

ACADEMIC POLICIES

FOR THE

MD DEGREE

2017-2018

University of Washington
School of Medicine
(UWSOM)

**ACADEMIC POLICY MANUAL FOR THE MD DEGREE
2017-2018
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Preamble

ACADEMIC POLICY MANUAL FOR THE MD DEGREE

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

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. The Faculty Council on Academic Affairs (FCAA), formerly the Academic Affairs Committee, is chaired by the Vice Dean for Academic, Rural, & Regional Affairs 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 current policies or the development of new policies may arise from recommendations from the School of Medicine's relevant medical education standing committees, e.g. Admissions, Curriculum, and Student Progress, 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 Academic Policy Manual provides statements of policy by which the MD program is governed. The brief narratives surrounding individual policies are intended to give direction to the Academic Affairs leadership for implementation of the policies. The associate deans have responsibility for developing, maintaining, and updating the MD program's management and operating guidelines that fall within their respective areas. It is anticipated that there will be collaboration regarding MD program policies both within Academic Affairs and with Regional Affairs and Graduate Medical Education, since many policies impact the educational continuum from admissions through graduation.

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

CHAPTER 1

MISSION STATEMENTS

University of Washington Medicine Mission Statement

The University of Washington Medicine's mission is to improve the health of the public.

University of Washington School of Medicine Mission Statement

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

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

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

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

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

2006: Medical School Executive Committee/Dr. Ramsey

2011: Reviewed by Medical School Executive Committee/Dr. Ramsey

University of Washington Medical Student Education Mission Statement

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

Vision for Medical Student Education

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

Institution-wide Goals for Medical Student Education

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

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

Policy for Promoting an Equitable, Diverse and Inclusive University of Washington School of Medicine

The University of Washington School of Medicine recognizes that diversityⁱ 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 University of Washington School of Medicine diversity, and increasing the number of faculty, students, and staff from historically excluded populations currently underrepresented in medicine and the health professions. The University of Washington School of Medicine is committed to achieving more diversity in all settings on campus and throughout the Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) region.

The University of Washington School of Medicine 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 the University of Washington School of Medicine (UWSOM) and the University of Washington (UW). Therefore, the University of Washington School of Medicine also must engage in quality improvement practices and programs that aim to foster equity, diversity, and inclusion in all

University of Washington School of Medicine 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: <http://www.washington.edu/diversity/>
- UW Diversity Blueprint: <http://www.washington.edu/diversity/diversity-blueprint/>
- Resolution Concerning Equity, Access and Inclusion in Hiring/UW Class C Bulletin No 539, Search Committee Training: <http://www.washington.edu/faculty/files/2014/05/539.pdf>
- UW Faculty Code for Appointment and Promotion, valuing work on diversity: <http://www.washington.edu/admin/rules/policies/FCG/FCCH24.html>
- UW Affirmative Action Plan: <http://ap.washington.edu/eoaa/aaplan/>
- UW Affirmative Action Policy: <http://ap.washington.edu/eoaa/aapolicy/>
- 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: <http://www.uwmedicine.org/education/about/mission>
- UWSOM Statement on Diversity: <http://www.uwmedicine.org/education/about/diversity-commitment>
- UWSOM Admissions Statement on Commitment to Diversity: <http://www.uwmedicine.org/education/md-program/admissions/diversity>
- UWSOM Center for Equity, Diversity and Inclusion (CEDI) Mission Statement: http://depts.washington.edu/cedi/wp_cedi/about/mission/
- UWSOM Policy on Professional Conduct: <http://www.uwmedicine.org/about/policies/professional-conduct>
- UWSOM School of Policy on Medicine Requirement of Search Committee Training on Diversity/Implicit Bias

¹When referring to diversity, UWSOM includes the following: race, ethnicity, gender, age, religion, language, abilities/disabilities, sexual orientation, gender identity, socioeconomic status, geographic region, and more.

