such as the pre-matriculation rural component of the TRUST program, R/UOP, and volunteer or service learning activities endorsed by the UW School of Medicine, its departments, or WWAMI partner institutions.
- Involvement in a research project with University of Washington or WWAMI regional faculty. Examples include summer research projects with stipends such as MSRTP and R/UOP-III, and extended research projects with stipends such as those done through NIDDK, HHMI, and Magnuson Scholarship.
- 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 (Ph.D., M.P.H., etc.) or after being approved to return from a leave of absence prior to reentering the medical school curriculum.

## Health and Disability Insurance

### Health Insurance

In March 2013, Congress passed the federal Patient Protection and Affordable Care Act (P.L. 111-148), which expanded private and public health insurance to all U.S. citizens. The Affordable Care Act (ACA) requires everyone to have health insurance (except in limited circumstances), and the UW School of Medicine strongly encourages students to have health insurance. In addition to requiring that individuals have insurance, this law created state-based insurance exchanges and expanded Medicaid eligibility criteria. Under this law, students under 26 years old are allowed to stay on a parent’s health insurance plan, if applicable. Students who are on their spouse or partner’s employer’s insurance plan can remain

on that plan. If students are losing their health insurance coverage (e.g. through an employer) when they start school, they qualify for enrollment in the special enrollment period. Medical students are also able to obtain health insurance through the American Medical Association (AMA). Membership in the AMA is not required. More information can be found at: <https://www.amainsure.com/coverage-details/group-hospital-income-insurance.html>

Student's State of residency	Foundations Phase Student Health Insurance Plan (SHIP) option:	Clinical Phases Student Health Insurance Plan (SHIP) option:	ACA (non-SHIP) insurance plan option:	Did the state choose to expand Medicaid?	Medicaid Considerations
Washington	No SHIP plan offered by University of Washington or Gonzaga  <i>See below this chart for information related to Washington residents.</i>	No SHIP plan offered by University of Washington or Gonzaga  <i>See below this chart for information related to Washington residents.</i>	<a href="#">State-run marketplace</a>	Washington State <b>expanded</b> Medicaid ("Apple Health") to include: children, and pregnant women with incomes up to 185% of FPL, and <b>other adults</b> with incomes up to 138% of FPL.	Medicaid is intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited.
Wyoming	<a href="#">University of Wyoming</a>	SHIP available through University of Wyoming	<a href="#">Federally-facilitated marketplace</a>	State did not expand Medicaid. Medicaid is available for children, pregnant women, elderly, disabled.	Non-pregnant students are not eligible for Medicaid in Wyoming.
Alaska	<a href="#">University of Alaska</a>	SHIP available through University of Alaska	<a href="#">Federally-facilitated marketplace</a>	Alaska <b>expanded</b> Medicaid to include: children, pregnant women with family income of up to 200% of FPL, and <b>other adults</b> with family income up to 138% of FPL.	Medicaid is intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited.
Montana	<a href="#">Montana State University</a>  <i>Proof of insurance is required for Montana Foundations students</i>	SHIP available through Montana State University	<a href="#">Federally-facilitated marketplace</a>	State <b>expanded</b> Medicaid to include: children, pregnant women with household income up to 157% of FPL, and <b>other adults</b> with household income up to 138% of FPL.	Medicaid is intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited.

Student's State of residency	Foundations Phase Student Health Insurance Plan (SHIP) option:	Clinical Phases Student Health Insurance Plan (SHIP) option:	ACA (non-SHIP) insurance plan option:	Did the state choose to expand Medicaid?	Medicaid Considerations
Idaho	<a href="#">University of Idaho</a> <i>Proof of insurance is required for Idaho Foundations students</i>	No SHIP plan offered by University of Idaho  <i>See column to the right for information related to clinical Idaho residents</i>	<a href="#">State-run marketplace</a>	State did not expand Medicaid. Medicaid is available for children, pregnant women, elderly, and disabled.	Non-pregnant students are not eligible for Medicaid in Idaho.

*Health Insurance Information for Washington Residents*

Washington State legislation expanded Medicaid, making more Washington students eligible for Medicaid, a low-cost option for health insurance. In light of this Medicaid expansion, students in Washington State – at the Seattle or Spokane Foundations site – do not have access to a Student Health Insurance Plan (SHIP), since UW and Gonzaga University no longer offer it.

All students who are Washington State residents can go to the [Washington State online market place](#) to sign up for health insurance.

