

# M.D. Program Policy Handbook

Publish Date: April 15, 2022\*



**\*DISCLAIMER:** This document reflects approved policies as of the date of this publication. Policies are updated on a regular basis. The [M.D. Program policy website](#) is the preeminent source of current policies.

# Table of Contents

|  |           |
|--|-----------|
| <b>TABLE OF CONTENTS.....</b>  | <b>2</b>  |
| <b>INTRODUCTION .....</b>  | <b>6</b>  |
| OVERVIEW .....   | 6         |
| DISCLAIMER .....   | 7         |
| POLICY ON POLICIES .....   | 7         |
| <b>INSTITUTIONAL ENVIRONMENT .....</b>   | <b>8</b>  |
| VISION, MISSIONS AND VALUES .....  | 8         |
| UW VISION AND VALUES.....  | 8         |
| UW MEDICINE MISSION AND VALUES .....   | 8         |
| UW SCHOOL OF MEDICINE MISSION AND VALUES.....  | 8         |
| UW SCHOOL OF MEDICINE’S MEDICAL EDUCATION PROGRAM MISSION AND VALUES .....                     | 8         |
| LEARNING ENVIRONMENT VALUES AND STANDARDS.....   | 8         |
| TEACHER AND LEARNER POLICY .....   | 8         |
| POLICY FOR PROMOTING AN EQUITABLE, DIVERSE & INCLUSIVE SCHOOL OF MEDICINE .....                | 9         |
| STUDENT MISTREATMENT POLICY .....  | 9         |
| UW MEDICINE POLICY ON PROFESSIONAL CONDUCT .....   | 12        |
| STANDARDS OF CONDUCT AND PROFESSIONAL BEHAVIOR POLICY .....                                    | 12        |
| FITNESS FOR CLINICAL CONTACT POLICY .....  | 16        |
| UW MEDICINE SOCIAL NETWORKING POLICY .....   | 17        |
| POLICY ON SUPERVISION OF MEDICAL STUDENTS IN CLINICAL SETTINGS.....                            | 17        |
| UW FACULTY CONDUCT POLICIES .....  | 19        |
| CONFLICT OF INTEREST POLICIES .....  | 19        |
| UW PERSONAL/FAMILIAR RELATIONSHIPS IN THE EDUCATION ENVIRONMENT .....                          | 19        |
| STUDENT HEALTHCARE AND PHYSICIAN RELATIONSHIPS.....  | 19        |
| UW EMPLOYEE-STUDENT ROMANTIC RELATIONSHIPS AND CONFLICTS OF INTEREST.....                      | 19        |
| UW NONDISCRIMINATION AND NON-RETALIATION POLICY .....  | 19        |
| <b>GENERAL M.D. PROGRAM POLICIES &amp; REQUIREMENTS .....</b>                                  | <b>20</b> |
| TECHNICAL STANDARDS POLICY .....   | 20        |
| COMPLIANCE REQUIREMENTS POLICY .....   | 27        |
| BASIC LIFE SUPPORT REQUIREMENTS, PROCEDURES AND GUIDELINES.....                                | 28        |
| CRIMINAL BACKGROUND CHECK REQUIREMENTS, PROCEDURES AND GUIDELINES.....                         | 28        |
| UNIVERSAL PRECAUTIONS/ INFECTION CONTROL TRAINING REQUIREMENTS, PROCEDURES AND GUIDELINES..... | 29        |
| IMMUNIZATION REQUIREMENTS, PROCEDURES AND GUIDELINES.....                                      | 30        |
| DATA STEWARDSHIP AND HIPAA TRAINING REQUIREMENTS, PROCEDURES AND GUIDELINES.....               | 30        |
| CLERKSHIP SITE COMPLIANCE REQUIREMENTS .....   | 31        |
| NEEDLESTICK, BLOOD, TISSUE AND BLOOD FLUID EXPOSURE PROTOCOL.....                              | 31        |
| UW MEDICINE SAFEGUARDING THE PRIVACY AND SECURITY OF PROTECTED HEALTH INFORMATION POLICY.....  | 32        |

|  |           |
|--|-----------|
| UW ALCOHOL AND DRUG ABUSE POLICY .....   | 32        |
| DRUG USE AND TESTING POLICY .....  | 32        |
| FEDERAL EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) COMPLIANCE POLICY .....                               | 34        |
| MALPRACTICE LIABILITY INSURANCE POLICY .....   | 35        |
| TECHNOLOGY REQUIREMENTS .....  | 36        |
| UW STUDENT INTERNATIONAL TRAVEL POLICY .....   | 36        |
| FINANCIAL RESPONSIBILITY POLICY .....  | 36        |
| STUDENT FEE INPUT POLICY .....   | 36        |
| <b>ADMISSIONS POLICIES .....</b>   | <b>37</b> |
| ADMISSIONS VALUES STATEMENT .....  | 37        |
| APPLICANT PROFILE POLICY .....   | 37        |
| ADMISSIONS REQUIREMENTS AND SELECTION FACTORS POLICY (EFFECTIVE THROUGH ENTERING CLASS OF 2022)<br>..... | 37        |
| ADMISSIONS REQUIREMENTS AND SELECTION FACTORS POLICY (EFFECTIVE ENTERING CLASS OF 2023) .....            | 40        |
| MATRICULATION DEFERRAL POLICY .....  | 44        |
| TRANSFER POLICY .....  | 44        |
| FOUNDATIONS PHASE SITE ASSIGNMENT POLICY .....   | 45        |
| <b>CONCURRENT DEGREES &amp; ORAL MAXILLOFACIAL SURGERY (OMS) PROGRAM<br/>POLICIES .....</b>              | <b>46</b> |
| CONCURRENT DEGREES & ORAL MAXILLOFACIAL SURGERY PROGRAM POLICY .....                                     | 46        |
| <b>M.D. PROGRAM CURRICULUM &amp; REQUIREMENTS POLICIES .....</b>   | <b>49</b> |
| CURRICULUM GOVERNANCE AND STRUCTURE .....  | 49        |
| CURRICULUM OVERVIEW .....  | 50        |
| FACULTY APPOINTMENTS POLICY .....  | 52        |
| CLERKSHIP SITE APPROVALS .....   | 52        |
| <b>CURRICULUM REQUIREMENTS .....</b>   | <b>53</b> |
| MD PROGRAM GRADUATION REQUIREMENTS POLICY .....  | 53        |
| ACADEMIC REQUIREMENTS POLICY .....   | 54        |
| CREDIT LIMIT IN A SPECIALTY POLICY .....   | 71        |
| USMLE STEP 1 EXAMINATION POLICY (EFFECTIVE ACADEMIC YEAR 2018-2019) .....                                | 72        |
| USMLE STEP 1 EXAMINATION POLICY (EFFECTIVE ACADEMIC YEAR 2019-PRESENT) .....                             | 73        |
| <b>ATTENDANCE AND PARTICIPATION .....</b>  | <b>75</b> |
| ATTENDANCE AND ABSENTEE POLICY – FOUNDATIONS PHASE .....   | 75        |
| ATTENDANCE AND ABSENTEE POLICY – CLINICAL PHASE .....  | 76        |
| REGISTRAR DROP (FORMERLY COURSE WITHDRAWAL) POLICY .....   | 79        |
| EXTRACURRICULAR CLINICAL EXPERIENCE POLICY – FOUNDATIONS PHASE .....                                     | 80        |
| STUDENT WORK HOURS POLICY .....  | 81        |

**ASSESSMENT, EVALUATION, EXAMS AND GRADING ..... 83**

ASSESSMENT POLICY ..... 83  
 NARRATIVE ASSESSMENT POLICY ..... 85  
 FOUNDATIONS ASSESSMENT POLICY ..... 86  
 EXAM ENVIRONMENT POLICY – FOUNDATIONS PHASE ..... 86  
 EXAM ENVIRONMENT POLICY – CLINICAL PHASE ..... 88  
 ACADEMIC GRADING POLICY ..... 91  
 CLERKSHIP GRADING POLICY ..... 94  
 ACADEMIC GRIEVANCE AND APPEAL POLICY ..... 94  
 FOUNDATIONS PHASE REMEDIATION FOR BLOCKS AND THREAD POLICY ..... 97

**CLERKSHIPS..... 98**

CLERKSHIP SCHEDULING POLICY ..... 98  
 TIME IN SEATTLE POLICY ..... 100  
 EXPLORE & FOCUS PHASE TRACK POLICY ..... 100  
 CLERKSHIP HOUSING AND TRANSPORTATION POLICY ..... 101  
 MEDICAL STUDENT USE OF EHR DURING CLERKSHIPS POLICY ..... 101  
 CLERKSHIP COMMUNICATION POLICY ..... 102  
 CLINICAL ELECTIVES POLICY ..... 103

**VISITING MEDICAL STUDENTS ..... 104**

VISITING MEDICAL STUDENT POLICY ..... 104  
 NON-UW MEDICAL STUDENT ACCESS TO EDUCATIONAL FACILITIES POLICY ..... 105

**EXPECTED STANDARDS OF PERFORMANCE & STUDENT PROGRESS..... 107**

EFFECTIVE E22 COHORT – STUDENT PROGRESS COMMITTEE POLICIES AND OPERATING GUIDELINES ..... 107  
 SECTION 1. OPERATING GUIDELINES OVERVIEW ..... 107  
 SECTION 2. CURRICULAR REQUIREMENTS AND EXPECTED TIMELINE ..... 109  
 SECTION 3. EVENTS THAT RESULT IN REVIEW BY SPC ..... 111  
 SECTION 4. ACTIONS AND SANCTIONS FOR MANAGING STUDENTS IN DIFFICULTY ..... 113  
 SECTION 5. REVIEW OF SPC DECISIONS ..... 120  
 SECTION 6. GUIDELINES FOR MANAGING ALLEGED VIOLATIONS OF ACADEMIC AND PROFESSIONALISM STANDARDS 122

**EXPECTED STANDARDS OF PERFORMANCE & STUDENT PROGRESS..... 128**

EFFECTIVE THROUGH E21 COHORT – STUDENT PROGRESS COMMITTEE POLICIES & OPERATING GUIDELINES . 128  
 SECTION 1. OPERATING GUIDELINES OVERVIEW ..... 128  
 SECTION 2. CURRICULAR REQUIREMENTS AND EXPECTED TIMELINE ..... 130  
 SECTION 3. EVENTS THAT RESULT IN REVIEW BY SPC ..... 132  
 SECTION 4. ACTIONS AND SANCTIONS FOR MANAGING STUDENTS IN DIFFICULTY ..... 134  
 SECTION 5. REVIEW OF SPC DECISIONS..... 141  
 SECTION 6. GUIDELINES FOR MANAGING ALLEGED VIOLATIONS OF ACADEMIC & PROFESSIONALISM STANDARDS . 142

LAST UPDATED: April 15, 2022.  
VISIT THE WEBSITE FOR THE MOST UP-TO-DATE  
POLICY LANGUAGE

UW Medicine

UW SCHOOL  
OF MEDICINE

**M.D. PROGRAM INFORMATION & RESOURCES ..... 148**

STUDENT INFORMATION AND RESOURCES ..... 148  
    COMMUNICATION ..... 148  
    CURRICULUM..... 149  
    IDENTIFICATION BADGES, ACCESS CARDS AND KEYS ..... 155  
    STUDENT LEADERSHIP & PARTICIPATION IN PROGRAMS AND ACTIVITIES..... 156  
    GRADUATION, HONORS, AND AWARDS..... 159  
    HEALTH AND INSURANCE ..... 161  
    UW SCHOOL OF MEDICINE SUPPORT SERVICES ..... 161  
    UNIVERSITY OF WASHINGTON SUPPORT SERVICES ..... 164

# Introduction

## Overview

The MD Program's policy website and corresponding handbook contains a compilation of the relevant policies for the University of Washington School of Medicine's (UWSOM) undergraduate medical education program leading to the awarding of the Doctor of Medicine degree.

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

Revisions in MD Program policies or the development of new policies may arise from recommendations from the School of Medicine's relevant medical education standing committees (e.g. Admissions, Curriculum, and Student Progress), that hold delegated responsibility in their respective areas; initiatives put forth by FCAA: collaborations with other School of Medicine vice deans, such as the Vice Dean for Academic, Rural and Regional Affairs, Graduate Medical Education, and Research and Graduate Education; or requests from the Dean of the School of Medicine. Recommendations for significant changes to admissions requirements, the curriculum, retention or promotion criteria, and/or graduation requirements are reviewed by FCAA. Responsibility for maintaining MD Program policies and incorporating revised or new MD Program policies falls within the purview of FCAA.

The School of Medicine reserves the right to revise policies, requirements, procedures and guidelines that modify the program, curriculum, system of evaluation, or graduation requirements as deemed appropriate by the faculty. Changes to school policies, requirements, procedures, or guidelines will be provided in updates at meetings, in emails, on web pages, and/or in information memos. Administrators, faculty, staff and students are expected to understand, stay continuously informed of and abide by the policies, requirements, procedures and guidelines that impact their programs and responsibilities. Policies are centrally maintained and electronically published for transparency in accordance with the medical education program's [Policy on Policies](#).

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## **Disclaimer**

The MD Program's policy website is intended to reflect the most current policies, requirements, procedures and guidelines of the School of Medicine. The School reserves the right to amend and revise policies, requirements, procedures and guidelines without prior notice. In the event of a discrepancy between the MD Program's policy website and the handbook, the website will be considered preeminent. Links to sites are provided in the header of most policy titles of the handbook, but external links are not maintained or regularly monitored by the School of Medicine's MD Program.

## **Policy on Policies**

### **Policy Statement**

Academic, Rural and Regional Affairs (ARRA) policies apply to all UW School of Medicine MD Program students, faculty and staff. ARRA policies, procedures and guidelines are developed and presented in a standard format, cataloged and tracked. Policies are regularly reviewed to improve communication, promote transparency and consistency throughout the WWAMI region, and ensure compliance with laws, best practices and accreditation standards.

ARRA policies are:

- formally approved and adopted by authorized individual(s) and governing bodies,
- clearly distinguished from related procedures according to the definitions provided in this document,
- linked to their corresponding procedures by identification number,
- maintained centrally and accessible on the UW School of Medicine website; and
- reviewed at least every four years, unless otherwise specified.

# Institutional Environment

## Vision, Missions and Values

[UW Vision and Values](#)

[UW Medicine Mission and Values](#)

[UW School of Medicine Mission and Values](#)

[UW School of Medicine's Medical Education Program Mission and Values](#)

## Learning Environment Values and Standards

### **Values Statement**

The University of Washington School of Medicine is committed to maintaining the highest standards of academic performance, professional behavior, personal integrity, and mutual respect as a community and as individuals. These standards apply to all individuals associated with the educational experience, including administrators, faculty, staff and students. Please see the [UW Medicine Policy on Professional Conduct](#).

The provision of an atmosphere in which individuals can learn from each other in a supportive environment and in which there is recognition of the dignity and worth of each person is essential to the School's mission. Individuals associated with the educational experience come from many different backgrounds, including different races, religions, sexual orientations, gender identities, ethnic ancestries, and socioeconomic status. Learning to understand the differences and similarities between people, the existence, nature and impact of implicit bias, and how to practice cultural humility in communications are important dimensions of medical education and training. The School is committed to creating an environment in which all individuals associated with the educational experience seek to appreciate the richness and personal growth that this diversity contributes to the institutional environment. Please see the [UWSOM Policy for Promoting a Diverse and Inclusive School of Medicine](#).

The School strives to provide a learning environment that supports self-assessment, inquiry and lifelong learning. Graduates are expected to achieve a level of competence in the prescribed curriculum and to demonstrate appropriate professional behavior in all interactions with faculty, staff, student peers, patients and administrators. Upholding these standards of personal conduct and integrity is expected in the academic setting and within the community.

## Teacher and Learner Policy

### **Policy Statement**

Teachers and learners are expected to be on their honor to maintain the highest standard of professional behavior in all aspects of training. Teachers are expected to provide role modeling that will enhance the learners' ability to incorporate appropriate behaviors into their professional development. Both teachers and learners must be respectful of the special nature of the physician-in-training status in how they conduct themselves in the presence of patients.



## Policy for Promoting an Equitable, Diverse & Inclusive School of Medicine

### **Policy Statement**

The University of Washington School of Medicine (UWSOM) recognizes that diversity is integral to its achievement of excellence in education, research, and patient care. To this end, there is a critical need to put efforts toward the retention of UWSOM diversity, and increasing the number of faculty, students, and staff from historically excluded populations currently underrepresented in medicine and the health professions. UWSOM is committed to achieving more diversity in all setting on campus and throughout the Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) region.

UWSOM also recognizes that recruiting and retaining a diverse community of faculty, staff, students, and trainees cannot alone nurture an inclusive and equitable school environment where individuals are valued and treated in accordance with the policies and practices established by UWSOM and the University of Washington (UW). Therefore, UWSOM also must engage in quality improvement practices and programs that aim to foster equity, diversity, and inclusion in all UWSOM settings including education, patient care, and research. The following UWSOM and UW policies and statements support this policy:

### **University of Washington Statements and Policies Supporting Diversity**

- [UW Statement on Diversity](#)
- [UW Diversity Blueprint](#)
- [Resolution Concerning Equity, Access and Inclusion in Hiring/UW Class C Bulletin No 539, Search Committee Training](#)
- [UW Faculty Code for Appointment and Promotion, valuing work on diversity](#)
- [UW Affirmative Action Plan](#)
- [UW Affirmative Action Policy](#)
- [UW Presidential Order No. 31: Executive Order on Non-Discrimination and Non-Retaliation](#)

### **University of Washington School of Medicine Statements and Policies Supporting Diversity**

- [UWSOM Mission Statement](#)
- [UWSOM Statement on Diversity](#)
- [UWSOM Admissions Statement on Commitment to Diversity](#)
- [UWSOM Center for Equity, Diversity and Inclusion \(CEDI\) Mission Statement](#)
- [UWSOM Policy on Professional Conduct](#)
- [UWSOM on Policy Requirement of Search Committee Training on Diversity/Implicit Bias \(Appendix X\)](#)

## Student Mistreatment Policy

### **Policy Statement**

The University of Washington School of Medicine (UWSOM) is committed to 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 and 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, veteran status, socioeconomic status, political beliefs or affiliations, and geographic region; and the use of grading or other forms of assessment in a punitive manner. Expectations of teachers and learners are described more fully [Policy on Professional Conduct](#).

## Definitions

Examples of mistreatment can be remembered using the MISTREAT acronym:

|   | Not Mistreatment   | Mistreatment  |
|---|--|---|
| Malicious intent                        | 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.              |
| Intimidation on purpose                 | 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.   |
| Sexual harassment                       | 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.   |
| Threatening verbal or physical behavior | 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.          |
| Racism or discrimination                | Attending gives student feedback on how to improve performance.  | Student subjected to racist or ethnically offensive remarks or names.   |
| Excessive or unrealistic expectations   | 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. |
| Abusive favors                          | 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.  |
|   | 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>1</sup>   |

## Requirements, Procedures and Guidelines

Individuals and offices at the School of Medicine and University of Washington have been identified to assist any member of the educational community to address incidents of mistreatment. The following are ways to manage and report mistreatment.

<sup>1</sup> [The University of Chicago Pritzker School of Medicine](#)

## Reporting Mistreatment or a Serious Concern

First and foremost, if a student's safety or another individual's safety is at risk (physical or sexual assault, impaired physician, or other egregious situation), first call 9-1-1, visit the emergency room, or take other actions appropriate to the situation. Then, once safe, contact Dr. Gerald Tolbert, Interim Associate Dean for Student Affairs, at 206.616.7068 or via email at [gbert@uw.edu](mailto:gbert@uw.edu).

- **Learning Environment Feedback Tool:** Students who wish to report mistreatment or a serious concern that doesn't require immediate response are encouraged to use the [Learning Environment Feedback Tool](#). In the tool, students can provide a description of their concerns and indicate their follow-up preference and how they would like their feedback shared. The Learning Environment Feedback Tool provides the option of anonymous reporting and students may indicate how they want their identity and the identity of anyone else involved in the situation to be shared.
- **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 [mmmfrank@uw.edu](mailto:mmmfrank@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 T-wing suite. All UWSOM students, regardless of year in the curriculum and regardless of physical location, may contact Melinda at any time.
- **Deans:** Students may report mistreatment to Dr. Gerald Tolbert, Interim Associate Dean for Student Affairs via confidential voicemail at: 206.616.7068; or email at [gtolbert@uw.edu](mailto:gtolbert@uw.edu). Students may also report mistreatment to any other dean at UWSOM, including but not limited to Student Affairs, Foundations or Clinical Deans.
- **Block and Clerkship Evaluation Forms:** Students who have concerns about mistreatment during a block or clerkship may also report on the End of Block/Clerkship Evaluation Form, completed at the end of each block/clerkship.
- **Other Avenues to Report Mistreatment:** 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](#). 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 \(UCIRO\)](#), [UW Title IX Coordinator](#), or a [UW Office of the Ombud](#).

## What Happens to Reports of Mistreatment

The Director of the Learning Environment receives submissions related to reports of student mistreatment and handles each submission with the utmost confidentiality, ensuring that that students' identity is safeguarded through the response process. Each student has the opportunity to discuss their concern with the Director of the Learning Environment further if desired. The concern is then reviewed with the Incident Response Oversight Subcommittee, a group of deans from Curriculum and Student Affairs. 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, other UW affiliated individuals will not be contacted until the student's grade has been finalized, with the exception of when there are concerns that the student or other individuals are in imminent danger. If there is a threat of imminent danger, the relevant individuals will be contacted before proceeding.

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### **Direct Feedback by Physicians-in-Training**

The School's administration and the Medical Student Association (MSA) recommend the following options for handling incidents of unacceptable behavior or conduct and reporting these incidents: In managing issues in which the professional behavior or conduct of students, faculty or staff do not meet the expected standard, 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 the problem is not resolved at the individual level or the student is not comfortable directly discussing the issue directly, then the issue may need to be managed at a more formal level.

### **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.

## **[UW Medicine Policy on Professional Conduct](#)**

[Please see hyperlink here.](#)

## **Standards of Conduct and Professional Behavior Policy**

### **Policy Statement**

Students are expected to be on their honor to maintain the highest standards of personal and professional conduct in all aspects of their medical school training and within the broader community. Upholding the highest standards of professional and personal behavior, personal integrity, academic 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. Breaches of the Honor Code and/or UW Medicine's Policy on Professional Conduct are serious violations of the School's standards of conduct.

Evaluations of the performance of students in the medical education program's curriculum include an assessment of whether the student is making satisfactory progress in developing appropriate professional behavior for a physician-in-training. If a student's conduct is deemed to be unacceptable and the student has not sufficiently learned how to modify their behavior, or if the behavior is so egregious and deemed to disqualify a student from being a physician-in-training, the student will not be recommended for promotion within or graduation from the MD Program, in accordance with the Student Progress Committee's guidelines.

The Student Progress Committee may recommend the dismissal from the University of Washington School of Medicine of a student whose professional behavior or conduct is unacceptable or below the expected level. No student with un-remediated, unacceptable professional behavior will receive the Doctor of Medicine degree from the University of Washington School of Medicine.

### **Requirements, Procedures and Guidelines**

The list below are broad categories of misconduct as well as standards for personal and professional behaviors, although the list is not intended to be exhaustive. The School's standards of student conduct below are also reflective of the Student Conduct Code for the University of Washington. Upholding these

standards of student conduct is expected of all students who are recommended for promotion and graduation and failure to do so can result in sanctions and/or dismissal. Misconduct Infractions related to personal and professional behavior within the medical school program, the School of Medicine's Student Progress Committee's guidelines will be followed. 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.

### **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 records 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 hygiene
- Ignoring proper universal precautions

### **Standards of Dress and Appearance in Clinical Settings**

Dress and appearance 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 in the patient care setting include: blue jeans, tank tops, sleeveless shirts, low cut necklines, shorts; overalls; sweats; exposed backs or midriffs or any revealing clothing that exposes undergarments; 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 patient-care settings.
- **Hair:** Hair must be neatly groomed and clean. Long hair must 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:** 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:** 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 could be interpreted as being obscene, indecent, extremist, racist, or sexist, it should be covered.

### **Inappropriate Interaction with Student Peers, Staff, Faculty and Administration**

- 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 the issue or setting
- Inappropriate, inadequate, or untimely response to queries from administrators, faculty or staff

### **Inappropriate Behavior Outside of Student Training**

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.

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

### **Non-Compliance with Essential Requirements**

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

### **Inappropriate Financial Behaviors**

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

### **Cheating**

- Sharing questions on current or past exams with others
- Inappropriate 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.

### **Inappropriate Use of Multiple Purpose Papers for Honors**

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 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.

### **Misrepresentation 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 misrepresent their academic/professional qualifications and achievements in personal statements and/or curriculum vitae.

### **Inappropriate Use of Curriculum Resources**

The University of Washington School of Medicine faculty and Curriculum Office put a tremendous amount of effort into gathering and creating learning resources for students' use during medical school. These resources include written syllabus content, PowerPoint slides, websites, articles, videos, etc. These materials are shared with UWSOM students electronically for personal use as part of the School's medical education program. They are not intended to be shared outside of the WWAMI community.

Redistribution or reposting of curriculum material created by others without their permission is a violation of U.S. copyright law. Students found to be engaging in this type of redistribution activity will be referred to the Associate Dean for Student Affairs.

### **Plagiarism**

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.*

## Fitness for Clinical Contact Policy

### **Policy Statement**

The opportunity to participate in direct patient care carries a responsibility to ensure that patients are not placed at risk due to a student's mental illness, physical illness, 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 or compromise effective functioning of the healthcare team, 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 School of Medicine reserves the right to prohibit a student's continuation in the clinical curriculum if there are concerns related to fitness for clinical contact.

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, or compromise effective functioning of the healthcare team, 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 Associate Dean for Student Affairs or the Vice Dean for Academic, Rural and Regional Affairs will contact the medical director of the institution or practice site and all other parties where the student is or will be rotating to discuss and assess the student's situation. All faculty and staff who observed the student's behavior, or might have pertinent information, will be asked to provide a written statement detailing their observations.

If a student is believed to have a condition that may affect their ability to interact safely with patients, and work effectively with the healthcare team, the student will be withdrawn from the course, 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 [Washington Physicians Health Program](#) (WPHP) for assessment, treatment, and continued monitoring as appropriate. 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 that the student poses a risk to patient care or safety, they will recommend and oversee a course of evaluation and treatment. When appropriate, WPHP will make a decision to endorse a student if they are found fit to resume their participation in the medical education program.

In the event that a student wishes to challenge the appropriateness of being removed from patient contact, the course, clinical 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.

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 their ability to practice with reasonable skill and safety. Even though WAC 246-16-200 does not specifically apply directly to medical students, given that medical students will be licensed physicians after completing their training, it is reasonable to assume that the School of Medicine take similar measures to ensure patient safety where medical students are involved.



## [UW Medicine Social Networking Policy](#)

[Please see hyperlink here.](#)

## [Policy on Supervision of Medical Students in Clinical Settings](#)

### **Policy Statement**

The University of Washington School of Medicine (UWSOM) recognizes and supports the importance of graded and progressive responsibility in medical student education. UWSOM also recognizes and prioritizes the safety of patients, students and other healthcare providers. Medical student supervision is designed and implemented in a manner that optimally protects the safety of patients, students and other healthcare providers.

This policy outlines the requirements to be followed when supervising UWSOM medical students.

For clinical clerkships, it is the shared responsibility of the department chair, respective clerkship or course director, clerkship site director and supervising faculty members to assure that the specifications of this policy are followed.

This policy is distributed annually, at a minimum, to all faculty, residents, fellows and others who teach, work with or supervise UWSOM medical students in clinical settings. It is also distributed to UWSOM medical students through the MD Program Handbook and is posted on the medical education program's policy website.

### **Supervisor Qualifications and Prerequisites**

- UWSOM medical students must be supervised by physicians and non-physicians with a regular, clinical or affiliate faculty appointment at UWSOM or who are directly overseen in their teaching role 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 and who is overseen in their teaching role by a physician with a UWSOM regular, clinical or affiliate faculty appointment.
- Supervisors are expected to have the appropriate certification for their practice and specialty.
- Supervisors must know the relevant clerkship's learning objectives and required clinical encounters in order to supervise medical students.
- Supervision by physicians and non-physicians must be within scope of practice of the supervising physicians and/or non-physicians charged with supervision.
- In situations where the student interacts directly with allied health professionals (physician assistants, nurse practitioners, etc.), the supervisor and/or clerkship site director is responsible for ensuring that the allied health professional is appropriately credentialed or functioning under the supervision of a credentialed faculty member and is performing tasks that are within their scope of practice.
- The supervisor must 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 must 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.
  - Formative feedback is 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 must notify the clerkship or course director immediately if serious academic or professional gaps in student performance exist.

### Student Responsibilities Related to Supervision

- Students must have obtained the appropriate certifications 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 strongly encouraged to voice any concerns about the adequacy of their clinical supervision to their residents, faculty, clerkship directors, clerkship site directors, Director of the Learning Environment, College mentor, the Associate Dean for Curriculum or Associate Dean for Student Affairs.

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## [UW Faculty Conduct Policies](#)

[Please see hyperlink here.](#)

## [Conflict of Interest Policies](#)

### **UW Personal/Familiar Relationships in the Education Environment**

[Personal/Familiar Relationships in the Educational Environment – UW Faculty Code Policy Section 24-50](#)  
[Conflict of Interest Regarding Appointment, Employment, and Academic Decisions](#)

This policy applies to all individuals who teach or precept students enrolled in the University of Washington School of Medicine, including faculty, preceptors, and others working with the University of Washington medical students throughout the WWAMI Region.

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

#### **Policy Statement**

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 evaluations of the students. When this option is not possible, the faculty member will be recused from evaluation of the student.

### **UW Employee-Student Romantic Relationships and Conflicts of Interest**

[Employee-Student Romantic Relationships and Conflicts of Interest – Executive Order 54](#)

## [UW Nondiscrimination and Non-Retaliation Policy](#)

[Please see hyperlink here.](#)

# General M.D. Program Policies & Requirements

## Technical Standards Policy

### Standards for Admissions, Retention, Promotion, and Graduation

#### Introduction

Note: Throughout the document, “student” refers to the applicant and medical student.

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.”

#### Policy Statement

Technical standards refer to the cognitive, behavioral, psychological, and physical abilities required to satisfactorily complete all aspects of the UWSOM [curriculum](#) and to develop the [professional attributes](#) 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 [Disability Resource Services](#) (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 [curriculum](#). This process is informed by the knowledge that students with varied abilities can become successful health professionals.

#### Requirements, Procedures and Guidelines

##### a. 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

**b. 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

**c. 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, **succinct**, 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

#### d. 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

#### e. 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 [Objectives](#)
- After adequate training, understand and apply appropriate standards of medical ethics
- Function as a contributing member of the healthcare team, often within a multidisciplinary team-based environment, regardless of the specialty
- Students are expected to comply with the [UW Medicine Policy on Professional Conduct](#)

#### f. Legal Requirements

- Students must complete [compliance requirements](#), including periodic criminal background 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.

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- 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.

### **APPLICANT/STUDENT ACKNOWLEDGEMENT OF REVIEW**

Before signing this acknowledgement of review, if you have any questions about the School of Medicine’s Technical Standards and/or the process for requesting accommodations, please contact the School of Medicine’s Office of Admissions, Student Affairs, or Disability Resources for Students.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I am aware of how to seek accommodations for disability should they be required through the office of Disability Resources for Students (DRS) at the University of Washington.

I have read and understand the expectations for successful completion of the MD degree described and can meet these with or without accommodations as described above.

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Applicant or Medical Student Signature

Date

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**POLICY LANGUAGE**

**UW School of Medicine: Foundations of Clinical Medicine Physical Examination Checklist**

Medical students will be required to perform a comprehensive physical examination. The Checklist below provides an overview of the physical examination tasks.

Student:

Examiner:

| Steps                                   |  | Yes/No | Notes |
|---|--|--------|-------|
| General appearance, skin, & vital signs |  |        |       |
| General appearance                      | Observe general appearance   |        |       |
| Skin                                    | Perform an integrated skin exam during entire exam   |        |       |
| Vital Signs                             | Pulse: measure radial pulse for 15 seconds   |        |       |
|   | Measure systolic and diastolic blood pressure by auscultation  |        |       |
|   | Respiratory rate: count the respirations for 30 seconds  |        |       |
| HEENT                                   |  |        |       |
| General Impression                      | Inspect size and shape of the head and the scalp   |        |       |
|   | Inspect for symmetry, masses, and signs of trauma  |        |       |
|   | Inspect the skin as you perform the HEENT exam   |        |       |
|   | Note any difficulty with breathing or speech   |        |       |
| Eyes                                    | Measure visual acuity  |        |       |
|   | Inspect the eyelids, lashes, bulbar & palpebral conjunctiva, sclera, cornea, anterior chamber, and iris          |        |       |
|   | Assess pupils  |        |       |
|   | Perform ophthalmoscopy*  |        |       |
| Ears                                    | Inspect auricle and mastoid  |        |       |
|   | Examine auditory canals, TMs, and middle ear structures*   |        |       |
|   | Assess hearing with finger rubbing   |        |       |
| Nose                                    | Examine the external nose, nares, septum, and nasal cavities*  |        |       |
| Mouth                                   | Inspect the lips, buccal mucosa, tongue, floor of mouth, palate, palatine tonsils, and posterior pharyngeal wall |        |       |
|   | Inspect the teeth and gums   |        |       |
|   | Palpate parotid glands   |        |       |



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**POLICY LANGUAGE**

| Steps                  |  | Yes/No | Notes |
|------------------------|--|--------|-------|
|                        | Palpate temporomandibular joints (TMJ)   |        |       |
| Neck                   | Inspect the neck   |        |       |
|                        | Palpate the neck, including lymph nodes (anterior cervical, posterior cervical, and supraclavicular) |        |       |
|                        | Palpate thyroid  |        |       |
| <b>Chest</b>           |  |        |       |
| Inspection             | Observe respiratory effort and note any signs of respiratory distress                                |        |       |
|                        | Inspect the skin of the posterior chest  |        |       |
| Palpation              | Assess symmetry of respiratory excursion   |        |       |
|                        | Assess tactile fremitus  |        |       |
| Percussion             | Percuss the chest posteriorly  |        |       |
|                        | Percuss the spine and the costovertebral angles  |        |       |
| Auscultation           | Auscultate the chest using the diaphragm of the stethoscope posteriorly, laterally, and anteriorly   |        |       |
| <b>Cardiovascular</b>  |  |        |       |
| Inspection             | Inspect and measure JVP  |        |       |
|                        | Inspect the precordium   |        |       |
|                        | Inspect the skin of the anterior chest and neck as you perform the CV exam                           |        |       |
| Palpation              | Palpate the apical impulse   |        |       |
|                        | Palpate LLSB for lifts   |        |       |
|                        | Palpate the carotid arteries   |        |       |
| Auscultation           | Listen at each location with the diaphragm: RUSB, LUSB, LLSB, apex                                   |        |       |
|                        | Listen with the bell at the cardiac apex   |        |       |
|                        | Listen for bruits over each carotid artery   |        |       |
| Peripheral Circulation | Palpate each of the following pulses on each side: radial, femoral, DP, PT                           |        |       |
| Edema                  | Inspect for pedal edema  |        |       |
| <b>Abdomen</b>         |  |        |       |
| Inspection             | Observe the patient for discomfort   |        |       |
|                        | Inspect the abdominal contour  |        |       |
|                        | Inspect skin as you examine the abdomen  |        |       |
| Auscultation           | Listen in one place with the diaphragm of the stethoscope  |        |       |

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 POLICY LANGUAGE

| Steps                  |  | Yes/No | Notes |
|------------------------|--|--------|-------|
| Percussion & Palpation | Percuss all four quadrants   |        |       |
|                        | Palpate all 4 quadrants  |        |       |
|                        | Percuss the liver  |        |       |
|                        | Palpate the lower liver edge   |        |       |
|                        | Palpate for an enlarged spleen   |        |       |
|                        | Palpate for inguinal LAD   |        |       |
| Neurologic             |  |        |       |
| Mental Status          | Observe the level of consciousness   |        |       |
|                        | Observe speech and language  |        |       |
|                        | Assess orientation to person, place, and time  |        |       |
|                        | Assess short term memory   |        |       |
| Cranial Nerves         | If not done in the HEENT exam, test visual acuity & visual fields for each eye (CN II)   |        |       |
|                        | If not done in the HEENT exam, test pupillary reaction (CN II and III)   |        |       |
|                        | Test eyelid opening (CN III)   |        |       |
|                        | Test extra-ocular movements (CN III, IV, VI), observing for nystagmus (CN VIII)  |        |       |
|                        | Test facial sensation & muscles of mastication (CN V)  |        |       |
|                        | Test muscles of facial expression (CN VII)   |        |       |
|                        | Test hearing (CN VIII)   |        |       |
|                        | Test palatal rise to phonation (CN IX and X)   |        |       |
|                        | Test sternocleidomastoid & upper trapezius muscle strength (CN XI)   |        |       |
|                        | Test tongue symmetry and protrusion (CN XII)   |        |       |
| Motor                  | Assess bulk, tone, and strength: <ul style="list-style-type: none"> <li>Upper extremities: Shoulder abductors, arm flexors &amp; extensors, wrist flexors &amp; extensors, finger abductors and flexors</li> <li>Lower extremities: Hip flexors, abductors &amp; adductors; knee flexors &amp; extensors, foot dorsiflexors &amp; plantar flexors</li> <li>Pronator drift</li> </ul> |        |       |
| Reflexes               | Upper extremity: biceps, triceps, & brachioradialis  |        |       |
|                        | Lower extremity: patellar & Achilles   |        |       |
|                        | Plantar reflex   |        |       |
| Sensation              | Romberg test   |        |       |

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**POLICY LANGUAGE**

| Steps      |                     | Yes/No | Notes |
|------------|---------------------|--------|-------|
| Cerebellum | Finger-to-nose test |        |       |
|            | Heel-to-shin test   |        |       |
|            | Gait                |        |       |

\*This portion of the exam may be deferred until after Immersion. Check with your FCM faculty at your site for details.