CHAPTER 2

INSTITUTIONAL ENVIRONMENT

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

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

Teacher/Learner Environment

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

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

The provision of an atmosphere in which individuals can learn from each other in a supportive environment and in which there is recognition of the dignity and worth of each person is essential to the School of Medicine's mission. Members of the community come from many different backgrounds and include different races, religions, sexual orientations, ethnic ancestries, and socioeconomic status. Learning to understand the differences and the similarities between people, implicit bias, and how to practice cultural humility in communications at all levels is an important dimension of medical education and training. We are committed to creating an environment in which all students, faculty, and staff seek to appreciate the richness and personal growth that this diversity provides to members of the medical school and university community.

Professional Conduct

The University of Washington Medicine Policy on Professional Conduct addresses professionalism standards for faculty, staff, students, and trainees in all UW Medicine entities, including the School of Medicine. <http://www.uwmedicine.org/about/policies/professional-conduct>

Mistreatment of students by the faculty, staff and peers is prohibited. The School's mistreatment policy states:

Policy on Student Mistreatment

The University of Washington School of Medicine is committed to assuring a safe and supportive learning environment that reflects the institution's values: excellence, respect, integrity, compassion, altruism, and accountability in all endeavors. Diversity of ideas, perspectives, and experiences are integral to our mission. All individuals in our UWSOM community are responsible for creating a welcoming and respectful environment where every person is valued and honored. Mistreatment of students by the faculty, staff and peers at UWSOM is prohibited. This mistreatment includes incidents of humiliation; harassment or discrimination based on gender identity, sexual orientation, age; and the use of grading or other forms of assessment in a punitive manner. Expectations of teachers and learners are described more fully in the Policy on Professional Conduct. <http://www.uwmedicine.org/about/policies/professional-conduct>

At both the School of Medicine and University level, individuals have been identified to assist any member of the educational community to address situations, perceived or real, of inappropriate behavior. Such behaviors include but are not limited to areas of sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, sexual orientation, and/or age; humiliation; and/or the use of grading or other forms of assessment in a punitive way. It is important to address these situations, whether intentional or unintentional, in a timely manner, as they tend to result in disruption of the spirit of learning and are a breach of the integrity and trust between teacher and learner.

The University of Washington Nondiscrimination and Non-Retaliation Policy addresses standards for faculty, staff, students, and trainees at the University of Washington.

<http://www.washington.edu/admin/rules/policies/PO/EO31.html>

Institutional Expectations for Students' Standard of Behavior

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

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

Potential Conflicts in Student Evaluation

Student Healthcare and Physician Relationships

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

Personal/Familiar Relationships in the Educational Environment

No faculty member, teaching assistant, research assistant, department chair, dean, staff or other administrative officer should vote, make recommendations, or in any other way participate in the decision of any matter which may directly affect the employment, promotion, academic status or evaluation of a student with whom he or she has or has had a familial, sexual, or romantic relationship. This policy applies to all individuals who teach or precept students enrolled in the University of Washington School of Medicine, including faculty, preceptors, and others working with University of Washington medical students throughout the WWAMI region.

From University of Washington Faculty Code, Section 24-50, *S-A 38, March 22, 1971 with Presidential approval; RC, December 4, 2013; S-A 137, March 30, 2016 with Presidential approval.*

Faculty Responsibilities and Conduct

UW Faculty Code: Chapter 24

Section 24–33 A Statement of Principle: Academic Freedom and Responsibility

Membership in the academic community imposes on students, faculty members, administrators, and Regents an obligation to respect the dignity of others, to acknowledge their right to express differing opinions, and to foster and defend intellectual honesty, freedom of inquiry and instruction, and free expression on and off the campus. The expression of dissent and the attempt to produce change, therefore, may not be carried out in ways which injure individuals or damage institutional facilities or disrupt the classes of one's instructors or colleagues. Speakers on campus must not only be protected from violence, but given an opportunity to be heard. Those who seek to call attention to grievances must not do so in ways that clearly and significantly impede the functions of the University.