- [Washington health plan finder](#) contains information about both private plans and Medicaid
- [Washington Health Benefit Exchange](#) contains information about private plans
- [Apple Health](#) is the Washington State Medicaid plan

Some students may qualify for low-cost options through Apple Health, Washington State’s Medicaid program. Medicaid is intended to be utilized in the state in which it is issued. Coverage outside of the state in which it is issued may be extremely limited. If a student chooses Apple Health, it is important to recognize that this benefit is intended to be used while students are living in Washington State and may not apply in the remaining four WWAMI states.

*Health Insurance Information for Non-Washington Students*

If students are entering the School of Medicine from a state other than Washington, they may look at the [Washington health plan finder](#) for information about Washington State residency. The application for health care coverage through the state exchange states: “A Washington resident is someone who currently resides in Washington, intends to reside in Washington, including individuals without a fixed address; or someone who entered the state without a job commitment or looking for a job.”<sup>21</sup>

<sup>21</sup> [Washington State Health Care Authority Application for Health Care Coverage](#), pg. 15

## Disability Insurance

Disability insurance is available for all medical students but is not required. In light of the cost of education and the risks associated with practicing medicine, students are strongly encouraged to consider enrolling in a disability insurance plan. The American Medical Association supports two disability insurance plans designed to meet the unique needs of health care professionals:

- [MedPlus Advantage plan](#)
- [AMA Student Disability Income Insurance](#)

Full-time students enrolled in the School of Medicine are eligible for coverage through the [MedPlus Advantage plan](#). [AMA Student Disability Income Insurance](#) is available to medical students across the country; however it is not available in all states. Students should review the state availability of this AMA plan before purchasing.

## Non-UW Medical Students and Children in Classroom, Laboratories, and Patient Care Settings

School of Medicine classes, laboratories, and patient care settings are restricted to use by enrolled UW medical students. Under no circumstances may a student bring a non-UW medical student or child to classes or clerkship settings without prior approval from the associate dean for curriculum and the block/clerkship director. If there is an exceptional situation in which a student would like to bring a friend or family member to class, s/he should make an appointment with the associate dean for curriculum to discuss the request and the circumstances under which the request might be permitted.

## Standards of Dress and Appearance in Clinical Settings

Standards are designed to ensure that students 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: sleeveless shirts/tank tops, spaghetti strap tank tops, low cut necklines, blue jeans, shorts, overalls, sweats, exposed backs or midriffs, revealing clothing that exposes undergarments, form-fitting dresses/skirts, or dresses/skirts shorter than 2-3" above the knee.
- **Shoes:** closed-toe shoes must be worn in all patient care areas, per OSHA regulations. 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 may be interpreted as being obscene, indecent, extremist, racist, or sexist, it should be covered.

# STUDENT RESOURCES & SUPPORT PROGRAMS

## Academic Skills Counseling

Academic skills counseling is available at each Foundations Phase site. Students may receive assistance with a variety of issues including, but not limited to, test-taking skills and improving study strategies, particularly around USMLE licensing exams. If a student is having difficulty in course work, the faculty may suggest that the student meet with an academic skills counselor and/or request a tutor, or the student may request this on his/her own. If difficulties arise in the clinical curriculum, arrangements for support will be developed through the student affairs deans in consultation with the student's college mentor and clinical clerkship director.

<b>Alaska:</b>	Shannon Uffenbeck, Ph.D.	<a href="mailto:msruffenbeck@uaa.alaska.edu">msruffenbeck@uaa.alaska.edu</a>
<b>Idaho:</b>	Lynda Freeman, D.H.Sc., M.P.H., M.B.A.	<a href="mailto:lmfreeman@uidaho.edu">lmfreeman@uidaho.edu</a>
<b>Montana:</b>	Jackie Wilson, M.D.	<a href="mailto:jackiewilson@montana.edu">jackiewilson@montana.edu</a>
<b>Seattle:</b>	Jamey Cheek, Ed.D., L.M.H.C., <b>Director</b>	<a href="mailto:cheekj@uw.edu">cheekj@uw.edu</a>
<b>Spokane:</b>	Jon Hammermeister, Ph.D.	<a href="mailto:jhammermeister@ewu.edu">jhammermeister@ewu.edu</a>
<b>Wyoming:</b>	Cynthia M. Hartung, Ph.D.	<a href="mailto:chartung@uwyo.edu">chartung@uwyo.edu</a>
	Tara Waddell Clapp, M.S., C.A.S.	<a href="mailto:twaddell@uwyo.edu">twaddell@uwyo.edu</a>

## Tutoring

Tutoring is free of charge and is coordinated by the academic skills counselors. It is available on a drop-in basis and by appointment. It is staffed by medical students and services may be delivered in person, over the phone, or via Zoom.