## **Compliance Requirements Policy**

### **Purpose and Scope**

The School of Medicine’s clinical affiliation agreements with healthcare facilities providing clinical training as part of the medical education program, contractually obligates the School of Medicine to ensure that all students in clinical training meet compliance requirements to ensure patient safety. The School of Medicine is contractually prohibited from sending a student to clinical educational facilities if the student is non-compliant with these requirements. Allowing a non-compliant student to see patients in a clinical setting violates the School of Medicine’s contractual obligations, compromises the safety of the patients, could expose the school to lawsuits and permanently damage the school’s reputation within the WWAMI healthcare community.

### **Policy Statement**

All matriculated medical students, including those enrolled in concurrent degree programs, on an approved expansion of the medical education program and those on a leave of absence, must achieve and maintain compliance with the School of Medicine’s essential compliance requirements policy, procedures and guidelines through the entirety of their tenure in the medical school program.

Essential compliance requirements include the following:

- Basic Life Support (BLS) Certification
- Criminal Background Check (CBC)
- Universal Precautions/Infection Control Training
- Immunizations
- Data Stewardship and HIPAA Training

Students who are non-compliant with essential compliance requirements will cease to be in good standing, at which point they may be disenrolled from clinical coursework and will not be allowed to train in patient care settings until they have regained compliant status and have met with the appropriate dean. Non-compliant students may need to reschedule coursework and training, resulting in an expansion of the medical education program. Non-compliant students may have their financial aid withheld and registration holds applied to prevent enrollment. Non-compliance with essential compliance requirements may be considered by the Student Progress Committee when a student's record is under committee review.

### **Compliance Requirements, Procedures and Guidelines**

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 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 Requirements, Procedures and Guidelines**

Completion Frequency: Every two years, at minimum

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. To retain current certification, students in concurrent degree programs and students who have expanded their medical education must track this two-year certification process based on calendar year, not necessarily their year in school.

Students must provide a copy of the current BLS certification to the Academic Affairs Office. The Academic Affairs Office will upload the certification to uploaded to E\*Value. Students are responsible for accessibly maintaining the original certification card in their own personal files.

The School of Medicine does not accept ACLS certification or online-only BLS/CPR training courses as an alternative 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 local and convenient class options. [Cascade Training Center](#) in Seattle frequently trains medical students and provides a discount to UW students who call in their registration.

### **Criminal Background Check Requirements, Procedures and Guidelines**

Completion Frequency: Every two years, at minimum

Students must complete and maintain a two-part criminal background check (CBC). The first part of the CBC is the national criminal background check, which is completed [online](#) for a fee through the School of Medicine's third party vendor. The second part of the CBC is the Washington State Patrol (WSP) background check, required by Washington State Law. The WSP CBC is mandatory for all UW students, regardless of their state of residence or Foundations Phase campus and is initiated through the [UW Request for Criminal History Information Self-Disclosure, Consent, and Release of Information](#) form, as 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 and requires disclosure of information concerning crimes and offenses against these populations. By signing the Self-Disclosure and Consent form, students authorize the Academic Affairs Office to conduct future background checks and allow the office to report the student's status to the clinical sites to which they are assigned.

At minimum, students must complete the two-part CBC in compliance with the following timing and frequency requirements:

- Upon admission,
- In January of their second year,
- In January prior to graduation, regardless of the completion date of the previous criminal background check; and

- If expanding the medical education program, no less than every two years while in status as a matriculated student.

Students will be notified via email by the Academic Affairs Office when their CBC renewal date is approaching.

Students will be required to meet with the Associate Dean for Student Affairs to discuss any findings disclosed in the CBC. Depending on the nature of the CBC findings, the student may be subject to a misconduct review or hearing conducted within the School of Medicine by the Student Progress Committee or through the Community Standards and Student Conduct (CSSC) Office at the University of Washington. As a result of these reviews or hearings, the student may be subject to sanctions, including probation, and in serious cases may include dismissal from the medical education program. Notification of CBC findings are reported to entities for which the School of Medicine is legally or contractually obligated to inform (e.g. The National Resident Matching Program and/or residency programs).

### **Universal Precautions/ Infection Control Training Requirements, Procedures and Guidelines**

Completion Frequency: Annual

Students must complete the School of Medicine's program on universal precautions annually to ensure they are informed of the appropriate handling of blood, tissues, and body fluids. Universal precautions are those that are used with all patients, not just those with known or suspected infectious disease in an effort to reduce disease that are transmitted by proximity, superficial physical contact or more intimate contact with blood or other body substances.

Opportunities for training and review of universal precautions are included in the orientation program, Foundations of Clinical Medicine course and required clerkships. As part of professional development, students are responsible for incorporating these principles into their routine practice while in patient care situations and for understanding the universal precautions at each hospital and clerkship site.

Universal precautions include:

- Immunizations: See Immunization Requirements, Procedures and Guidelines.
- Routine hand washing: Hand washing is performed frequently to protect both patients and healthcare workers. Hands are washed when entering a patient's room, before touching a patient, performing invasive procedures, when leaving a patient's room, and before 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.

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.

### **Immunization Requirements, Procedures and Guidelines**

Completion Frequency: Varies per immunization. Tuberculosis (TB) screening and the influenza vaccine are annual requirements.

Students must provide documentation of immunization for Measles, Mumps, Rubella, Hepatitis B, Tetanus-Diphtheria-Pertussis, Varicella, TB-Screening <PPD or IGRA> (annual), Influenza (annual) and any other immunization requirements as recommended by the Center for Disease Control (CDC). Immunization requirements may be updated during the course of a student's tenure in the medical education program.

Documentation of compliance with all [required immunizations](#), including the annual tuberculosis screening, must be documented and confirmed by the [Health Sciences Immunization Program](#) (HSIP) via a web-based vendor service, CastleBranch, for compliance tracking. 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 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.

### **Data Stewardship and HIPAA Training Requirements, Procedures and Guidelines**

Completion Frequency: Annual

Students must complete the Data Stewardship training, HIPAA training and sign a Privacy, Confidentiality, and Information Security Agreement (PCISA) form prior to matriculation. The Data Stewardship training, HIPAA training and the PCISA form are administered by the Academic Affairs Office. Prior to completion of the PCISA form, students must view a web-based training provided by UW Medicine Compliance, notifying students of expectations for proper safeguarding of confidential information and compliance with standards for personal accountability for data stewardship.

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.

Additional HIPAA training may be required by other regional hospitals during clerkship rotations.

### Clerkship Site Compliance Requirements

The department clerkship website provides prerequisite requirements for preceptorship and clerkship onboarding. Generally, the department clerkship will facilitate onboarding requirements. Students must comply with requests from departments to complete training site credentialing requirements.

Departments may ask students to complete requirements up to 3 months prior to the clerkship start date. In addition to requirements to submit site and department-specific paperwork, students may be asked to provide a copy of their immunization records (available from CastleBranch), BLS cards, HIPAA training certificates, universal precautions training certificates, and other compliance training certificates, which may be found in the Personal Records section of E\*Value.

Clinical training sites may ask students to comply with additional immunization, drug testing, criminal background check or other compliance related requirements. Students are advised to check with the department clerkship before completing any of these additional requirements to ensure the additional requirements are aligned with the School of Medicine's clinical affiliation agreements.

## Needlestick, Blood, Tissue and Blood Fluid Exposure Protocol

### Policy Statement

In the event of a needlestick, or exposure to blood, tissue or body fluid, medical students are strongly encouraged to follow the School of Medicine's established exposure protocols. While students are not required to report sharps injuries, students should reach out to the School of Medicine for support as needed.

### Instructions

1. **Time matters!** Proceed swiftly with the following:
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 and patient location*
5. **Notify** a supervising staff member that you need to report to employee health (or, after hours, report to a 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
7. **Link to blood-borne pathogen (BBP) exposure lab testing and [Health Sciences Immunization Program \(HSIP\) 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.

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**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

For questions about coverage, please contact HSIP by email at [myshots@uw.edu](mailto:myshots@uw.edu) or VM 206-616-9074.

**If you would like additional support or have unanswered questions after a BBP exposure/needlestick, contact:**

1. **Office of Academic Affairs:** 206-543-5560 (8am-5pm PST)
2. **Spokane students** – call UWSOM Spokane Office: 509-313-7900 (7:30am-4:30pm PST)
3. **If after hours:** 206-906-8996. Identify yourself as a UWSOM student (or provider) with a blood-borne exposure, and request to speak with the campus health physician

**For further information:**

[CDC Emergency Needlestick Information](#)

## **[UW Medicine Safeguarding the Privacy and Security of Protected Health Information Policy](#)**

[Please see hyperlink here.](#)

## **[UW Alcohol and Drug Abuse Policy](#)**

[Please see hyperlink here.](#)

## **[Drug Use and Testing Policy](#)**

### **Policy Statement**

Regardless of the laws of the state or nation in which a medical student may permanently reside, the University of Washington prohibits the production, distribution, possession, and use of illicit substances, including marijuana, and the misuse of controlled substances on university property or during university-sponsored activities. Medical students are subject to the same requirements as the UW Medicine workforce, and as such may be required to undergo drug and alcohol testing.

### **Requirements, Procedures and Guidelines**

#### **Compliance with Federal Laws**

It is still a federal crime to possess and use even small amounts of marijuana on or in any university facilities or vehicles. Failure to comply with federal laws and regulations related to illicit or controlled substances on campus jeopardizes the University of Washington's continued receipt of federal funds.

#### **University of Washington**

The University of Washington is committed to maintaining a campus environment that is free of illegal drugs, and of drugs and alcohol that are used illegally. Accordingly, the University prohibits the consuming of alcoholic beverages on University property, except in accordance with state of Washington liquor license procedures per the requirements of University policy. The University also prohibits the unlawful possession, use, distribution, or manufacture of alcohol or controlled substances that are illegal under federal, state, or local law on University property or during University-sponsored activities. Violation of the University's alcohol and drug prohibitions is cause for disciplinary or other appropriate action.



## **Drug Testing**

Medical students should be cognizant that many clinical training sites throughout the WWAMI region require drug screening, including testing for marijuana (tetrahydrocannabinol), as a prerequisite for participation in a clerkship or clinical elective. Clinical training sites may ask students to complete a drug test with little or no notice. Medical students may face negative consequences for a positive test result. A positive drug test for marijuana or other substances may preclude students from participating in clinical activities within the clerkship site, clerkships, preceptorships, shadowing experiences, and college tutorials.

While the School of Medicine does not require routine drug testing of medical students for its own purposes, the School generally contracts with clinical training sites requiring drug screening so that the testing can be managed by the School to protect students' privacy. For this purpose, the School uses CastleBranch services, which provides industry-standardized drug screening service through Quest Diagnostics and Lab Corp laboratories in the WWAMI region. CastleBranch drug testing screens for the following drugs through a urine screening test:

- Amphetamine (methamphetamine)
- Barbiturates
- Benzodiazepine
- Cocaine
- Marijuana
- Methadone
- Methaqualone
- Opiates (codeine & morphine)
- Phencyclidine
- Propoxyphene
- Oxycodone

Information obtained from drug testing of medical students is not shared with the clinical training site other than to verify that the test results were negative. The School of Medicine cannot verify drug test results from other agencies. Students may access their drug test results on their [MyCB account](#) on the CastleBranch website. The School maintains access to the drug test results via the CastleBranch website. While the School records compliance status in E\*Value, the drug testing results are not posted to protect students' privacy.

## **Process for Positive Results for Prescribed Medications**

Confirmed positives for a prescribed medication will be reviewed by a CastleBranch Medical Review Officer. Once CastleBranch has reviewed the supporting documentation for the prescribed substance, the results will be reported to the School of Medicine as "negative" and no information about the prescribed substance will be shared with the School.

If there is a positive result for a prescribed medication/s, a CastleBranch "Medical Review Officer" (MRO) will contact student to ask for documentation of their prescription. Once the review is completed, the results will be reported as negative and the School of Medicine will not have any information about the student's medication/s.

Students will have three days to respond to the MRO. If the MRO does not hear from the student within three days, CastleBranch will report the positive result to the School.

**LAST UPDATED: April 15, 2022.**  
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**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

### **Process for Positive Results for Controlled or Illicit Substances**

In the event that a student is confirmed positive for a controlled (Schedules II-V) or an illicit substance, the medical student will be referred to the Associate Dean for Student Affairs for further inquiry, assessment, management and a misconduct hearing may be initiated. Depending on the circumstances, the student may be referred to the Washington Physician's Health Plan (WPHP).

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

### **Policy Statement**

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

### **Requirements, Procedures and Guidelines**

#### **Student Academic Files**

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

#### **Access to Student Academic Files**

Medical students may request to review their academic 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 business days of their request.

The Academic Affairs deans and staff, appropriate academic, rural, and regional affairs deans and staff, and the student's College mentor and College head, have access to the student's academic files (both physical and digital). A medical student must complete and sign a release form in order for any other faculty members or individuals to see their academic file. To obtain a file release form, students should contact the registrar's office via email at [somreg@uw.edu](mailto:somreg@uw.edu) or pick up a form at the A-300 front desk.

Common reasons for medical students to release their academic file include consideration for the AOA honor medical society and for faculty letters of recommendation in support of a scholarship or residency application.

#### **Request to Amend an Academic Record**

If a medical student believes that information contained in their academic file is inaccurate, misleading, in violation of the student's rights of privacy, or not applicable to their tenure in the medical school, the student may submit a request to the School of Medicine's registrar to have the document corrected

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**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

([somreg@uw.edu](mailto:somreg@uw.edu)) 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.

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

The FERPA prohibits posting of student grades by 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.

## **Malpractice Liability Insurance Policy**

### **Policy Statement**

The University of Washington School of Medicine provides Individual Professional Liability ("malpractice") coverage to all medical students who are acting at the direction or specific request of the School in the course of responsibilities imposed by approved programs, from the time they are enrolled until graduation. Students on a leave of absence are not considered enrolled and are not provided malpractice liability insurance.

Malpractice liability coverage begins at the time an admitted applicant submits the registration deposit and completes the essential compliance requirements. Non-compliance with these requirements at any time during enrollment may jeopardize a student's liability protection. Malpractice liability insurance is provided to students under the following circumstances:

- Students are covered by the School's malpractice liability insurance when they have paid tuition and are registered for credited coursework, including 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. Students are not covered by the School's malpractice liability insurance for coursework taken to complete another degree at another educational institution for which credit is granted and tuition paid to that institution.
- Students are covered by the School's malpractice liability insurance when participating in School approved non-credit medical educational programs such as the pre-matriculation rural component of the TRUST program and volunteer or service learning activities endorsed by the UW School of Medicine, its departments, or WWAMI partner institutions.
- Students are covered by the School's malpractice liability insurance when enrolled and involved 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.
- Students are covered by the School's malpractice liability insurance when participating in career exploration with College mentors or other approved School of Medicine clinical faculty members, clinical skills remediation, or other remediation programs for students who need additional clinical experience or for students during the transition period after completing another degree

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

(Ph.D., M.P.H., etc.) or after being approved to return from a leave of absence prior to reentering the medical school curriculum.

- Students who are enrolled and expanding the medical education program in which approved educational activities, such as in-depth research or international health opportunities that do not require registration for credit are provided malpractice liability coverage.

## **Technology Requirements**

### **Policy Statement**

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

### **Requirements, Procedures and Guidelines**

In order to ensure compatibility with various learning and assessment technologies, students are provided guidelines and specifications on sufficiently recent model laptops and encrypted mobile devices by the School of Medicine's Academic & Learning Technologies, <https://education.uwmedicine.org/technology/computing-requirements/>.

## **UW Student International Travel Policy**

### **Policy Statement**

Medical students traveling internationally for the purpose of university sponsored or funded research, service learning, international exchange or study abroad programs for which students are receiving credit must comply with the [University of Washington Student International Travel Policy](#).

## **Financial Responsibility Policy**

### **Policy Statement**

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.

## **Student Fee Input Policy**

### **Policy Statement**

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

# Admissions Policies

## Admissions Values Statement

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

Diverse backgrounds are sought among applicants admitted to each class of the MD Program, with the intention of providing access to medical education for those who are underrepresented in the medical profession in the WWAMI region.

The people of the WWAMI region are best served when graduates from diverse backgrounds choose a variety of careers that will meet the healthcare needs of the WWAMI region. Therefore, the University of Washington School of Medicine's MD Program seeks applicants interested in exploring a variety of careers, recognizing the importance of primary care as well as clinical specialties, and demonstrating promise for advancing knowledge and assuming leadership in the biomedical sciences and academic medicine.

## Applicant Profile Policy

### **Policy Statement**

It is the policy of the University of Washington School of Medicine's MD Program to seek applicants who will pursue careers in primary care as well as clinical specialties, and demonstrate promise for advancing knowledge and assuming leadership in the biomedical sciences and academic medicine.

## Admissions Requirements and Selection Factors Policy (Effective through Entering Class of 2022)

### **Policy Statement**

Premedical course admissions requirements for the MD Program must be completed before matriculation, and preferably before the time of application. Undergraduate or post-baccalaureate required courses must be completed at a college or university accredited by the appropriate regional accrediting body.

### **Requirements, Procedures and Guidelines**

The minimum premedical course requirements include the following:

| <u>Course</u>                           | <u>Semesters</u> | or | <u>Quarters</u> |
|---|------------------|----|-----------------|
| Social Sciences or humanities:          | 4                |    | 6               |
| Chemistry and biology:                  | 6                |    | 9               |
| Physics, or                             | 2                |    | 3               |
| Physics plus Calculus or Linear Algebra | 1 each           |    | 2 each          |

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POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

The content of chemistry and biology courses must include:

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

The following courses are recommended, but not required:

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

### **Other requirements and selection factors**

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

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

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

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

Completion of a degree from a college or university accredited by the appropriate regional accreditation body is required before matriculation.

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

Residents of the states of Washington, Wyoming, Alaska, Montana, or Idaho are eligible to apply.

Applicants from outside this five-state region who come from disadvantaged backgrounds or who have demonstrated a commitment to serving underserved populations will be considered. Foreign applicants, in addition to the above requirements, must also have a permanent resident visa.

Individuals with a demonstrated interest in research may apply for the MD/PhD program (Medical Science Training Program, or MSTP) regardless of residency.

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**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

Applicants with Deferred Action for Childhood Arrivals (DACA) status who reside in a WWAMI state and who are legally authorized and recognized by their respective state's residency office as a state resident for WWAMI educational purposes will be considered.

As part of the application process for the Entering Class of 2012 and subsequent classes, applicants are informed about the University of Washington School of Medicine Honor Code and asked to sign a statement demonstrating their understanding of this policy and their agreement to abide by it. Applicants who are unwilling to sign the code will not be considered for admission.

As part of the application process for the Entering Class of 2016 and subsequent classes, applicants are made aware of the policy that all students are expected to complete clerkships both inside and outside of the Puget Sound area and are asked to sign a statement demonstrating their understanding of this policy. Students will be advised concerning their clinical training which will include different locations throughout the WWAMI region. All students will complete eight weeks in Seattle at one of the following hospitals: UWMC, Harborview, Seattle Children's, or Puget Sound VA.

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

As part of the application process, applicants interested in working in urban underserved communities in the WWAMI region and have lived or worked in an urban underserved community for at least 12 months may apply to the Community-focused Urban Scholars Program (CUSP). Applicants must also have at least one of the following:

- received a Pell Grant or WA State Opportunity Scholarship during undergraduate career
- English as a second language
- annual family income less than \$60,000 during childhood
- first-generation college student
- self-identify as disadvantaged or underrepresented (including LGBTQ+, disabilities)
- received state or federal benefits (TANF, food stamps, Medicaid) during childhood

Applicants who are accepted to CUSP, but who then decide prior to matriculation not to participate in CUSP will have their offer of acceptance to the University of Washington School of Medicine rescinded for that application year. Should the University of Washington School of Medicine's Deferral Policy apply, the deferred applicant may enter the program in the following year as stipulated in the deferral policy. Applicants who have applied to CUSP but who are accepted into the regular class while holding a position on the CUSP alternate list will not be obligated to participate in CUSP should a position in the

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**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

CUSP cohort become available. Applicants who applied to CUSP but are not accepted will be considered for admission into the regular medical school class for the same entering year. Applicants are made aware of this policy at the time of application to CUSP and asked to sign a statement demonstrating their understanding of this policy.

### **Disqualifying factors**

Applications from persons who have failed to meet minimum standards at this or another medical (MD or DO) or dental school will not be considered. Applications from individuals who have been rejected by the University of Washington School of Medicine on three prior occasions will not be considered.

## **Admissions Requirements and Selection Factors Policy (Effective Entering Class of 2023)**

### **Policy Statement**

The pre-medical course requirements must be completed before matriculating. The school recommends candidates for admission complete the prerequisite courses prior to applying to medical school. There is no limit on the timeframe during which the courses must be completed, but if an applicant has been out of school for a few years or more, it is strongly recommended to take more recent science coursework to demonstrate ability to still do well in a classroom setting.

Undergraduate, post-baccalaureate, graduate-level and online required courses must be completed at a regionally accredited college, university or community college. The University of Washington School of Medicine does not have a preference for where applicants receive their degree(s) or where they complete their premedical coursework. Advanced Placement (AP) credits are acceptable substitutes for prerequisite course requirements as long as the undergraduate institution grants credit on the transcript and it appears (and is verified) on the AMCAS application.

Under exceptional circumstances, some course requirements may be waived for individuals with unusual achievements and academic promise. All candidates should demonstrate substantial academic ability in their major field as well as in the required science courses. Candidates should be proficient in the use of the English language, basic mathematics and navigating information technologies at a college level.

All entrants in recent years have fulfilled requirements for a bachelor's degree. No specific major is advised. A broad background in the humanities and liberal arts is encouraged.

### **Requirements, Procedures and Guidelines**

#### **Required Courses:**

Must include a minimum of the following (this list is for information only and is not exhaustive):

#### **1. Social sciences, humanities or "human condition", Demonstrated competency**

Entering medical students should understand the social forces that shape the health of the individuals and communities they will serve. This includes understanding how social contextual factors and policy operate at the community and national level to impact the health of individuals. Students should be familiar with disparities in health currently present in society and their underlying etiologies. Candidates seeking acceptance to UWSOM can establish competency in this area through course work in the social sciences, humanities or related interdisciplinary fields such as public health or ethnic and gender studies,



clinical and/or population health research, service learning, lived experience or a combination of thereof. Determination of competency will be evaluated through the secondary application and/or interview. Examples of social science/humanities coursework to consider:

- Anthropology
- Sociology
- Political Science
- Economics
- Psychology
- Religion
- History
- Philosophy
- English Literature

## **2. Biology, 1 year (lab recommended)**

The subject matter in these courses must include college-level biology, molecular genetics and cell biology/cell physiology, although applicants are not required to take courses with these specific titles. The Foundations curriculum is taught with the expectation that students arrive with a solid grounding in the fundamentals of the following human biological principles: homeostasis and feedback, neuronal signaling, hormone receptors, immunology, cell biology including subcellular organization, differentiation, cellular metabolic function, energy transfer, reproduction, Mendelian genetic principles of nucleic acid structure and function, genetic recombination and mechanisms of gene expression.

## **3. Chemistry/Biochemistry, 2 years (lab recommended)**

The subject matter in these courses must include college-level inorganic and organic chemistry and biochemistry. Typically, students will complete 1 year of general (inorganic) chemistry and a year of organic and biochemistry combined, at minimum, to meet this requirement. Many applicants will however, take a full year of organic chemistry as well as at least one term of biochemistry. The Foundations curriculum is taught with the assumption that students arrive with a solid grounding in the fundamentals of foundational chemistry and biochemistry topics, including molecular structure, chemical reactivity, energetics, protein structure and function and intermediary metabolism.

## **4. Physics, 1 year**

The subject matter in these courses must include college-level physics principles including mechanics, kinetics, thermodynamics, properties of matter, wave theory, electricity and magnetism and optics although applicants are not required to take courses with these specific titles.

**The following subject matter is recommended, but not required:**

- Anatomy or comparative anatomy
- Calculus
- Embryology
- Ethics
- Human or mammalian physiology
- Microbiology and/or Immunology
- Psychology
- Statistics (biostatistics preferred)

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**POLICY LANGUAGE**

**UW Medicine**

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**Other requirements and selection factors:**

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

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

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

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

Completion of a degree from a college or university accredited by the appropriate regional accreditation body is required before matriculation.

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

Residents of the states of Washington, Wyoming, Alaska, Montana, or Idaho are eligible to apply.

Applicants from outside this five-state region who come from disadvantaged backgrounds or who have demonstrated a commitment to serving underserved populations will be considered. Foreign applicants, in addition to the above requirements, must also have a permanent resident visa.

Individuals with a demonstrated interest in research may apply for the MD/PhD program (Medical Science Training Program, or MSTP) regardless of residency.

Applicants with Deferred Action for Childhood Arrivals (DACA) status who reside in a WWAMI state and who are legally authorized and recognized by their respective state's residency office as a state resident for WWAMI educational purposes will be considered.

As part of the application process for the Entering Class of 2012 and subsequent classes, applicants are informed about the University of Washington School of Medicine Honor Code and asked to sign a statement demonstrating their understanding of this policy and their agreement to abide by it. Applicants who are unwilling to sign the code will not be considered for admission.

As part of the application process for the Entering Class of 2016 and subsequent classes, applicants are made aware of the policy that all students are expected to complete clerkships both inside and outside of the Puget Sound area and are asked to sign a statement demonstrating their understanding of this policy. Students will be advised concerning their clinical training which will include different locations throughout

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**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

**UW Medicine**

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OF MEDICINE

the WWAMI region. All students will complete eight weeks in Seattle at one of the following hospitals: UWMC, Harborview, Seattle Children's, or Puget Sound VA.

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

As part of the application process, applicants interested in working in urban underserved communities in the WWAMI region and have lived or worked in an urban underserved community for at least 12 months may apply to the Community-focused Urban Scholars Program (CUSP). Applicants must also have at least one of the following:

- received a Pell Grant or WA State Opportunity Scholarship during undergraduate career
- English as a second language
- annual family income less than \$60,000 during childhood
- first-generation college student
- self-identify as disadvantaged or underrepresented (including LGBTQ+, disabilities)
- received state or federal benefits (TANF, food stamps, Medicaid) during childhood

Applicants who are accepted to CUSP, but who then decide prior to matriculation not to participate in CUSP will have their offer of acceptance to the University of Washington School of Medicine rescinded for that application year. Should the University of Washington School of Medicine's Deferral Policy apply, the deferred applicant may enter the program in the following year as stipulated in the deferral policy.

Applicants who have applied to CUSP but who are accepted into the regular class while holding a position on the CUSP alternate list will not be obligated to participate in CUSP should a position in the CUSP cohort become available. Applicants who applied to CUSP but are not accepted will be considered for admission into the regular medical school class for the same entering year. Applicants are made aware of this policy at the time of application to CUSP and asked to sign a statement demonstrating their understanding of this policy.

**Disqualifying factors:**

Applications from persons who have failed to meet minimum standards at this or another medical (MD or DO) or dental school will not be considered. Applications from individuals who have been rejected by the University of Washington School of Medicine on three prior occasions will not be considered.

## **Matriculation Deferral Policy**

### **Policy Statement**

The School of Medicine expects prospective students to commence their medical education in the matriculation year for which they applied and were accepted into the medical education program. Matriculation deferrals are considered only for unexpected and extraordinary circumstances and must, at minimum, meet one of the following criteria to be considered:

- A serious medical condition experienced by the accepted applicant.
- A personal circumstance that may interrupt or greatly interfere with an accepted applicant's medical training.

### **Requirements, Procedures and Guidelines**

1. **Deferral Authority:** The Associate Dean for Admissions determines if the deferral request will be granted. The Associate Dean for Admissions seeks guidance from the Associate Dean for Student Affairs and the appropriate regional deans in making deferral decisions. Deferral decisions are communicated to the accepted applicant through the Admissions Office.
2. **Deferral Deadlines:** All requests for deferral must be submitted in writing to the Admissions Office no later than June 1 of the matriculation year. An exception to this deadline may be made for medically related deferral requests.
3. **Deferral Period:** If a deferral is granted, matriculation is deferred for one year. An exception of one additional deferral may be made only for extraordinary circumstances, as determined by the Associate Dean for Admissions.
4. **Deferral Obligations:** Accepted applicants who are granted a deferral are obligated to commence their medical education at the School of Medicine the following academic year. Accepted applicants who are granted a deferral are prohibited from applying to other medical schools for the duration of the deferral period and a Deferral Contract is signed by the applicant indicating understanding of and agreement to this restriction.

## **Transfer Policy**

### **Policy Statement**

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

### **Requirements, Procedures and Guidelines**

Transfer applicants from Wyoming, Alaska, Montana and Idaho will be considered based on the size of the equivalent entering class for each state and whether an opening is available in the cohort. If there is an opening in the cohort, a decision on whether to fill the position(s) will be made in consultation with the Assistant Deans in the state involved. A decision to accept a student in transfer will be made by the Executive Committee on Admissions, the appropriate state's Assistant Deans, and the Associate Dean for Curriculum in consultation with the appropriate course directors.

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

Transfer applicants from these states will be accepted for entry only into the start of the University of Washington School of Medicine's Patient Care Phase and only if they are in good academic standing at an LCME-accredited medical school. Offers of acceptance into the clinical curriculum are also contingent on passing USMLE Step 1. Students from Wyoming, Alaska, Montana, and Idaho who are accepted for transfer are required to satisfy all University of Washington School of Medicine requirements including completion of the Independent Investigative Inquiry and demonstration of equivalent clinical skills as assessed by the School's Foundations Phase Objective Structured Clinical Examinations (OSCE).

Because of potential curricular differences between the University of Washington School of Medicine and the school from which the student is transferring, the accepted student may be required to successfully complete additional course work at the University of Washington School of Medicine prior to entering the clinical curriculum.

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

Applicants who match to the integrated MD/OMS certificate program are accepted to the School of Medicine and OMS certificate program simultaneously. Entry into the MD required core clinical rotations is contingent on satisfactory completion of the OMS internship rotations, demonstration of clinical skills as assessed by the School of Medicine's second-year OSCE examination, and taking USMLE Step 1.

## **Foundations Phase Site Assignment Policy**

### **Policy Statement**

Other than out-of-region applicants, all accepted applicants must complete the Foundations Phase of the curriculum in their home state of legal residence. Washington residents accepted to the University of Washington School of Medicine will complete the Foundations Phase of the curriculum at one of the approved sites in Washington State (Seattle and Spokane) using an equitable selection process based on student preference and available space. Out of region residents will complete their Foundations Phase at the Seattle site.

LAST UPDATED: April 15, 2022.  
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POLICY LANGUAGE

UW Medicine

UW SCHOOL  
OF MEDICINE

# Concurrent Degrees & Oral Maxillofacial Surgery (OMS) Program Policies

## Concurrent Degrees & Oral Maxillofacial Surgery Program Policy

### **Concurrent Degrees & Oral Maxillofacial Surgery Program Policy Statement**

Students must be in good academic standing and receive permission to participate in another graduate program while enrolled in the School of Medicine in order to be eligible for consideration of concurrent degree status. The application to pursue a concurrent degree must be approved by the School of Medicine and the other graduate program's administration.

### **Concurrent Degree Requirements, Procedures and Guidelines**

Permission to pursue a concurrent degree is granted only if a student is progressing in a satisfactory manner in the medical school curriculum and shows evidence of being able to take on the additional workload. Participation in a concurrent degree program will delay the student's anticipated date of graduation.

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

Students pursuing an additional degree may be eligible for course waivers in the curriculum and should contact [somcurr@uw.edu](mailto:somcurr@uw.edu).

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

The [Medical Scientist Training Program \(MSTP\)](#), which provides funding to students from a number of sources for the entire MD/PhD program, recruits from a highly qualified national pool of applicants. Application to MSTP occurs at the time of application to the University of Washington School of Medicine. Acceptance of MSTP applicants into medical school must be approved by the School of Medicine's Executive Committee on Admissions.

MSTP students are expected to complete the Foundations Phase and pass USMLE Step 1 prior to entering the PhD portion of their program and must complete the dissertation and receive the PhD prior to entering the Patient Care Phase. An exception in the Independent Investigative Inquiry (III) timeline is given to MSTP students, 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.

### **MD/Master of Public Health (MD/MPH)**

Applicants to the concurrent [MD/Master of Public Health \(MD/MPH\)](#) program must be accepted by both the School of Medicine for the MD degree and by a department of the University of Washington

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**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

Graduate School or School of Public Health in order to work toward a Master's or PhD degree while concurrently working on the MD degree. 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 MD degree or during the fall of the Patient Care Phase. Deadline dates are determined by the School of Public Health.