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

Section 13-31, April 16, 1956; S-A 58, May 16, 1978; S-A 64, May 29, 1981; S-A 71, February 5, 1985; S-A 75, April 6, 1987; S-A 86, December 8, 1992; S-A 99, July 9, 1999; S-A 125, June 11, 2012: all with Presidential approval.

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

Grievance Procedures

Executive Order #58, issued by the president of the University on April 30, 1979 and March 5, 2013, directs that each school in the University shall establish an undergraduate student academic grievance procedure. This memorandum establishes that procedure for the School of Medicine for both undergraduate and professional students.

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

Policy on Supervision of Medical Students in Clinical Settings

The University of Washington School of Medicine 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 will be 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, site coordinators, and supervising faculty members to assure that the specifications of this policy are followed.

This policy will be distributed annually, at a minimum, to all faculty and others who work with or supervise UWSOM medical students in clinical settings. It will also be distributed to UWSOM medical students through the M.D. Program Handbook and will be posted on the UWSOM website under Academic Affairs Policies.

Supervisor Qualifications and Prerequisites

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

Delegation of Responsibility to Students

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

Feedback to Students about Clinical Skills and Performance

- Supervisors will monitor the student's performance on an ongoing basis throughout the course or clerkship.
- Supervision is designed to provide formative constructive feedback to students in an ongoing manner and summative feedback at the end of assignments.
 - Formative feedback will be provided, at a minimum, at course/clerkship mid-points and early enough in the course/clerkship for the student to make corrections prior to summative assessment,
- The supervisor will notify the clerkship or course director immediately if serious academic or professional gaps in student performance exist.

Student Responsibilities Related to Supervision

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

CHAPTER 3

ADMISSIONS

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

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

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

Admission Requirements and Selection Factors

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

Premedical Course Requirements

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

The content of the chemistry and biology courses must include:

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

The following courses are recommended, but not required:

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

Other Requirements

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

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 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 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.

Other Selection Factors

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

Matriculation Deferral

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

Transfer

The University of Washington School of Medicine does not accept applications from students who request to transfer from other medical schools unless the students are residents of Wyoming, Alaska, Montana, or Idaho 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.

Transfer applicants from these states will be considered based on the size of the equivalent entering class for each state and whether an opening is available in that cohort. If there is an opening in the cohort, a decision on whether or not to fill the position(s) will be made in consultation with the 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.

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 Associate Dean for Admissions or designee 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

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 and out-of-region 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 space available.

Applications for Combined Degree Programs

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 (MSEC). Depending on funding available, about 10 MSTP applicants may matriculate into the School of Medicine each year.

Concurrent MD-Master's and MD-Doctoral Degrees

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

CHAPTER 4

MD PROGRAM REQUIREMENTS

Requirements for Participation in MD Program

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

The University of Washington and its faculty have policies and standards regarding the essential requirements that must be met for admission, retention, promotion, and graduation with the MD degree from the University of Washington School of Medicine. The Vice Dean of Academic, Rural and Regional Affairs will appoint a committee of faculty to review and update this document every four years.

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

- Intellectual/cognitive: conceptual, integrative, quantitative abilities for problem solving and diagnosis
- Professionalism/behavioral and social aspects of performance
- Communication
- Physical and mental requirements

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

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

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

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

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

Applicants and students must meet the legal standards to be licensed to practice medicine in the states of Washington, Wyoming, Alaska, Montana, and Idaho. As such, students for admission must acknowledge

and provide written explanation of any felony offense or disciplinary action taken against them prior to matriculation in the School of Medicine. In addition, should a student be convicted of any felony offense while in medical school, they agree to immediately notify the Associate Dean for Student Affairs as to the nature of the conviction. Failure to disclose prior or new offenses can lead to rescinding the offer of admission, disciplinary action, or dismissal.