## Career Advising

Career advising, which includes general information and advice regarding specialties, residency, and career planning, is available to all students throughout their training. Based in Seattle, WA, the career advising office functions as an information and referral center to relevant online resources, departmentally-based career advisors, and fourth year students or graduates who serve as mentors for those interested in the same specialty area.

Career advising staff travel to each Foundations site and to several of the Patient Care Phase clinical centers each year. Students may schedule an appointment with the School of Medicine career advising office [online](#) or by phone, (206) 221-3855.

Additional information on selecting a specialty, writing personal statements, and preparing for residency interviews is available by appointment, online on the [School of Medicine's career advising website](#), and online on the Association of American Medical Colleges' (AAMC) [Careers in Medicine](#)® website, which provides general career advising information for medical students.



## Financial Aid

The School of Medicine financial aid office serves as the primary liaison for medical students with the main University of Washington office of student financial aid, and administers the School of Medicine scholarship and loan funds and the Title VII federal aid programs.

Staff are available to provide general advice on financial aid, address questions about the aid awarded, and provide assistance with understanding the impact of indebtedness, in addition to other financial aid-related queries. Additional information on budgets, timelines, and loan and debt management is also available on the [School of Medicine's financial aid website](#).

Staff travel to each Foundations site at the beginning of the academic year, and also to several of the clinical centers during the Patient Care Phase. Students may contact the School of Medicine financial aid office directly via email, [somfao@uw.edu](mailto:somfao@uw.edu), or by phone, (206) 685-2520.

## Medical Student Counseling Services

The School of Medicine's counseling service offers a range of services to help students and their spouse/partner cope with the demands of life in medical school. Services offered through the School's counseling programs are free of charge and completely confidential. The counselors are licensed and experienced, mental health professionals. Though some may have clinical faculty appointments, none are involved in direct evaluation or grading of students. If long-term counseling or psychiatric assessment is needed, the student may be referred to a local community provider who may be able to see students on a reduced-fee basis.

### **Medical Student Counselors:**

<b>Alaska:</b>	Patrick Dulin, Ph.D.	<a href="mailto:pldulin@uaa.alaska.edu">pldulin@uaa.alaska.edu</a>
	Patricia Sandberg, Ph.D.	<a href="mailto:prsandberg@uaa.alaska.edu">prsandberg@uaa.alaska.edu</a>
<b>Idaho:</b>	Brian Hopper, Psy.D.	<a href="mailto:brianhop@uidaho.edu">brianhop@uidaho.edu</a>
<b>Montana:</b>	Samantha White, Psy.D.	<a href="mailto:samantha.white3@montana.edu">samantha.white3@montana.edu</a>
<b>Seattle:</b>	Joanne Estacio-Deckard, L.I.C.S.W., <b>Director</b>	<a href="mailto:joanneed@uw.edu">joanneed@uw.edu</a>
	Sheri Davis, L.I.C.S.W.	<a href="mailto:sheri2@uw.edu">sheri2@uw.edu</a>
	Cliff Kelly, M.S., M.Div., L.M.H.C.	<a href="mailto:ckelly70@uw.edu">ckelly70@uw.edu</a>
<b>Spokane:</b>	Libby Skiles, M.H.A., Ed.D.	<a href="mailto:skiles@gonzaga.edu">skiles@gonzaga.edu</a>
<b>Wyoming:</b>	Brenda Cannon, M.S., N.C.C., P.P.C.	<a href="mailto:cannon.counselor@gmail.com">cannon.counselor@gmail.com</a>

### Access to Counseling Services

Students may schedule counseling appointments directly with their respective counselor(s) either via email, by phone, or in person. Drop-in appointments may be available based upon counselor availability. For students in the clinical curriculum, the counselors in Seattle are able to provide telephone and email consultations, evening appointments, and distance counseling sessions via Zoom technology. Students rotating at clinical sites in the region may obtain information on counseling through the regional site counselor or a Seattle counselor, and can contact them directly.

## Confidentiality of Counseling Services

Counseling is completely confidential. Limited counseling records are securely kept by the student's specific counselor and are not part of the student's academic file. The counselors may receive information about students who are being reviewed by the Student Progress Committee, but counselors never share information with the committee. Information about students who are seeking counseling is never shared with the deans, faculty, or staff. If a student would like his/her counselor to share information with the deans, faculty administrative staff, or the Student Progress Committee, s/he must sign a written release of information to allow the counselors to do so.

