## **University of Washington School of Medicine**

# Technical Standards for Admission, Retention, Promotion, and Graduation

<u>Note</u>: Throughout the document, "student" refers to the applicant or medical student. Clicking on underlined items links to additional information on the subject.

#### Introduction

The University of Washington School of Medicine (UWSOM) maintains a strong institutional commitment to training a diverse student population in order to provide excellent care to a diverse patient population. The UWSOM provides equal educational opportunities for qualified students with disabilities who apply for admission to the MD program or who are already enrolled. The technical standards are not intended to deter any candidate for whom reasonable accommodation will allow fulfillment of the complete curriculum.

As an accredited medical school, the University of Washington School of Medicine adheres to the accreditation standards described by the Liaison Committee on Medical Education in "Functions and Structure of a Medical School."

Technical standards refer to the cognitive, behavioral, psychological, and physical abilities required to satisfactorily complete all aspects of the UWSOM <u>curriculum</u> and to develop the <u>professional attributes</u> required of all students approved to graduate with the MD degree.

Medical students are expected to meet all graduation requirements, which include but are not limited to participating and achieving competence in the full curriculum, receiving satisfactory evaluations of academic and professional conduct, and successfully completing the appropriate United States Medical Licensing Examinations (USMLEs).

Students with a known or suspected disability who may require accommodations are encouraged to contact <u>Disability Resource Services</u> (DRS) for a confidential conversation. The student's situation will be reviewed confidentially to determine what reasonable accommodations would permit the candidate to satisfy the expectations of the <u>curriculum</u>. This process is informed by the knowledge that students with varied abilities can become successful health professionals.

#### **Technical Standards**

## 1) Intellectual, integrative, and quantitative abilities

Students are expected to have essential abilities in information acquisition, integration, and problem solving at entry and to gain and demonstrate higher levels of competence as they progress through the curriculum. These include, but are not limited to, the ability to do the following:

• Comprehend and apply written material to independently accomplish curricular requirements and provide clinical care for patients

- Master relevant content in basic science and clinical courses deemed appropriate by the faculty through a variety of sources including lectures, written material, use of computers and other forms of media, and simulations
- Discern and comprehend dimensional and spatial relationships of structures
- Demonstrate reasoning, decision-making skills, and sound judgment appropriate to the practice of medicine
- Solve problems in a timely manner; this critical skill requires the ability to learn, reason, integrate, analyze, and synthesize data concurrently in a multi-task setting where there may be a high level of stress and distraction
- Develop the skills to interact with, utilize and navigate an electronic medical record

#### 2) Observational skills

Students must be able to acquire information through a variety of methods in order to gather information, integrate findings, and develop appropriate diagnostic and treatment plans. These include, but are not limited to the following:

- Large group lectures
- Demonstrations and laboratory experiments
- Small group discussions and presentations, including team-based learning
- Written material, audiovisual material, including computer-based material
- Cadaver dissection and specimen examination
- Simulations
- One-on-one and small-group interactions with patients and other individuals

#### 3) Communication

Students are expected to have foundational communication skills at entry to medical school and to gain and demonstrate higher levels of competence as they progress through the curriculum. With appropriate training, students must:

- Communicate effectively in English verbally and in writing or electronically in classroom, clinical, and non-clinical settings with peers, patients, families, physicians, other members of the health care team and have the ability to comprehend written and verbal communications
- Demonstrate the communication skills required to form effective professional relationships with members of the health care team, teachers and colleagues, and therapeutic relationships with patients
- Gather a complete medical history which includes the ability to communicate and interact with patients, families, caregivers, and the electronic medical record in an effective manner in order to elicit information, assess non-verbal communication, describe changes in mood, activity, and posture; and work effectively with a patient's interpreter when needed
- Establish rapport in a way that earns patient, families and caregivers trust and promotes openness to a patient's concerns and sensitivity to potential cultural differences
- Process and communicate information on a patient's status in an accurate, succint, comprehensive and timely manner to members of the healthcare team
- Recognize and communicate around urgent situations in which timely supervision, assistance, and consultation must be sought
- Document information accurately for patient care in a timely manner

## 4) Physical Functioning

After a reasonable period of training, students must have the physical capacity, with or without accommodation to do the following:

- Perform a physical examination including eliciting information by palpation, inspection, auscultation, percussion, and other diagnostic maneuvers
- Perform diagnostic, therapeutic invasive procedures
- Respond to and perform appropriate action in emergency situations
- Complete timed demonstrations of skills
- Demonstrate the use of precautions to avoid posing risks to patients and the student
- Perform in outpatient, inpatient, surgical, and other clinical venues
- Perform in a reasonably independent and competent way in sometimes chaotic clinical environments

## 5) Behavioral Skills and Ethical Conduct

#### Students must:

- Arrive on time, be prepared, and wear attire appropriate to the situation and environment
- Take responsibility for their education; participate, contribute to the learning environment, and receive and act on constructive feedback from members of the medical school community and healthcare teams
- Demonstrate compassion, empathy, altruism, integrity, responsibility, dedication, fairness, and concern for self and others
- Demonstrate integrity as manifested by truthfulness, acceptance of responsibility for their actions, accountability for mistakes, and the ability to place the well-being of a patient above their own when necessary
- Demonstrate the ability to develop mature, sensitive, and effective professional relationships with patients, health care teams, and members of the medical school community
- Demonstrate an ability to work with individuals with different beliefs that may affect their interactions
- Demonstrate the emotional and psychological capacity to function effectively under stress, exercise good judgment and display adaptability to an environment that may change rapidly without warning and/or in unpredictable ways
- Possess the stamina required to manage expected workloads outlined in the School of Medicine's Required Clerkship <u>Objectives</u>
- After adequate training, understand and apply appropriate standards of medical ethics
- Function as a contributing member of the healthcare team, often within a multidisciplinary teambased environment, regardless of the specialty
- Students are expected to comply with the UW Medicine Policy on Professional Conduct

## 6) Legal Requirements

- Students must complete <u>compliance requirements</u>, including periodic criminal backgroud checks, and remain in compliance from matriculation to graduation
- Students applying for admission must acknowledge and provide written explanation of any charges or disciplinary action taken against them prior to matriculation in the School of Medicine.
- Students with new convictions while in medical school must notify the Associate Dean for Student Affairs immediately regarding the nature of the conviction.

• Failure to disclose prior or new offenses can lead to rescinding the offer of admission, disciplinary action, or dismissal

#### **Accommodations**

Medical students must continue to meet the medical school's technical standards throughout their enrollment with or without accommodations. Students are responsible for requesting accommodations and for providing the appropriate, required documentation of the disability in a timely manner to the University's Disability Resources for Students (DRS) Office. The DRS Office will review the documentation and engage the School of Medicine and the student in an interactive process to review accommodation requests and to determine reasonable accommodation(s) on a case-by-case basis. See DRS Office webpage on the process for new students.

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 in partnership with DRS is responsible for implementation of approved accommodations.

A student who develops or manifests a disability after matriculation may be identified to the UWSOM 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 concerns about the student's ability to meet the technical standards, the student will be referred to the DRS designee assigned to the medical school.

## Health or Safety Risk

Should the student become impaired such that they would pose a health or safety risk to patients, self, or others and that could not be managed with reasonable accommodations, the student may be placed on a mandated leave of absence to permit referral for evaluation and treatment and return to the curriculum when safe to do so as determined by an independent entity such as the Washington Health Physician's Program. If patient safety cannot be assured, dismissal from the School of Medicine may be considered.

Rev. 12/2013 Rev. 09/1/15 Rev. 1/2018 Rev. 3/2018 Rev. 9/2021