### **MD/Master of Health Administration (MD/MHA)**

The [MD/Master of Health Administration \(MD/MHA\)](#) 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.

### **Other University of Washington Concurrent Degrees**

Students with an interest in pursuing a UW concurrent degree other than the MSTP program may petition the Associate Dean for Student Affairs for permission to participate in a concurrent degree program following completion of the Patient Care Phase of the curriculum and prior to their final year of the MD curriculum.

### **Pursuit of Graduate Degrees at Other Institutions**

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

### **OMS Requirements, Procedures and Guidelines**

#### **Oral and Maxillofacial Surgery Program (OMS)**

The OMS program is a six-year education training program that certifies graduates to practice Oral and Maxillofacial Surgery. Application to the [OMS](#) Program is limited to DDS students and occurs prior to matriculation at the School of Medicine. OMS students are approved by the Admissions Executive Committee ([see Transfer Policy](#)). Students admitted to the program have completed dental school and enter into MD training with advanced standing. They must meet all of the requirements for both the MD 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.

#### **Academic Credit Requirements for Entering 2017 & 2018 Oral & Maxillofacial Surgery (OMS) Students**

OMS 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 OMS 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

**LAST UPDATED: April 15, 2022.  
VISIT THE WEBSITE FOR THE MOST UP-TO-DATE  
POLICY LANGUAGE**

**UW Medicine**

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OF MEDICINE

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

**Consolidation and Transition 11 credits**

Intensive Foundations Review/USMLE Board Prep 9 credits

Transition to Clerkships 2 credits

**Scholarly Project: Independent Investigative Inquiry (III) 6 credits**

Credit is awarded by satisfactory performance of the Independent Investigative Inquiry.

**Patient Care 84 credits**

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

**Explore and Focus 72 credits**

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

**Total minimum credits for MD degree: 173 credits**

**Waived Curricular Requirements for the 2017 & Subsequent Entering OMS Classes**

**Foundations Phase 90 credits**

UW School of Medicine MD foundational coursework met by DDS, DMD (or equivalent), CBSE score (or equivalent), and satisfactory completion of OMS intern experience

**Transition to Residency 4 credits**

The Transition to Residency coursework is met by OMS residency.

**Grand total of required and waived credits for degree: 271 credits**



# M.D. Program Curriculum & Requirements Policies

## Curriculum Governance and Structure

### **Oversight and Management**

The undergraduate medical school curriculum at the University of Washington School of Medicine (UWSOM) is designed to provide students with a strong scientific foundation and a comprehensive approach to clinical medicine.

The oversight and management of the curriculum, including the medical school program objectives and competencies, are the responsibility of Curriculum Committees, as established by the Dean for the School of Medicine.

The educational leadership, i.e. block, course and thread directors, teaching faculty, Associate Dean for Curriculum, and the Curriculum Committee and its subcommittees, have responsibility for developing and implementing a curriculum that is appropriate for the education and training of students for the practice of medicine. The curriculum is educationally equivalent at each Foundations site, and common examinations are given to ensure that all students achieve the same level of competence.

Processes are in place to ensure continuous quality improvement in the structure, content and processes of the curriculum. The Associate Dean for Educational Quality Improvement plays a key role in working with the Associate Dean for Curriculum, the Curriculum Committee, and other faculty involved in curriculum to ensure that continuous quality improvement is an ongoing priority.

### **WWAMI Medical Education Program**

The University of Washington School of Medicine medical educational program is a regional, four-year MD Program for residents of the states of Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI). The UWSOM respects the universities housing the WWAMI program governance structures while maintaining program comparability and congruence across sites and meeting LCME standards.

The UWSOM's Academic Affairs administration provides leadership and structure for ongoing communication and dialogue among faculty responsible for curriculum, student learning and evaluation at all sites. Common standards that apply to all WWAMI sites are expected for teaching faculty appointments, evaluation, and retention. Expectations of student participation and contribution to their learning in both coursework and patient care settings will be clearly communicated in a variety of settings. Each Foundation's site structure is required to include a designated administrative position to manage all aspects of the delivery of the curriculum and support of its students in collaboration with the appropriate Academic Affairs Associate Deans.

The Academic Affairs and Regional Affairs educational leadership manage issues such as expansion of the number of students overall, number of students in Targeted Rural Underserved Track (TRUST), WWAMI Rural Integrated Training Experience (WRITE), city and state based tracks and other special programs, development of additional first year or clinical sites, and the scope of the MD Program delivered at all

**LAST UPDATED: April 15, 2022.**  
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**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

sites. Protocol for establishing and retaining clinical educational sites, including the creation of unique longitudinal sites will be followed.

In addition, the Office of Academic, Rural and Regional Affairs provides individual state legislatures information regarding state funding and programs, such as paybacks, that affect a state's students. A unified educational planning approach in collaboration with the legislative process will support the maintenance of the standards of the medical student program and assist in developing sound state initiatives aimed at increasing the number of healthcare providers within the WWAMI region.

## **Curriculum Overview**

The curriculum is dynamic and designed to provide students with a strong scientific foundation, a comprehensive, integrated approach to clinical skills and patient care, opportunities to explore various career interests and broaden students' perspective of medicine and the world in which physicians function.

A defined set of medical school program objectives and core course requirements to meet these curricular objectives provides the framework for the MD Program. Since the field of medical science is constantly changing, the graduation requirements for the MD Program set forth at matriculation may undergo modifications that will apply to students already enrolled as long as there is adequate time to complete the requirements within the students' anticipated date of graduation.

### **Foundations Phase Curriculum**

The Foundations Phase curriculum is composed of three terms over a 15-month period consisting of seven integrated blocks, two longitudinal programs, a scholarly/research project and Research Methods course. All blocks are designed to integrate basic, clinical, and social sciences. Content in cross-cutting scientific areas, such as pathology/histology, human form and function, and pharmacology are weaved throughout. Blocks and courses are taught by faculty from the basic sciences and clinical disciplines.

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

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

Beginning in Immersion and Orientation, the Foundations of Clinical Medicine (FCM) course is a longitudinal clinical training program focused on clinical skills, primary care, and continuity of care. Students work with physicians, faculty, and other health professionals in outpatient clinical settings, clinical skills workshops, and simulation experiences one day a week in the Foundations Phase. They also participate in hospital tutorials with College faculty and their College mentor group.

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

Through the four-year longitudinal Themes in Medicine course, students receive education in theme areas important to the practice of medicine such as health systems, quality and safety, population health, global health, social determinants of health/health equity, diversity, professionalism, ethics, interprofessional care, communication and more.

During the fall of first year, students must complete a Research Methods course, which covers epidemiology and biostatistics. During the summer between first and second year of the Foundations Phase, all students complete a research/scholarship requirement (see Academic Requirements Policy for COVID-19 related changes).

After the first three terms, students complete a three-month Consolidation and Transition phase in which they prepare for the USMLE Step 1 examination through a combination of structured and independent study, finish their research requirement and complete a Transition to Clerkships series to prepare them for the Patient Care Phase of the curriculum.

### **Patient Care Phase**

The Patient Care Phase is 12-months and students complete six required clinical clerkships including Internal Medicine, Family Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry and Surgery. Students must also complete the second portion of the longitudinal Themes in Medicine course.

Students should expect 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 of clerkships in Seattle at one of the following hospitals: UW Medical Center, Harborview Medical Center, Seattle Children's, or Puget Sound VA. (see Time in Seattle Policy for COVID-19 related changes). Additional time is available during the Patient Care Phase to complete clinical electives, intersessions, the Patient Care Phase OSCE, and the USMLE Step 2-Clinical Knowledge and USMLE Step 2-Clinical Skills examinations (see Academic Requirements Policy for COVID-19 related changes).

### **Explore & Focus Phase**

The Explore & Focus Phase is 15-months long and designed to allow students to explore potential specialty careers through a combination of required and elective clinical clerkships. Required clerkships include Emergency Medicine, Neurology/Neurosurgery, and two advanced patient clerkships, one of which must be a subinternship. Students are required to complete 40 credits, or 20 weeks, of clinical electives.

During the Explore & Focus Phase, students complete the final portion of the longitudinal Themes in Medicine course.

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

## **Faculty Appointments Policy**

### **Policy Statement**

Any faculty who supervise and assess students must have a faculty appointment.

### **Requirements, Procedures and Guidelines**

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

Faculty instructors at WWAMI partner universities (Gonzaga University, University of Wyoming, University of Alaska, Anchorage, Montana State University, and University of Idaho) who have a leadership role in the Foundations Phase for WWAMI medical students at their site are expected to have a University of Washington faculty appointment. Their primary faculty appointments are in their home departments, but they should also have affiliate faculty appointments in the appropriate department at the University of Washington School of Medicine. The process and criteria for affiliate appointments are determined by the sponsoring department. The Office of Academic, Rural and Regional Affairs provides oversight of the faculty appointment process for those involved in medical student education and is in charge of tracking faculty appointments for all regionally-based teaching faculty to ensure that faculty status is initiated or in place and is current.

Physicians who have a leadership role in student clinical education are expected to have affiliate faculty appointments in the appropriate department at the University of Washington School of Medicine or be appointed as University of Washington volunteer clinical faculty. Faculty with major teaching responsibility in clinical education are expected to have a University of Washington Faculty/Volunteer Clinical Faculty appointment as soon as possible after beginning their work with students. The process and criteria for affiliate and volunteer clinical faculty are determined by the sponsoring department.

While not all physicians who may interact with a student at a site are required to have a faculty appointment, the primary preceptor and any physicians who will evaluate a student will have a faculty appointment.

## **Clerkship Site Approvals**

Additional training sites for medical students must be developed to accommodate increased class size, new hospital affiliations, and changing patterns of healthcare delivery. Clerkship directors, departments, regional WWAMI deans, and the Office of Academic, Rural and Regional Affairs should work together to determine and meet the need for new clerkship sites. The initial responsibility for reviewing a site's adequacy as a trial site for a required or elective rotation lies with the department. If the site is outside Seattle, the WWAMI regional clinical dean is also involved in the process. A careful review of course objectives, resources, and general acceptability should be carried out and reported as a recommendation for approval of the new clerkship site.

Ongoing monitoring and oversight of clinical training sites is the responsibility of the Associate Dean for Curriculum, Departments, Regional Clinical Deans and the Curriculum Committee.

# Curriculum Requirements

## MD Program Graduation Requirements Policy

This policy has been adjusted for current students due to the COVID-19 pandemic. Students should reference the revised graduation requirements. For questions, contact the Curriculum Office.

### Policy Statement

The awarding of the Doctor of Medicine degree is contingent upon a student meeting the essential requirements, technical standards, successfully completing 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 (FCAA).

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.

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

### Requirements, Procedures and Guidelines

All students must complete the following required components as defined by the Faculty Council on Academic Affairs to successfully obtain the MD Program degree.

- All academic requirements ([See requirements by phase](#))
- Objective Structured Clinical Examinations (OSCE):
  - Foundations Part I & II
  - Patient Care Phase
- Mastery of Professionalism benchmarks
- Mastery of 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
- [Essential Compliance Requirements](#)

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POLICY LANGUAGE

UW Medicine

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OF MEDICINE

## **Academic Requirements Policy**

**\*Students should visit the academic credits and requirements for the entering class below for specific modifications related to COVID.**

### **Policy Statement**

All students must pass and complete the academic course and credit requirements as approved for their entering class in order to graduate.

### **Requirements, Procedures and Guidelines**

#### **Foundations Phase (for E-22 and subsequent classes)**

Entering classes 2022 and beyond, must successfully complete the following to qualify for the Patient Care Phase of their medical training:

- Immersion & Orientation
- Foundations of Clinical Medicine
- Fundamentals of Medical Science & Research
- Infections & Immunity
- Cancer, Hormones & Blood
- Muscles, Joints, Bones & Skin
- Cardiovascular System
- Introduction to Medicine, Health & Society
- Air, Fluids & Salt
- Head, Neck & Gut
- Medicine, Health & Society
- Mind, Brain, & Behavior
- Lifecycle
- Threads
- Integration
- Themes in Medicine (I)
- Clinical Research Methods
- OSCE (Foundations I & II)
- Consolidation / Comprehensive Basic Science Review
- USMLE Step 1
- Transition to Clerkships
- Independent Investigative Inquiry (III)
- Independent Investigative Inquire Final Project (III Final Project)

Students who do not engage in the clinical curriculum immediately after completing pre-clinical course work will be expected to meet the clinical requirements that exist at the time the students enter the clinical curriculum.

#### **Foundations Phase (for E-19 through E-21 cohorts)**

Entering classes 2019 through 2021, must successfully complete the following to qualify for the Patient Care Phase of their medical training:

- Immersion & Orientation
- Foundations of Clinical Medicine
- Molecular & Cellular Basis for Disease
- Invaders & Defenders
- Circulatory Systems
- Energetics & Homeostasis
- Blood & Cancer and Musculoskeletal
- Mind, Brain, & Behavior
- Lifecycle
- Threads
- Ecology of Health & Medicine/Themes in Medicine (I)
- Clinical Research Methods
- OSCE (Foundations I & II)
- Foundations Capstone, Consolidation & Transition

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**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

- USMLE Step 1
- Transition to Clerkships
- Independent Investigative Inquiry (III)

Students who do not engage in the clinical curriculum immediately after completing pre-clinical course work will be expected to meet the clinical requirements that exist at the time the students enter the clinical curriculum.

### **Patient Care Phase**

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

- Family Medicine
- Internal Medicine
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry
- Surgery
- Integration
- OSCE (Patient Care Phase)
- NBME Subject Exams and/or equivalent clerkship exams

### **Explore & Focus Phase**

Students must successfully complete the following 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
- Integration
- USMLE Step 2 Clinical Knowledge (CK)
- Transition to Residency
- NBME Subject Exams and/or equivalent clerkship exams

**Academic Credit Requirements for Entering 2022 Class & Subsequent Classes**

**Foundations Phase Curriculum**

**128 credits**

*Blocked Courses:*

|  |            |
|--|------------|
| Fundamentals of Medical Science and Research | 13 credits |
| Cancer, Hormones and Blood                   | 10 credits |
| Infections and Immunity                      | 10 credits |
| Muscles, Joints, Bones and Skin              | 8 credits  |
| Cardiovascular System                        | 8 credits  |
| Air, Fluids and Salts                        | 10 credits |
| Head, Neck and Gut                           | 8 credits  |
| Mind, Brain, and Behavior                    | 11 credits |
| Lifecycle                                    | 8 credits  |

*Longitudinal Courses:*

|                                    |            |
|------------------------------------|------------|
| Foundations of Clinical Medicine   | 17 credits |
| Intro. Medicine Health and Society | 1 credit   |
| Medicine Health and Society        | 3 credits  |

*Scholarship Courses:*

|   |           |
|---|-----------|
| Independent Investigative Inquiry (III)                             | 6 credits |
| Independent Investigative Inquiry Final Project (III Final Project) | 1 credit  |

*Consolidation and Transition*

|  |            |
|--|------------|
| Consolidation (10 cr), & Transition to Clerkship (4 cr)<br>credits counted under Foundations Phase | 14 credits |
|--|------------|

**Patient Care Phase Curriculum\***

**84 credits**

*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 and Behavioral Sciences | 6 weeks  | 12 credits |
| Surgery                            | 6 weeks  | 12 credits |

**Explore and Focus Phase Curriculum\***

**76 credits**

*Required Clinical Clerkships:*

|   |          |            |
|---|----------|------------|
| Neurology/Neurosurgery                    | 4 weeks  | 8 credits  |
| Emergency Medicine                        | 4 weeks  | 8 credits  |
| Advanced Patient Care**                   | 8 weeks  | 16 credits |
| Clinical Electives: 5 four-week blocks*** | 20 weeks | 40 credits |

*Transition to Residency*

|  |         |           |
|--|---------|-----------|
| <i>credits counted under Explore and Focus Phase</i> | 2 weeks | 4 credits |
|--|---------|-----------|

**Total minimum credits for M.D. degree:**

**288 credits**



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**UW Medicine**

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OF MEDICINE

\* Students will be advised concerning their clinical training which will include different locations throughout the WWAMI region. **All students are required to complete a minimum of two, four-week clerkships in Seattle at one or more of the following hospitals: UW Medical Center, Harborview Medical Center, Seattle Children’s Hospital, or Puget Sound VA.**

\*\* One of the two 4-week Advanced Patient Care Clerkships must be a Sub-internship.

\*\*\* Electives can range from of 2-12 weeks but will usually be either 2-weeks or 4-weeks. Students in the Medical Scientist Training Program and the UW Pathology fellowship who enter the UWSOM prior to 2015 and who do not engage in the clinical curriculum immediately after completing pre-clinical coursework meet the clinical requirements as they exist at the time they enter, with the exception of 8 credits of clinical electives which are waived. These students enter the clinical curriculum in summer of their third year of MD coursework after completion of the PhD or UW Pathology fellowship.

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POLICY LANGUAGE**

**Academic Credit Requirements for Entering 2021 Class**

|  |          |                    |
|--|----------|--------------------|
| <b>Foundations Phase Curriculum</b>  |          | <b>120 credits</b> |
| Blocked Courses:   |          |                    |
| Molecular & Cellular Basis of Disease  |          | 11 credits         |
| Invaders and Defenders   |          | 10 credits         |
| Circulatory Systems  |          | 16 credits         |
| Blood and Cancer   |          | 5 credits          |
| Musculoskeletal  |          | 3 credits          |
| Energetics and Homeostasis   |          | 10 credits         |
| Mind, Brain, and Behavior  |          | 14 credits         |
| Lifecycle  |          | 8 credits          |
| Longitudinal Courses:  |          |                    |
| Foundations of Clinical Medicine   |          | 16 credits         |
| Themes in Medicine   |          | 4 credits          |
| Scholarship Courses:   |          |                    |
| Independent Investigative Inquiry (III)  |          | 6 credits          |
| Research Methods   |          | 6 credits          |
| Consolidation and Transition (3 courses: Foundations Capstone, Consolidation,<br>& Transition to Clerkship) <i>credits counted under Foundations Phase</i> |          | 11 credits         |
| <b>Patient Care Phase Curriculum*</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 and Behavioral Sciences   | 6 weeks  | 12 credits         |
| Surgery  | 6 weeks  | 12 credits         |
| <b>Explore and Focus Phase Curriculum*</b>   |          | <b>76 credits</b>  |
| Required Clinical Clerkships:  |          |                    |
| Neurology/Neurosurgery   | 4 weeks  | 8 credits          |
| Emergency Medicine   | 4 weeks  | 8 credits          |
| Advanced Patient Care**  | 8 weeks  | 16 credits         |
| Clinical Electives: 5 four-week blocks***  | 20 weeks | 40 credits         |
| Transition to Residency<br><i>credits counted under Explore and Focus Phase</i>  | 2 weeks  | 4 credits          |
| <b>Total minimum credits for M.D. degree:</b>  |          | <b>280 credits</b> |

\* Students will be advised concerning their clinical training which will include different locations throughout the WWAMI region. **All students are required to complete a minimum of two, four-week**

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POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

clerkships in Seattle at one or more of the following hospitals: UW Medical Center, Harborview Medical Center, Seattle Children's Hospital, or Puget Sound VA.

\*\* One of the two 4-week Advanced Patient Care Clerkships must be a Sub-internship.

\*\*\* Electives can range from of 2-12 weeks but will usually be either 2-weeks or 4-weeks. Students in the Medical Scientist Training Program and the UW Pathology fellowship who enter the UWSOM prior to 2015 and who do not engage in the clinical curriculum immediately after completing pre-clinical coursework meet the clinical requirements as they exist at the time they enter, with the exception of 8 credits of clinical electives which are waived. These students enter the clinical curriculum in summer of their third year of MD coursework after completion of the PhD or UW Pathology fellowship.

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POLICY LANGUAGE**

**Academic Credit Requirements for Entering 2019 Class & 2020 Class**

**Foundations Phase Curriculum 120 credits**

Blocked Courses:

|                                       |            |
|---------------------------------------|------------|
| 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  |

Longitudinal Courses

|  |            |
|--|------------|
| Foundations of Clinical Medicine                 | 15 credits |
| Themes in Medicine/Ecology of Health & Medicine+ | 4 credits  |

Scholarship Courses

|   |           |
|---|-----------|
| Independent Investigative Inquiry (III) ±         | 6 credits |
| Independent Investigative Inquiry Final Project ± | 1 credit  |
| Research Methods                                  | 1 credit  |

Consolidation & Transition

|   |            |
|---|------------|
| (Includes Foundations Capstone, Consolidation & Transition & Transition to Clerkships) <i>credits counted under Foundations Phase</i> | 16 credits |
|---|------------|

**Patient Care Phase Curriculum\* 86 credits**

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 |

Blocked Course (Distance Learning):

|                    |         |           |
|--------------------|---------|-----------|
| Themes in Medicine | 2 weeks | 2 credits |
|--------------------|---------|-----------|

**Explore & Focus Phase Curriculum\* 77 credits**

Required Clinical Clerkships:

|   |          |            |
|---|----------|------------|
| Neurology/Neurosurgery                    | 4 weeks  | 8 credits  |
| Emergency Medicine                        | 4 weeks  | 8 credits  |
| Advanced Patient Care**                   | 4 weeks  | 8 credits  |
| Clinical Electives: 5 four-week blocks*** | 20 weeks | 40 credits |

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POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

|   |         |                      |
|---|---------|----------------------|
| Blocked Course (Distance Learning):         |         |                      |
| Themes in Medicine                          | 1 week  | 1 credit             |
| Transition to Residency                     | 2 weeks | 4 credits            |
| <b>Total minimum credits for MD degree:</b> |         | <b>283 credits ±</b> |

+ Themes in Medicine course change effective and on transcript in Winter 2021.

± Independent Investigative Inquiry requirement is optional for students graduating between summer 2022 and spring 2023 and for the entering class of 2020 due to impacts of COVID-19 and final credits may be below minimum of 283 credits.

\* Students will be advised concerning their clinical training which will include different locations throughout the WWAMI region. **All students are required to complete a minimum of two, four-week clerkships in Seattle at one or more of the following hospitals: UW Medical Center, Harborview Medical Center, Seattle Children’s Hospital, or Puget Sound VA.**

\*\* One of the two 4-week Advanced Patient Care Clerkships must be a Sub-internship.

\*\*\* Electives can range from of 2-12 weeks, but will usually be either 2-weeks or 4-weeks. Students in the Medical Scientist Training Program and the UW Pathology fellowship who enter the UWSOM prior to 2015 and who do not engage in the clinical curriculum immediately after completing pre-clinical coursework meet the clinical requirements as they exist at the time they enter, with the exception of 8 credits of clinical electives which are waived. These students enter the clinical curriculum in summer of their third year of MD coursework after completion of the PhD or UW Pathology fellowship.

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POLICY LANGUAGE**

**Academic Credit Requirements for Entering 2018 Class**

**Foundations Phase Curriculum 120 credits**

Blocked Courses:

|                                       |            |
|---------------------------------------|------------|
| 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  |

Longitudinal Courses:

|                                  |            |
|----------------------------------|------------|
| Foundations of Clinical Medicine | 16 credits |
| Ecology of Health & Medicine     | 4 credits  |

Scholarship Courses:

|  |           |
|--|-----------|
| Independent Investigative Inquiry (III)* | 6 credits |
| Research Methods                         | 6 credits |

Consolidation & Transition (3 courses: Foundations Capstone, Consolidation & Transition to Clerkship) *credits counted under Foundations Phase* 11 credits

**Patient Care Phase Curriculum\* 60 credits**

Required Clinical Clerkships:

|                                  |         |            |
|----------------------------------|---------|------------|
| Family Medicine                  | 4 weeks | 8 credits  |
| Internal Medicine                | 8 weeks | 16credits  |
| Obstetrics/Gynecology            | 4 weeks | 8 credits  |
| Pediatrics                       | 4 weeks | 8 credits  |
| Psychiatry & Behavioral Sciences | 4 weeks | 8 credits  |
| Surgery                          | 6 weeks | 12 credits |

Blocked Course (Distance Learning):

|                                |        |          |
|--------------------------------|--------|----------|
| Ecology of Health & Medicine ± | 1 week | 1 credit |
|--------------------------------|--------|----------|

**Explore & Focus Phase Curriculum\* 76 credits**

Required Clinical Clerkships:

|   |          |            |
|---|----------|------------|
| Neurology/Neurosurgery                    | 4 weeks  | 8 credits  |
| Emergency Medicine                        | 4 weeks  | 8 credits  |
| Advanced Patient Care**                   | 8 weeks  | 16 credits |
| Clinical Electives: 5 four-week blocks*** | 20 weeks | 40 credits |

**LAST UPDATED: April 15, 2022.  
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POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

|   |         |                    |
|---|---------|--------------------|
| Blocked Course (Distance Learning):<br>Themes in Medicine             | 1 week  | 1 credit           |
| <b>Transition to Residency</b> ( <i>credits under E&amp;F Phase</i> ) | 2 weeks | 4 credits          |
| <b>Total minimum credits for MD degree:</b>                           |         | <b>256 credits</b> |

\* Students will be advised concerning their clinical training which will include different locations throughout the WWAMI region. The Time in Seattle requirement is waived for students in clerkships during the 2020-2021 academic year due to COVID-19.

± Ecology of Health Medicine, week six, 1 week, 1 credit is waived for students who entered the UW School of Medicine in fall 2018.

\*\* One of the two 4-week Advanced Patient Care Clerkships must be a Sub-internship.

\*\*\* Electives can range from of 2-12 weeks, but will usually be either 2-weeks or 4-weeks. For students graduating in June 2022, 40 credits (five months) of electives will be required and 16 credits (two months) of electives can be clinical or approved non clinical electives.

Students who complete CBSR receive credit for one clinical elective pre-COVID-19. In addition, CBSR students must complete at least 16 clinical elective credits for graduation.

Students in the Medical Scientist Training Program and the UW Pathology fellowship who enter the UWSOM prior to 2015 and who do not engage in the clinical curriculum immediately after completing pre-clinical coursework meet the clinical requirements as they exist at the time they enter, with the exception of 8 credits of clinical electives which are waived. These students enter the clinical curriculum in summer of their third year of MD coursework after completion of the PhD or UW Pathology fellowship.

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POLICY LANGUAGE**

**Academic Credit Requirements for Entering 2017 Class**

**Foundations Phase Curriculum**

**120 credits**

Blocked Courses:

|                                       |            |
|---------------------------------------|------------|
| 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  |

Longitudinal Courses:

|                                  |            |
|----------------------------------|------------|
| Foundations of Clinical Medicine | 16 credits |
| Ecology of Health & Medicine     | 4 credits  |

Scholarship Courses:

|   |           |
|---|-----------|
| Independent Investigative Inquiry (III) | 6 credits |
| Research Methods Course                 | 6 credits |

Consolidation & Transition - (Foundations Capstone, Consolidation, & Transition to Clerkships (*Credits counted under Foundations Phase*))

11 credits

**Patient Care Phase Curriculum**

**86 credits ±**

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 |

Blocked Course (Distance Learning):

|                              |         |           |
|------------------------------|---------|-----------|
| Ecology of Health & Medicine | 2 weeks | 2 credits |
|------------------------------|---------|-----------|

**Explore & Focus Phase Curriculum\***

**61 credits**

Required Clinical Clerkships:

|   |          |            |
|---|----------|------------|
| Neurology/Neurosurgery                    | 4 weeks  | 8 credits  |
| Emergency Medicine                        | 4 weeks  | 8 credits  |
| Advanced Patient Care**                   | 4 weeks  | 8 credits  |
| Clinical Electives: 4 four-week blocks*** | 16 weeks | 32 credits |



**LAST UPDATED: April 15, 2022.**  
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**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

**Blocked Course (Distanced Learning):**

|   |         |           |
|---|---------|-----------|
| Ecology of Health & Medicine/Themes in Medicine | 1 week  | 1 credit  |
| Transition to Residency                         | 2 weeks | 4 credits |

*(Credits counted under E&F Phase)*

**Total minimum credits for MD degree:**

**283 credits $\pm$**

\* For students graduating in June 2021, the USMLE Step 2CS is suspended from May 2020 to approximately May 2021 and is not required for graduation.

$\pm$  Students who leave the curriculum and re-enter the Patient Care Phase in Spring 2020 will have reduced credits due to the shortened clerkship length and impacts of COVID-19.

\*\* Students will be advised concerning their clinical training which will include different locations throughout the WWAMI region. The Time in Seattle requirement is waived for students in clerkships during the 2020-2021 academic year due to COVID-19.

For students graduating in June 2021, one Advanced Patient Care Clerkship is required and the requirement that one of the two 4-week Advanced Patient Care Clerkships must be a Sub-internship is suspended.

\*\*\* Electives can range from of 2-12 weeks, but will usually be either 2-weeks or 4-weeks. For students graduating June 2021, 32 credits (4 months) of clinical elective rotations are required and 16 credits (two months) of clinical elective requirements can be met by approved non-clinical online courses.

Students who complete CBSR receive credit for one clinical elective pre-COVID-19. In addition, CBSR students must complete at least 16 clinical elective credits for graduation.

Students in the Medical Scientist Training Program and the UW Pathology fellowship who enter the UWSOM prior to 2015 and who do not engage in the clinical curriculum immediately after completing pre-clinical coursework meet the clinical requirements as they exist at the time they enter, with the exception of 8 credits of clinical electives which are waived. These students enter the clinical curriculum in summer of their third year of MD coursework after completion of the PhD or UW Pathology fellowship.

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

**Academic Credit Requirements for Entering 2016 Class**

**Foundations Phase Curriculum 107 credits**

Blocked Courses:

|                                       |            |
|---------------------------------------|------------|
| Molecular & Cellular Basis of Disease | 11 credits |
| Invaders & Defenders                  | 10 credits |
| Circulatory Systems                   | 16 credits |
| Blood & Cancer                        | 5 credits  |
| Energetics & Homeostasis              | 10 credits |
| Mind, Brain, & Behavior               | 14 credits |
| Lifecycle                             | 8 credits  |

Longitudinal Courses:

|                                  |           |
|----------------------------------|-----------|
| Primary Care Practicum           | 8 credits |
| Foundations of Clinical Medicine | 8 credits |

Scholarship Courses:

|   |           |
|---|-----------|
| Independent Investigative Inquiry (III) | 6 credits |
|---|-----------|

Consolidation & Transition (*credits counted under Foundations Phase*) **11 credits**

**Patient Care Phase Curriculum\* 84 credits**

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 & Behavioral Sciences | 6 weeks  | 12 credits |
| Surgery                          | 6 weeks  | 12 credits |

**Explore & Focus Phase Curriculum\* 76 credits**

Required Clinical Clerkships:

|   |          |            |
|---|----------|------------|
| Neurology/Neurosurgery                    | 4 weeks  | 8 credits  |
| Emergency Medicine                        | 4 weeks  | 8 credits  |
| Advanced Patient Care**                   | 4 weeks  | 8 credits  |
| Clinical Electives: 4 four-week blocks*** | 20 weeks | 40 credits |

**Transition to Residency (*credits under E&F Phase*) 2 weeks 4 credits**

**Total minimum credits for MD degree: 267 credits**

\* Students will be advised concerning their clinical training which will include different locations throughout the WWAMI region. **All students are required to complete a minimum of two, four-week**

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**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

clerkships in Seattle at one or more of the following hospitals: UW Medical Center, Harborview Medical Center, Seattle Children's Hospital, or Puget Sound VA.

\*\* One of the two 4-week Advanced Patient Care Clerkships must be a Sub-Internship.

\*\*\* Electives can range from 2-12 weeks, but will usually be either 2-weeks or 4-weeks. For students graduating June 2020, 40 credits (5 months) of clinical elective rotations are required and 16 credits (two months) of clinical elective requirements can be met by approved non-clinical online courses.

Students in the Medical Scientist Training Program and the UW Pathology fellowship who enter the UWSOM prior to 2015 and who do not engage in the clinical curriculum immediately after completing pre-clinical coursework meet the clinical requirements as they exist at the time they enter, with the exception of 8 credits of clinical electives which are waived. These students enter the clinical curriculum in summer of their third year of MD coursework after completion of the PhD or UW Pathology fellowship.

**LAST UPDATED: April 15, 2022.  
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POLICY LANGUAGE**

**Academic Credit Requirements for Entering 2015 Class**

**Foundations Phase Curriculum 107 credits**

Blocked Courses:

|                                       |            |
|---------------------------------------|------------|
| Molecular & Cellular Basis of Disease | 11 credits |
| Invaders & Defenders                  | 10 credits |
| Circulatory Systems                   | 16 credits |
| Blood & Cancer                        | 5 credits  |
| Energetics & Homeostasis              | 10 credits |
| Mind, Brain, & Behavior               | 14 credits |
| Lifecycle                             | 8 credits  |

Longitudinal Courses:

|                                  |           |
|----------------------------------|-----------|
| Primary Care Practicum           | 8 credits |
| Foundations of Clinical Medicine | 8 credits |

Scholarship Courses:

|   |           |
|---|-----------|
| Independent Investigative Inquiry (III) | 6 credits |
|---|-----------|

|   |            |
|---|------------|
| Consolidation & Transition ( <i>credits under Foundations Phase</i> ) | 11 credits |
|---|------------|

**Patient Care Phase Curriculum\* 84 credits**

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 & Behavioral Sciences | 6 weeks  | 12 credits |
| Surgery                          | 6 weeks  | 12 credits |

**Explore & Focus Phase Curriculum\* 76 credits**

Required Clinical Clerkships:

|  |          |            |
|--|----------|------------|
| Neurology/Neurosurgery                 | 4 weeks  | 8 credits  |
| Emergency Medicine                     | 4 weeks  | 8 credits  |
| Advanced Patient Care**                | 8 weeks  | 16 credits |
| Clinical Electives: 5 four-week blocks | 20 weeks | 40 credits |

|  |                |                  |
|--|----------------|------------------|
| Transition to Residency ( <i>credits under E&amp;F Phase</i> ) | <b>2 weeks</b> | <b>4 credits</b> |
|--|----------------|------------------|

**Total minimum credits for MD degree: 267 credits**

\* Students will be advised concerning their clinical training which will include different locations throughout the WWAMI region. **All students are required to complete a minimum of two, four-week**

**LAST UPDATED: April 15, 2022.  
VISIT THE WEBSITE FOR THE MOST UP-TO-DATE  
POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

clerkships in Seattle at one or more of the following hospitals: UW Medical Center, Harborview Medical Center, Seattle Children's Hospital, or Puget Sound VA.

\*\* One of the two 4-week Advanced Patient Care Clerkships must be a Sub-Internship.

Students in the Medical Scientist Training Program and the UW Pathology fellowship who enter the UWSOM prior to 2015 and who do not engage in the clinical curriculum immediately after completing pre-clinical coursework meet the clinical requirements as they exist at the time they enter, with the exception of 8 credits of clinical electives which are waived. These students enter the clinical curriculum in summer of their third year of MD coursework after completion of the PhD or UW Pathology fellowship.