## Services Available through the Counseling Service

Counselors are able to assist students with issues related to medical school or any other personal concern. Counselors are available to meet with students and/or their partner/spouse for individual or couples counseling. Services are completely free for students and/or their partner/spouse. Available services include:

- Individual counseling
- Couples counseling
- Life transitions
- Support groups
- Workshops and seminars
- Drop-in consultations
- Stress management
- Test anxiety
- Anxiety management
- Coping with depression
- Time management
- Managing relationships
- Coping with clerkships
- Residency match stress
- Career decision counseling
- Academic difficulties
- Psychiatric referrals
- Peer conflicts

## Health and Wellness Programs

Workshops and wellness activities may be offered throughout the region. Topics of past sessions include stress management, time management, yoga, massage, mindfulness meditation, successful relationships, and integrating feedback and evaluation.

## The Colleges

The [Colleges](#) are an academic and administrative program with three primary responsibilities:

- To collaborate in creating and delivering a four-year integrated curriculum of clinical skills and professionalism
- To teach in Foundations of Clinical Medicine
- To provide a consistent faculty mentor to each student over his/her medical school career

There is one college located at each Foundations site, with two colleges located in Seattle and two colleges located in Spokane. Each college has a dedicated group of faculty mentors, one of whom serves as the head of the college. Upon matriculation, students are assigned to a faculty member within their site's college. Each faculty member is assigned five students each year, and works with them throughout their medical school careers.

The college system is a primary source of mentoring and support for students. Mentors meet regularly with students, provide academic advising, monitor student progress in specific areas against defined benchmarks, and assist students with career decision-making.<sup>22</sup>

## Washington Physicians Health Program

The [Washington Physicians Health Program](#) (WPHP) is a confidential program for Washington physicians and other health-care providers, founded by the Washington State Medical Association. The School of Medicine has access for its students to WPHP, which offers services to healthcare providers who may have a condition that could impact their performance. This is managed by the associate dean of student affairs with consultation from WPHP.

WPHP is available to students with significant difficulty, either academic or professional. A student may be referred to WPHP by the Student Progress Committee, the associate dean for student affairs, or the vice dean for academic, rural and regional affairs, if s/he is experiencing a single major difficulty or ongoing persistent challenges, which are impacting the student's ability to complete the medical school graduation requirements successfully and which may be related to a medical, psychiatric, or behavioral issue. A student may also be referred due to concerns about [Fitness for Clinical Contact](#). If the student is not currently residing in Washington State, s/he may be referred to a similar state evaluation and monitoring program if available and appropriate.

WPHP or its equivalent will determine whether additional services or support for the student are needed, and if so, will endorse the student when s/he is ready to return to the curriculum. If needed, WPHP/its equivalent may continue to provide ongoing monitoring of the student when s/he returns to the curriculum for a period of time, determined by the organization.

If a student believes the referral has been made unnecessarily or inappropriately, s/he may request that the referral be reviewed by the Student Progress Committee. This review would occur at the next regularly scheduled meeting of the Student Progress Committee.

## University Ombud

The [Office of the Ombud](#) is a confidential, neutral resource, where students, faculty, and staff can seek information, consultation, and assistance for any professional challenges they are facing at the University of Washington. This resource is available to all medical students regardless of their physical location.

## University Complaint Investigation and Resolution Office (UCIRO)

The [University Complaint Investigation and Resolution Office](#) (UCIRO) is responsible for investigating complaints that a University employee has violated the University's non-discrimination and/or non-retaliation policies. A UCIRO investigation may be requested either by an individual or by the administrative head of a University organization.

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<sup>22</sup> The college mentor's role is primarily one of personal support and advising rather than specific advising in the student's chosen field.

## Title IX

The [University Title IX office](#) is responsible for facilitating the University's compliance with Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance. Sexual harassment of students, which includes acts of sexual violence or sexual assault, is a form of sex discrimination prohibited by Title IX. Retaliation against those who raise complaints or participate in the complaint investigation and resolution process is also prohibited.

## Disability Resources for Students (DRS)

The University of Washington and its School of Medicine are committed to ensuring that students have equal access through reasonable accommodations for their documented disability to the educational programs and facilities. The School of Medicine works closely with the University's [Disability Resources for Students](#) (DRS) to assist students in making the transition to the medical school environment and in identifying accommodations that will support their success in the program.