All of the essential requirements may be found at:

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

Compliance Requirements

All students must comply with all School of Medicine's requirements throughout their tenure in the medical school program; this includes timely documentation of compliance. Compliance is required even while a student is in a non-clinical segment of the curriculum, on a leave of absence, or in an expanded or combined degree program. These compliance requirements include immunizations and TB screening, universal precautions, CPR certification, criminal background checks, HIPAA compliance certification, and University of Washington Medicine privacy, confidentiality, and information security agreements.

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

University of Washington Policy on Use and Possession of Marijuana and Drug

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

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

Health and Disability Insurance

The Affordable Care Act requires all citizens to have health insurance or to pay a penalty. The Attorney General's office for the State of Washington has provided an opinion to the School of Medicine that it is not within the School of Medicine's purview to require students to have health insurance. However, the School of Medicine strongly recommends students have health insurance throughout their tenure in medical school. Students are strongly encouraged to purchase disability insurance given the risks inherent in the practice of medicine.

Curriculum Overview and Standards for Completion of the MD Degree

The MD program at the University of Washington School of Medicine is a four-year curriculum. It is expected that students will complete the curriculum in four years; however, due to academic and/or personal circumstances, the student's program may be extended if approved by the Student Progress Committee. Concurrent degree students and those engaged in a research year or fellowship are expected

to complete the MD program portion of their education within four years. The graduate portion of a concurrent degree (e.g. MSTP, MPH, MHA) is subject to the requirements of the degree-awarding department.

The curriculum is dynamic and designed to provide students with a strong scientific foundation, a comprehensive, integrated approach to clinical skills and patient care, and opportunities to explore areas of potential career interest 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.

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.

The awarding of the Doctor of Medicine degree is contingent upon satisfactory completion of all curricular, academic, and professional conduct requirements. The latter includes the demonstration of behavior patterns and attitudes consistent with the oath that all students take at the time of graduation. As such, student evaluation is based upon observation by faculty and others in teaching roles (TAs, residents, etc.) of the student's behavior and conduct as well as the student's performance on papers, examinations and other assessments. A pattern of documented evaluator concerns about a student's performance may indicate unsatisfactory performance when the record is viewed as a whole, even though passing grades have been assigned. In addition, every student is required to successfully complete or receive a waiver of the Independent Investigative Inquiry; pass the School of Medicine's Objective Structured Clinical Examinations (OSCE); pass all School of Medicine required courses, clerkships, and scheduled electives; and pass Step 1, Step 2-Clinical Knowledge, and Step 2-Clinical Skills of the United States Medical Licensure Examination.

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

General Description of Curriculum

Foundations Phase Curriculum

The first three terms of the medical student curriculum are identified as the Foundations Phase. The Foundations phase is 18 months in length and consists of block courses that integrate discipline and organ system content throughout. It is taught by faculty in both the basic sciences and clinical disciplines. Content in cross-cutting scientific areas, such as pathology/histology, human form and function, and pharmacology, is consolidated by integrating these topics into all of the blocks and threading them throughout the curriculum. The Foundations Phase also includes longitudinal clinical experiences as part of the Foundations of Clinical Medicine (FCM) course. Students begin their education with hands-on training in basic clinical skills during a combined clinical Immersion and Orientation. This allows students to learn selected basic clinical skills and

have early exposure to patients. This training in clinical medicine continues after the Immersion and Orientation through longitudinal clinical training 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 on a separate half-day every other week throughout the Foundations Phase.

Starting with the entry class of 2017 (E17), students receive education in theme areas important to the practice of medicine (health systems, quality and safety, population health, global health, social determinants of health/health equity, diversity, professionalism and ethics, interprofessional care and communication, and others) during intersession weeks through a course called Ecology of Health and Medicine. This course starts in the Foundations Phase and continues through the Patient Care Phase and Explore and Focus Phase.

Also starting with the E17 class, students will take a research methods course during the summer between Term 2 and Term 3 that incorporates epidemiology, biostatistics, and research methods. This will have both distance and in-person options for students and can be completed over 8-10 weeks while students are involved in other summer activities, such as the Rural Underserved Opportunities Program (RUOP) or the Medical Student Research Training Program (MSRTP).