**LAST UPDATED: April 15, 2022.  
VISIT THE WEBSITE FOR THE MOST UP-TO-DATE  
POLICY LANGUAGE**

**Academic Credit Requirements for Entering 2014 Class**

**Foundations Curriculum (Generally defined as 500 level courses) 147 credits**

Required Human Biology (Basic Science) first and second year courses

Required Preceptorship

Introduction to Clinical Medicine I & II

**Clinical Curriculum (Generally defined as 600 level courses) 148 credits**

Required clinical clerkships in the third year

|                 |         |            |
|-----------------|---------|------------|
| 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 |
|---------|---------|------------|

Required clinical clerkships in the fourth year

|                    |         |           |
|--------------------|---------|-----------|
| Emergency Medicine | 4 weeks | 8 credits |
|--------------------|---------|-----------|

|           |         |           |
|-----------|---------|-----------|
| Neurology | 4 weeks | 8 credits |
|-----------|---------|-----------|

|              |         |           |
|--------------|---------|-----------|
| Chronic Care | 4 weeks | 8 credits |
|--------------|---------|-----------|

|                     |         |           |
|---------------------|---------|-----------|
| Surgical Selectives | 4 weeks | 8 credits |
|---------------------|---------|-----------|

|                          |          |            |
|--------------------------|----------|------------|
| Other clinical electives | 16 weeks | 32 credits |
|--------------------------|----------|------------|

**Independent Investigative Inquiry 8 credits**

**Non-Clinical Selectives (500-level medical school courses) 4 credits**

**Capstone (Transition to Residency) 2 credits**

**Total minimum credits for MD degree: 309 credits**

## Credit Limit in a Specialty Policy

### Policy Statement

Students must work closely with the Registrar when scheduling coursework to satisfy graduation credit requirements.

Students are allowed to take a maximum of 32 credits of Explore and Focus phase elective clerkships in a given specialty, and these credits will be counted toward the minimum number of clinical elective credits required for graduation.

Explore and Focus phase clerkships may be taken in the Patient Care phase if departmental prerequisites have been met. Explore and Focus Phase Required Clerkships (Emergency Medicine and Neurology) and Explore and Focus Phase Advanced Patient Care Clerkships are excluded from this policy.

Exceptions to this policy must be approved by the Departmental Clerkship Director.

### Requirements, Procedures and Guidelines

All clerkships are approved by the respective clinical departments, School of Medicine curriculum committees and the UW Curriculum Office for a maximum number of allowable credits.

- EXAMPLE: MEDECK 603 Clinical Cardiology and Electrocardiography (8) is approved as a 4-week, full-time elective for 8 credits. The maximum number of credits a student can earn for this clerkship is 8. Similarly, the clerkship cannot be taken for credit for less than 4 weeks.

Some clerkships have been approved for variable credit and may be repeated.

- EXAMPLE: MEDECK 699, WWAMI Medicine Special Electives (\*, max 24) is approved to be taken for 2, 4, or 6 weeks full-time for up to 12 weeks or 24 credits. Thus, a student could take MEDECK 699 as a 4-week full-time elective in Cardiology and then MEDECK 699, as a 4-week, full-time elective in Respiratory.

- EXAMPLE: A student could take:

|  |   |    |
|--|---|----|
| ORTHP 677 P-Musculoskeletal Trauma Clerkship<br>(*, max 8) for 4 weeks | = | 8  |
| ORTHP 680 P-General Orthopaedic Clerkship<br>(*, max 8) for 4 weeks    | = | 8  |
| ORTHP 682 P-Outpatient Orthopaedics (8 credits)<br>for 4 weeks         | = | 8  |
| ORTHP 697 Away Clerkship (8 credits) for 4 weeks                       | = | 8  |
| Total Credits  | = | 32 |

\*Students who have expanded their fourth year are exempt from this policy.

## **USMLE Step 1 Examination Policy (Effective Academic Year 2018-2019)**

**DISCLAIMER TO USMLE STEP 1 POLICY FOR E18 and prior years for 2020-2021 academic year ONLY.** The timeline and procedures in this policy may be adjusted for individual students for the 2020-21 academic year for students impacted by the COVID-19 pandemic. The policy statement and successful remediation of any required Foundation Phase coursework prior to taking USMLE Step 1 described in the document remain in effect for the 2020-2021 academic year.

### **Policy Statement**

All students must pass the USMLE Step 1 to graduate from the Medical Doctorate (MD) program.

### **Requirements, Procedures and Guidelines**

#### **Timeline and requirements to take Step 1:**

- Students will take the UWSOM proctored National Board of Medical Examiners (NBME) customized assessment at the end of term 2 and the NBME comprehensive basic science examination (CBSE) at the end of term 3.
- The deadline to take USMLE Step 1 is March 15.
- Remediation of any Foundations Phase required coursework must be successfully completed prior to taking USMLE Step 1.
- Students must take Step 1 prior to the Patient Care Phase start date for their entry year unless they have a mandated delay or an approved deferral (see below).
- Students who are unable to take Step 1 on the School of Medicine timeline must take Step 1 within one year of completing the Foundations Phase. Students who fail to take and pass USMLE Step 1 within one year of completing the Foundations Phase will be referred to the Student Progress Committee (SPC).

#### **Mandated delay of Step 1 test date (Delayed start of Patient Care Phase)**

The performance of all students in the Foundations Phase will be evaluated by the ad hoc foundations phase mastery committee\* during term 3. All factors (overall performance in the blocks, threads, and courses, trajectory during the foundations phase, the score on the NBME Comprehensive Basic Science Exam, and extenuating circumstances) will be weighed. Students identified by UWSOM as not demonstrating adequate mastery of the basic science curriculum will be required to delay sitting for Step 1. This will result in a delayed entry into the Patient Care Phase.

[Note: For E17 and E18 students, the delay will not be mandated but will be encouraged for appropriate students.] The requirement to delay the Patient Care Phase will be determined in the third term of the Foundations Phase (before clerkship schedules are completed).

Students identified by UWSOM as not demonstrating adequate mastery of the basic science curriculum will:

- Delay scheduling their Step 1 test date until spring quarter;
- Enroll in a UWSOM 8 credit Comprehensive Basic Science Review course to be administered during winter term;
- Complete self-administered Step 1 practice tests (CBSSA) to assess progress during the dedicated Step 1 study period;



**LAST UPDATED: April 15, 2022.**  
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**POLICY LANGUAGE**

- Complete a final CBSSA exam at the end of the delay period (by the end of spring quarter). Students whose final CBSSA score is predictive of a passing USMLE Step 1 score will be required to sit for the USMLE Step 1 exam in spring quarter.

Students whose final proctored CBSSA score at the end of the CBR course (end of spring quarter) is not predictive of a passing USMLE Step 1 score will be placed on leave and will participate in required additional programming. Students will be required to meet with the Associate Dean of Student Affairs to formalize a leave of absence and will be dropped from summer quarter Patient Care Phase clerkships. A passing score on Step 1 will be required to re-enter the curriculum and enroll in the Patient Care Phase.

Students who have not taken Step 1 within one year of the completion of the Foundations Phase (end of term 3) will be referred to Student Progress Committee.

### **USMLE Step 1 Deferral Policy**

USMLE Step 1 deferrals will be considered only for extenuating circumstances (personal and health reasons). Students must not plan travel, especially international travel until Step 1 is taken. Students requesting a deferral must meet with the Associate Dean for Student Affairs.

Students who fail to take USMLE Step 1 by the end of spring quarter after the Foundations Phase will be placed on leave of absence and will not receive a Patient Care Phase schedule until they obtain a passing score on the USMLE Step 1 examination. Delaying USMLE Step 1 past March 15 may result in medical school expansion. Students who fail to pass USMLE Step 1 within one year of the approved deferral will be referred to the Student Progress Committee.

\*The ad hoc foundations phase mastery committee will be comprised of learning specialists, foundations deans, and members from student affairs, curriculum, and registrar.

## **USMLE Step 1 Examination Policy (Effective Academic Year 2019-Present)**

**DISCLAIMER TO USMLE STEP 1 POLICY FOR E19 and subsequent classes for 2020-2021 academic year ONLY. The timeline and procedures in this policy may be adjusted for individual students for the 2020-21 academic year for students impacted by the COVID-19 pandemic.**

**Students must successfully remediate any required Foundation Phase coursework prior to entering the Patient Care Phase. The requirement that students taking Consolidation & Transition in 2021 must take Step 1 prior to entering the 2021-2022 Patient Care phase is waived. We highly recommend that the student meet with a dean to consider the pros and cons of exercising this option prior to making a decision to defer Step 1 after completion of the clinical phase.**

### **Policy Statement**

All students must pass the USMLE Step 1 to graduate from the Medical Doctorate (MD) program.

### **Requirements, Procedures and Guidelines**

#### **Timeline and requirements to take Step 1**

- Students must take the UWSOM proctored National Board of Medical Examiners (NBME) customized assessment near the end of Term 2 and the NBME Comprehensive Basic Science

Examination (CBSE) during Term 3.

- The deadline to take USMLE Step 1 is March 15<sup>th</sup>.
- An early action Step 1 delay or formal request for deferral is required to move the USMLE Step 1 deadline after March 15<sup>th</sup>.
- Remediation of any Foundations Phase required coursework must be successfully completed prior to taking USMLE Step 1.
- Students must take Step 1 prior to the Patient Care Phase start date for their entry year unless they have an early action delay or approved deferral (see below).

### **Early action delay of Step 1 test date deadline (Delayed start of Patient Care Phase)**

The performance of all students in the Foundations Phase will be evaluated by the ad hoc foundations phase mastery committee\* during Term 3. Overall performance in the blocks, threads, and courses; trajectory during the foundations phase; and extenuating circumstances will be weighed. Scores on the NBME Comprehensive Basic Science Exam will be used as confirmatory. Students not demonstrating adequate mastery of the basic science curriculum will be recommended to delay sitting for Step 1. This will result in delayed entry into the Patient Care Phase.

Delayed students will:

- Enroll in a UWSOM 8 credit Comprehensive Basic Science Review course to be taken during winter term;
- Complete self-administered Step 1 practice tests (CBSSA) to assess progress during the dedicated Step 1 study period in spring quarter;
- Complete a final CBSSA exam at the end of the delay period (end of spring quarter).
- Sit for the USMLE Step 1 exam by the end of spring quarter (in June) if the final CBSSA exam results are predictive of a passing score.

Students with final CBSSA scores not predictive of a passing USMLE Step 1 score will be placed on leave for summer quarter, and/or will participate in additional programming during summer quarter such as enrolling in an independent study course for additional dedicated study time. Students will be required to meet with the Student Affairs Dean to formalize a leave of absence or approval for additional programming, undergo expansion of their medical curriculum, and be dropped from their entire Patient Care Phase clerkships schedule. Taking Step 1 will be required to re-enter the curriculum and enroll in the Patient Care Phase.

Students who do not Step 1 by the last day of autumn quarter (mid-December each year) will be referred to Student Progress Committee for review.

### **USMLE Step 1 Deferral**

Student deferrals to take Step 1 beyond the March 15 deadline will be considered only for extenuating circumstances. Students requesting a deferral must meet with the Associate Dean for Student Affairs. Students who are granted a deferral and fail to take USMLE Step 1 by the approved deadline will have their entire Patient Care Phase schedule dropped until they have taken the USMLE Step 1 exam. Delaying Step 1 will likely result in medical school expansion. Students who fail to pass USMLE Step 1 by the last day of autumn quarter following their Step 1 deadline (mid-December) will be referred to Student Progress Committee for review.

\*The ad hoc foundations phase mastery committee will be comprised of learning specialists, foundations deans, and members from student affairs, curriculum, and registrar.

## Attendance and Participation

### Attendance and Absentee Policy – Foundations Phase

#### Policy Statement

As part of professional development as physicians-in-training, students are expected to make the medical school schedule their highest priority. We expect all students to contribute to group learning and participate in problem solving. Preparation prior to class and active participation during class are critical not only to each individual's success, but to the success of one's fellow students. Ultimately, active participation in groups will better prepare all students for their work in clinical settings.

The UWSOM expects students to attend and actively participate in all blocks and courses. Participation is a part of the grade in many blocks. Sessions that are mandatory will be marked as "attendance required" in the curriculum management system, Elentra. Students are required to attend:

- Labs
- Sessions where patients are present
- Small group sessions
- Other sessions at the discretion of the block, thread or theme leader, or the local Foundations Dean

Foundations coursework takes priority over elective coursework. You must not sign up for non-clinical electives, preceptorships or shadowing experiences which conflict with your Foundations classes and/or Foundations of Clinical Medicine, Hospital tutorials, and Primary Care Practicum (PCP).

#### Requirements, Procedures and Guidelines

##### Examinations

Students must be present for scheduled examinations (including anatomy pin tests) except in the event of personal illness or personal/family emergencies. Permission must be granted for rescheduling an exam. The student must contact the Foundations Dean (in Seattle: Assistant Dean for Student Support and [somtests@uw.edu](mailto:somtests@uw.edu)) to reschedule an examination. Students must not schedule make-up exams during any scheduled curricular activity, and it is the student's responsibility to ensure that exams are not in conflict with a scheduled activity. The block/course director and/or block/course site leader cannot provide permission for an exam reschedule.

Examinations cannot be rescheduled or moved to a different foundation campus for personal events or research presentations.

##### Attendance in Foundations of Clinical Medicine (FCM), Primary Care Practicum (PCP) & Hospital Tutorials

Attendance is required for all FCM activities. If you are ill or have an emergency and are unable to attend a session, please contact the appropriate people as soon as possible.

**LAST UPDATED: April 15, 2022.**  
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**POLICY LANGUAGE**

| Curricular Component                | Who do I ask for permission?                                       |
|-------------------------------------|--|
| Orientation & FCM: Immersion        | Foundations Dean & FCM course director(s) at your Foundations site |
| FCM: Clinical Skills Workshops      | FCM course director(s) at your Foundations site                    |
| FCM: Primary Care Practicum         | PCP director at your site and your PCP faculty                     |
| FCM: Hospital Tutorials             | Your College mentor/hospital tutorial faculty                      |
| Foundations Block, Thread & Courses | Foundations Dean at your Foundations site                          |

Students unable to attend a session must complete assigned makeup activities. Failure to communicate about an absence will result in a Notice of Concern (NOC). Absences due to personal events and research presentations will not be excused.

## Attendance and Absentee Policy – Clinical Phase

### **Policy Statement**

Students are expected to attend everyday of scheduled clerkships, which can include overnight call and weekends.

Students are expected to adhere to the policy guidelines developed by the clerkship directors related to attendance, the approval process for excused absences, and consequences of unexcused absences.

### **Requirements, Procedures and Guidelines**

Personal events (such as weddings) and academic events (such as presenting papers at meetings) should be anticipated prior to scheduling a clerkship or clinical elective and factored into breaks or elective time off. There are no vacation days during clerkships.

### **Potential Consequences of Absences**

- Students should consider that time away from the clerkship may adversely affect their grade. For example, preceptors may have fewer days in which to evaluate work or there may not be enough time for students to receive feedback and improve your skills.
- Possible make-up time might be needed for unanticipated absences, resulting in grades being delayed or students may receive an “incomplete” until the time is made up.
- If students are absent without permission, they may receive a Fail grade and may be required to repeat the clerkship. In addition, students will receive a professionalism concern on the final evaluation.

### **Anticipated Absences**

- Students are allowed up to 2 days of anticipated excused time away from the learning environment in 4 to 12-week clerkships.
- Absences are not permitted during orientation, the final examination or other required elements of the clerkship (please review the individual clerkship website for the list of required elements).
- No anticipated time off is permitted during two-week elective clerkships and four-week sub-internships.

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

- To request time off, students should consult with the appropriate clerkship director/administrator at least 6 weeks prior to the beginning of the clerkship to limit the negative impact on the clerkship experience.

### **Personal Events**

Personal event examples include weddings, graduations, presenting papers at conferences, receiving awards, and necessary health care appointments. If any days off for significant personal events are requested during a clerkship, students must consult with the clerkship director/administrator at least 6 weeks prior to the beginning of the clerkship, before making travel arrangements, as it is not always possible to grant these requests.

### **National or Religious Holidays**

Washington state law requires that UW develop a policy for accommodation of student absences or significant hardship due to reasons of faith or conscience, or for organized religious activities. The UW's policy, including more information about how to request an accommodation, is available at [Religious Accommodations Policy](#).

Accommodations must be requested within the first two weeks of this course using the [Religious Accommodations Request form](#).

**In order to plan accommodations that will avoid possible delays in course/clerkship end dates, UWSOM recommends students complete the Religious Accommodation Request Form in advance of the start date of their course or clerkship.**

As a member of a health care team during a clerkship, there is no guaranteed time off for University of Washington holidays, traditional observances, or major days of religious significance, just as there won't be when you are a practicing physician. You are expected to follow the holiday practice of the clinic/hospital/site at which you are rotating. Meaning, if it is a holiday at your site, you may get the day off. If it is a working day for your site, you must show up. Clinical responsibilities such as night call and rounding take precedence over holiday schedules. To plan ahead for national holidays, you may wish to call the clerkship administrator or practice site in advance and inquire.

You are encouraged to work together with faculty to accommodate scheduling constraints in observing your religious and cultural practices. Similar to when you are in practice, you must take responsibility and plan ahead. If you have religious holidays that require you to miss or modify work, consult with the clerkship director/administrator well in advance to see what accommodations can be made.

### **Residency Interviews**

Students are required to schedule off at least 4 weeks for residency interviews and every effort should be made to schedule interviews during that time. If residency interviews are offered when students are already scheduled for clerkships, they should work directly with the clerkship director/administrator immediately to see what accommodations can and can't be made.

### **Match Day**

All graduating students are permitted to attend the Match Day celebration with no clerkship responsibility starting at 8AM on Match Day until the next morning (variable start time depending on the

clerkship). If students are on a WWAMI clerkship, additional travel time the day prior to the celebration may also be needed.

### **USMLE and OSCE Examinations**

If you have a USMLE or OSCE examination scheduled during a clerkship, please let the clerkship director/administrator know as soon as possible. You will be given time away from clinical duties on the day of the exam and the night prior to the exam starting at 6pm. If you need to travel a significant distance for the exam, you will be given all or part of the day prior to the exam away from clinical activities in order to travel.

### **Unanticipated Absences**

- In case of an illness, personal emergency or personal healthcare appointments, students must directly contact the team they are working with as early as possible.

### **Illness, Personal Emergency or Urgent Health Care Appointments**

If students miss any days, they must speak with the site director as well as the attending or resident in charge prior to the start of the shift. It is unacceptable to leave a phone or email message or to contact only administrative staff. Students should receive confirmation (direct conversation, return email, or phone call) from the site director and/or the attending/resident in charge indicating that the team is aware of the absence. Specific contact information is available on the individual clerkship websites. If more than two days off are needed for chronic health issues and/or appointments, students should contact [Disability Resources for Students \(DRS\)](#) to pursue possible accommodations.

For any time away from the clerkship, students are also required to tell the clerkship director/administrator who will determine if make-up time is needed for unanticipated absences or if the entire clerkship needs to be rescheduled. Grades may be delayed, or you may receive an “incomplete” until the time is made up.

An absence for the purpose of seeking treatment for a suspected infectious or occupational exposure (including needle stick injury) will be accommodated as an unanticipated medical absence.

### **Inclement Weather**

The inclement weather policy for clerkships matches the policy for holidays. If your team is working in the hospital or the clinic is open, you are expected to show up. If you are unable to access the hospital/clinic due to hazardous travel, you must notify your team as described above under “unanticipated absences.”

### **Supplemental Offer and Acceptance Program (SOAP)**

In the event that a student does not Match and are participating in SOAP to secure a residency position, they are immediately excused from clerkship duties. Student Affairs will contact the clerkship director/administrator who will notify your site. Prior to returning to the clerkship after SOAPing, contact the clerkship director/administrator to discuss your return and the impact of days missed. Make-up time may be needed especially for 2-week electives.

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

## **Longitudinal Integrated Clerkship (LIC) or WWAMI Rural Integrated Training Experience (WRITE) Clerkship Absences**

LIC and WRITE clerkship students will follow the same rules as listed above with the following modifications:

### **Anticipated Absences**

- Significant personal events are described above under “anticipated absences.” Because of the different scheduling model for LIC/WRITE, this policy allows for up to 1 day away from the learning environment every 12-weeks of the clerkship.
- Absence requests should be directed to the LIC/WRITE program director(s).
- The requested dates need to follow the General Absentee Policy.

### **Unanticipated Absences**

- For any time away from the clerkship, you are required to tell the LIC/WRITE program director(s) who will determine, in consultation with the Associate Dean of Student Affairs and the affected clerkship directors, if make-up time is needed.

## **Registrar Drop (Formerly Course Withdrawal) Policy**

### **Policy Statement**

A Registrar Drop (previously referred to as a withdrawal) from a block/clerkship may be permitted in the event of illness or personal/family circumstances. Students must consult with the Associate Dean for Student Affairs for approval. If a Registrar Drop is approved, it is recorded by the Office of the University Registrar, University of Washington. Students are not permitted a Registrar Drop to avoid failing a block or clerkship.

Former Quarter Drop (previously Hardship Withdrawal) – Students must contact the School of Medicine Associate Dean for Student Affairs.

### **Requirements, Procedures and Guidelines**

#### **Foundations Phase Curriculum**

Starting in Autumn 2020, the student will receive a grade designation of “RD (Registrar Drop)” on their transcript, when dropping a course between the third and seventh weeks of the curriculum.

Students in the Foundations phase of the curriculum may drop one Non-Clinical elective per quarter between the third and seventh weeks of the quarter. Students at the Seattle and Spokane campuses should drop via MyUW, in keeping with the [Current Quarter Drop policy](#). Additional drops of non-clinical electives must be dropped via the [Current Quarter Drop – Advisor Assisted Drop](#) process.

Students at the Wyoming, Alaska, Montana and Idaho campuses should notify their local Foundations site Administrator with any drop requests.

Students may not drop themselves from required coursework without permission from the Associate Dean for Student Affairs.

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

### Clinical Phases Curriculum

E\*Value schedules are not directly linked with the main University of Washington registration system. Students are registered for CONJ 699: P-CLIN CLERKSHIPS—a “holding” course based on the number of credits scheduled in E\*Value. Students should not adjust their CONJ 699 registration in the MyUW.

Because students are registered for a holding course (CONJ 699) with the University rather than individual clerkships, they cannot drop individual clerkships (courses) with the University. The University Registrar drop process may apply or be permitted in the event of illness or personal/family circumstances. Students must consult with the Associate Dean for Student Affairs for approval.

The Registrar Drop may have an impact on *funding and/or student status*. An annotation of RD for Registrar Drop will appear on the transcript. The credits associated with the RD dropped class(es) will not appear on the transcript, but the class abbreviation, class number, and the annotation RD will appear and cannot be removed.

Effective in Autumn 2020:

**First week of the quarter:** CONJ 699: P-CLIN CLERKSHIPS (all clerkships for a given quarter) may be dropped without restriction from the first day of quarter through the 7th calendar day of the quarter. No record of the dropped course(s) will be recorded on the transcript; however, a quarter drop statement will appear.

**Second week of the quarter:** This period is from the 8th calendar day of the quarter through the 14th calendar day of the quarter. CONJ 699 may be dropped without restriction during this period. No record of the dropped course(s) will be recorded on the transcript, however, a quarter drop statement will appear. There is a \$20 Change of Registration Fee charged for all registration changes made on a single day during this period. A tuition forfeiture may be charged.

## Extracurricular Clinical Experience Policy – Foundations Phase

### Policy Statement

Foundation Phase student participation in clinical experiences offered outside the FCM curriculum must be approved and will be monitored and tracked by each Foundations campus. Students cannot participate in extracurricular clinical experiences between the end of Lifecycle and taking Step 1.

### Requirements, Procedures and Guidelines

An extracurricular clinical experience must meet the following criteria:

1. Does not adversely impact access to community preceptors for required and elective preceptorships, clerkships and residencies;
  - a. The Foundations Dean and Clinical Dean will work together with residency program directors as needed to ensure appropriate experiences for all learners;
2. Does not interfere with required activities of FCM, Foundation Phase blocks or courses;
3. Does not adversely impact student participation or performance in FCM, Foundation Phase blocks or courses;
4. Does not conflict with a Student Progress Committee prohibition on curricular activities.



**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

Prior to any participation in an extracurricular clinical experience, students must follow the process outlined and **receive a formal approval via email** from their Foundations campus.

This policy does not include experiences which student register for University of Washington credit or experiences which are part of the required Foundation Phase curriculum such as:

- Required Primary Care Practicum
- R/UOP
- TRUST experiences
- FCM remediation
- Service Learning
- Preceptorship which is set up as a University course and offered for credit

\* See [liability coverage](#) for medical students in the MD Program Handbook

## **Student Work Hours Policy**

### **Policy Statement**

#### **Foundations Phase Curriculum**

Students should spend no more than 60 total hours per week on academic activities. The 60 hours includes in-class activities, out-of-class preparation, laboratory/anatomy, clinical skills training, and required clinical duties in the Colleges and primary care settings.

#### **Clinical Phase Curriculum**

Students should spend no more than 80 hours of awake time in the hospital per week.

### **Requirements, Procedures and Guidelines**

#### **Clinical Phase Curriculum**

The goals of medical students and the faculty of the UWSOM are one and the same: to get the best medical education possible while not ignoring overall health and happiness. Attention needs to be paid to both work/duty hours and personal time. Work hour rules have been developed for residents, but similar rules have not been developed for medical students. There are obvious differences in terms of goals, reimbursement, and responsibilities between residents and students. Nonetheless, some guidelines for students are provided here.

Hours are not specifically logged unless the student feels it necessary because of a potential violation. If a student is working close to the 80-hour limit, they should document their hours for the week in question and present them to their site director as soon as possible for modification. Students should also document any violation of the 30-hour policy for overnight call. Further concerns should be brought to the attention of the clerkship director. Students will never be discriminated against for following the work hour policy.

Clerkships with call:

- Post-call, if you did not sleep, go home at the same time as the intern or resident, within 30 hours of starting the prior day.
- Post-call, if you slept at least 5 hours, you should stay through the working day.

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

- You should have at least one full day off per week, averaged over a month.
- No matter how many hours you have worked, always check out with the team before leaving for the day.

Clerkship without call:

- Parking and transportation issues may demand you leave the hospital by a certain time.
- Feel free to come in early or stay late. Family and personal obligations are important and need to be balanced.
- You should have at least one full day off per week, averaged over a month.
- No matter how many hours you have worked, always check out with the team before leaving for the day.

# Assessment, Evaluation, Exams and Grading

## Assessment Policy

### Policy Statement

All required blocks, courses and clerkships have assessments that reflect the structure, content and learning objectives of the specific block, course or clerkship. The learning objectives and assessments are the same at all regional campuses and clerkship sites.

### Requirements, Procedures and Guidelines

#### 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 should 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. 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 and/or participation in required components of the block or clerkship.

Feedback is delivered to students through examinations, evaluation forms, narrative commentary, statistical information, and/or 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

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.

### Foundations Phase Curriculum

The required Foundations Phase blocks/courses are expected to incorporate content and formats relevant to the National Board of Medical Examiners subject examinations in order to enhance

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

consistency in teaching, examination processes across regional campuses and courses, and to promote national learning objectives and appropriate testing skills for students' preparation for USMLE Step 1.

Examination schedules are developed with careful consideration of students' need for preparation time and cognizance of the University's administrative holiday schedule and religious observances. With the exception of documented illness, personal or family emergencies or religious holiday observation, a student will not be permitted to take an examination at a different time than the scheduled time.

**Note:** See additional [Foundations Phase Guidelines](#) for assessment.

### **Narrative Assessment in the Foundations Phase**

Narrative assessment is provided for the Foundations of Clinical Medicine course 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](#).

### **Midcourse/End of Course Feedback in the Foundations Phase**

In the Foundations Phase blocks/courses, each examination or other form of evaluation, such as case studies, whether summative or formative, is expected to provide students with ongoing feedback in order to promote improvement and understanding.

### **Patient Care Phase and Explore & Focus Phase Curriculum**

Each required clerkship has a specific clinical skill or professionalism/communication component incorporated into the teaching schedule. These Mini-Clinical Examinations ("Mini-CEX") are administered to each student during the clerkship to assess the clerkship skills.

Required clerkships incorporate content and formats relevant to the National Board of Medical Examiners subject examinations in order to bring consistency to the teaching and examination process across clerkships and clerkship sites and to promote the incorporation of national learning objectives and appropriate testing skills for students' preparation for USMLE Step 2 Clinical Knowledge.

### **Narrative Assessment in the Clinical Phases**

As stated in the [Narrative Assessment Policy](#), space for narrative assessment is provided on the Student Performance Evaluation Form completed on each medical student at the conclusion of a clerkship. Faculty completing the forms are required to provide narrative assessment of the student in addition to ratings.

In required clerkships, final examinations are scheduled in a uniform manner to allow students' equitable study and travel time. If an oral examination is given, clerkship directors are responsible for assuring there is adequate reliability in its administration. Other forms of examinations, such as the use of computer simulations or standardized patients, are established and managed within the clerkship department. All elements incorporated into the final grade, such as the final examination, required presentation, honors paper and/or other components, must be completed within the time period allocated for the course.

### **Mid-clerkship Feedback in the Clinical Phases**

In required clerkships and clinical electives, the attending physician or clerkship director must provide midcourse feedback sessions to students in order to provide an opportunity to improve or to enhance areas of strength while in the clerkship.

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

### **Observed Structured Clinical Examinations (OSCEs)**

[OSCEs](#) are administered periodically throughout the curriculum to assess the level of knowledge and clinical skills of students. If minimum performance standards are not met in any of the OSCEs designed to assess knowledge and skills, the student must successfully complete the recommended remediation plan in order to be approved to continue in the curriculum.

### **Assessment of Professional Development**

Professionalism benchmarks are used to evaluate the professional development of students. Each student's progress in demonstrating an understanding of professional standards appropriate to their level in medical school is assessed in the Foundations of Clinical Medicine course during the Foundations Phase and in each required clerkship and clinical elective during the Patient Care Phase and Explore and Focus Phase.

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](#).

Recommendations from the Committee on Student Grading, Student Evaluation, and Professionalism that included guidelines for assessing students' professional development and managing incidents of concern were approved in April 2007.

### **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.

## **Narrative Assessment Policy**

### **Policy Statement**

Narrative assessments reflect the students' performance at a personalized and individualized level, with resulting potential for student self-reflection and self-improvement.

The University of Washington School of Medicine is committed to ensuring that medical students receive narrative feedback/assessment whenever feasible during their training in addition to grades and/or numeric ratings. This commitment includes all phases of the curriculum: Foundations Phase, Patient Care Phase and Explore and Focus Phase.

In the Foundations Phase, narrative assessment will be a component of the student's formative and, where appropriate, summative assessment in courses that teach clinical skills on an individualized or small group (12 or fewer students) basis with a consistent (4 or more sessions) teacher.

In the Patient Care Phase and Explore and Focus Phase, a narrative assessment is to be provided as a required component of the student's final evaluation in each required and elective clerkship. The

narrative assessment(s) or portions of the narrative assessment(s) may be included in the Medical Student Performance Evaluation (MSPE).

## Foundations Assessment Policy

### Policy Statement

- All graded components with weight of 10% or greater are subject to approval by the Medical Education and Evaluation (MEE) assessment team.
- All exam questions are subject to approval by the MEE assessment team to ensure that they meet minimum quality standards.
- As per the [UW Faculty Resource on Grading](#), attendance cannot be a graded component of the block.
- Multiple-choice exam pacing for MS1 students will be 30 questions/hour (2 min/question). Exam pacing for MS2 students will be USMLE pacing (40 questions/hour; 1.5 min/question). Anatomical pin tests will be 30 questions in 50 minutes.
- Blocks must have an exam at least every two weeks.
- All blocks will have a cumulative final examination. Blocks cannot schedule anything other than optional review sessions for the day prior to the final exam.

### Procedures

Assessment plans for basic science blocks will be created in consultation with the Director of Educational Evaluation and the Assistant Dean for Basic Science Curriculum. Preliminary assessment plans are approved by the Foundations Phase Committee as part of the Lessons Learned process. Assessment plans are finalized during the lockdown meeting for the block. Changes to assessment plans after the lockdown meeting are subject to the change management process.

## Exam Environment Policy – Foundations Phase

### Policy Statement

Students are required to attend scheduled examinations and adhere to rules conducive to a functional testing environment with academic integrity.

### Requirements, Procedures and Guidelines

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

### Examination Schedules

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

Students are on their honor not to discuss course information or share answers during the examination.

## **Examination Environment**

### **Arrival for Examination**

Students must arrive on time for examinations. The start time for an exam is posted in the Curricular Management System, Elentra, and is the time at which all students are expected to arrive. Due to the nature of starting exams with large numbers of students, the actual start time may be delayed after the posted start time. Exams will begin as quickly as is feasible after the posted start time.

Exams have specified start and end times. Students will not be allowed to continue exams beyond the posted end time. The consequence of this is that **students who arrive late may not receive the full allotted exam time**. Students will not be seated for exams more than 30 minutes after the actual exam start time. Exceptions may be given for emergency situations at the discretion of the Block Director.

### **During the Examination**

Items allowed at seat during examinations

- Computer/laptop/tablet (if using for exam)
- Mouse/keyboard (if using for exam)
- Soft foam earplugs
- Green laminated sheet
- Dry erase pen
- Beverages in covered container

Items **not allowed** at seat during examinations

- Cell phones
- iPads/tablets (unless using for testing)
- iPods/media devices
- Watches with alarms, computer, or memory capability
- Calculators (will be provided if needed for particular exam)
- Paging devices
- Noise-canceling headphones
- Recording/filming devices
- Reference materials (book, notes, papers)
- Backpacks, briefcases, luggage
- Coats, outer jackets, headwear (religious headwear is allowed)
- Food

No questions or requests for clarification of exam items are permitted during the examination. Identification of typographic errors or formatting issues may be raised with the proctor. If necessary, corrections will be posted. If students wish to share a problem with a particular question, leave a comment within the computer software, which will be reviewed by the Block Faculty.

### **Technical Difficulties**

If students encounter technical problems during an exam, they should raise their hand to immediately notify a proctor.

Students may not leave the testing area during the examination, except to go to the restroom.

**LAST UPDATED: April 15, 2022.  
VISIT THE WEBSITE FOR THE MOST UP-TO-DATE  
POLICY LANGUAGE**

- Only one student is allowed to go to the restroom at any given time.
- For NBME exams, students must be accompanied to/from the restroom by a proctor.
- Students should not be absent for more than five minutes.

If a student begins an examination and does not complete it for any reason, their exam will still be scored and applied toward their grade.

### **Irregular Behavior**

Students seen to engage in any of the following behaviors will be noted and reported to the Associate Dean for Student Affairs and the Associate Dean for Curriculum:

- 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 notes during the examination
- Writing on green laminated sheets prior to starting exam
- Making notes on anything besides the green laminated sheets
- Removal of green laminated sheets from the testing room
- Continuing to work after time is called by the proctor

### **Resources for Standards of Academic Conduct**

- [UW Student Conduct Code](#)

### **Rescheduling of Examinations**

- Students must be present for scheduled examinations (including anatomy pin tests) except in the event of illness or personal/family emergencies.
- Only a Foundations Dean (or Assistant Dean for Student Affairs for students in Seattle) can approve an exam absence-not a block leader.
- Exams cannot be rescheduled or moved to a different Foundations campus for personal events or research presentations.

For more details, please consult the [attendance and absentee policy](#) posted on the UW Medicine website.

### **Exam Accommodations**

Students who have a letter of accommodation from [Disability Resources for Students \(DRS\)](#) at UW 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.

## **Exam Environment Policy – Clinical Phase**

### **Policy Statement**

Students are required to attend scheduled examinations and adhere to rules conducive to a functional testing environment with academic integrity.