All students are expected to meet the essential degree requirements of the medical school program. These degree requirements are outlined in a document entitled "[Essential Requirements of Medical Education at the University of Washington School of Medicine: Admission, Retention, and Graduation Standards](#)." This document is provided at the time of application, and applicants are asked to sign a statement verifying they have read the document and understand that they are expected to be able to fulfill the essential requirements of the program with or without reasonable accommodations due to a disability. Students are also asked to review and sign this document again at the time of transition to clerkships. Applicants who have had accommodations in the past or who have a disability are encouraged to contact the associate dean for student affairs and DRS if they have questions about meeting the School's essential requirements.

## Process for Requesting and Receiving Accommodations

Students enrolled in the School of Medicine must follow the approved process for requesting and receiving appropriate reasonable accommodations to enable them to have the opportunity to meet the School of Medicine's essential requirements for completion of the medical school curriculum and for the practice of medicine. Applicants and enrolled students are responsible for requesting accommodations and for providing the appropriate, required documentation of the disability in a timely manner to the DRS.<sup>23</sup> DRS, in consultation with the comparable regional university office, will review the documentation and engage the School of Medicine and the student in an interactive process both to review accommodation requests in light of a student's functional limitations and the essential elements of the M.D. degree program and also to determine reasonable accommodation(s) on a case-by-case basis.

A student who develops or manifests a disability after matriculation may be identified to the Academic Affairs Office through a variety of sources, e.g., self-report, a report of accident or illness, or faculty observations of special aspects of poor academic performance. If the degree to which the student has become disabled raises questions related to meeting the technical standards, the matter will be referred to the associate dean for student affairs who will consult with DRS. The student will need to submit appropriate

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<sup>23</sup> The University's policies describing the type of documentation required for assessing disabilities are available from [Disability Resources for Students](#); (206) 543-8924; [drstest@uw.edu](mailto:drstest@uw.edu).

documentation in regard to the disability from a qualified health professional and will subsequently work with DRS and the associate dean in assessing if the student can meet the School's technical standards with a reasonable accommodation.

Reasonable accommodations are designed to effectively meet disability related needs of qualified students, yet will not fundamentally alter essential elements of this program, create an undue burden for the University, or provide new programming for students with disabilities not available to all medical students. The School of Medicine is ultimately responsible for implementation of approved accommodations.

### **Accommodations for USMLE Requirements**

In addition to the academic program within the School of Medicine, a student may find that accommodations are needed when taking the United States Medical Licensing Examinations, of which Step 1 and Step 2-CK and -CS are required for graduation from this medical school. Accommodations for USMLE must be requested separately from accommodation requested at the University of Washington School of Medicine. A mechanism to request an accommodation is available through the National Board of Medical Examiners. This includes an application from the student, submission of complete documentation, which may take time to compile, and certification of the disability from DRS that includes documentation of accommodations given in medical school.

# STUDENT LEADERSHIP, PROGRAMS, & ACTIVITIES

Students in good academic standing have many opportunities to contribute to medical education, including but not limited to the following:

## Admissions Tour Guides

Students can provide tours for prospective applicants during the admissions season. Application to become a tour guide occurs annually during the summer before the next interview season. Students must be available to lead a minimum of 1-3 tours per month. All students, regardless of their site or year, are welcome to apply. For more information, students should contact the Admissions Office via email, [shafner@uw.edu](mailto:shafner@uw.edu).

## Honor Council

The Honor Council is an elected body of students spanning all years and all WWAMI sites that serves as an intermediary between students, faculty, and administration. It is a resource that students can use to voice concerns or to ask questions about mistreatment or misconduct. All dealings by the Honor Council are kept confidential. General feedback is used to make improvements to the UWSOM experience. Application and election to the council occurs during the winter of the first year. For more information or to submit a confidential report, students can review the [Honor Council website](#) or contact the Honor Council directly via email, [honorsom@uw.edu](mailto:honorsom@uw.edu).

## Medical Student Association (MSA)

The Medical Student Association (MSA) is an elected body of student representatives from all years and all WWAMI sites that serves as the primary liaison between the student body and the School of Medicine administration and faculty. The MSA is considered the “umbrella” organization for student activities and organizations, and is responsible for developing educational and community initiatives, overseeing student activities and subsidizing student organizations, planning social events, and addressing student concerns with the administration, among other things. MSA representatives are selected at each site during the fall of the first year, and appointment extends throughout the student’s tenure in school as long as the student remains in good academic standing. For more information, students can review the [MSA website](#) or contact the MSA directly via email, [msarep@uw.edu](mailto:msarep@uw.edu).