After the first three terms, students complete a three-month Consolidation and Transition phase in which they prepare for Step 1 of the USMLE 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.

Clinical Curriculum: Patient Care Phase and Explore and Focus Phase

The concentrated clinical curriculum follows the Foundations Phase. The Patient Care Phase required clerkships include family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, and surgery. The Explore and Focus Phase required clerkships include emergency medicine, neuroscience, and advanced patient clerkships, one of which must be a subinternship. In addition, students are required to complete 40 credits, or 20 weeks, of clinical electives. At the end of the fourth year, students are required to participate in the Transition to Residency course, which is an academic- and skills-based course that prepares students for entering residency training. 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.

Curricular Requirements

The curricular requirements include satisfactory completion of such comprehensive examinations as may be adopted by the Medical School Executive Committee. Currently, the United States Medical Licensing Examination Step 1 and Step 2, Clinical Knowledge and Clinical Skills serve this function. Passage of the University of Washington School of Medicine OSCEs is also required.

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.

Curricular Requirements for the 2014 Entering Class

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

Approved School of Medicine, September 2012

Curricular Requirements for the 2015 and E2016 Entering Classes

A	<u>Foundations of Medical Science</u>		90 credits
	Molecular & Cellular Basis of Disease		11 credits
	Invaders and Defenders		10 credits
	Circulatory Systems		16 credits
	Blood & Cancer		5 credits
	Energetics & Homeostasis		10 credits
	Mind, Brain, & Behavior		14 credits
	Lifecycle & Reproduction		8 credits
	Foundations of Clinical Medicine		8 credits
	Primary Care Practicum (part of Foundations of Clinical Medicine)		8 credits
B	<u>Consolidation and Transition</u>		11 credits
	Intensive Foundations Review/USMLE Board Prep		9 credits
	Transition to Clerkships		2 credits
C	<u>Scholarly Project</u>		6 credits
D	<u>Patient Care</u>		84 credits
	Family Medicine	6 weeks	12 credits
	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
E	<u>Explore and Focus</u>		72 credits
	Advanced Patient Care – subinternship	4 weeks	8 credits

Advanced Patient Care	4 weeks	8 credits
Emergency Medicine	4 weeks	8 credits
Neuroscience	4 weeks	8 credits
Clinical Electives: 5 four-week blocks	20 weeks	40 credits
F <u>Transition to Residency</u>		8 credits
Total minimum credits for MD degree:		271 credits

Curricular Requirements for the 2017 Entering Class and Subsequent Classes

A <u>Foundations of Medical Science</u>		97 credits
Molecular & Cellular Basis of Disease		11 credits
Invaders and Defenders		10 credits
Circulatory Systems		16 credits
Blood, Cancer, and Musculoskeletal		8 credits
Energetics & Homeostasis		10 credits
Mind, Brain, & Behavior		14 credits
Lifecycle & Reproduction		8 credits
Ecology of Health & Medicine		4 credits
Foundations of Clinical Medicine: Clinical Skills		8 credits
Primary Care Practicum (part of Foundations of Clinical Medicine)		8 credits
B <u>Consolidation and Transition</u>		11 credits
Intensive Foundations Review/USMLE Board Prep		9 credits
Transition to Clerkships		2 credits
C <u>Scholarly Project</u>		12 credits
Research Methods Course		6 credits
Completion of Triple-I project		6 credits
D <u>Patient Care</u>		86 credits
Required Clinical Clerkships		
Family Medicine	6 weeks	12 credits
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
Ecology of Health & Medicine		2 credits
E <u>Explore and Focus</u>		73 credits
Advanced Patient Care - subinternship	4 weeks	8 credits
Advanced Patient Care	4 weeks	8 credits
Emergency Medicine	4 weeks	8 credits
Neuroscience	4 weeks	8 credits
Clinical Electives: 5 four-week blocks	4 weeks	40 credits
Ecology of Health & Medicine		1 credit
F <u>Transition to Residency</u>		8 credits
Total minimum credits for MD degree:		287 credits

Student Responsibility in Clinical Settings

Students are expected to read and adhere by the University of Washington School of Medicine Policy on Supervision of Medical Students in Clinical Settings. This policy provides guidelines for faculty and clinicians who work with University of Washington medical students in clinical settings and also provides

guidelines for students regarding their responsibilities related to supervision, including when to ask for help in a clinical setting.