## **Requirements, Procedures and Guidelines**

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

### **Examination Schedules**

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 with the most common type of exam being the National Board for Medical Examiners (NBME) subject exam; clinical electives may have an exam or clinical skills assessment. 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.

Examinations for required clerkships occur on the final 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](#). 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.

### **Examination Environment**

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.

### **Arrival for Examination**

Exams will have check-in times and start times. Students are expected to arrive by the check-in time to facilitate a timely start to the exam. Students who arrive after the actual exam start time will NOT be allowed to take the exam.

### **During the Examination**

Items allowed at seat during examinations

- Green laminated sheet/dry erase pen (for NBME exams)
- Blank scratch paper/pen/pencil (for NBME exams)
- Soft foam earplugs

Items **not allowed** at seat during examinations

- Cell phones
- iPads/tablets (unless using for testing)
- iPods/media devices
- Watches with alarms, computer, or memory capability
- Calculators

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

- Paging devices
- Noise-canceling headphones
- Recording/filming devices
- Reference materials (book, notes, papers)
- Backpacks, briefcases, luggage
- Coats, outer jackets, headwear (religious headwear is allowed)
- Beverages or food of any type

No questions or requests for clarification of exam items are permitted during the examination. If a student feels there is a problem with a particular question, students should answer to the best of their ability. A student can also notify a proctor about the problem, and they can report it to the appropriate testing authority.

### **Technical Difficulties**

If students encounter technical problems during an exam, they should raise their hand to immediately notify a proctor.

Students may not leave the testing area during the examination, except to go to the restroom.

- Only one student is allowed to go to the restroom at any given time.
- For NBME exams, students must be accompanied to/from the restroom by a proctor.
- Students should not be absent for more than five minutes.

If a student begins an examination and does not complete it for any reason, their exam will still be scored and applied toward their grade.

### **Irregular Behavior**

Students seen to engage in any of the following behaviors will be noted and reported to the Associate Dean for Student Affairs and the Associate Dean for Curriculum:

- 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 notes during the examination
- Writing on green laminated sheets prior to starting the exam
- Making notes on anything besides the green laminated sheets/scratch paper
- Removal of green laminated sheets/scratch paper from the testing room
- Continuing to work after time is called by the proctor

### **Resources for Standards of Academic Conduct**

- [UW Student Conduct Code](#)

### **Rescheduling of Examinations**

- The final decision regarding whether a student may or may not reschedule the examination rests with the Clerkship Director.

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

- If a student needs to reschedule an examination for any reason, the student should contact the Clerkship Administrator and/or Clerkship Director prior to the start of the exam, if possible.
- If a student is approved to take their examination on an alternate date, the student is responsible for contacting the Clerkship Administrator (and Regional Administrator if outside Western WA) to schedule the alternate date/time.

### **Exam Accommodations**

Students who have a letter of accommodation from [Disability Resources for Students \(DRS\)](#) at UW can receive accommodations for examinations. Exam accommodations must be requested from the Department as early as possible.

## **Academic Grading Policy**

### **Policy Statement**

All required courses and clerkships have assessments that reflect the structure, content and learning objectives of the specific block or clerkship. Assessments are comparable across all sites and include uniform standards for evaluating students' performance and consistent guidelines for managing remediation.

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. No grade-point average is assigned under the School of Medicine grading system.

In order to receive the MD degree, students must receive a pass or higher grade in all courses for which they register in the medical school curriculum.

All grades and evaluations must be submitted to the School of Medicine's Registrar's Office within the required timeline:

- For the Foundation Phases, grades 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](#).
- For all required clerkships, the University of Washington School of Medicine, in compliance with LCME standards, requires that a grade be reported to the student within four weeks and never more than six weeks after the end of the clerkship.

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

### **Final Course Grades**

For entering class of 2015 and subsequent classes:

- Pass/Fail: Required Foundations Phase blocks
- Mastery: Foundations Phase threads
- Pass/Fail: Independent Investigative Inquiry (III)
- Honors/High Pass/Pass/Fail: Required Patient Care Phase and Explore and Focus Phase clerkships and clinical electives\*\*

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

- Registrar Drop (previously referred to as a withdrawal)
- Evaluator Concern: internal designation

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

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

### **Requirements, Procedures and Guidelines**

The Associate Dean for Curriculum works in collaboration with the block, course, thread, and clerkship directors and Foundations Deans and Clinical Regional Assistant Deans who oversee compliance across all courses.

The [Student Progress Committee](#), which is charged to review student performance, does not make determinations of grades but reviews 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. College faculty mentors are given access to all evaluations of their assigned medical students.

### **Determining Final Grade**

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

Each block/course or clerkship is expected to have an established process for gathering information, such as test scores, formative and summative comments, and notation of performance or professional conduct concerns, if applicable. The block/course or clerkship director has overall responsibility for ensuring that evaluations are submitted on time by all faculty, teaching assistants, residents, etc., who are designated to teach and evaluate the students prior to the final grade being determined.

### **Final Grades for Foundations Phase**

In the Foundations Phase, the grading system for required courses 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.

**Note:** See the [Foundations Phase Remediation for Block and Thread Policy](#) for additional information.

**Note:** See [Foundations Phase Grading and Assessment](#) for additional information.

### **Final Grades for Clinical Phases**

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

The determination of grades in required clerkships is determined by standardized grading rubrics. 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.

At the conclusion of each clinical clerkship, the faculty member(s) responsible for completing the evaluation must discuss the evaluation with the student in order to allow time for improvement in clerkship requirements and to provide guidance for moving forward to subsequent clinical rotations; the clerkship grade is not expected to be finalized at this point.

**Note:** See [Clerkship Grading Policy](#) for additional grading information during the clinical phase.

### **Fail Grade**

A Fail grade indicates that a student has not achieved the minimum standards of performance in the block, course, or clerkship. The Student Progress Committee reviews all Fail grades and the performance of students for whom evaluations include a pattern of academic or professional development concerns. No remediation may be completed without prior approval by the Student Progress Committee. A Fail grade also appears 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. An 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.

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.

### **Evaluator Concern (Clinical Phase)**

An Evaluator Concern regarding Professional Behavior or Conduct, academic performance, or attendance is included on the grading forms for courses in the 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.

**LAST UPDATED: April 15, 2022.  
VISIT THE WEBSITE FOR THE MOST UP-TO-DATE  
POLICY LANGUAGE**

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.

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

#### **Foundations Phase**

Evaluations of students' performance must be completed immediately after the conclusion of the block/course or clerkship. Block/Course grades are posted in Canvas.

#### **Clinical Phase**

Clinical grades are posted in E\*Value. Grades in the clinical phases are held until students submit all evaluations.

If additional time is needed to submit the grade, the Clerkship Director or faculty must consult with the Associate Dean for Curriculum and/or the Associate Dean for Student Affairs prior to delaying the release of the grade.

## **Clerkship Grading Policy**

All Clerkships within the UWSOM medical education must act in accordance with the published policies and guidelines of:

- [University of Washington Grading Policy](#), and
- [AAMC Guidelines for Medical Schools Regarding Academic Transcripts](#)

All required clerkships require a passing grade on the final exam in order to graduate.

**Note:** See [Academic Grading Policy](#) for additional grading information during the clinical phase.

## **Academic Grievance and Appeal Policy**

### **Policy Statement**

Students have the right to appeal their grades and/or evaluation comments in the event that 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. Faculty are responsible for the final determination of the evaluation of the students' performance.

### **Requirements, Procedures and Guidelines**

#### **University of Washington Grievance Procedures**

The School of Medicine, in accordance with [Executive Order #58](#), follows the University of Washington Grievance Procedures.

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

### **Change of Grade**

Except in cases of error or appeal, the block/course or clerkship director may not change a grade that was submitted to the [Registrar](#).

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

Students can review their grade at any time, but should carefully review the grade challenge and appeal deadlines.

[University of Washington policy](#) stipulates that a request for a grade review must be made prior to the end of the academic term in which the course was taken, and it is expected that the appeal review will be completed within a reasonable period of time, i.e. 3 weeks and preferably prior to the student beginning the next term's coursework.

### **Process to Initiate Grade Appeal Process - Foundations Phase**

Remediation of fail grade and grade challenges will generally occur concurrently since grade failure may prohibit a student from progressing in the Foundations Phase curriculum.

### **Grade Review**

All students are permitted under [Family, Education, Rights and Privacy Act \(FERPA\)](#) to review educational records (e.g., exams and evaluations) upon request after grade submission.

To initiate a grade review, a student must set up a meeting with the block or course administrator for a guided review of evaluations (if any), exam scores, and/or final examination score. If after the grade review, students are unsatisfied, they may initiate the grade challenge process.

### **Grade Challenge**

Following an unsatisfactory grade review, [a student may submit](#) a written grade challenge request to the block or course director by week four of the following quarter. This allows the block a minimum of three weeks to meet with the student and process the challenge.

The director will review the relevant grading and evaluative materials to determine the uniformity and impartiality of the grade. After the director completes this review, the student and director will meet to discuss the challenge. After meeting, the director will contact the student within three weeks in writing with the grade challenge decision, allowing the student one week to decide whether an appeal is necessary.

### **Grade Appeal**

Following an unsatisfactory grade review and grade challenge, students may submit a grade appeal by week eight of the following quarter by completing the form and submitting to [foundedmed@uw.edu](mailto:foundedmed@uw.edu). The Foundations Grade Appeal Committee will meet to review all materials related to the appeal and make the final determination to retain or revise the grade by a minimum of four weeks after receipt. Grade appeal must be completed by the end of the following quarter.

The grade appeal committee will focus on the adequacy of the grade process and will make the final determination to retain or revise the grade (up or down).

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

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's 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 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.

## **Process to Initiate Grade Appeal Process - Clinical Phases**

### **Grade Review**

All students are permitted under [Family, Education, Rights and Privacy Act \(FERPA\)](#) to review educational records (e.g., exams and evaluations) upon request after grade submission, however the grade challenge and appeal process must be completed within twelve weeks after the grade is posted.

To initiate a grade review, a student must request to meet with the Clerkship Administrator for a guided review of grade and de-identified evaluations, summative comments and/or final examination score. Student's should check the department website for information on grading guidelines.

### **Grade Challenge**

Following an unsatisfactory grade review, [a student may submit](#) a grade challenge form within four weeks after the grade is posted. This allows the department to connect with the student and process the challenge within seven weeks after the grade is posted. The clerkship director then reviews the relevant grading and evaluative materials and elicits related materials from faculty or department resources to determine the uniformity and impartiality of the grade or summative comments. After the clerkship director completes the fact finding process, the student and director meet to discuss the student's challenge. After the meeting, the clerkship director will contact the student within seven weeks in writing with the grade challenge decision, allowing the student one week to decide whether an appeal is necessary.

### **Grade Appeal**

Following an unsatisfactory grade review and grade challenge, a student may submit a grade appeal by week eight of the grade's posting by completing the form and submitting to [somchlng@uw.edu](mailto:somchlng@uw.edu). The grade appeal committee will meet to review all materials related to the appeal and make the final determination to retain or revise the grade and/or relevant comments within twelve weeks after the grade is posted. Grade appeal must be completed twelve weeks after the grade is posted.

Department chairs have delegated responsibility for the grade appeal decision to the School of Medicine Grade Appeal Committee for the clinical Patient Care Phase and Explore & Focus Phase, in accordance with [UW policy](#). The Grade Appeal Committee is comprised of faculty and/or student members, who will review deidentified materials. The Grade Appeal Committee considers the adequacy of the grade process and will make the final determination to retain or revise the grade (up or down) and/or relevant comments.

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



**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

If the grade/comments are not changed but there are circumstances or information worth documenting, the 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.

## **Foundations Phase Remediation for Blocks and Thread Policy**

### **Policy Statement**

Foundations Phase Block fails and Thread failure to achieve mastery in Term 1 and/or Term 2 will be remediated in summer quarter between first and second year. Students will register for an Independent Study remediation course for each fail and complete all coursework by the end of summer quarter. Foundations Phase Block fails and Thread failure to achieve mastery in Term 3 will be remediated in winter quarter of second year. Students will register for an Independent Study remediation course for each fail and complete all coursework by the end of winter quarter.

Students with extenuating circumstances can discuss changing the remediation timeline with the Associate Dean for Student Affairs. The Associate Dean for Student Affairs can recommend changes to the remediation timeline to the Assistant Dean for Basic Science, who may grant the request if logistically feasible.

### **Procedures**

If approved for remediation by the Student Progress Committee, students must follow the timeline detailed in this policy. Foundations Phase Block fails and/or Thread failure to achieve mastery will be indicated in Canvas, and the student will be alerted by the Block/Thread Director.

# Clerkships

## Clerkship Scheduling Policy

### **Policy Statement**

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 are made exclusively by the School of Medicine Registrar's Office and no other parties may change clinical schedules, sites, and/or timeframes including but not limited to: other academic affairs staff; department clerkship directors or coordinators; WWAMI deans, faculty, or staff; site coordinators; or preceptors.

Approval of any schedule changes due to extenuating circumstances, such as illness or personal/family emergency, residency interviews etc. must be approved by the UW School of Medicine Associate Dean for Student Affairs before the Registrar will modify a student's schedule. It is the student's obligation to contact the Registrar's Office to ensure that the updates are made to their clinical schedule.

All clerkship timeframes must start on a Monday and end on a Friday and are approved for two, four, six, eight- and twelve-week timeframes. Because clerkships are approved by the School of Medicine Curriculum Committee and UW Curriculum Committee for specific credits and timeframes, clerkships may not be shortened or lengthened.

Since the University of Washington is on a quarter system, clerkships offered by the UW School of Medicine must take place within the 12-week quarter and cannot overlap with breaks or extend into another quarter. Exceptions can be made on a case-by-case basis if a UW medical student is taking an away clerkship at another LCME accredited institution.

### **Requirements, Procedures and Guidelines**

#### **Patient Care Phase Clerkship Scheduling**

Unless approved by the Associate Dean for Student Affairs or the Student Progress Committee, students are not permitted to expand the curriculum within the Patient Care Phase. Each clerkship must be taken in a full-time capacity, (i.e. it is not acceptable to expand a six-week clerkship over ten weeks). To ensure educational continuity, the Patient Care Phase year must be completed without interruption, assuring development of clinical skills, preparation for USMLE Step 2 CK, Patient Care OSCE and time for students to meet all requirements. Students should review the Student Progress Committee policy for additional information about expanding the curriculum.

The Patient Care Phase curriculum scheduling is managed by the School of Medicine's Registrar's Office within Academic Affairs. Clerkships will be assigned based on WRITE, Olympia LIC, Track, Greater Seattle Area option, or traditional program guidelines, including regional and departmental requests of minimum enrollment at sites. The Associate Dean for Student Affairs can approve variances within the usual scheduling guidelines.

Once the Patient Care Phase clinical schedules are published, students have a two-week window to review their assigned clerkship sites and timeframes. During that two-week review period, students have the opportunity to "swap/trade" with other students by mutual consent.

### **Swap/Trade Rules**

Students who wish to “swap/trade” must find another student willing to “swap/trade” via student-initiated communication. Students wishing to “swap/trade” with one another are required to set up an appointment with the School of Medicine’s Registrar’s Office for the schedule changes to be reviewed, approved, and facilitated. Many factors are taken into consideration prior to approving a “swap/trade.” These include, but are not limited to, schedule and travel coordination, housing availability, and academic standing. Once the two-week review/swap/trade window has concluded, students may not drop, add, or change 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.

All changes to students’ schedules must be made through the 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 and coordinators; WWAMI deans, faculty, and staff; site coordinators; and preceptors. In cases where permission is necessary, it is the student’s obligation to contact the School of Medicine Registrar’s Office to ensure that the updates are made to their clinical schedule.

### **Explore & Focus Phase Scheduling**

The Explore & Focus Phase requires two Advanced Patient Care clerkship requirements (one of which must be a subinternship), an Emergency Medicine requirement, a Neuroscience requirement, as well as a Transition to Residency requirement for all students. Students should refer to clinical elective policies when scheduling their coursework to ensure they complete sufficient credits to meet graduation requirements.

After the Explore & 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. Some departments have further limitations when dropping their clerkships (such as permission from the department), that supersede the six-week guideline mentioned above.

All changes to students’ schedules must be made through the University of Washington 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 and coordinators; WWAMI deans, faculty and staff; site coordinators; and preceptors. In cases where permission is necessary, it is the student’s obligation to contact the School of Medicine’s Registrar’s Office to ensure that changes are made to their clinical schedule.

### **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 an elective clerkship without approval from the clerkship department that is responsible for the clerkship. Approval to drop an elective that is less than 6 weeks away due to extenuating circumstances, such as illness, personal/family emergency, residency interviews, etc. must be approved by the Associate Dean of Student Affairs. Some permission-only electives may also require the approval of the sponsoring department’s clinical clerkship coordinator.

## Time in Seattle Policy

This policy is waived during the 2020-2021 academic year due to COVID-19.

### **Policy Statement**

UWSOM medical students are required to successfully complete a minimum of eight weeks of Patient Care or Explore and Focus Phase clerkships at one or more of the following four medical centers:

- University of Washington Medical Center
- Harborview Medical Center
- Veterans Affairs Puget Sound Health Care System
- Seattle Children's Hospital

The total weeks must be split across a minimum of two clinical clerkships and must be for a minimum of four weeks for each clerkship with the exception of students in the WWAMI Rural Integrated Training Experience (WRITE) program for which the inpatient parts of required clerkships spent at the above hospitals also apply, even if less than four weeks in length.

### **Requirements, Procedures and Guidelines**

Every effort will be made during implementation to reduce potential negative impact from:

- Reduced time available to spend in special programs outside of Seattle,
- Reduced student flexibility and choice in their preferred clerkships,
- Unfilled clerkship sites in the region due to minimum time required in Seattle, and
- Future growth in cohort size at UWSOM due to space limitations in Seattle.

## Explore & Focus Phase Track Policy

### **Policy Statement**

The Explore & Focus Track:

- Explore and Focus Phase required clerkships consist of neurology, emergency medicine, and two advanced patient care clerkship (at least one of which need to be a sub-internship)
- 12 weeks of required clerkships in the region or city.
  - The 12 week, non-consecutive weeks, will be composed of Neurology, Emergency Medicine, and one 4-week non-permission elective
  - More time can be spent at the Track site based on regional availability and the student's scheduling choices

The total length of the Explore & Focus Phase, excluding reserved time for interviews and Capstone, is 12 months. For an Explore & Focus Track student, 12 non-consecutive weeks will be guaranteed at the track site and nine months would be scheduled by the student, possibly outside of the track site.

### **Requirements, Procedures and Guidelines**

The School of Medicine Curriculum office will handle the initial application process. Scheduling and Registration will provide priority ranking for Emergency Medicine, Neurology, and one non-permission elective at the Track site during the initial scheduling process. The appropriate WWAMI Regional Office

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will administer track selection, admission, and oversight. Expanded students will re-apply for Track each academic year.

## **Clerkship Housing and Transportation Policy**

### **Policy Statement**

The UWSOM provides housing and transportation support to medical students who are outside their duty station and enrolled in required clerkships.

### **Requirements, Procedures and Guidelines**

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.

UWSOM does not provide housing for city or state-based Track students at Track sites; Track students must secure their own housing, which becomes their permanent address for the Patient Care Phase and Explore and Focus Phase.

Non-Track students are eligible for housing for the required clerkships in family medicine, medicine, obstetrics and gynecology, pediatrics, psychiatry, surgery, neuroscience, emergency medicine, and advanced patient care rotations unless the clinical site is within driving distance of their designated current residence. UWSOM does not provide medical student housing for elective courses.

There is also no funding available to support commuting while at clinical sites or within the Seattle metropolitan area. Many clinical rotations, both in and outside the Seattle metropolitan area, require students to commute between multiple clinical sites, between didactic teaching sites and clinical training sites, and between student housing and clinical facilities. You will need to take the initiative to discover all site-specific transportation requirements before your clerkship begins. Some clerkship sites can provide vehicles, shuttle services, or other forms of transportation, while other sites provide limited or no transportation.

For specific housing, travel, and transportation-related questions, review the [WWAMI Student Travel website](#) and respectively contact the department clerkship administrator for more information.

## **Medical Student Use of EHR During Clerkships Policy**

### **Policy Statement**

Medical students MUST:

- Have their own unique login and password (not use their preceptor's login and password) to chart in the EHR.
- Have access to:
  - Review/update of the past, family/social history and ROS
  - Enter needed data into the EHR
  - Search for patient data within the EHR

On average, students must have a minimum of one complete chart note (including assessment and plan) – per half-day on outpatient and per day on inpatient rotations--routed to the preceptor for feedback.

Medical students SHOULD:

- Have opportunities to pend medications, consultations and other orders
- Become familiar with (if relevant / available):
  - Selection of diagnoses, CPT/ICD codes, and how these are linked to billing
  - Medication reconciliation and other tasks on admission and discharge
  - Patient Centered Medical Home metrics, to which they may contribute
  - Meaningful Use metrics, to which they may contribute
  - Query functions that practices use for population management

DISCLAIMER: There will be exceptions to this policy.

## **Clerkship Communication Policy**

### **Policy Statement**

Students on required and elective clerkships will receive communication about their clerkship no later than 6 weeks prior to the clerkship start date.

### **Requirements, Procedures and Guidelines**

Clerkships will receive an email from students registered in their course no later than 4 weeks in advance. Clerkships are expected to respond to students, no later than two weeks prior to the clerkship start, with the following information.

- Registration of X clerkship beginning on X date
- Contact information for site coordinator
- Date of orientation on the first day (including time, place, and person to meet with)
- Credentialing information students must complete
- Calendar rotation (including call, days at different hospitals, who they will be working with)
- A general disclaimer about UW IT requesting access for EPIC/ORCA
  - EHR training – if student's have not had any training for the UW system, they will receive link to training 10 days ahead for EPIC training and information about ORCA training
  - Include the LMS link that will show them what trainings they have completed
- Extra info about lectures, assignments, etc. specific to your clerkship
- Any FAQs such as information about transportation to sites, questions about call, obtaining badges, etc.

Students are expected to contact their clerkship site with an introduction four weeks in advance to a rotation. However, depending on the site, students may not receive communication from the site until two weeks prior to the elective. Site coordinators are responsible for giving site specific credentialing information and other site details. Please see the department website for specific credentialing deadlines. Credentialing may be required to be submitted earlier than six weeks prior to the start date at some sites.

## Clinical Electives Policy

### Policy Statement

Students pursuing clinical electives at outside institutions for credit is contingent on the student meeting all criteria: eligibility, approval, credit, and performance evaluation, as specified in the Curriculum Office's educational requirements.

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

### Requirements, Procedures and Guidelines

[Special Assignment Electives](#) are 2- or 4-week clinical electives for students who have completed their Required Patient Care clerkships. All electives must begin on a Monday and end on a Friday. Special assignment electives cannot be used for research credits nor to fulfill Advanced Patient Care requirements. These electives must be approved by the department that administers your preceptor's specialty (ex. FAMED electives cannot be approved by Internal Medicine).

There are two types of Special Assignment electives with specific requirements for each. Clerkships must take place within the UW School of Medicine Academic Clinical Calendar's 12-week quarter and cannot overlap with breaks or extend into another quarter. Exceptions can be made on a case-by-case basis if a student is taking a 697 away clerkship at another LCME accredited institution. Special Assignment elective require departmental permission; most clerkships require completion of required MS3/Patient Care clerkships. This is determined by the Department- please check with department administrator for pre-requisites.

#### Away Special Assignment – 697s

- Outside of WWAMI region
- Clerkships generally follow the dates on the UW SOM Clinical Calendar, although special exceptions can be made.

**NOTE:** An affiliation agreement is required between the UW and the institution if the site is NOT an LCME-accredited OR ACGME-accredited Residency for the program you wish to apply. Please contact [medevalu@uw.edu](mailto:medevalu@uw.edu) for additional details. You can check to see if a site is LCME-accredited [here](#), and ACGME-accredited [here](#).

#### WWAMI Special Assignment – 699s

- Within WWAMI region
- Clerkship must follow clerkship dates on UW SOM Clinical Calendar
- Special Assignment electives at non-LCME accredited institutions or non-ACGME accredited Residency programs are permissible within the WWAMI region, and require additional application information.

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## TIMELINE FOR APPROVALS

- Applications for electives at LCME\* accredited institutions and ACGME\*\* accredited Residency programs are due to SOM a minimum *2 weeks* before the start date to allow for processing.
- Applications for electives at non-LCME accredited institutions or ACGME accredited Residency programs are a due to SOM a minimum of *2 months* before the start date to allow for processing.

\*Most university programs (ex. Stanford University Hospital) are LCME accredited, whereas private clinics and community-based programs (ex. Providence Sacred Heart Hospital in Spokane) are not. Check for LCME accredited schools [here](#). \*\*You can check for ACGME Accredited Residency Programs [here](#).

### Please note:

- A course which was previously passed may be repeated one time for credit to receive financial aid.
- It is not appropriate use of Special Assignment Electives to take an established elective during an off-calendar timeframe.

# Visiting Medical Students

## Visiting Medical Student Policy

### Policy Statement

The Academic Affairs Office is responsible for overseeing the visiting student program, including developing appropriate administrative procedures for visiting student application and registration, and incorporating the visiting student guidelines recommended by the AAMC-Group on Student Affairs.

### Requirements, Procedures and Guidelines

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

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

The University of Washington School of Medicine limits the number of international students who may enroll as visiting students to those who are sponsored by a University of Washington faculty member. This includes all medical students, including American and Canadian citizens, who attend medical schools outside of the United States and Canada, and whose schools are not accredited by the LCME. An international medical student may not apply for elective clinical course work without an approved sponsor identified.

Visiting students are not eligible to register for the School of Medicine's Foundations Phase block or longitudinal courses given in Seattle or at the regional Foundations Phase sites.

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



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

Under special circumstances, an arrangement may be made for a visiting student to participate in an elective within the region. The University of Washington School of Medicine has special affiliation agreements with a small number of international medical schools. If the student's home school has such an agreement with the University of Washington School of Medicine, special rules, other than those noted above may apply. For this reason, and others related to immigration law and malpractice insurance, the Academic Affairs Office closely monitors visiting students.

A visiting student's performance is evaluated by UWSOM faculty and residents utilizing the evaluation form provided by the visiting student's home medical school, and credit for the elective is given and recorded on the visiting student's home school's transcript.

## **Non-UW Medical Student Access to Educational Facilities Policy**

### **Policy Statement**

School of Medicine classes, laboratories, and patient care settings are restricted to enrolled University of Washington medical students. Under no circumstances may a student bring a non-UW medical student to classroom or clerkship settings without prior approval from the Associate Dean for Student Affairs or Associate Dean for Curriculum and the permission of the Block or Clerkship Director.

### **Requirements, Procedures and Guidelines**

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

If there is an exceptional situation in which a student would like to bring a friend or family member to class, they should make an appointment with the Associate Dean for Student Affairs to discuss the request and the circumstances under which the request might be permitted.

All Foundations Phase block and longitudinal courses required for the completion of the MD degree are restricted to medical students enrolled in the University of Washington School of Medicine WWAMI Program, with the exception of current visiting medical school applicants. The School of Medicine's Office of Admissions may make arrangements with Foundations Phase Block Directors to allow applicants to sit in on a lecture on the day they are interviewed. Within the Foundations Phase, these include the block and longitudinal courses at all regional sites, including University of Washington, Gonzaga University, University of Alaska-Anchorage, University of Idaho, Montana State University, and University of Wyoming.

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With permission of the course director, in consultation with the Associate Dean for Curriculum and, where appropriate, the Foundations Dean at a regional site, an exception may be considered for a student who is enrolled in a graduate program within one of the basic science departments of the host university (University of Washington or regional affiliated institutions) where the course is a documented component of the student's graduate degree.

Students from other University of Washington health professions schools, such as the School of Dentistry, may upon occasion and with approval by the Associate Dean for Curriculum and the Block Leader(s), sit in on block courses. However, the granting of credit and formulation and administration of any tests, will be separate for those students.

Visiting students are not eligible to register for the School of Medicine's Foundations Phase block or longitudinal courses given in Seattle or at the regional Foundations Phase sites.

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

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

## Expected Standards of Performance & Student Progress

### Effective E22 Cohort – Student Progress Committee Policies and Operating Guidelines

#### Section 1. Operating Guidelines Overview

##### **Role of SPC**

The Student Progress Committee (SPC) exists to monitor medical students' progress toward graduation and to determine if the standards of the University of Washington School of Medicine (UWSOM) are being met in individual cases. All areas of student progress are monitored, including promotion, remediation, probation, leave of absence, expansion, reprimand, suspension, dismissal, licensing exam performance, compliance, and graduation. SPC also recommends students for awards including Graduation with Honors, Graduation with High Honors, and Graduation Awards.

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

SPC reviews a student's record when there is concern about academic performance and/or conduct. UWSOM's grading and evaluation system, SPC's review process, and the process for addressing and managing allegations of unacceptable conduct provide for due process. This includes notifying the student of inadequacies, an opportunity for the student to respond to concerns about academic performance or unacceptable conduct, and careful and deliberate decision-making. When a student's record, when viewed as a whole, does not show satisfactory progress, and/or there are reports of unacceptable conduct, SPC determines the appropriate course of action, with the advice of block, course, and clerkship directors, administration, and/or other requested consultants.

In order to graduate, students must:

- Successfully complete all curricular requirements
- Pass Foundations-2 and Patient Care Objective Standardized Clinical Evaluations (OSCEs)
- Pass USMLE Step 1 and Step 2-CK
- Demonstrate conduct in accordance with UWSOM's academic and professionalism standards.

A pattern of evaluator concerns about a student's performance or conduct may constitute a failure to meet graduation requirements, even if all curricular elements and exams are passed.

The UWSOM's policies may differ from the University's policies. This is due to the unique structure of the medical school, dispersed over academic and clinical sites in a five-state region. Due to the standards required for patient interactions, SPC's guidelines for managing students' academic progress and professional development may differ from the University's policies.

Grades and evaluations are submitted by course, block, thread, and clerkship directors; these form the basis on which SPC makes decisions about individual students. SPC is not responsible for the UWSOM's grading system and is not involved with grade appeals. These are the purview of Curriculum.

SPC does not investigate allegations of unacceptable conduct. When there is an allegation that UWSOM's academic or professionalism standards have been violated, the inquiry is completed by a designated UWSOM or University process. Once this process is complete, SPC reviews confirmed violations and determines actions.

### **Composition of SPC and Voting Process**

10-12 members of the UWSOM faculty serve as voting members of SPC. They are chosen by the Vice Dean for Academic, Rural and Regional Affairs and are approved by the Dean of the School of Medicine. One member serves as Chair. Quorum is reached when 51% of the voting members are present. Votes are determined by a simple majority of those present. The Chair votes when needed to achieve quorum, to break a tie, or to create a tie in order to allow more discussion.

Ex-officio (non-voting) members of SPC are present at meetings to provide SPC with relevant information about individual students and/or perspective on UWSOM's curriculum. Current ex-officio members are:

- Associate Dean for Student Affairs (serves as Administrative Dean to SPC)
- Assistant Deans for Student Affairs
- Associate Deans for Admissions, Colleges, and Curriculum
- Regional Assistant Foundations Phase Deans
- Regional Assistant Clinical Deans
- Assistant Deans for Student Development, Student Support, Basic Sciences and Clinical Education
- Representative from the Office of Healthcare Equity
- Representative from the Department of Biomedical Informatics
- Registrar
- Director of Proactive Advising

### **Decisions Made on Behalf of SPC**

The SPC Chair may decide individual cases on behalf of SPC or may convene a subcommittee of 3 or more SPC members plus the Chair to review cases urgently. A scheduled SPC meeting that does not reach quorum may also function as a subcommittee.

If a student accepts a decision made by the Chair or subcommittee on behalf of SPC, the decision is presented to SPC at the next scheduled meeting as "information only." A student who does not accept a decision made by the Chair or subcommittee on behalf of SPC may request that SPC review their case and determine actions at the next SPC meeting. Such students remain in their current status, i.e., do not begin the recommended program or remediation, until their case is reviewed by SPC.

Suspension or dismissal may not be recommended by the SPC Chair or subcommittees. These actions can only result from a vote of the full SPC.

### **Confidentiality**

SPC maintains strict confidentiality surrounding students' 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 SPC members.
- Faculty and staff who serve as ex-officio members of SPC.

- The student's college mentor. College mentors are informed of any action taken by SPC regarding one of their students.
- Relevant staff members who schedule appointments with deans, schedule students in courses and clerkships, write letters of good standing, maintain academic files, etc.
- Block, thread, course, and clerkship directors (or designees) who present or provide information to SPC about students having difficulty in their curricular component, and who need to manage remediation plans.
- Academic faculty of affiliated degree programs (e.g., Medical Scientist Training Program).
- Director of Academic Support.
- Anyone with legitimate need to know as defined by the federal Family Educational Rights and Privacy Act (FERPA).

### **Conflict of Interest**

Voting and ex-officio members of SPC may have relationships with students reviewed at SPC. To prevent conflicts of interest, SPC members are required to disclose that they have a conflict of interest and recuse themselves from student reviews, interviews, discussions, and voting when the student being discussed is:

- A direct mentee, including students in the SPC's member's College Faculty group
- A friend or family member
- Related to a colleague or friend (child, spouse, etc.)
- A current or former patient of the SPC member
- In any other relationship with the SPC member, past or present, that creates a conflict of interest.

A faculty member recusing themselves will physically leave the meeting room during the review, interview, discussion, and vote portions of the SPC process for the student with whom the faculty member has a conflict of interest.

Course, block, thread, and clerkship directors and leaders may serve on SPC. When a student is under discussion because of a deficiency in that SPC's member's course at that SPC member's site, that SPC member is required to recuse themselves from the interview, discussion, and vote. However, that faculty member may inform SPC about that student's performance in their course before leaving the meeting. This faculty member does not need to recuse themselves from future meetings if the same student is reviewed for different deficiencies.

When students are being interviewed by SPC, they are given a list of SPC members in advance. The student may request that specific members of SPC recuse themselves, based on a direct relationship with those SPC members. If the faculty member disagrees with the student's request for recusal, the SPC Chair will make the final decision.

### **Section 2. Curricular Requirements and Expected Timeline**

[School of Medicine Curricular Requirements](#) are the purview of Curriculum, not SPC. Included here are timeline issues that are relevant to SPC actions.

### **Foundations Phase**

The Foundations Phase Curriculum is intended to be completed in 21 months. The curricular requirements must be completed as a full-time, intact, contiguous curricular schedule unless a student

requests or is mandated to take leave of absence. Students returning from leave of absence must re-enter the curriculum at the point they stopped and continue contiguously from there.

All Foundations Phase curricular requirements must be successfully completed before entering the Patient Care Phase.

Students are assigned to one of the UWSOM's six regional campuses at enrollment and are expected to complete all Foundations Phase curricular requirements at that campus. Students who need to repeat curricular requirements may be assigned to a different regional campus by SPC.

### **Patient Care Phase**

The six required clerkships must be completed as a full-time, intact, contiguous curricular schedule unless a student requests or is mandated to take leave of absence. Only under exceptional circumstances will permission be granted to delay a required clerkship into the final year or to take a required clerkship at another Liaison Committee on Medical Education (LCME) approved medical school.

### **Explore & Focus Phase**

All Explore & Focus Phase curricular requirements must be successfully completed before the Physician's Oath & Hooding Ceremony.