## School of Medicine Committees

Students can participate in the decision-making process affecting the activities, programs, and changes in the medical school in a number of ways, including, but not limited to, admissions, curriculum, and learning environment. Several committees comprised of deans, faculty, administrative staff, and students run concurrently each year. Application and appointment to these committees occur annually throughout the year as applicable to the specific committee. Students are notified of these opportunities via email. If interested in serving on one of the committees, students should contact the appropriate office via email to learn more.

## Wellness Council

The UWSOM Wellness Council is a student-directed group that offers information, supports initiatives, promotes events, and creates opportunities around activities that foster balance in students' lives and enrich their mental, physical, and social well-being. The Wellness Council serves as the primary liaison between the student body and the School of Medicine counselors and administration for wellness issues. Wellness Council representatives are selected at each site during the fall of the first year, and appointment extends throughout the student's tenure in school as long as the student remains in good academic standing. For more information, students can review the [Wellness Council website](#) or contact the Student Affairs office via email, [esom@uw.edu](mailto:esom@uw.edu).

## Alpha Omega Alpha Honor Medical Society

Alpha Omega Alpha (AOA) is a national honor medical society whose purpose is to recognize and perpetuate excellence in the medical profession by promoting scholarship and research in medical school, encouraging high standards and conduct, and recognizing high attainment in medical science, practice, and related fields. Its motto is: "Be worthy to serve the suffering." The School of Medicine has an AOA chapter consisting of faculty, resident and student members. Student members are elected during the last two years of medical school. By national guidelines, a student must be in the top twenty-five percent (25%) of the class to be eligible for election. This determination of eligibility involves an assessment of achievement as evidenced by Step 1 scores and the percent of honors achieved in the required clinical curriculum. In addition to scholastic excellence, evidence of personal and professional development as a physician-in-training, integrity, compassion, fairness in dealing with one's colleagues, and capacity for leadership are also equally significant criterion for election. Students elected into AOA are those who, in the judgment of the local chapter, have shown promise of becoming leaders in their profession. Per national guidelines, the total number of students that can be elected from a class may not exceed sixteen percent (16%) of the number graduating. For more information, students can review the [UW AOA website](#) and the [national AOA website](#), or contact the AOA staff coordinator directly via email, [aoa@uw.edu](mailto:aoa@uw.edu).

## Gold Humanism Honor Society

The Gold Humanism Honor Society (GHHS) is a national honor medical society whose purpose is to recognize individuals who are exemplars of humanistic patient care and who can serve as role models, mentors, and leaders in medicine. The society's goals are to promote humanism and patient-centered care throughout the medical profession. The School of Medicine has a GHHS chapter, which consists of faculty, resident and student members. Student members are elected during the last two years of medical school. Students elected into GHHS are those who, in the judgment of their peers and the local chapter, have demonstrated excellence in humanistic clinical care, leadership, compassion, and dedication to service. By national guidelines, the total number of students that can be elected from a class may not exceed fifteen percent (15%) of the number graduating. For more information, students should refer to the UW GHHS chapter website and the [national GHHS site](#), or contact the GHHS staff coordinator directly via email, [uwgold@uw.edu](mailto:uwgold@uw.edu).

## Student Interest Groups and Organizations

There are several student interest groups and regional and national organizations in which all School of Medicine students are invited to participate. Group membership, leadership elections, and events vary by organization. More information about the student interest groups and organizations currently available to students and information about the process for establishing new student interest groups are available on the [UW Student Organizations website](#). Students interested in participating in service learning and advocacy projects should review the information on the [Service-Learning and Advocacy Canvas page](#). Students may also contact Leonora Clarke ([clarkel@uw.edu](mailto:clarkel@uw.edu)), the Service Learning manager with questions.

## Service Learning

Service learning and advocacy projects are structured learning experiences that respond to community-identified concerns. These projects integrate service to the community with academic coursework and opportunities for reflection. Students engaged in service learning learn about the context in which service is provided as well as their roles as citizens and professionals. More information about current service learning and advocacy projects as well as the process for establishing new projects can be found on the [Service-Learning and Advocacy Canvas page](#). Students may also contact Leonora Clarke ([clarkel@uw.edu](mailto:clarkel@uw.edu)), the Service Learning Manager with questions.