The 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 will be 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, site coordinators, and supervising faculty members to assure that the specifications of this policy are followed.

This policy will be distributed annually, at a minimum, to all faculty and others who work with or supervise UWSOM medical students in clinical settings. It will also be distributed to UWSOM medical students through the M.D. Program Handbook and will be posted on the UWSOM website under Academic Affairs Policies.

Supervisor Qualifications and Prerequisites

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

Delegation of Responsibility to Students

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

Feedback to Students about Clinical Skills and Performance

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

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

Student Responsibilities Related to Supervision

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

Professional Development

The goal of UWSOM is to develop mature, competent professionals. Students' professional development is an important component of their training and the curriculum focuses on seven core professional values: altruism; honor and integrity; respect; responsibility; caring, compassion, and communication; excellence; and leadership. Students are expected to abide by University, local, state, and federal regulations and laws. Violations of School or University standards for professional behavior and conduct will place the student in jeopardy of dismissal. Any deviations from School or University standards should be reported in a timely manner to the Associate Dean for Student Affairs to allow for appropriate evaluation.

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

Policies Related to Specific Curriculum Requirements

Independent Investigative Inquiry (III)

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.

Students who received Master's or PhD degrees with completion of a thesis or dissertation or those who are first authors of published papers in peer-reviewed journals in disciplines basic to medicine may petition for a waiver of the III requirement. Petitions for waivers must be submitted by January 5 and approved by the Curriculum Office no later than January 31 of the first year of the student's matriculation.

Objective Structured Clinical Examinations (OSCE) Program

Successful completion of the UWSOM Objective Structured Clinical Examinations (OSCE) is required during the medical school program. The OSCEs provide an evaluation of the individual student's knowledge and skills and an assessment of the educational program.

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

Transition to Residency

All students must take and pass the Transition to Residency course that is offered just prior to graduation.

United States Medical Licensing Examination (USMLE)

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

Required timelines for taking the USMLE examinations should be appropriate to the educational preparation of the students, i.e. Step 1 exam at the conclusion of the Foundations Phase curriculum and Step 2-CK exam and Step 2-CS exam at the conclusion of the Patient Care Phase. If a student fails a Step exam, interventions for restudy and continuance in the curriculum must be established for the failed Step exam(s). School of Medicine guidelines regarding the number of times a Step Exam may be repeated and the timeline allowed between completions of each Step Exam should be consistent with NBME policies.

Concurrent Degrees

Medical Scientist Training Program (MSTP)

Application to the Medical Scientist Training Program (MSTP) occurs at the time of application to the School of Medicine. MSTP students are expected to complete the 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.

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

University of Washington MD/MHA and MD/MPH

In order to expedite the training of physicians who wish to specialize in public health or community medicine, the School of Medicine's Faculty Council on Academic Affairs approved a concurrent degree with the University of Washington School of Public Health in February 2001

that leads simultaneously to the MD degree and Master of Public Health or Master in Health Administration degree.

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

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

Degree Programs and Courses

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

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

Graduate Degree at Another Institution

Students may apply to pursue a PhD or Master's program at another institution if in good standing or with eligibility based on progress in the MD degree. A letter of recommendation and/or permission for a leave of absence from the School of Medicine 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.

CHAPTER 5

MD PROGRAM CURRICULUM

Curriculum Oversight and Management

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. These committees fall within the responsibility of the Associate Dean for Curriculum.

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. Processes must be 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.