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

Passing Foundations-2 and Patient Care OSCEs is a graduation requirement. The Foundations-2 OSCE must be passed before entering the Patient Care Phase. The Patient Care OSCE must be passed at the end of the Patient Care Phase and before the Explore & Focus Phase, even for students planning to expand. A Student Affairs Dean may make exceptions to the timing of the OSCE in individual circumstances.

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

Passing USMLE Step 1 and Step 2-CK are graduation requirements.

#### **Step 1**

- Students must complete all Foundations Phase requirements except Consolidation & Transition and Transition to Clerkships before taking Step 1, including any remediations.
- For Step 1 deadline information, see [UWSOM Policy Regarding USMLE Step 1 Exam](#).
- Students must take Step 1 within 1 year of completing Foundations Phase.

#### **Step 2-CK**

- Students must pass all Patient Care Phase clerkships, including any remediation, before taking Step 2-CK.
- Students must take Step 2-CK no later than June 30 of the year prior to expected graduation year.
- For students completing their Patient Care Phase off-cycle from the projected timeline, Step 2-CK must be taken within 12 weeks of completing the Patient Care Phase.
- If a passing score is not recorded by the deadline for National Residency Matching Program certification, a delay of graduation may be necessary.

### **Voluntary Leave of Absence**

Students may request leave of absence for personal reasons, academic reasons, or to participate in curricular programs such as research fellowships or concurrent degrees. Students may request personal leave to manage pregnancy, parental leave, personal illness, caregiving for family members, or other reasons. Going on leave to avoid failing a block, course, or clerkship is not allowed. Students who take leave may need to extend their graduation date.

Requests for leave go to Student Affairs Deans. A Student Affairs Dean may approve leave on behalf of SPC for up to 4 quarters. These leaves are reported to SPC as information-only. For additional leave beyond 4 quarters, students must petition SPC by submitting a letter explaining why they need extended leave and what actions they are taking to prepare for their return to the curriculum. Students who need more than 8 quarters to resolve an issue must withdraw from the curriculum, except in the most extenuating circumstances, as determined by SPC.

If a leave of absence follows Foundations Phase, the student must pass Step 1 before starting a fellowship or concurrent degree. If a leave of absence follows Patient Care Phase, the student must pass Step 2-CK before starting a fellowship or concurrent degree. Students taking personal leave are encouraged to complete Step exams before going on leave when feasible.

### **Expanded Curriculums (Expansions)**

An expansion means that a student extends their graduation date beyond the usual 4 years. Leaves of absence, additional quarters of coursework, and concurrent degrees are common reasons for expansions. Students choosing to expand should plan their time away from the curriculum to fall between phases, i.e., not during Foundations or Patient Care phase. These phases are intended to be taken as full-time, intact, contiguous curricular schedules. Expanding during Explore and Focus phase is allowed.

Blocks and clerkships must be taken in a full-time capacity, e.g., a 6-week clerkship cannot be expanded and taken over 10 weeks.

### **Section 3. Events that Result in Review by SPC**

“SPC Review” means that the student’s entire record, including academic performance, evaluator concerns, and findings from any UW or UWSOM misconduct processes are presented to SPC for discussion and determination of actions.

#### **Fail Grades**

Students receiving fail grades in blocks, courses, clerkships, and clerkship exams are reviewed by SPC.

#### **Failure to Achieve Competency**

Students receiving this designation in a thread are reviewed by SPC.

#### **USMLE Step Exam Fails**

Students who fail Step 1 or Step 2-CK are reviewed by SPC.

#### **Failure to Take Step 1**

Students who have not taken Step 1 within 1 year of completing Foundations Phase will be reviewed.

### **Failure to Complete Objective Structured Clinical Examination (OSCE)**

Students who fail to successfully complete Foundations 2 or Patient Care OSCE are reviewed by SPC.

### **Evaluator Concerns**

Evaluator concerns are internal designations, meaning they do not appear in the Medical Student Performance Evaluation unless further action occurs. Evaluator concerns are submitted by faculty within student evaluations or may take the form of written statements from any faculty member describing a performance concern. Evaluator concerns are received and reviewed by Student Affairs Deans. Students with evaluator concerns are reviewed by SPC at the discretion of a Student Affairs Dean when the student has additional academic and/or conduct concerns, or if there is a pattern of evaluator concerns.

### **Incompletes**

A student who must leave a block, course, or clerkship due to illness or a personal emergency may be granted an “incomplete” by a Student Affairs Dean. If the student does not complete the work by the deadline set by Curriculum, the incomplete will convert to a Fail and will therefore be reviewed by SPC.

### **Registrar Drop**

Students who must leave a block, course, or clerkship due to illness, personal emergency, or because they have been placed on a leave of absence, will receive a grade designation of “Registrar Drop” (previously referred to as a withdrawal) when permitted by the appropriate Foundations Dean or clerkship director in consultation with a Student Affairs dean. Students are not allowed to take a Registrar Drop to avoid failing a block, course, or clerkship. A student who does not complete a course and does not have permission to take a Registrar Drop will be assigned a grade of fail. All Registrar Drops are reported to SPC.

### **Former Quarter Drop**

Students may consult with a Student Affairs Dean to begin the process of receiving a grade designation of Former Quarter Drop, previously referred to as Hardship Withdrawal Petition.

### **Failure to Complete UWSOM Compliance Requirements**

Non-compliance with essential compliance requirements may be considered by the Student Progress Committee at the discretion of Student Affairs Deans.

### **Violations of UWSOM’s Academic or Professionalism Standards**

SPC defines academic and professionalism standards of conduct by referring to UW Medicine [Policy on Professional Conduct](#), UWSOM [Standards of Conduct and Professional Behavior](#), and [UW Student Conduct Code](#). These standards together are referred to as “UWSOM’s academic and professionalism standards.” Violations of these standards, whether within the educational environment or in the community, may be reviewed by SPC for discussion and determination of actions. This is part of SPC’s academic review process.

When an alleged violation of UWSOM’s academic and professionalism standards occurs, a Student Affairs Dean manages the process in accordance with the [UWSOM Guidelines for Managing Alleged Violations of Academic and Professionalism Standards](#) (Section 6.) When a formal or informal hearing occurs, the Chair of SPC may receive the report as “information only” or the full SPC may interview the student and determine actions.



#### **Section 4. Actions and Sanctions for Managing Students in Difficulty**

When an “SPC review” occurs, SPC reviews an individual student’s deficiencies and their entire medical school record, deciding on a course of action that considers academic performance, conduct, and evaluator concerns. More than one action and/or alternatives not listed may be used as individual cases warrant. SPC may set a timeline for actions to be completed and criteria for subsequent performance. The student will be informed of the plan in writing within 10 days and will work with Student Affairs to implement it.

SPC Actions may include but are not limited to:

- Allow Remediation
- Disciplinary Warning/Letter of Reprimand
- Requirement for Work to be Re-done
- Academic Probation
- Disciplinary Probation
- Mandatory Leave of Absence
- Advanced Information
- Referral to WPHP
- Suspension
- Dismissal

Actions that the National Residency Matching Program requires UWSOM to report in the Medical Student Performance Evaluation are requirement for work to be re-done, disciplinary probation, mandatory leave of absence, and suspension. Remediations will be reflected in the student’s official transcript.

Each action is described in further detail below.

#### **Allow Remediation**

##### **Remediation of Courses and Clerkships**

SPC decides whether a student may remediate. Block, course, thread, and clerkship directors may not remediate a student’s deficiency until SPC meets and determines an appropriate course of action based on the student’s overall performance. The student may have difficulty in more than one area and a coordinated plan may be needed for the student’s benefit.

SPC’s remediation plan is based on multiple factors, including but not limited to recommendations of the block, thread, course, or clerkship director, input from ex-officio members of the SPC, input from the student’s College Mentor, and the student’s overall medical school progress.

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

Typical remediation plans for students with a single deficiency are listed here:

- Fail grade in a block: SPC usually accepts the block director’s recommendation for re-examination or repeat of the block.
- Failure to achieve mastery in a thread: SPC usually accepts the thread director’s recommendation for taking the thread remediation course. Students with 1 or 2 thread deficiencies and no fail

grades are automatically approved to take the thread remediation course without SPC involvement.

- Fail grade in a course that is not part of a block: SPC usually accepts the course director's or clinical skills director's recommendation for remediation.
- Fail grade in a clerkship: SPC usually accepts the clerkship director's recommendation for repeat of the clerkship.
- Fail grade on a clerkship exam without having failed the clerkship: SPC usually allows re-take of the exam. A student's first clerkship exam fail is automatically approved for re-take without SPC involvement.

For multiple deficiencies, SPC determines an appropriate course of action considering the student's entire record and any extenuating circumstances presented. SPC may require repeat of certain curricular requirements, even those previously passed. For example, SPC may require a student who has failed 2 or more blocks in Year 1 to re-start the curriculum, including retaking courses already passed.

A student who does not remediate on the timeline set by SPC, or who fails a remediation, will be reviewed again by SPC for further action.

#### **Remediation of Step Exams: Step 1 Re-takes and Deadlines**

When a student fails Step 1 on their first attempt and has no other deficiencies, SPC typically permits re-take. When a student fails Step 1 on their second attempt, SPC may permit re-take and/or take other actions, in light of the student's entire record and any extenuating circumstances presented. A student who fails Step 1 a third time may be considered for dismissal.

When SPC permits re-take of Step 1, a deadline may be set by SPC. Typically, this deadline will be the end of the quarter following the one when the student received the failing score. For example, if a student receives a Step 1 fail during Summer quarter, SPC would assign the last day of Autumn quarter as their re-take deadline. Individual circumstances may warrant different deadlines.

Students who fail Step 1 are allowed to finish the current quarter's clerkships. They are required to work with Student Affairs and Registration to adjust their clerkship schedule to allow adequate time to study for and re-take the exam. Dropping scheduled clerkships may be necessary.

A student who has not taken Step 1 within 1 year of completing Foundations Phase will be reviewed by SPC. SPC may require an interview with the student to understand the barriers. SPC may set a Step 1 deadline for that student and review the student again if the deadline is not met.

SPC may require that a student achieve a passing score on Step 1 before any clerkships are scheduled. This requirement is typical after a student has failed Step 1 or has been out of the curriculum for a year or more before attempting Step 1.

#### **Remediation of Step Exams: Step 2-CK Re-takes and Deadlines**

Students who fail Step 2-CK are allowed to finish any clerkships or clinical electives they have begun. If the student has no other deficiencies, SPC typically permits re-take. When a student fails their second attempt of Step 2-CK, SPC may permit re-take and/or take other actions, in light of the student's entire record and any extenuating circumstances presented. A student who fails Step 2-CK a third time may be considered for dismissal.

Students who fail Step 2-CK are required to work with Student Affairs and Registration to adjust their schedule to allow adequate time to study for and re-take the exam. Delay of graduation may be necessary. Step 2-CK must be retaken and passed prior to the deadline for National Resident Matching Program Match certification. SPC may set a different deadline in specific cases.

### **Disciplinary Warning**

A disciplinary warning is used for minor breaches in conduct, particularly when there is evidence that the student did not intend to deceive or abuse a right or privilege. The intent is to help the student understand and correct the deficiency. Example: a student accessed a family member's medical record believing that this was reasonable to help their relative navigate their medical care. The warning may include specified assignments or activities for the student to complete. A disciplinary warning is documented with a Letter of Reprimand and is only reported in the student's Medical Student Performance Evaluation at the discretion of Student Affairs Deans.

### **Requirement for Work to be Re-Done**

SPC may require that coursework or other graduation requirements be redone to remediate serious but not egregious breaches in conduct. The intent is to have the student understand the consequences of behavior which the student knew was in violation of UWSOM's academic and professionalism standards. Example 1: a student was found to have committed plagiarism in their Scholarly Project. The student was required to start over and complete a new project fulfilling the requirement. Example 2: a student deliberately and without attribution used another provider's clinical note as if it reflected their own work with that patient. The student was required to repeat the clerkship. The National Resident Matching Program Match requires that the reason for work to be re-done appears in the student's Medical Student Performance Evaluation.

### **Academic Probation**

Academic probation serves to notify a student that dismissal will be considered if the student has additional deficiencies. SPC may put a student on academic probation for the following:

- 2 or more block fails
- 2 or more step exam fails
- 2 or more clerkship fails

Failure to achieve mastery in threads and fails other than those above will be considered in the totality of the student's record when determining if the student should be placed on probation.

The above deficiencies do not require that a student be placed on probation. SPC uses discretion in the use of probation designations so that being placed on probation serves as a warning to the student that dismissal may be the next action. Unsatisfactory progress in any area that falls under SPC's purview may result in academic probation.

Students on academic probation due to Foundations fail(s) and/or Step 1 fail(s) will typically be removed from probation when they achieve a passing score on Step 1. Students on academic probation due to clerkship fails will typically be removed from probation when the fail grade(s) have been remediated and the student has completed 4 quarters of coursework without additional fail grades. SPC may make the probation period longer or shorter depending on individual circumstances.

A student placed on academic probation during the Foundations Phase, then removed after passing Step 1, may be placed back on probation after a single additional deficiency at the discretion of SPC.

Students on academic probation may not take non-clinical electives, serve in leadership roles in student activities, pursue paid employment, work toward a concurrent degree, or any other activity that might interfere with their medical school performance without prior permission from a Student Affairs Dean.

Academic Probation is an internal designation and is not reported in the Medical Student Performance Evaluation.

### **Disciplinary Probation**

Students may be placed on disciplinary probation when a violation of UWSOM's academic and professionalism standards has occurred. If there are additional conduct issues while a student is on disciplinary probation, dismissal may be considered. The duration of disciplinary probation is determined at the time that it is imposed.

The National Resident Matching Program Match requires that disciplinary probation be reported in the Medical Student Performance Evaluation.

SPC votes to approve students' removal from academic and disciplinary probation. Students must be removed from probation before they graduate.

### **Mandatory Leave of Absence**

Students with academic or conduct issues may have leave mandated by SPC. SPC may stipulate what the student must do before returning. If no stipulations are made, the student may return from leave and register for courses without involvement of SPC. If stipulations are made, the student must petition SPC to return, demonstrating that they have met those stipulations. If stipulations are made and not met, SPC may recommend that the student remain on leave or may consider dismissal.

In cases where SPC approves a return from leave, SPC may set requirements for continuing in the curriculum and may place the student on academic and/or disciplinary probation. SPC may require an interview with the student before approving a return from leave.

Students who are placed on leave may need to extend their graduation date.

The National Resident Matching Program Match requires UWSOM to report mandatory leaves of absence in the student's Medical Student Performance Evaluation.

### **Advance Information**

In rare circumstances, SPC may place students on "Advance Information" status. This is used when a student has had certain types of academic or conduct difficulty. When on Advance Information status, course and/or clerkship directors receive formal, confidential notification of the difficulty before the student begins the course or clerkship. The objectives for using advance information are to provide the student with additional support in the area(s) of deficiency, to ensure that there is adequate feedback to the student, and to ensure that there is adequate evaluation of the area(s) of concern. Example: a student had several evaluator concerns around ineffective communication styles. Advance information status was put in place so that subsequent supervisors could closely observe for progress in this domain. Advance information status is not reported in the Medical Student Performance Evaluation.

Communications regarding students on Advance Information status are managed by Student Affairs Deans. Further information is in the [Advance Information Procedure](#).

### **Fitness for Clinical Contact**

Academic, Rural and Regional Affairs deans and/or SPC have the right to prohibit a student's continuation in the clinical setting if there are concerns related to patient care or patient safety, the ability to practice with reasonable skill and safety due to a mental or physical condition, the potential for compromising compatibility and effective functioning of the healthcare team, and/or evidence of substance abuse. Further information is in the [Fitness for Clinical Contact Policy](#).

### **Referral to Washington Physicians Health Program (WPHP)**

The opportunity for students to participate in direct patient care places responsibility on the UWSOM to ensure that patients are not placed at risk due to a student's mental illness, physical illness, or impairment from drugs or alcohol. A variety of situations may lead to a student being referred to WPHP. Once referred to WPHP, the student must be endorsed by WPHP before being considered for re-entry into the curriculum.

SPC may require a student be referred to and endorsed by WPHP before continuing in the curriculum when circumstances suggest that physical illness, mental illness, impairment from drugs or alcohol, or other circumstances may be contributing to the student's deficiencies. WPHP protects the student's privacy while considering the possible underlying causes for changes in performance and/or problematic behavior.

If a student who is being reviewed by SPC has already been referred to WPHP, Student Affairs Deans may report that information to SPC as part of the student's overall record. Students referred to WPHP by any UWSOM official other than SPC who feel the referral is unwarranted may request that SPC review their case. See Section 5 for details of this process.

Referral to WPHP is not reported in the Medical Student Performance Evaluation.

### **Suspension**

Suspension is an institutional action separating a student from continuing in the UWSOM program for a specified period of time. SPC may issue a suspension when there is clear evidence of a serious violation of UWSOM, UW, or UW Medicine's guidelines and/or policies 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 risk
- Unacceptable conduct in the community
- Violating the University's student conduct code
- Violating local, state, or federal laws

After completing the suspension, the student will be interviewed by SPC and present documentation supporting their readiness to return. The student must demonstrate understanding and growth in the domain of personal or professional conduct that was violated. If the conduct is egregious, the student does not show insight into their conduct as being inappropriate for a physician-in-training, and/or the

student does not demonstrate satisfactory progress in the conduct area of concern, SPC may consider dismissal.

If the student is permitted to re-enter the curriculum, SPC may place them on disciplinary probation with the expectation that their conduct will be at an acceptable level for the remainder of their tenure in the medical school. If there is another violation of UWSOM, UW, or UW Medicine's guidelines and/or policies for personal or professional conduct, SPC may consider dismissal.

The suspension is part of the student's medical school record and is included in administrative letters written about their performance, including the Medical Student Performance Evaluation. While suspended, the student may not be involved in any medical school programs or activities and should be absent from the medical school setting.

### **Dismissal**

A student may be dismissed if they do not meet the academic and/or conduct standards for graduation set by UWSOM. If a student's record, when viewed as a whole, does not meet UWSOM's expected level of performance, SPC may recommend dismissal even though passing grades are recorded in individual courses. A dismissal recommendation may be made at any time during a student's medical school enrollment. A student does not have to be placed on probation prior to being recommended for dismissal.

Dismissal may be considered for one or more of the following:

- 3 or more block fails
- 3 or more clerkship fails
- Failure on repeated block, course, or clerkship
- Additional fail grade while on probation
- 3 or more step exam fails (same step or combination of steps)
- Combination of 3 fails or deficiencies in 2 or more areas, which may include blocks, threads, courses, step exams, and/or clerkships
- Major or persistent violations of UWSOM's academic and professionalism standards
- Failure to complete UWSOM compliance requirements

If SPC votes to consider dismissal, an interview with the student is planned for the next scheduled SPC meeting. The student is informed that they are under consideration for dismissal and is provided a detailed description of the concerns leading to SPC's decision. The student is given at least 15 business days notice that they are required to appear at the next SPC meeting for their dismissal consideration interview. The SPC Chair has discretion to delay the interview under extenuating circumstances.

At the interview, the student may be accompanied by one advocate who is a member to the medical school faculty. The student must give their advocate's name to the Student Affairs Office at least 10 business days before the meeting. The presence or appearance of a student's legal counsel is not permitted.

The student must provide a written statement addressing the concerns leading to the dismissal consideration. The student may additionally request letters of support and other relevant documentation

from outside parties. All written materials must be submitted to the Student Affairs Office at least 5 business days before the dismissal consideration interview.

Before the interview, SPC reads the student's written statement, letters of support, and their entire medical school record including Step exams, evaluations, evaluator concerns, reports resulting from UWSOM informal or formal hearings, and reports from UW Community Standards and Student Conduct Office.

At the dismissal consideration interview, the student presents their perspective on their difficulties and their plans to address those difficulties, and then takes questions from SPC members. The student's advocate, if present, may also share information and answer questions.

After the interview, SPC votes to either recommend dismissal or some other remedy that allows the student to continue in the curriculum.

If the decision is a dismissal recommendation, the student may request an appeal. The student must submit the request for appeal, in writing, to the Chair of SPC within 10 business days of the dismissal recommendation. Appeals are heard by the Dismissal Appeal Committee (DAC). The sole purpose and responsibility of DAC is to provide a fair and formal review of dismissal recommendations made by SPC. It is composed of 3 neutral faculty members, appointed by the Vice Dean for Academic, Rural and Regional Affairs, who do not participate in regular SPC meetings and have adequate knowledge of UWSOM's standards to independently assess whether a student is meeting those standards. DAC convenes as soon as possible whenever a student requests a dismissal appeal.

DAC will consider the case at a meeting which includes the student, their faculty advocate, a Student Affairs Dean, and the Chair of SPC, all of whom present information about the events leading to the dismissal recommendation. DAC does not re-consider whether the student's stated deficiencies are appropriate grounds for dismissal. The purpose of DAC's review is to (1) consider new information that was not reasonably available during the initial SPC deliberation, (2) consider any evidence that discrimination or bias impacted the students' academic participation or evaluation, and (3) consider any evidence that SPC's decision-making was arbitrary or capricious.

A DAC member who has a relationship with the student that presents a conflict of interest, as described above for SPC members, will recuse themselves as soon as they know the identity of the student to be discussed. Students will be informed in advance of who is on DAC and may request that a DAC member recuse themselves, based on a direct relationship with that member. If the faculty disagrees with the student's request for recusal, the Vice dean for Academic, Rural, and Regional Affairs will make the final decision. When there is a recusal, the Vice Dean for Academic, Rural and Regional Affairs will select an alternative faculty member to serve for that meeting.

At the end of the meeting the three DAC members vote to affirm or overturn the dismissal recommendation. The decision is by simple majority. The decision is communicated in writing to the student within 5 business days.

If DAC affirms the dismissal, the Faculty Council on Academic Affairs (FCAA) reviews the case to ensure proper procedures have been followed. If FCAA finds that process was followed correctly, the dismissal recommendation is forwarded to the Dean. The student has up to 10 business days after FCAA's decision

to contact the Dean to set a meeting to discuss the dismissal. The Dean's decision is final and may not be appealed.

Students may withdraw from UWSOM at any point up until the Dean sustains the dismissal.

Students are usually allowed to continue in the curriculum during the dismissal review process. However, deans for Academic Affairs, including Student Affairs and Curriculum, as well as SPC, may at times seek to limit the student's presence in the curriculum. Need for mandatory Leave of Absence and/or concerns about Fitness for Clinical Contact may apply to students in the dismissal review process as they do to other students.

If a student continues in the curriculum while under dismissal review, SPC will have oversight over what blocks, courses, or clerkships may be scheduled.

If the dismissal consideration or recommendation is based on fail grades, the student is not permitted to remediate those blocks, courses, or clerkships until the dismissal consideration is resolved by SPC or the dismissal recommendation is overturned through the academic review process.

If SPC's dismissal recommendation is overturned by DAC, FCAA, or the Dean, SPC will determine the appropriate academic program and curricular schedule. This may include requiring a student to retake blocks, courses, or clerkships which were previously passed. SPC may place the student on probation, elect to provide Advance Information to block, course, or clerkship directors, require the student be endorsed by WPHP, and/or other requirements that SPC deems necessary to allow the student to make satisfactory progress toward graduation.

### **Withdrawal from the MD Program**

Students typically withdraw from UWSOM if they decide that medicine is not the best career path, they are unable to complete the program for academic or personal reasons, or they are being considered for dismissal. Students choosing to withdraw notify a Student Affairs Dean. SPC reviews withdrawals as "information only."

## **Section 5. Review of SPC Decisions**

### **Review of Dismissal Recommendations**

Dismissal recommendations may be appealed to the DAC and are automatically reviewed by FCAA and the Dean by the process described in Section 4.

### **Review of SPC Actions Other Than Dismissal**

Students who disagree with any SPC decision other than dismissal may request a review. The student informs the SPC Chair that they are requesting a review within 10 business days of receiving SPC's decision. After that, SPC decisions are final. The student must prepare a written petition and submit it at least 5 business days prior to the next SPC meeting. The petition explains why SPC's decision is wrong and what alternative plan the student proposes to better allow success in the curriculum. SPC will consider the written petition at the next SPC meeting and decide if the student's proposal is acceptable or not. This decision will be communicated in writing within 10 business days after the SPC meeting.

When SPC does not accept the student's proposal, the student may accept the original decision or may request to appear in person to explain their plan further. When a student requests to appear in person,



an interview is planned for the next scheduled SPC meeting. The SPC Chair has discretion to delay the interview under extenuating circumstances.

At the interview, the student may be accompanied by one advocate who is a member to the medical school faculty. The student must give their advocate's name to the Student Affairs Office at least 10 business days before the meeting. The presence or appearance of a student's legal counsel is not permitted.

In addition to their written petition, the student may present letters of support and other relevant documentation from outside parties for SPC to review. All written materials must be submitted to the Student Affairs Office at least 5 business days before the interview.

Before the interview, SPC reviews the student's written petition, letters of support, and their entire medical school record including Step exams, evaluations, evaluator concerns, reports resulting from UWSOM informal or formal hearings, and reports from UW Community Standards and Student Conduct Office.

At the interview, the student presents their perspective on their difficulties and their plans to address those difficulties, and then takes questions from SPC members. The student's advocate, if present, may also share information and answer questions.

After the interview, SPC determines the plan that the student must follow to continue in the curriculum. Based on all the information reviewed and the student's presentation of their appeal, SPC may take any appropriate action described in Section 4 other than dismissal; SPC is not limited to the actions initially taken in response to the student's deficiencies. This decision is final with no further review within UWSOM or the University. The student may withdraw from the curriculum if they do not agree with the decision.

#### **Review of WPHP Referrals Not Issued by SPC**

Students may be referred to WPHP by UWSOM officials other than SPC. A student who believes the referral is not warranted may appeal the referral to SPC. In this situation, the student petitions SPC in writing explaining why the referral is unwarranted. An interview is planned for the next SPC meeting. These interviews follow the same structure as other non-dismissal interviews.

If the student is disputing the factual basis of their referral to WPHP, a formal or informal hearing process should be pursued instead, not a review by SPC.

Before the interview, SPC reviews the student's written statement describing why WPHP referral is unwarranted, letters of support, and their entire medical school record including Step exams, evaluations, evaluator concerns, reports resulting from any informal and/or formal hearings, and reports resulting from a UW Community Standards and Student Conduct Office investigation.

After the interview, SPC votes to uphold or reverse the referral to WPHP. This decision is final without further opportunity for appeal. Based on all the information reviewed and after hearing the student's perspective, SPC may take any action described in Section 4 instead of or in addition to WPHP referral, except dismissal. Students may appeal those actions following the same process as any other SPC action.

## Requests to Waive Graduation Requirements

Students may submit requests to waive graduation requirements to SPC. SPC's decisions to waive or not waive are final.

### **Section 6. Guidelines for Managing Alleged Violations of Academic and Professionalism Standards**

The UWSOM is committed to maintaining the highest standards of academic performance, personal and professional conduct, integrity, and respect for others. Students enrolled in the MD program are required to uphold these standards of conduct, both in the academic setting and in the community. These standards are articulated in UW Medicine's [Policy on Professional Conduct](#), UWSOM's [Standards of Conduct and Professional Behavior](#), [UWSOM's Technical Standards Policy](#) and the [UW Student Conduct Code](#). These standards together will be referred to as "UWSOM's academic and professionalism standards."

[WAC 478-121](#), Student Conduct Code for the University of Washington, gives UWSOM the authority to take academic action when a student fails to meet UWSOM's academic and professionalism standards. SPC may use any of the actions described in Section 4 and/or other alternatives to manage violations of UWSOM's academic and professionalism standards. Students who do not fulfill SPC's requirements may be considered for dismissal. Students who have violated UWSOM's academic and professionalism standards must complete all required actions before being granted the MD degree from UWSOM.

Students are expected to abide by university, local, state, and federal regulations and laws. Infractions of these standards may result in actions by UW or UWSOM apart from whether there is any action that may be taken in civil or criminal court.

For alleged violations of UWSOM's academic and professionalism standards that occur outside of the educational environment, the reported incidents may be managed through a review process within UWSOM or may be referred to the University's Community Standards and Student Conduct Office (CSSC), depending on the allegation. SPC is not involved in determining if violations occurred; its role is to determine appropriate actions once violations of UWSOM's academic and professionalism standards have been confirmed.

If CSSC performs an investigation, once the investigation is complete, CSSC will provide a report to SPC for consideration and determination of actions as part of UWSOM's academic review process. This does not preclude CSSC from sanctioning the student as part of its charge as listed in the Washington Administrative Code (<https://www.washington.edu/cssc/for-students/overview-of-the-student-conduct-process/>).

SPC cannot alter CSSC's decisions but reserves the right to take actions, independent of sanctions imposed by CSSC. SPC recognizes that there may be two parallel processes ongoing, those of UWSOM and those of CSSC. Therefore, there are two separate appeal processes, one within UWSOM and one within the University.

If an alleged violation of UWSOM's academic and professionalism standards is sufficiently egregious and/or may impact the safety of self or others, Student Affairs Deans or other UWSOM officials with knowledge of the situation may act to remove the student from the clinical and/or educational setting. See the UWSOM's [Fitness for Clinical Contact Policy](#) for details on this procedure.

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

When a student is alleged to have violated UWSOM's academic and professionalism standards, a Student Affairs Dean will manage the process and may reach a resolution with the student. SPC may receive a report on the matter and may determine actions. In some circumstances, the University's Community Standards and Student Conduct (CSSC) Office and/or UWSOM's Misconduct Review Committee (MRC) may also be involved. Determination of jurisdiction for processing cases may be done in collaboration with CSSC and consultation with the Personnel Policy Unit at UWSOM and the University of Washington Attorney General's office.

Investigations of alleged violations of UWSOM's academic and professionalism standards occurring outside of the medical school program are typically conducted by the CSSC, which provides a report to SPC and may independently impose a sanction on the student. The student's right to appeal a CSSC sanction follows the University's Student Conduct Code guidelines, whereas the student's right to appeal an SPC action follows SPC's guidelines.

One SOM faculty member may be present at the student's preliminary, informal, and/or formal hearing to serve as an advocate, at the student's request. This is typically the student's College Faculty mentor but may be a different faculty member of the student's choosing.

The student may not be accompanied by legal counsel at any point during the academic review process. Student Affairs Deans may consult with UWSOM's attorney at any time.

### **Reporting**

A basic tenet of medical professionalism is that the profession is self-regulating. Thus, students and faculty are obligated to report any concerns about the conduct of peers or trainees. Any information suggesting that a UWSOM student possibly violated UWSOM's academic and professionalism standards should be submitted to a Student Affairs Dean. A written statement of the alleged violation is required. Email is acceptable.

Reports relating to conduct outside the educational environment can be initially directed to a Student Affairs Dean or to the CSSC. These offices will decide jointly which of them, or both, will manage the process.

When a Student Affairs Dean receives information about a possible violation of UWSOM's academic and professionalism standards, they will request a meeting with the individual(s) making the report and will request any relevant records those individuals may have. This meeting is to review the events surrounding the incident or concern. This meeting may be conducted in person or remotely, at the discretion of the Student Affairs Dean. The Student Affairs Dean may delegate their role to another appropriate individual.

### **Preliminary Meeting with the Student**

If the Student Affairs Dean finds the report credible and concerning, the Student Affairs Dean and one other dean from the Academic, Rural and Regional Affairs offices will have a preliminary meeting with the student who is alleged to have violated UWSOM's academic and professionalism standards. This meeting may be conducted in person or remotely, at the discretion of the Student Affairs Dean. The Student Affairs Dean may delegate their role to another appropriate individual. At this meeting the Student Affairs Dean or designee will provide the student the following information:

- Notice of the allegations
- The specific sections of UWSOM's academic or professionalism standards that were allegedly violated
- That the academic review process has been initiated
- That any information the student shares will become part of the hearing documentation
- That possible actions which may be taken by the UWSOM include but are not limited to: disciplinary warning, requirement for work to be re-done, disciplinary probation, mandatory leave of action, advanced information status, referral to WPHP, suspension, and dismissal.
- That the student has a choice of informal or formal hearing and must make this choice within 7 days.
- That once an informal hearing has occurred, and either the SPC Chair has received the 'information only' report or SPC has considered the report and determined actions, the student has waived their right to a formal hearing regarding the same allegations.
- That UWSOM is obligated to forward the report of findings documenting the academic review process to the National Residency Matching Program.

### **Informal Hearing**

The preliminary meeting may move directly to an informal hearing if the student so chooses or may be delayed to a future time. An informal hearing allows the student an opportunity to respond to the alleged violations of UWSOM's academic and professionalism standards in a face-to-face meeting before any finding is determined or action is imposed.

The informal hearing is composed of the student, their faculty advocate as described above, the Student Affairs Dean or designee, and one other dean as described above. At this meeting, the Student Affairs Dean will present the information alleging that the student violated UWSOM's academic and professionalism standards. After hearing this information, the student may respond to the allegations.

Then the Student Affairs Dean conducts a careful and deliberate evaluation of the available information, conferring with the co-dean, UWSOM's attorney, or other consultants as needed. The Student Affairs Dean then recommends appropriate action, if any, with consideration of the academic and behavioral attributes necessary to successfully complete the MD program. The informal hearing will result in one of these outcomes:

1. The Student Affairs Dean may dismiss the allegations. This is applicable when the Student Affairs Dean determines that there is insufficient evidence that UWSOM academic and professionalism standards were violated. In this case, the Student Affairs Dean prepares an "information only" report to the Chair of SPC.
2. The student acknowledges the violations of UWSOM academic and professionalism standards and accepts the actions recommended by the Student Affairs Dean. Once the student completes the actions, the Student Affairs Dean prepares an "information only" report to the Chair of SPC.
3. The student acknowledges the violations of UWSOM academic and professionalism standards and accepts the actions recommended by the Student Affairs Dean but fails to complete them. In this case, the Student Affairs Dean prepares a report which is submitted to SPC. SPC considers the case and determines actions.
4. The student acknowledges the violations of UWSOM academic and professionalism standards but does not accept the actions recommended by the Student Affairs Dean. In this case, the Student

Affairs Dean prepares a report which is submitted to SPC. SPC considers the case and determines actions.

5. The student acknowledges the violations of UWSOM academic and professionalism standards and mandatory leave of absence, suspension, or dismissal is recommended. In this case, the Student Affairs Dean prepares a report which is submitted to SPC. SPC considers the case and determines actions.
6. The student does not acknowledge the violation of UWSOM academic and professionalism standards and/or the student requests to proceed to formal hearing.

A student has up to 24 hours to consider whether to acknowledge the violations of UWSOM academic and professionalism standards and sign a statement to that effect. This statement is prepared by the Student Affairs Dean.

The Student Affairs Dean's report following an informal hearing documents the following information: the allegation, the information gathered from the informal hearing, the student's acknowledgement of the violations if applicable, and the Student Affairs Dean's conclusions and/or recommendations regarding appropriate actions based on the informal hearing. This report is retained in accordance with applicable retention policies.

### **Formal Hearing**

Formal hearings occur when the student requests a formal hearing, or the Student Affairs Dean determines that evidence supports the allegations and the student does not acknowledge a violation of UWSOM academic and professionalism standards, either before or during an informal hearing process.

When either the student or the Student Affairs Dean requests a formal hearing, the Vice Dean for Academic, Rural and Regional Affairs will appoint the chair and members of a School of Medicine Ad Hoc Misconduct Review Committee (MRC). It is composed of faculty members with expertise in the areas relevant to the allegations. The Student Affairs Dean and Associate Dean for Curriculum are ex-officio (non-voting) members. The MRC provides the student a fair and impartial review of the allegations.

In preparation for the formal hearing, the Student Affairs Dean will provide the student with a written summary of the allegations and will inform the student of the following:

- The student may be accompanied by a faculty advocate as described above, but not legal counsel
- The MRC may request that the University's legal counsel be present
- The student may present evidence and witnesses on their behalf
- The student may question any witnesses presenting against them
- The possible actions which may be imposed by the UWSOM include but are not limited to disciplinary warning, requirement for work to be re-done, disciplinary probation, advanced information status, referral to WPHP, mandatory leave of absence, suspension, and/or dismissal.
- That if violations of UWSOM academic and professionalism standards is confirmed, UWSOM is obligated to forward the report of findings documenting the academic review process to the National Residency Matching Program.

The Student Affairs Dean will inform the student of the scheduled hearing not less than 15 business days prior to the hearing date. The student may agree to an earlier date.

At the formal hearing, the MRC will review information pertinent to the alleged violations, including but not limited to information from the informal hearing if one occurred, written or oral statements from the individual(s) reporting the incident or concern, and any relevant documentation. The student will have an opportunity to respond to the allegations.

At the end of the formal hearing, the MRC determines by simple majority that the allegations should be dismissed or that UWSOM's academic and professionalism standards were violated. The student will be informed of the decision within 10 business days by letter. The letter will be retained in the student's record. MRC's decision is final and not subject to further review or appeal.

When allegations are dismissed by the MRC, the Chair of the MRC prepares an "information only" report to the Chair of SPC.

When the MRC determines that the violations occurred, the Chair of the MRC prepares a report which details its findings of fact and recommendations on appropriate actions. This report is submitted to SPC. SPC considers the case and determine actions.

### **SPC Actions Following Informal and Formal Hearings**

Reports of alleged violations of UWSOM's academic and professionalism standards are considered by SPC in these situations:

- An informal hearing occurred, the student acknowledged the violations of UWSOM academic and professionalism standards and accepted the recommended actions but did not complete them.
- An informal hearing occurred, and the student acknowledged violations of UWSOM academic and professionalism standards, but the student did not accept the recommended actions.
- An informal hearing occurred, the student acknowledged the violations of UWSOM academic and professionalism standards, and mandatory leave of absence, suspension, or dismissal was recommended.
- A formal hearing occurred, and the School of Medicine Ad Hoc Misconduct Review Committee (MRC) determined that UWSOM academic and professionalism standards were violated.

SPC considers the report(s) resulting from informal and/or formal hearings, and the student's entire medical school record, within the context of UWSOM's academic and professionalism standards in order to determine appropriate actions. Considering these reports is part of SPC's academic review process.

SPC's consideration of a case following an informal or formal hearing generally includes an interview with the student, though students may opt out. The structure of this interview is the same as a dismissal consideration interview, even when dismissal is not being considered in that individual case. The purpose of the interview is for SPC to understand the student's perspective on their violations of UWSOM's academic and professionalism standards, within the context of the student's entire medical school record, so that SPC can determine an appropriate action plan. The violations as stated in the report(s) are not reconsidered during the interview.

Before the interview, SPC reviews the reports resulting from informal and/or formal hearings in addition to the student's written statement, letters of support, and their entire medical school record including Step exams, evaluations, evaluator concerns, and reports resulting from UW Community Standards and Student Conduct Office investigations.

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**POLICY LANGUAGE**

Based on all the information reviewed and after hearing the student’s perspective, SPC may take any appropriate actions. SPC is not limited to the actions recommended by the Student Affairs Dean who managed the informal hearing or the chair of the Misconduct Review Committee who managed the formal hearing. The Chair of SPC will inform the student of the action plan by letter within 10 business days.

If SPC votes for dismissal recommendation, the student may appeal to DAC as described in Section 4. If SPC votes for any action other than dismissal, the student may request a review by the Vice Dean for Academic, Rural and Regional Affairs. This request must be made in writing within 5 business days of receiving notice of SPC’s decision. After that time, SPC’s decision becomes final.

## Expected Standards of Performance & Student Progress

### Effective through E21 Cohort – Student Progress Committee Policies and Operating Guidelines

#### Section 1. Operating Guidelines Overview

##### **Role of SPC**

The Student Progress Committee (SPC) exists to monitor medical students' progress toward graduation and to determine if the standards of the University of Washington School of Medicine (UWSOM) are being met in individual cases. All areas of student progress are monitored, including promotion, remediation, probation, leave of absence, expansion, reprimand, suspension, dismissal, licensing exam performance, compliance, and graduation. SPC also recommends students for awards including Graduation with Honors, Graduation with High Honors, and Graduation Awards.

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

SPC reviews a student's record when there is concern about academic performance and/or conduct. UWSOM's grading and evaluation system, SPC's review process, and the process for addressing and managing allegations of unacceptable conduct provide for due process. This includes notifying the student of inadequacies, an opportunity for the student to respond to concerns about academic performance or unacceptable conduct, and careful and deliberate decision-making. When a student's record, when viewed as a whole, does not show satisfactory progress, and/or there are reports of unacceptable conduct, SPC determines the appropriate course of action, with the advice of block, course, and clerkship directors, administration, and/or other requested consultants.

In order to graduate, students must:

- Successfully complete all curricular requirements
- Pass Foundations-2 and Patient Care Objective Standardized Clinical Evaluations (OSCEs)
- Pass USMLE Step 1 and Step 2-CK
- Demonstrate conduct in accordance with UWSOM's academic and professionalism standards.

A pattern of evaluator concerns about a student's performance or conduct may constitute a failure to meet graduation requirements, even if all curricular elements and exams are passed.

The UWSOM's policies may differ from the University's policies. This is due to the unique structure of the medical school, dispersed over academic and clinical sites in a five-state region. Due to the standards required for patient interactions, SPC's guidelines for managing students' academic progress and professional development may differ from the University's policies.

Grades and evaluations are submitted by course, block, thread, and clerkship directors; these form the basis on which SPC makes decisions about individual students. SPC is not responsible for the UWSOM's grading system and is not involved with grade appeals. These are the purview of Curriculum.



SPC does not investigate allegations of unacceptable conduct. When there is an allegation that UWSOM's academic or professionalism standards have been violated, the inquiry is completed by a designated UWSOM or University process. Once this process is complete, SPC reviews confirmed violations and determines actions.

### **Composition of SPC and Voting Process**

10-12 members of the UWSOM faculty serve as voting members of SPC. They are chosen by the Vice Dean for Academic, Rural and Regional Affairs and are approved by the Dean of the School of Medicine. One member serves as Chair. Quorum is reached when 51% of the voting members are present. Votes are determined by a simple majority of those present. The Chair votes when needed to achieve quorum, to break a tie, or to create a tie in order to allow more discussion.

Ex-officio (non-voting) members of SPC are present at meetings to provide SPC with relevant information about individual students and/or perspective on UWSOM's curriculum. Current ex-officio members are:

- Associate Dean for Student Affairs (serves as Administrative Dean to SPC)
- Assistant Deans for Student Affairs
- Associate Deans for Admissions, Colleges, and Curriculum
- Regional Assistant Foundations Phase Deans
- Regional Assistant Clinical Deans
- Assistant Deans for Student Development, Student Support, Basic Sciences and Clinical Education
- Representative from the Office of Healthcare Equity
- Representative from the Department of Biomedical Informatics
- Registrar
- Director of Proactive Advising

### **Decisions Made on Behalf of SPC**

The SPC Chair may decide individual cases on behalf of SPC or may convene a subcommittee of 3 or more SPC members plus the Chair to review cases urgently. A scheduled SPC meeting that does not reach quorum may also function as a subcommittee.

If a student accepts a decision made by the Chair or subcommittee on behalf of SPC, the decision is presented to SPC at the next scheduled meeting as "information only." A student who does not accept a decision made by the Chair or subcommittee on behalf of SPC may request that SPC review their case and determine actions at the next SPC meeting. Such students remain in their current status, i.e., do not begin the recommended program or remediation, until their case is reviewed by SPC.

Suspension or dismissal may not be recommended by the SPC Chair or subcommittees. These actions can only result from a vote of the full SPC.

### **Confidentiality**

SPC maintains strict confidentiality surrounding students' 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 SPC members.
- Faculty and staff who serve as ex-officio members of SPC.

- The student's college mentor. College mentors are informed of any action taken by SPC regarding one of their students.
- Relevant staff members who schedule appointments with deans, schedule students in courses and clerkships, write letters of good standing, maintain academic files, etc.
- Block, thread, course, and clerkship directors (or designees) who present or provide information to SPC about students having difficulty in their curricular component, and who need to manage remediation plans.
- Academic faculty of affiliated degree programs (e.g., Medical Scientist Training Program).
- Director of Academic Support.
- Anyone with legitimate need to know as defined by the federal Family Educational Rights and Privacy Act (FERPA).

### **Conflict of Interest**

Voting and ex-officio members of SPC may have relationships with students reviewed at SPC. To prevent conflicts of interest, SPC members are required to disclose that they have a conflict of interest and recuse themselves from student reviews, interviews, discussions, and voting when the student being discussed is:

- A direct mentee, including students in the SPC's member's College Faculty group
- A friend or family member
- Related to a colleague or friend (child, spouse, etc.)
- A current or former patient of the SPC member
- In any other relationship with the SPC member, past or present, that creates a conflict of interest.

A faculty member recusing themselves will physically leave the meeting room during the review, interview, discussion, and vote portions of the SPC process for the student with whom the faculty member has a conflict of interest.

Course, block, thread, and clerkship directors and leaders may serve on SPC. When a student is under discussion because of a deficiency in that SPC's member's course at that SPC member's site, that SPC member is required to recuse themselves from the interview, discussion, and vote. However, that faculty member may inform SPC about that student's performance in their course before leaving the meeting. This faculty member does not need to recuse themselves from future meetings if the same student is reviewed for different deficiencies.

When students are being interviewed by SPC, they are given a list of SPC members in advance. The student may request that specific members of SPC recuse themselves, based on a direct relationship with those SPC members. If the faculty member disagrees with the student's request for recusal, the SPC Chair will make the final decision.

### **Section 2. Curricular Requirements and Expected Timeline**

[School of Medicine Curricular Requirements](#) are the purview of Curriculum, not SPC. Included here are timeline issues that are relevant to SPC actions.

### **Foundations Phase**

The Foundations Phase Curriculum is intended to be completed in 18 months. The curricular requirements must be completed as a full-time, intact, contiguous curricular schedule unless a student

requests or is mandated to take leave of absence. Students returning from leave of absence must re-enter the curriculum at the point they stopped and continue contiguously from there.

All Foundations Phase curricular requirements must be successfully completed before entering the Patient Care Phase.

Students are assigned to one of the UWSOM's six regional campuses at enrollment and are expected to complete all Foundations Phase curricular requirements at that campus. Students who need to repeat curricular requirements may be assigned to a different regional campus by SPC.

### **Patient Care Phase**

The six required clerkships must be completed as a full-time, intact, contiguous curricular schedule unless a student requests or is mandated to take leave of absence. Only under exceptional circumstances will permission be granted to delay a required clerkship into the final year or to take a required clerkship at another Liaison Committee on Medical Education (LCME) approved medical school.

### **Explore & Focus Phase**

All Explore & Focus Phase curricular requirements must be successfully completed before the Physician's Oath & Hooding Ceremony.

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

Passing Foundations-2 and Patient Care OSCEs is a graduation requirement. The Foundations-2 OSCE must be passed before entering the Patient Care Phase. The Patient Care OSCE must be passed at the end of the Patient Care Phase and before the Explore & Focus Phase, even for students planning to expand. A Student Affairs Dean may make exceptions to the timing of the OSCE in individual circumstances.

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

Passing USMLE Step 1 and Step 2-CK are graduation requirements.

#### **Step 1**

- Students must complete all Foundations Phase requirements except Consolidation & Transition and Transition to Clerkships before taking Step 1, including any remediations.
- For Step 1 deadline information, see [UWSOM Policy Regarding USMLE Step 1 Exam](#).
- Students must take Step 1 within 1 year of completing Foundations Phase.

#### **Step 2-CK**

- Students must pass all Patient Care Phase clerkships, including any remediation, before taking Step 2-CK.
- Students must take Step 2-CK no later than June 30 of the year prior to expected graduation year.
- For students completing their Patient Care Phase off-cycle from the projected timeline, Step 2-CK must be taken within 12 weeks of completing the Patient Care Phase.
- If a passing score is not recorded by the deadline for National Residency Matching Program certification, a delay of graduation may be necessary.

### **Voluntary Leave of Absence**

Students may request leave of absence for personal reasons, academic reasons, or to participate in curricular programs such as research fellowships or concurrent degrees. Students may request personal leave to manage pregnancy, parental leave, personal illness, caregiving for family members, or other reasons. Going on leave to avoid failing a block, course, or clerkship is not allowed. Students who take leave may need to extend their graduation date.

Requests for leave go to Student Affairs Deans. A Student Affairs Dean may approve leave on behalf of SPC for up to 4 quarters. These leaves are reported to SPC as information-only. For additional leave beyond 4 quarters, students must petition SPC by submitting a letter explaining why they need extended leave and what actions they are taking to prepare for their return to the curriculum. Students who need more than 8 quarters to resolve an issue must withdraw from the curriculum, except in the most extenuating circumstances, as determined by SPC.

If a leave of absence follows Foundations Phase, the student must pass Step 1 before starting a fellowship or concurrent degree. If a leave of absence follows Patient Care Phase, the student must pass Step 2-CK before starting a fellowship or concurrent degree. Students taking personal leave are encouraged to complete Step exams before going on leave when feasible.

### **Expanded Curriculums (Expansions)**

An expansion means that a student extends their graduation date beyond the usual 4 years. Leaves of absence, additional quarters of coursework, and concurrent degrees are common reasons for expansions. Students choosing to expand should plan their time away from the curriculum to fall between phases, i.e., not during Foundations or Patient Care phase. These phases are intended to be taken as full-time, intact, contiguous curricular schedules. Expanding during Explore and Focus phase is allowed.

Blocks and clerkships must be taken in a full-time capacity, e.g., a 6-week clerkship cannot be expanded and taken over 10 weeks.

### **Section 3. Events that Result in Review by SPC**

“SPC Review” means that the student’s entire record, including academic performance, evaluator concerns, and findings from any UW or UWSOM misconduct processes are presented to SPC for discussion and determination of actions.

#### **Fail Grades**

Students receiving fail grades in blocks, courses, clerkships, and clerkship exams are reviewed by SPC.

#### **Competency Not Achieved**

Students receiving this designation in a thread are reviewed by SPC.

#### **USMLE Step Exam Fails**

Students who fail Step 1 or Step 2-CK are reviewed by SPC.

#### **Failure to Take Step 1**

Students who have not taken Step 1 within 1 year of completing Foundations Phase will be reviewed.

### **Failure to Complete Objective Structured Clinical Examination (OSCE)**

Students who fail to successfully complete Foundations 2 or Patient Care OSCE are reviewed by SPC.

### **Evaluator Concerns**

Evaluator concerns are internal designations, meaning they do not appear in the Medical Student Performance Evaluation unless further action occurs. Evaluator concerns are submitted by faculty within student evaluations or may take the form of written statements from any faculty member describing a performance concern. Evaluator concerns are received and reviewed by Student Affairs Deans. Students with evaluator concerns are reviewed by SPC at the discretion of a Student Affairs Dean when the student has additional academic and/or conduct concerns, or if there is a pattern of evaluator concerns.

### **Incompletes**

A student who must leave a block, course, or clerkship due to illness or a personal emergency may be granted an “incomplete” by a Student Affairs Dean. If the student does not complete the work by the deadline set by Curriculum, the incomplete will convert to a Fail and will therefore be reviewed by SPC.

### **Registrar Drop**

Students who must leave a block, course, or clerkship due to illness, personal emergency, or because they have been placed on a leave of absence, will receive a grade designation of “Registrar Drop” (previously referred to as a withdrawal) when permitted by the appropriate Foundations Dean or clerkship director in consultation with a Student Affairs dean. Students are not allowed to take a Registrar Drop to avoid failing a block, course, or clerkship. A student who does not complete a course and does not have permission to take a Registrar Drop will be assigned a grade of fail. All Registrar Drops are reported to SPC.

### **Former Quarter Drop**

Students may consult with a Student Affairs Dean to begin the process of receiving a grade designation of Former Quarter Drop, previously referred to as Hardship Withdrawal Petition.

### **Failure to Complete UWSOM Compliance Requirements**

Non-compliance with essential compliance requirements may be considered by the Student Progress Committee at the discretion of Student Affairs Deans.

### **Violations of UWSOM’s Academic or Professionalism Standards**

SPC defines academic and professionalism standards of conduct by referring to UW Medicine [Policy on Professional Conduct](#), UWSOM [Standards of Conduct and Professional Behavior](#), and [UW Student Conduct Code](#). These standards together are referred to as “UWSOM’s academic and professionalism standards.” Violations of these standards, whether within the educational environment or in the community, may be reviewed by SPC for discussion and determination of actions. This is part of SPC’s academic review process.

When an alleged violation of UWSOM’s academic and professionalism standards occurs, a Student Affairs Dean manages the process in accordance with the [UWSOM Guidelines for Managing Alleged Violations of Academic and Professionalism Standards](#) (Section 6.) When a formal or informal hearing occurs, the Chair of SPC may receive the report as “information only” or the full SPC may interview the student and determine actions.

#### **Section 4. Actions and Sanctions for Managing Students in Difficulty**

When an “SPC review” occurs, SPC reviews an individual student’s deficiencies and their entire record, deciding on a course of action that considers academic performance, conduct, and evaluator concerns. More than one action and/or alternatives not listed may be used as individual cases warrant. SPC may set a timeline for actions to be completed and criteria for subsequent performance. The student will be informed of the plan in writing within 10 days and will work with Student Affairs to implement it.

SPC Actions may include but are not limited to:

- Allow Remediation
- Disciplinary Warning/Letter of Reprimand
- Requirement for Work to be Re-done
- Academic Probation
- Disciplinary Probation
- Mandatory Leave of Absence
- Advanced Information
- Referral to WPHP
- Suspension
- Dismissal

Actions that the National Residency Matching Program requires UWSOM to report in the Medical Student Performance Evaluation are requirement for work to be re-done, disciplinary probation, mandatory leave of absence, and suspension. Remediations will be reflected in the student’s official transcript.

Each action is described in further detail below.

#### **Allow Remediation**

##### **Remediation of Courses and Clerkships**

SPC decides whether a student may remediate. Block, course, thread, and clerkship directors may not remediate a student’s deficiency until SPC meets and determines an appropriate course of action based on the student’s overall performance. The student may have difficulty in more than one area and a coordinated plan may be needed for the student’s benefit.

SPC’s remediation plan is based on multiple factors, including but not limited to recommendations of the block, thread, course, or clerkship director, input from ex-officio members of the SPC, input from the student’s College Mentor, and the student’s overall medical school progress.

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

Typical remediation plans for students with a single deficiency are listed here:

- Fail grade in a block: SPC usually accepts the block director’s recommendation for re-examination or repeat of the block.
- Competency not achieved in a thread: SPC usually accepts the thread director’s recommendation for taking the thread remediation course.

- Fail grade in a course that is not part of a block: SPC usually accepts the course director's or clinical skills director's recommendation for remediation.
- Fail grade in a clerkship: SPC usually accepts the clerkship director's recommendation for repeat of the clerkship.
- Fail grade on a clerkship exam without having failed the clerkship: SPC usually allows re-take of the exam.

For multiple deficiencies, SPC determines an appropriate course of action considering the student's entire record and any extenuating circumstances presented. SPC may require repeat of certain curricular requirements, even those previously passed. For example, SPC may require a student who has failed 2 blocks in Term 1 to re-start the curriculum, including courses already passed such as Foundations of Clinical Medicine.

A student who does not remediate on the timeline set by SPC, or who fails a remediation, will be reviewed again by SPC for further action.

### **Remediation of Step Exams: Step 1 Re-takes and Deadlines**

When a student fails Step 1 on their first attempt and has no other deficiencies, SPC typically permits re-take. When a student fails Step 1 on their second attempt, SPC may permit re-take and/or take other actions, in light of the student's entire record and any extenuating circumstances presented. A student who fails Step 1 a third time may be considered for dismissal.

When SPC permits re-take of Step 1, a deadline may be set by SPC. Typically, this deadline will be the end of the quarter following the one when the student received the failing score. For example, if a student receives a Step 1 fail during Summer quarter, SPC would assign the last day of Autumn quarter as their re-take deadline. Individual circumstances may warrant different deadlines.

Students who fail Step 1 are allowed to finish the current quarter's clerkships. They are required to work with Student Affairs and Registration to adjust their clerkship schedule to allow adequate time to study for and re-take the exam. Dropping scheduled clerkships may be necessary.

A student who has not taken Step 1 within 1 year of completing Foundations Phase will be reviewed by SPC. SPC may require an interview with the student to understand the barriers. SPC may set a Step 1 deadline for that student and review the student again if the deadline is not met.

SPC may require that a student achieve a passing score on Step 1 before any clerkships are scheduled. This requirement is typical after a student has failed Step 1 or has been out of the curriculum for a year or more before attempting Step 1.

### **Remediation of Step Exams: Step 2-CK Re-takes and Deadlines**

Students who fail Step 2-CK are allowed to finish any clerkships or clinical electives they have begun. If the student has no other deficiencies, SPC typically permits re-take. When a student fails their second attempt of Step 2-CK, SPC may permit re-take and/or take other actions, in light of the student's entire record and any extenuating circumstances presented. A student who fails Step 2-CK a third time may be considered for dismissal.

Students who fail Step 2-CK are required to work with Student Affairs and Registration to adjust their schedule to allow adequate time to study for and re-take the exam. Delay of graduation may be necessary. Step 2-CK must be retaken and passed prior to the deadline for National Resident Matching Program Match certification. SPC may set a different deadline in specific cases.

### **Disciplinary Warning**

A disciplinary warning is used for minor breaches in conduct, particularly when there is evidence that the student did not intend to deceive or abuse a right or privilege. The intent is to help the student understand and correct the deficiency. Example: a student accessed a family member's medical record believing that this was reasonable to help their relative navigate their medical care. The warning may include specified assignments or activities for the student to complete. A disciplinary warning is documented with a Letter of Reprimand and is only reported in the student's Medical Student Performance Evaluation at the discretion of Student Affairs Deans.

### **Requirement for Work to be Re-Done**

SPC may require that coursework or other graduation requirements be redone to remediate serious but not egregious breaches in conduct. The intent is to have the student understand the consequences of behavior which the student knew was in violation of UWSOM's academic and professionalism standards. Example 1: a student was found to have committed plagiarism in their Scholarly Project. The student was required to start over and complete a new project fulfilling the requirement. Example 2: a student deliberately and without attribution used another provider's clinical note as if it reflected their own work with that patient. The student was required to repeat the clerkship. The National Resident Matching Program Match requires that the reason for work to be re-done appears in the student's Medical Student Performance Evaluation.

### **Academic Probation**

Academic probation serves to notify a student that dismissal will be considered if the student has additional deficiencies. SPC may put a student on academic probation for the following:

- 2 or more block fails
- 2 or more step exam fails
- 2 or more clerkship fails

Thread deficiencies and fails other than those above will be considered in the totality of the student's record when determining if the student should be placed on probation.

The above deficiencies do not require that a student be placed on probation. SPC uses discretion in the use of probation designations so that being placed on probation serves as a warning to the student that dismissal may be the next action. Unsatisfactory progress in any area that falls under SPC's purview may result in academic probation.

Students on academic probation due to Foundations fail(s) and/or Step 1 fail(s) will typically be removed from probation when they achieve a passing score on Step 1. Students on academic probation due to clerkship fails will typically be removed from probation when the fail grade(s) have been remediated and the student has completed 4 quarters of coursework without additional fail grades. SPC may make the probation period longer or shorter depending on individual circumstances.



A student placed on academic probation during the Foundations Phase, then removed after passing Step 1, may be placed back on probation after a single additional deficiency at the discretion of SPC.

Students on academic probation may not take non-clinical electives, serve in leadership roles in student activities, pursue paid employment, work toward a concurrent degree, or any other activity that might interfere with their medical school performance without prior permission from a Student Affairs Dean.

Academic Probation is an internal designation and is not reported in the Medical Student Performance Evaluation.

### **Disciplinary Probation**

Students may be placed on disciplinary probation when a violation of UWSOM's academic and professionalism standards has occurred. If there are additional conduct issues while a student is on disciplinary probation, dismissal may be considered. The duration of disciplinary probation is determined at the time that it is imposed.

The National Resident Matching Program Match requires that disciplinary probation be reported in the Medical Student Performance Evaluation.

SPC votes to approve students' removal from academic and disciplinary probation. Students must be removed from probation before they graduate.

### **Mandatory Leave of Absence**

Students with academic or conduct issues may have leave mandated by SPC. SPC may stipulate what the student must do before returning. If no stipulations are made, the student may return from leave and register for courses without involvement of SPC. If stipulations are made, the student must petition SPC to return, demonstrating that they have met those stipulations. If stipulations are made and not met, SPC may recommend that the student remain on leave or may consider dismissal.

In cases where SPC approves a return from leave, SPC may set requirements for continuing in the curriculum and may place the student on academic and/or disciplinary probation. SPC may require an interview with the student before approving a return from leave.

Students who are placed on leave may need to extend their graduation date.

The National Resident Matching Program Match requires UWSOM to report mandatory leaves of absence in the student's Medical Student Performance Evaluation.

### **Advance Information**

In rare circumstances, SPC may place students on "Advance Information" status. This is used when a student has had certain types of academic or conduct difficulty. When on Advance Information status, course and/or clerkship directors receive formal, confidential notification of the difficulty before the student begins the course or clerkship. The objectives for using advanced information are to provide the student with additional support in the area(s) of deficiency, to ensure that there is adequate feedback to the student, and to ensure that there is adequate evaluation of the area(s) of concern. Example: a student had several evaluator concerns around ineffective communication styles. Advanced information status was put in place so that subsequent supervisors could closely observe for progress in this domain.

Advanced information status is not reported in the Medical Student Performance Evaluation. Communications regarding students on Advanced Information status are managed by Student Affairs Deans. Further information is in the Advanced Information Procedure.

### **Fitness for Clinical Contact**

Academic, Rural and Regional Affairs deans and/or SPC have the right to prohibit a student's continuation in the clinical setting if there are concerns related to patient care or patient safety, the ability to practice with reasonable skill and safety due to a mental or physical condition, the potential for compromising compatibility and effective functioning of the healthcare team, and/or evidence of substance abuse. Further information is in the [Fitness for Clinical Contact Policy](#).

### **Referral to Washington Physicians Health Program (WPHP)**

The opportunity for students to participate in direct patient care places responsibility on the UWSOM to ensure that patients are not placed at risk due to a student's mental illness, physical illness, or impairment from drugs or alcohol. A variety of situations may lead to a student being referred to WPHP. Once referred to WPHP, the student must be endorsed by WPHP before being considered for re-entry into the curriculum.

SPC may require a student be referred to and endorsed by WPHP before continuing in the curriculum when circumstances suggest that physical illness, mental illness, impairment from drugs or alcohol, or other circumstances may be contributing to the student's deficiencies. WPHP protects the student's privacy while considering the possible underlying causes for changes in performance and/or problematic behavior.

If a student who is being reviewed by SPC has already been referred to WPHP, Student Affairs Deans may report that information to SPC as part of the student's overall record. Students referred to WPHP by any UWSOM official other than SPC who feel the referral is unwarranted may request that SPC review their case. See Section 5 for details of this process.

Referral to WPHP is not reported in the Medical Student Performance Evaluation.

### **Suspension**

Suspension is an institutional action separating a student from continuing in the UWSOM program for a specified period of time. SPC may issue a suspension when there is clear evidence of a serious violation of UWSOM, UW, or UW Medicine's guidelines and/or policies 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 risk
- Unacceptable conduct in the community
- Violating the University's student conduct code
- Violating local, state, or federal laws

After completing the suspension, the student will be interviewed by SPC and present documentation supporting their readiness to return. The student must demonstrate understanding and growth in the domain of personal or professional conduct that was violated. If the conduct is egregious, the student

does not show insight into their conduct as being inappropriate for a physician-in-training, and/or the student does not demonstrate satisfactory progress in the conduct area of concern, SPC may consider dismissal.

If the student is permitted to re-enter the curriculum, SPC may place them on disciplinary probation with the expectation that their conduct will be at an acceptable level for the remainder of their tenure in the medical school. If there is another violation of UWSOM, UW, or UW Medicine's guidelines and/or policies for personal or professional conduct, SPC may consider dismissal.

The suspension is part of the student's academic record and is included in administrative letters written about their performance, including the Medical Student Performance Evaluation. While suspended, the student may not be involved in any medical school programs or activities and should be absent from the medical school setting.

### **Dismissal**

A student may be dismissed if they do not meet the academic and/or conduct standards for graduation set by UWSOM. If a student's record, when viewed as a whole, does not meet UWSOM's expected level of performance, SPC may recommend dismissal even though passing grades are recorded in individual courses. A dismissal recommendation may be made at any time during a student's medical school enrollment. A student does not have to be placed on probation prior to being recommended for dismissal.

Dismissal may be considered for one or more of the following:

- 3 or more block fails
- 3 or more clerkship fails
- Failure on repeated block, course, or clerkship
- Additional fail grade while on probation
- 3 or more step exam fails (same step or combination of steps)
- Combination of 3 fails or deficiencies in 2 or more areas, which may include blocks, threads, courses, step exams, and/or clerkships
- Major or persistent violations of UWSOM's academic and professionalism standards
- Failure to complete UWSOM compliance requirements

If SPC votes to consider dismissal, an interview with the student is planned for the next scheduled SPC meeting. The student is informed that they are under consideration for dismissal and is provided a detailed description of the concerns leading to SPC's decision. The student is given at least 14 days' notice that they are required to appear at the next SPC meeting for their dismissal consideration interview. The SPC Chair has discretion to delay the interview under extenuating circumstances.

At the interview, the student may be accompanied by one advocate who is a member to the medical school faculty. The student must give their advocate's name to the Student Affairs Office at least 10 days before the meeting. The presence or appearance of a student's legal counsel is not permitted. The student must provide a written statement addressing the concerns leading to the dismissal consideration. The student may additionally request letters of support and other relevant documentation from outside parties. All written materials must be submitted to the Student Affairs Office at least 7 days before the dismissal consideration interview.

Before the interview, SPC reads the student's written statement, letters of support, and their entire academic record including Step exams, evaluations, evaluator concerns, reports resulting from UWSOM informal or formal hearings, and reports from UW Community Standards and Student Conduct Office.

At the dismissal consideration interview, the student presents their perspective on their difficulties and their plans to address those difficulties, and then takes questions from SPC members. The student's advocate, if present, may also share information and answer questions.

After the interview, SPC votes to either recommend dismissal or some other remedy that allows the student to continue in the curriculum.

If the decision is a dismissal recommendation, the student may request an appeal. The student must submit the request for appeal, in writing, to the Chair of SPC within 10 days of the dismissal recommendation. Appeals are heard by the Dismissal Appeal Committee (DAC). The sole purpose and responsibility of DAC is to provide a fair and formal review of dismissal recommendations made by SPC. It is composed of 3 neutral faculty members, appointed by the Vice Dean for Academic, Rural and Regional Affairs, who do not participate in regular SPC meetings and have adequate knowledge of UWSOM's standards to independently assess whether a student is meeting those standards. DAC convenes as soon as possible whenever a student requests a dismissal appeal.

DAC will consider the case at a meeting which includes the student, their faculty advocate, a Student Affairs Dean, and the Chair of SPC, all of whom present information about the events leading to the dismissal recommendation. DAC does not re-consider whether the student's stated deficiencies are appropriate grounds for dismissal. The purpose of DAC's review is to (1) consider new information that was not reasonably available during the initial SPC deliberation, (2) consider any evidence that discrimination or bias impacted the students' academic participation or evaluation, and (3) consider any evidence that SPC's decision-making was arbitrary or capricious.

A DAC member who has a relationship with the student that presents a conflict of interest, as described above for SPC members, will recuse themselves as soon as they know the identity of the student to be discussed. Students will be informed in advance of who is on DAC and may request that a DAC member recuse themselves, based on a direct relationship with that member. If the faculty disagrees with the student's request for recusal, the Vice dean for Academic, Rural, and Regional Affairs will make the final decision. When there is a recusal, the Vice Dean for Academic, Rural and Regional Affairs will select an alternative faculty member to serve for that meeting.

At the end of the meeting the three DAC members vote to affirm or overturn the dismissal recommendation. The decision is by simple majority. The decision is communicated in writing to the student within 7 days.

If DAC affirms the dismissal, the Faculty Council on Academic Affairs (FCAA) reviews the case to ensure proper procedures have been followed. If FCAA finds that process was followed correctly, the dismissal recommendation is forwarded to the Dean. The student has up to 10 days after FCAA's decision to contact the Dean to set a meeting to discuss the dismissal. The Dean's decision is final and may not be appealed.

Students may withdraw from UWSOM at any point up until the Dean sustains the dismissal.

Students are usually allowed to continue in the curriculum during the dismissal review process. However, deans for Academic Affairs, including Student Affairs and Curriculum, as well as SPC, may at times seek to limit the student's presence in the curriculum. Need for mandatory Leave of Absence and/or concerns about Fitness for Clinical Contact may apply to students in the dismissal review process as they do to other students.

If a student continues in the curriculum while under dismissal review, SPC will have oversight over what blocks, courses, or clerkships may be scheduled.

If the dismissal consideration or recommendation is based on fail grades, the student is not permitted to remediate those blocks, courses, or clerkships until the dismissal consideration is resolved by SPC or the dismissal recommendation is overturned through the academic review process.

If SPC's dismissal recommendation is overturned by DAC, FCAA, or the Dean, SPC will determine the appropriate academic program and curricular schedule. This may include requiring a student to retake blocks, courses, or clerkships which were previously passed. SPC may place the student on probation, elect to provide Advance Information to block, course, or clerkship directors, require the student be endorsed by WPHP, and/or other requirements that SPC deems necessary to allow the student to make satisfactory progress toward graduation.

### **Withdrawal from the MD Program**

Students typically withdraw from UWSOM if they decide that medicine is not the best career path, they are unable to complete the program for academic or personal reasons, or they are being considered for dismissal. Students choosing to withdraw notify a Student Affairs Dean. SPC reviews withdrawals as "information only."

## **Section 5. Review of SPC Decisions**

### **Review of Dismissal Recommendations**

Dismissal recommendations may be appealed to the DAC and are automatically reviewed by FCAA and the Dean by the process described in Section 4.

### **Review of SPC Actions Other Than Dismissal**

Students who disagree with any SPC decision other than dismissal may request a review. The student informs the SPC Chair that they are requesting a review within 10 days of receiving SPC's decision. After that, SPC decisions are final. The student must prepare a written petition and submit it at least 7 days prior to the next SPC meeting. The petition explains why SPC's decision is wrong and what alternative plan the student proposes to better allow success in the curriculum. SPC will consider the written petition at the next SPC meeting and decide if the student's proposal is acceptable or not. This decision will be communicated in writing within 10 days after the SPC meeting.