University of Washington School of Medicine WWAMI Medical Education Program

The University of Washington School of Medicine WWAMI 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 is committed in its relationships with the universities housing the WWAMI program to respecting their governance structures while maintaining program comparability and congruence across sites, and meeting the LCME standards.

The UWSOM's Academic Affairs administration is committed to providing 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 are expected to have an agreed-upon process for managing issues, such as expansion of the number of students overall, number of students in TRUST (Targeted Rural Underserved Track), WRITE (WWAMI Rural Integrated Training Experience), 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 sites. There should be a protocol for establishing and retaining clinical educational sites, including the creation of unique longitudinal sites.

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

WWAMI Faculty Appointments for the MD Program

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

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 have significant responsibilities for student education are expected to have a faculty appointment.

Approval of Clerkship Sites for Required/Elective Rotations

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, department, regional clinical dean and the Curriculum Committee.

Active Learning

Foundations Phase Curriculum

The format of each block course should be designed to emphasize active learning processes and minimize the number and length of lectures. Small group sessions and independent learning should receive greater emphasis in the curriculum. Learning to work effectively in a small group is an important skill. Each student 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 Career Explore and 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.

The College Program

The University of Washington School of Medicine's College Program, which was established in 2001, has three primary goals: to provide a consistent faculty mentor/advisor to each student over her/his medical school career; to teach in the clinical skills and professionalism curriculum during the Foundations of Clinical Medicine course in the Foundations Phase; and to assist in the development and delivery of a four-year integrated curriculum of clinical skills and professionalism. Each College mentor is assigned approximately five students per class, and teaches their mentoring group in the Foundations of Clinical Medicine course during the Foundations Phase of the curriculum. Throughout each of their students' tenure in medical school, the College mentors provide advice and support related to personal and academic issues encountered by their assigned students.

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.

Course and Clerkship Hours

Foundations Phase Curriculum

It is the expectation that students will spend no more than 60 total hours per week on academic activities in the Foundations Phase. These 60 hours include out-of-class preparation, in-class activities, clinical skills training, and required clinical duties in the Colleges and primary care settings.

Patient Care Phase and Explore and Focus Phase Curriculum

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

The Curriculum Committee has oversight of the duty-hours policy guidelines for clerkships, with and without call, to enable students to plan appropriately for meeting the duty hour requirements and planning their personal time.

Work Hours Policy for Required and Elective Clerkships

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 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 as follows.

Clerkships WITH call:

1. No more than 80 hours of awake time in the hospital per week.
2. 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.
3. Post-call, if you slept at least 5 hours, you should stay through the working day.
4. You should have at least one full day off per week, averaged over a month.
5. No matter how many hours you have worked, always check out with the team before leaving for the day.

Clerkship WITHOUT call:

1. No more than 80 hours of awake time in the hospital per week.
2. Parking and transportation issues may demand you leave the hospital by a certain time.
3. Feel free to come in early or stay late. Family and personal obligations are important and need to be balanced.
4. You should have at least one full day off per week, averaged over a month.
5. No matter how many hours you have worked, always check out with the team before leaving for the day.

Hours will not be specifically logged unless you feel it is necessary because of a potential violation. If you are working close to the 80-hour limit, please document your hours for the week in question and present these to your Site Director as soon as possible; your work schedule will be modified as appropriate. Also document any violation of the 30-hour policy for overnight call. Further concerns should be brought to the attention of the Clerkship Director.

Assessments

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

Narrative assessment should be incorporated into the assessment and feedback process. This is required during the Patient Care Phase and Explore and Focus Phase through completion by faculty of performance evaluations of students that contain a narrative component. Whenever possible, narrative assessment is also to be incorporated into the Foundation Phase feedback and assessment process in order for students to receive personalized and individualized feedback about their performance.

University of Washington School of Medicine Narrative Assessment Policy

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.

For classroom courses in the Foundations Phase, circumstances that influence feasibility of narrative assessment vary by block, thread and regional site and we therefore seek to assess and understand the feasibility across all of our blocks and campuses prior to determining requirements for narrative assessment.