When SPC does not accept the student's proposal, the student may accept the original decision or may request to appear in person to explain their plan further. When a student requests to appear in person, an interview is planned for the next scheduled SPC meeting. The SPC Chair has discretion to delay the interview under extenuating circumstances.

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At the interview, the student may be accompanied by one advocate who is a member to the medical school faculty. The student must give their advocate's name to the Student Affairs Office at least 10 days before the meeting. The presence or appearance of a student's legal counsel is not permitted.

In addition to their written petition, the student may present letters of support and other relevant documentation from outside parties for SPC to review. All written materials must be submitted to the Student Affairs Office at least 10 days before the interview.

Before the interview, SPC reviews the student's written petition, letters of support, and their entire academic record including Step exams, evaluations, evaluator concerns, reports resulting from UWSOM informal or formal hearings, and reports from UW Community Standards and Student Conduct Office.

At the interview, the student presents their perspective on their difficulties and their plans to address those difficulties, and then takes questions from SPC members. The student's advocate, if present, may also share information and answer questions.

After the interview, SPC determines the plan that the student must follow to continue in the curriculum. Based on all the information reviewed and the student's presentation of their appeal, SPC may take any appropriate action described in Section 4 other than dismissal; SPC is not limited to the actions initially taken in response to the student's deficiencies. This decision is final with no further review within UWSOM or the University. The student may withdraw from the curriculum if they do not agree with the decision.

#### **Review of WPHP Referrals Not Issued by SPC**

Students may be referred to WPHP by UWSOM officials other than SPC. A student who believes the referral is not warranted may appeal the referral to SPC. In this situation, the student petitions SPC in writing explaining why the referral is unwarranted. An interview is planned for the next SPC meeting. These interviews follow the same structure as other non-dismissal interviews.

If the student is disputing the factual basis of their referral to WPHP, a formal or informal hearing process should be pursued instead, not a review by SPC.

Before the interview, SPC reviews the student's written statement describing why WPHP referral is unwarranted, letters of support, and their entire academic record including Step exams, evaluations, evaluator concerns, reports resulting from any informal and/or formal hearings, and reports resulting from a UW Community Standards and Student Conduct Office investigation.

After the interview, SPC votes to uphold or reverse the referral to WPHP. This decision is final without further opportunity for appeal. Based on all the information reviewed and after hearing the student's perspective, SPC may take any action described in Section 4 instead of or in addition to WPHP referral, except dismissal. Students may appeal those actions following the same process as any other SPC action.

#### **Section 6. Guidelines for Managing Alleged Violations of Academic and Professionalism Standards**

The UWSOM is committed to maintaining the highest standards of academic performance, personal and professional conduct, integrity, and respect for others. Students enrolled in the MD program are required to uphold these standards of conduct, both in the academic setting and in the community. These standards are articulated in UW Medicine's [Policy on Professional Conduct](#), UWSOM's [Standards of](#)

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[Conduct and Professional Behavior](#), and the [UW Student Conduct Code](#). These standards together will be referred to as “UWSOM’s academic and professionalism standards.”

[WAC 478-121](#), Student Conduct Code for the University of Washington, gives UWSOM the authority to take academic action when a student fails to meet UWSOM’s academic and professionalism standards. SPC may use any of the actions described in Section 4 and/or other alternatives to manage violations of UWSOM’s academic and professionalism standards. Students who do not fulfill SPC’s requirements may be considered for dismissal. Students who have violated UWSOM’s academic and professionalism standards must complete all required actions before being granted the MD degree from UWSOM.

Students are expected to abide by university, local, state, and federal regulations and laws. Infractions of these standards may result in actions by UW or UWSOM apart from whether there is any action that may be taken in civil or criminal court.

For alleged violations of UWSOM’s academic and professionalism standards that occur outside of the educational environment, the reported incidents may be managed through a review process within UWSOM or may be referred to the University’s Community Standards and Student Conduct Office (CSSC), depending on the allegation. SPC is not involved in determining if violations occurred; its role is to determine appropriate actions once violations of UWSOM’s academic and professionalism standards have been confirmed.

If CSSC performs an investigation, once the investigation is complete, CSSC will provide a report to SPC for consideration and determination of actions as part of UWSOM’s academic review process. This does not preclude CSSC from sanctioning the student as part of its charge as listed in the Washington Administrative Code (<https://www.washington.edu/cssc/for-students/overview-of-the-student-conduct-process/>).

SPC cannot alter CSSC’s decisions but reserves the right to take actions, independent of sanctions imposed by CSSC. SPC recognizes that there may be two parallel processes ongoing, those of UWSOM and those of CSSC. Therefore, there are two separate appeal processes, one within UWSOM and one within the University.

If an alleged violation of UWSOM’s academic and professionalism standards is sufficiently egregious and/or may impact the safety of self or others, Student Affairs Deans or other UWSOM officials with knowledge of the situation may act to remove the student from the clinical and/or educational setting. See the UWSOM’s [Fitness for Clinical Contact Policy](#) for details on this procedure.

When a student is alleged to have violated UWSOM’s academic and professionalism standards, a Student Affairs Dean will manage the process and may reach a resolution with the student. SPC may receive a report on the matter and may determine actions. In some circumstances, the University’s Community Standards and Student Conduct (CSSC) Office and/or UWSOM’s Misconduct Review Committee (MRC) may also be involved. Determination of jurisdiction for processing cases may be done in collaboration with CSSC and consultation with the Personnel Policy Unit at UWSOM and the University of Washington Attorney General’s office.

Investigations of alleged violations of UWSOM’s academic and professionalism standards occurring outside of the medical school program are typically conducted by the CSSC, which provides a report to

SPC and may independently impose a sanction on the student. The student's right to appeal a CSSC sanction follows the University's Student Conduct Code guidelines, whereas the student's right to appeal an SPC action follows SPC's guidelines.

One SOM faculty member may be present at the student's preliminary, informal, and/or formal hearing to serve as an advocate, at the student's request. This is typically the student's College Faculty mentor but may be a different faculty member of the student's choosing.

The student may not be accompanied by legal counsel at any point during the academic review process. Student Affairs Deans may consult with UWSOM's attorney at any time.

### **Reporting**

A basic tenet of medical professionalism is that the profession is self-regulating. Thus, students and faculty are obligated to report any concerns about the conduct of peers or trainees. Any information suggesting that a UWSOM student possibly violated UWSOM's academic and professionalism standards should be submitted to a Student Affairs Dean. A written statement of the alleged violation is required. Email is acceptable.

Reports relating to conduct outside the educational environment can be initially directed to a Student Affairs Dean or to the CSSC. These offices will decide jointly which of them, or both, will manage the process.

When a Student Affairs Dean receives information about a possible violation of UWSOM's academic and professionalism standards, they will request a meeting with the individual(s) making the report and will request any relevant records those individuals may have. This meeting is to review the events surrounding the incident or concern. This meeting may be conducted in person or remotely, at the discretion of the Student Affairs Dean. The Student Affairs Dean may delegate their role to another appropriate individual.

### **Preliminary Meeting with the Student**

If the Student Affairs Dean finds the report credible and concerning, the Student Affairs Dean and one other dean from the Academic, Rural and Regional Affairs offices will have a preliminary meeting with the student who is alleged to have violated UWSOM's academic and professionalism standards. This meeting may be conducted in person or remotely, at the discretion of the Student Affairs Dean. The Student Affairs Dean may delegate their role to another appropriate individual. At this meeting the Student Affairs Dean or designee will provide the student the following information:

- Notice of the allegations
- The specific sections of UWSOM's academic or professionalism standards that were allegedly violated
- That the academic review process has been initiated
- That any information the student shares will become part of the hearing documentation
- That possible actions which may be taken by the UWSOM include but are not limited to: disciplinary warning, requirement for work to be re-done, disciplinary probation, mandatory leave of action, advanced information status, referral to WPHP, suspension, and dismissal.
- That the student has a choice of informal or formal hearing and must make this choice within 7 days.



- That once an informal hearing has occurred, and either the SPC Chair has received the ‘information only’ report or SPC has considered the report and determined actions, the student has waived their right to a formal hearing regarding the same allegations.
- That UWSOM is obligated to forward the report of findings documenting the academic review process to the National Residency Matching Program.

### **Informal Hearing**

The preliminary meeting may move directly to an informal hearing if the student so chooses or may be delayed to a future time. An informal hearing allows the student an opportunity to respond to the alleged violations of UWSOM’s academic and professionalism standards in a face-to-face meeting before any finding is determined or action is imposed.

The informal hearing is composed of the student, their faculty advocate as described above, the Student Affairs Dean or designee, and one other dean as described above. At this meeting, the Student Affairs Dean will present the information alleging that the student violated UWSOM’s academic and professionalism standards. After hearing this information, the student may respond to the allegations. Then the Student Affairs Dean conducts a careful and deliberate evaluation of the available information, conferring with the co-dean, UWSOM’s attorney, or other consultants as needed. The Student Affairs Dean then recommends appropriate action, if any, with consideration of the academic and behavioral attributes necessary to successfully complete the MD program. The informal hearing will result in one of these outcomes:

1. The Student Affairs Dean may dismiss the allegations. This is applicable when the Student Affairs Dean determines that there is insufficient evidence that UWSOM academic and professionalism standards were violated. In this case, the Student Affairs Dean prepares an “information only” report to the Chair of SPC.
2. The student acknowledges the violations of UWSOM academic and professionalism standards and accepts the actions recommended by the Student Affairs Dean. Once the student completes the actions, the Student Affairs Dean prepares an “information only” report to the Chair of SPC.
3. The student acknowledges the violations of UWSOM academic and professionalism standards and accepts the actions recommended by the Student Affairs Dean but fails to complete them. In this case, the Student Affairs Dean prepares a report which is submitted to SPC. SPC considers the case and determines actions.
4. The student acknowledges the violations of UWSOM academic and professionalism standards but does not accept the actions recommended by the Student Affairs Dean. In this case, the Student Affairs Dean prepares a report which is submitted to SPC. SPC considers the case and determines actions.
5. The student acknowledges the violations of UWSOM academic and professionalism standards and mandatory leave of absence, suspension, or dismissal is recommended. In this case, the Student Affairs Dean prepares a report which is submitted to SPC. SPC considers the case and determines actions.
6. The student does not acknowledge the violation of UWSOM academic and professionalism standards and/or the student requests to proceed to formal hearing.

A student has up to 24 hours to consider whether to acknowledge the violations of UWSOM academic and professionalism standards and sign a statement to that effect. This statement is prepared by the Student Affairs Dean.

The Student Affairs Dean's report following an informal hearing documents the following information: the allegation, the information gathered from the informal hearing, the student's acknowledgement of the violations if applicable, and the Student Affairs Dean's conclusions and/or recommendations regarding appropriate actions based on the informal hearing. This report is retained in accordance with applicable retention policies.

### **Formal Hearing**

Formal hearings occur when the student requests a formal hearing, or the Student Affairs Dean determines that evidence supports the allegations and the student does not acknowledge a violation of UWSOM academic and professionalism standards, either before or during an informal hearing process.

When either the student or the Student Affairs Dean requests a formal hearing, the Vice Dean for Academic, Rural and Regional Affairs will appoint the chair and members of a School of Medicine Ad Hoc Misconduct Review Committee (MRC). It is composed of faculty members with expertise in the areas relevant to the allegations. The Student Affairs Dean and Associate Dean for Curriculum are ex-officio (non-voting) members. The MRC provides the student a fair and impartial review of the allegations.

In preparation for the formal hearing, the Student Affairs Dean will provide the student with a written summary of the allegations and will inform the student of the following:

- The student may be accompanied by a faculty advocate as described above, but not legal counsel
- The MRC may request that the University's legal counsel be present
- The student may present evidence and witnesses on their behalf
- The student may question any witnesses presenting against them
- The possible actions which may be imposed by the UWSOM include but are not limited to disciplinary warning, requirement for work to be re-done, disciplinary probation, advanced information status, referral to WPHP, mandatory leave of absence, suspension, and/or dismissal.
- That if violations of UWSOM academic and professionalism standards is confirmed, UWSOM is obligated to forward the report of findings documenting the academic review process to the National Residency Matching Program.

The Student Affairs Dean will inform the student of the scheduled hearing not less than 15 days prior to the hearing date. The student may agree to an earlier date.

At the formal hearing, the MRC will review information pertinent to the alleged violations, including but not limited to information from the informal hearing if one occurred, written or oral statements from the individual(s) reporting the incident or concern, and any relevant documentation. The student will have an opportunity to respond to the allegations.

At the end of the formal hearing, the MRC determines by simple majority that the allegations should be dismissed or that UWSOM's academic and professionalism standards were violated. The student will be informed of the decision within 10 days by letter. The letter will be retained in the student's academic record. MRC's decision is final and not subject to further review or appeal.

When allegations are dismissed by the MRC, the Chair of the MRC prepares an "information only" report to the Chair of SPC.

When the MRC determines that the violations occurred, the Chair of the MRC prepares a report which details its findings of fact and recommendations on appropriate actions. This report is submitted to SPC. SPC considers the case and determine actions.

### **SPC Actions Following Informal and Formal Hearings**

Reports of alleged violations of UWSOM's academic and professionalism standards are considered by SPC in these situations:

- An informal hearing occurred, the student acknowledged the violations of UWSOM academic and professionalism standards and accepted the recommended actions but did not complete them.
- An informal hearing occurred, and the student acknowledged violations of UWSOM academic and professionalism standards, but the student did not accept the recommended actions.
- An informal hearing occurred, the student acknowledged the violations of UWSOM academic and professionalism standards, and mandatory leave of absence, suspension, or dismissal was recommended.
- A formal hearing occurred, and the School of Medicine Ad Hoc Misconduct Review Committee (MRC) determined that UWSOM academic and professionalism standards were violated.

SPC considers the report(s) resulting from informal and/or formal hearings, and the student's entire medical school record, within the context of UWSOM's academic and professionalism standards in order to determine appropriate actions. Considering these reports is part of SPC's academic review process.

SPC's consideration of a case following an informal or formal hearing generally includes an interview with the student, though students may opt out. The structure of this interview is the same as a dismissal consideration interview, even when dismissal is not being considered in that individual case. The purpose of the interview is for SPC to understand the student's perspective on their violations of UWSOM's academic and professionalism standards, within the context of the student's entire academic record, so that SPC can determine an appropriate action plan. The violations as stated in the report(s) are not reconsidered during the interview.

Before the interview, SPC reviews the reports resulting from informal and/or formal hearings in addition to the student's written statement, letters of support, and their entire academic record including Step exams, evaluations, evaluator concerns, and reports resulting from UW Community Standards and Student Conduct Office investigations.

Based on all the information reviewed and after hearing the student's perspective, SPC may take any appropriate actions. SPC is not limited to the actions recommended by the Student Affairs Dean who managed the informal hearing or the chair of the Misconduct Review Committee who managed the formal hearing. The Chair of SPC will inform the student of the action plan by letter within 10 days. If SPC votes for dismissal recommendation, the student may appeal to DAC as described in Section 4. If SPC votes for any action other than dismissal, the student may request a review by the Vice Dean for Academic, Rural and Regional Affairs. This request must be made in writing within 5 days of receiving notice of SPC's decision. After that time, SPC's decision becomes final.

# M.D. Program Information & Resources

## Student Information and Resources

### Communication

#### Communications Between Administration and Students

The School of Medicine administration communicates regularly with students on pertinent topics. Students are expected to check their email on a daily basis. Important updates are also collated in a weekly newsletter for students and [are available online](#) for later review.

Topics and agendas for routine meetings between administrators and students 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. Meetings are scheduled within curricular time throughout the year.

#### Student Email Accounts

Prior to matriculation, accepted applicants are required to establish a University of Washington NetID account and email address. The School of Medicine uses students' University of Washington email addresses as the primary communication mechanism for all communication related to the medicals school program and its activities. 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. Students are required to use UW Exchange to access their email account. 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](#).

The following must be notified/updated when a student changes their email address or NetID:

- 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 email address update. Students must provide their full name and student ID number when submitting the request.
- Upper campus registrar's office (and financial aid)
  - Log into [my.uw.edu](http://my.uw.edu) and click the "Change Student Address" link

#### School of Medicine Listservs

There are administrative and auxiliary listservs for each year in the curriculum and for each Foundations Phase campus. Students are subscribed to the appropriate listservs based on their academic year and site. The administrative listserv is intended for official notices from Academic Affairs. Students may not unsubscribe from the administrative listserv. The auxiliary listserv is used 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 and may unsubscribe from the list at any time.

#### Email and Listserv Etiquette and Protocol

Students are expected to maintain professionalism in all their communications. While University of

Washington employees are restricted from using their work email accounts for partisan political purposes, in general, students do not fall under the same restrictions. However, students who are employed by the University could be considered employees under certain circumstances and consequently should exercise caution.

The student body, faculty, and staff represent a broad spectrum of beliefs and opinions. Students are expected to exercise thoughtfulness, 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. Students should respond individually to the person initiating an email message rather than replying to all who received the message (i.e. do not respond to email using the “reply all” function). Email replies that include the entire class create an excessive number of emails and may result in a misuse of student and faculty time.

### **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 [my.uw.edu](http://my.uw.edu). Under directory information, select or de-select “restrict access.”

## **Curriculum**

### **Active Learning**

#### **Foundations Phase Curriculum**

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

#### **Patient Care Phase and Explore & Focus Phase Curriculum**

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

Students are expected to gain broad educational experience utilizing both the wide range of primary care and specialty clerkships in clinic and hospital settings across the WWAMI region. Longitudinal clinical experiences within WWAMI underserved rural and urban settings must meet educational requirements equivalent to the standard clinical curriculum.

## 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.

## Curriculum Overview

### Clinical Immersion

All students are required to complete the Clinical Immersion at the start of medical school. [Clinical Immersion](#) is a full-time multi-week component of Foundations of Clinical Medicine that focuses on learning basic clinical skills and covering topics relevant to a career in medicine, such as professionalism and patient-centered care.

### Foundations Phase Curriculum

The Foundations Phase curriculum is composed of three terms over a 15-month period consisting of seven integrated blocks, two longitudinal programs, a scholarly/research project and Research Methods course. All blocks are designed to integrate basic, clinical, and social sciences. Content in cross-cutting scientific areas, such as pathology/histology, human form and function, and pharmacology are weaved throughout. Blocks and courses are taught by faculty from the basic sciences and clinical disciplines.

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

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

Beginning in Immersion and Orientation, the Foundations of Clinical Medicine (FCM) course is a longitudinal clinical training program focused on clinical skills, primary care, and continuity of care. Students work with physicians, faculty, and other health professionals in outpatient clinical settings,

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**POLICY LANGUAGE**

**UW Medicine**

UW SCHOOL  
OF MEDICINE

clinical skills workshops, and simulation experiences one day a week in the Foundations Phase. They also participate in hospital tutorials with College faculty and their College mentor group.

Through the four-year longitudinal Themes in Medicine course, students receive education in theme areas important to the practice of medicine such as health systems, quality and safety, population health, global health, social determinants of health/health equity, diversity, professionalism, ethics, interprofessional care, communication and more.

During the fall of first year, students must complete six online modules of the Research Methods course, which covers epidemiology and biostatistics. During the summer between first and second year of the Foundations Phase, all students complete a research/scholarship requirement.

After the first three terms, students complete a three-month Consolidation and Transition phase in which they prepare for the USMLE Step 1 examination through a combination of structured and independent study, finish their research requirement and complete a Transition to Clerkships series to prepare them for the Patient Care Phase of the curriculum.

### **Independent Investigative Inquiry (III or Triple I)**

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

All students must have a Triple I project approved by the Curriculum Office by the end of winter quarter of the first year of medical school.

An exception in the Triple I 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.

For more information on the Triple I, visit the course website, <https://sites.uw.edu/somcurr2>.

**The Triple I requirement has been adjusted due to the COVID-19 pandemic. Students should reference the revised academic requirements based on their entering year for further details. For questions, contact the [Curriculum Office](#).**

### **Transition to Clerkships**

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

### **Patient Care Phase**

The Patient Care Phase is 12-months and students complete six required clinical clerkships including Internal Medicine, Family Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry and Surgery. Students must also complete the second portion of the longitudinal Themes in Medicine course.

Students should expect 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 of clerkships in Seattle at one of the following hospitals: UW Medical Center, Harborview Medical Center, Seattle Children's, or Puget Sound VA. Additional time is available during the Patient Care Phase to complete clinical electives, intersessions, the Patient Care Phase OSCE, and the USMLE Step 2-Clinical Knowledge examination.

### **Explore & Focus Phase**

The Explore and Focus Phase is 15-months long and designed to allow students to explore potential specialty careers through a combination of required and elective clinical clerkships. Required clerkships include Emergency Medicine, Neurology/Neurosurgery, and two advanced patient clerkships, one of which must be a subinternship. Students are required to complete 40 credits, or 20 weeks, of clinical electives. During the Explore and Focus Phase, students complete the final portion of the longitudinal Themes in Medicine course.

### **Transition to Residency**

At the end of the fourth year, prior to the Physician's Oath and Hooding Ceremony, students return to Seattle to participate in the Transition to Residency course, which is an academic- and skills-based course that prepares students for entering residency training.

### **Required Examinations**

#### **Objective Structured Clinical Examinations (OSCEs)**

[Objective Structured Clinical Examinations \(OSCEs\)](#) are clinical simulations, administered periodically throughout the curriculum, to assess the level of knowledge and clinical skills of students. The exams are given at the end of the Foundations and Patient Care phases. If minimum performance standards are not met in any of the OSCEs designed to assess knowledge and skills, the student must successfully complete the recommended remediation plan in order to be approved to continue in the curriculum.

A practice OSCE is administered part way through the Foundations Phase to determine a student's progress and formative feedback is provided. 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. The Associate Dean of Student Affairs may make exceptions to the timing of the OSCE in individual circumstances.

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).

The Clinical Skills Steering Committee, chaired by the Assistant Dean for Clinical Curriculum, provides oversight of the OSCE program.

#### **USMLE Step 1 and Step 2-Clinical Knowledge (CK)**

All students are required to pass the following United States Medical Licensing Examination (USMLE) examinations in order to graduate: Step 1 and Step 2-Clinical Knowledge (CK). 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](#).



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

- Remediation of unsatisfactory Patient Care Phase required clerkships must be completed prior to taking Step 2-CK.
- Step 2-CK should be taken after completion of the Patient Care Phase and no later than June 30 of the third year. For students who complete their Patient Care Phase off-cycle from the projected timeline, Step 2-CK should be taken within 12 weeks of completing the required Patient Care clerkships.
- Successful completion of Step 2-CK will be noted on the MSPE. Delays in taking Step 2-CK beyond the deadline will be noted by the deficiency the exam is taken.
- Step 2-CK must be successfully completed with a passing score in order to participate in the residency match. Failure to complete the exam on the established timeline, whether by failure or by delay, may prohibit the student from participating in the residency match.

### Special Curricular Programs & Opportunities

The MD Program provides a variety of clinical settings in which students can explore medicine as it is delivered in rural, urban, and underserved settings. The options may include summer programs, pathways, and longitudinal clinical programs. City and state-specific tracks permit students to complete the required clinical clerkships and a number of electives in their home states.

### 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 [Latinx 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.

## **Rural Programs**

### **Targeted Rural and Underserved Track (TRUST)**

The [TRUST program](#) 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.

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

[CUSP](#) 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.

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

[R/UOP](#) 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.

### **Area Health Education Centers (AHEC) Scholars Program**

Beginning in the 1970s, the [AHEC program](#) was launched to develop a rural and urban underserved workforce, focused on addressing the needs of these communities. The University of Washington received the five-year HRSA grant for the WWAMI AHEC Scholars program in September 2017. 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.

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

## **Clinical Programs**

### **Tracks**

The [Track program](#) allows students to complete 24 weeks of the Patient Care phase and 12 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.

### **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.

### **WWAMI Rural Integrated Training Experience (WRITE)**

The [WRITE program](#) provides a four to 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.

### **Olympia Longitudinal Integrated Clerkship (LIC)**

The Olympia 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 the Assistant Dean for Rural Programs, Dr. John McCarthy, [mccajf@uw.edu](mailto:mccajf@uw.edu), for more information.

## **Identification Badges, Access Cards and Keys**

### **Identification Badges**

Photo identification (ID) badges must always be worn when in a hospital or clinical setting, when seeing patients in an official capacity, including as part of a research protocol, and when in any hospital or university building after-hours.

If an ID badge is lost or stolen, students must report it immediately to the appropriate regional administrative staff or clerkship administrator. 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

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

### **Access Cards and Building Keys**

Medical students may be issued access cards and building keys to enter various buildings and hospital/clinic locations during the regular business hours and/or after-hours. Students should return access cards and building 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 administrator, as appropriate. Students may be required to pay a replacement fee for each additional access card or building key that is issued to them.

### **Student Leadership & Participation in Programs and Activities**

#### **Student Participation and Leadership**

Students are encouraged to participate in extracurricular programs or activities. They should be advised of the commitment required in order to be certain that participation does not interfere with satisfactory progress in academic course work and/or meeting other required obligations. Participation in student interest groups and national medical education organizations enables students to learn about and be involved in policy setting discussion related to medical education and other relevant areas affecting residents and practicing physicians.

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, [askuwadm@uw.edu](mailto:askuwadm@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. A faculty member serves as an advisor. The role of the Honor Council is to educate the student body about the Honor Code, confidentially mediate conflicts that arise due to student misconduct or mistreatment, and offer a safe environment for students to confidentially share their concerns about Honor Code violations. In the event that concerns arise due to student misconduct or mistreatment, the Honor Council may consult with the University of Washington School of Medicine's (UWSOM) administration and other appropriate bodies. The Honor Council operates according to Honor Council bylaws that are shared with the student body. In every Honor Council activity, confidentiality will be maintained to the maximum possible under the law and university policy. It is a resource that students can use to voice concerns or to ask questions about mistreatment or misconduct. General feedback is used to make improvements to the UWSOM experience. Application and election to the council occurs during the winter of students' 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**

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 to which the Academic Affairs Office turns for student input on educational issues and concerns that arise throughout the year. Serving as an MSA class representative provides unique opportunities not only to interact with students from other classes but also with the deans and administrative directors. The MSA 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 students’ first year, and appointment extends throughout the student’s tenure in medical 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 in good standing may apply for appointment to a University of Washington School of Medicine committee, including but not limited to committees related to the curriculum, admissions, learning environment; and various ad hoc committees that may be appointed to focus on a specific educational program, professionalism, or current student or school issue. 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.

### **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 students’ first year, and appointment extends throughout the student’s tenure in medical 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. 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,

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**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE  
POLICY LANGUAGE**

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 [national GHHS site](#), or contact the GHHS staff coordinator directly via email, [uwgold@uw.edu](mailto:uwgold@uw.edu).

### **Service Learning**

The University of Washington School of Medicine values medical student participation in extracurricular community service projects that provide medical care, health education, and other health-related activities, particularly those that address the health needs of the underserved. 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.

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

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.

### **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](#).

### **Establishing University of Washington School of Medicine Officially Recognized Student Groups**

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

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

### **Student Conference Travel Support**

The University of Washington School of Medicine encourages students in good standing to submit their academic or service accomplishments for consideration for presentation at regional or national conferences or research forums and to assume leadership roles in medical education, research, and specialty organizations. To support students, the school should maintain a travel fund for those who are selected to present papers or projects through a competitive selection process and for those who are elected to leadership roles in one of the regional or national medical education organizations. Presentations must not conflict with scheduled examinations.

### **Western Student Medical Research Forum**

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 [somcurr@uw.edu](mailto:somcurr@uw.edu) or (206) 543-5562.

### **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 MD graduation credit although the credits show on the student's transcript.

### **Graduation, Honors, and Awards**

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

Students may receive formal recognition from the School or a department for achieving excellence in their academic work, making significant contributions to medical education, and/or demonstrating commitment to community service.

Donations from graduates, families of alumni and faculty, and friends of the School of Medicine may be designated for awards under the guidance of UW Medicine Advancement.

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

#### **Physician's Oath & Hooding Ceremony**

Students are eligible to participate in the University of Washington School of Medicine's [Physician's Oath & Hooding Ceremony \(POHC\)](#) if they have successfully completed all graduation requirements for the MD degree prior to the ceremony. If the MD degree has been received in any one of the previous three quarters (summer, autumn, or winter), the student may request to participate in the ceremony that

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

### **Graduation with Honors**

A degree of Doctor of Medicine with honors or high honors will be conferred on medical students based on the following criteria. Note that students must attain a specific percentage of the eight required clerkships (this percentage is calculated using the number of credits in a course and is unique to individual students).

Graduating student recipients are reviewed by the Student Progress Committee and approved by the Medical School Executive Committee prior to their degrees being conferred by the University of Washington.

#### Eligibility for Honors – **Not Currently Available due to COVID-19 impacts**

- Students must receive honors in a specific percentage of the 8 required 3<sup>rd</sup> and 4<sup>th</sup> year clerkships. This percentage is calculated based on number of credits of a course (i.e. 100/108) rather than the total number of courses (i.e. 8/9) in order to account for the length of the courses
  - Legacy curriculum (108 total available credits) = 78% honors is the minimum\*
  - New curriculum (100 total available credits) = 76% honors is the minimum\*
- Students may not have any basic science fails
- Students may not have any clerkship fails
- Students may not have any failed any of the USMLE exam components

*\*The above percentages are determined such that a student can receive a pass/high pass in medicine and still qualify for honors*

#### Eligibility for High Honors – **Not Currently Available due to COVID-19 impacts**

- Students must receive honors in all of the 8 required 3<sup>rd</sup> and 4<sup>th</sup> year clerkships. This percentage is calculated based on number of credits of a course rather than the total number of courses in order to account for the length of the courses
- Students may not have any basic science fails
- Students may not have any clerkship fails
- Students may not have any failed any of the USMLE exam components

#### Eligibility for Highest Honors – **No longer offered**

- This distinction is not currently available because the school does not currently award honors for preclinical coursework. However, the title of the distinction is reserved for this level of performance should preclinical honors ever be reincorporated into the School of Medicine system
- Students must receive honors in all pre-clinical coursework and in all of the 8 required 3<sup>rd</sup> and 4<sup>th</sup> year clerkships. This percentage is calculated based on number of credits of a course rather than the total number of courses in order to account for the length of the courses
- Students may not have any basic science fails



**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

- Students may not have any clerkship fails
- Students may not have any failed any of the USMLE exam components

## **Health and 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 most people to have health insurance, and the UW School of Medicine strongly encourages students to have health insurance. Medicaid eligibility criteria has been expanded in Washington, Alaska, Montana and Idaho, but to date Wyoming has not expanded Medicaid eligibility. Under the ACA, 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 lose their health insurance coverage (e.g. through an employer) when they start school, they may qualify to enroll during the special enrollment period.

To learn more about your health care options during medical school, visit the [Student Affairs, Health Insurance page](#).

### **Health Fee**

Upon entrance into a participating health science school/program, medical students are required to pay an [annual health fee](#) to cover the costs of administering the Health Sciences Immunization Program. This fee is subject to annual changes and is automatically included in the student's tuition.

### **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](#)

Visit the [disability insurance website](#) for more information.

## **UW School of Medicine Support Services**

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

### **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 University of Washington School of Medicine maintains a working relationship with WPHP and similar programs in the

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

WWAMI region to provide assessment of areas of concern, to enable appropriate management of students within the MD Program, and for treatment referrals for medical students with possible substance abuse, medical, and/or psychiatric issues in consultation with the Associate Dean for Student Affairs and the Vice Dean for Academic, Rural and Regional Affairs.

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 the student 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. A student may also be referred due to concerns about Fitness for Clinical Contact. If the student is not currently residing in Washington State, the student 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 they are ready to return to the curriculum. If needed, WPHP/its equivalent may continue to provide ongoing monitoring of the student when they return to the curriculum for a period of time, determined by the organization.

If a student believes the referral has been made unnecessarily or inappropriately, the student 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.

### **Academic Support**

[Academic support](#) is available to all medical students. Learning specialists are available to assist with issues related to test-taking, study plans, study skills, test anxiety, preparation for USMLE exams, and referrals for additional support. A clinical skills remediation specialist is available to assist students with deficiencies in their clinical performance. Students may self-refer, or may be referred by faculty and/or staff, or receive a mandatory referral by the Student Progress Committee.

### **Peer Tutoring**

Peer 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](#) is available to all students throughout their training. Career advisors are available to assist with general information and advice regarding specialties, residency, career planning, and referrals to online resources, departmentally-based career advisors, and/or alumni. Additional information on selecting a specialty and preparing for residency interviews is available online on the Association of American Medical Colleges' (AAMC) [Careers in Medicine](#)<sup>®</sup> 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-

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

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 Phase 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. Students should visit the [Counseling and Wellness Services website](#) for the most up to date information on available counselors, services available and additional resources.

### **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 their counselor to share information with the deans, faculty, administrative staff, or the Student Progress Committee, the student must sign a written release of information to allow the counselors to do so.

### **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. Visit the [Health and Wellness Services website](#) for more information.

### **The Colleges**

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

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

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.

**LAST UPDATED: April 15, 2022.**  
**VISIT THE WEBSITE FOR THE MOST UP-TO-DATE**  
**POLICY LANGUAGE**

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. The College mentor's role is primarily one of personal support and advising rather than specific advising in the student's chosen field.

The management of in-depth support for students who are having significant academic or personal difficulty is a collaboration between the Associate Dean for Student Affairs and the student's College mentor, along with other support services provided by the School, such as the study skills advisor and the counseling staff.

### **University of Washington Support Services**

Medical students, irrespective of their physical location, have access to a variety of support services provided by the University of Washington. The WWAMI regional host universities provide comparable support services for medical students in educational programs within their states.

### **Disability Resources for Students**

The University of Washington's [Disability Resources for Students](#) (DRS) partners with accepted and matriculated students with disabilities to identify and establish accommodations that will support their success in the medical school program. This resource is available to all medical students regardless of their physical location.

### **Process for Requesting and Receiving Accommodations**

If a student has a disability or manifests a disability after matriculation that raises questions related to their ability to meet the [School of Medicine's Technical Standards](#), the matter will be referred to the Associate Dean for Student Affairs who will consult with DRS in assessing if the student can meet the medical school program requirements with reasonable accommodation.

Reasonable accommodations are designed to effectively meet disability-related needs of qualified students, while not fundamentally altering essential elements of the program, creating an undue burden for the University, or providing new programming for students with disabilities not available to all medical students. The School of Medicine is responsible for the implementation of approved accommodations by DRS.

### **Accommodations for the United States Medical Licensing Examinations**

Students who require accommodations for the United States Medical Licensing Examinations (USMLE) Step 1 and/or Step 2-CK exams must submit a separate accommodations request to the [National Board of Medical Examiners \(NBME\)](#). The accommodations approval process for the USMLE Step exams is managed by the NBME and not by the University of Washington. The NBME may require additional documentation than what is required by the University of Washington, so students need to review the NBME requirements carefully and begin the request process early.

### **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.

LAST UPDATED: April 15, 2022.  
VISIT THE WEBSITE FOR THE MOST UP-TO-DATE  
POLICY LANGUAGE

UW Medicine

UW SCHOOL  
OF MEDICINE

### University Complaint Investigation and Resolution Office

The [University Complaint Investigation and Resolution Office \(UCIRO\)](#) is responsible for investigating complaints that a University employee has violated the University of Washington'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.

### 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.