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).

This policy will be updated based on current feasibility studies by December 31, 2017.

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

Foundations Phase Curriculum

All Foundations Phase block courses are required to include assessments appropriate to the structure, content, and learning objectives of the course. The learning objectives and assessments are the same at all sites. An analysis of student performance by site helps in the evaluation of the quality of the education provided at all sites.

The required Foundations Phase blocks/courses should incorporate content and formats relevant to the National Board of Medical Examiners subject exam in order to enhance consistency in teaching and examination processes across sites and courses and to promote the incorporation of national learning objectives and appropriate testing skills for students' preparation for USMLE Step 1.

Examination schedules should be developed after careful consideration of students' need for preparation time and the faculty's availability and cognizance of the University's administrative holiday schedule and religious observances. As part of the students' professional development as a physician-in-training, there will be times when they are expected to 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.

Patient Care Phase and Explore and Focus Phase Curriculum

All required clerkships must develop appropriate assessments that reflect the structure, learning objectives, and content of the clerkship. Assessments must be comparable across all sites delivering the required clerkship content.

Each of the required clerkships has a specific clinical skill or professionalism/communication component that should be incorporated into the teaching schedule. Mini-clinical Examinations (“Mini-CEX”) are administered to each student during the clerkship to assess these components. The mini-clinical examination component is included in the determination of the final grade.

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

As stated in the University of Washington School of Medicine Policy on Narrative Assessment, space for narrative assessment is provided on the Student Performance Evaluation Form completed on each medical student at the completion of a clerkship. Faculty completing the forms are required to provide narrative assessment of the student. This applies to all phases of the clinical curriculum, including the Patient Care Phase and Explore and Focus Phase. Please see the policy on page 34 of this document.

In the clinical clerkships and clinical electives, the final examinations should be scheduled in a uniform manner to allow students’ equitable study and travel time. If an oral examination is given, the clerkship directors have responsibility 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 or required presentation, honors paper and other components, must be completed within the time period allocated for the course.

Observed Structured Clinical Examination (OSCE)

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.

Policies Related to Assigning Credit

Previously Earned Credit

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

Calculation of Academic Credit

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

other activity required of students. A specified number of credits must be earned for granting of a degree.

Credit by Examination

Due to the integrated and longitudinal nature of the Foundations Phase curriculum, credit by examination, commonly known as “challenging a course,” is not offered to students.

Awarding Credit Utilizing Video Recordings, Web-based Learning, Distance Learning

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

Academic Credit for Research

Students are allowed to register for up to 8 credits of research in a quarter using the regular University policy of three (3) hours per week in the lab or research activity for one quarter equaling one (1) credit hour. The final number of credits is determined by the student in consultation with their research mentor.

Credit for Courses Providing a Stipend

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

Restricted Access to School of Medicine’s MD Program Requirements

Foundations Phase Requirements

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. 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.

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. 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.

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.

Clinical Requirements

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.

Restriction of Non-UW Individuals and Children in Educational Settings

School of Medicine classes, laboratories, and patient care settings are restricted to enrolled University of Washington medical students (with the exceptions noted above). Under no circumstances may a student bring a non-UW medical student to classes or clerkship settings without prior approval from the Associate Dean for Student Affairs or Associate Dean for Curriculum and the permission of the Block or Clerkship Director. If there is an exceptional situation in which a student would like to bring a friend or family member to class, he/she/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.

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.

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. In addition, children may not be brought into laboratory or patient care settings.

CHAPTER 6

GENERAL MD PROGRAM POLICIES FOR STUDENTS

Good Standing/Eligibility for Participation in MD Program

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

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

Universal Precautions

All students enrolled in the University of Washington School of Medicine must complete the School's program on universal precautions annually. The purpose of this program is to ensure that medical students have been informed of the appropriate handling of blood, tissues, and body fluids during medical school. Opportunities for review of universal precautions will be included in the orientation program, Foundations of Clinical Medicine course and required clerkships. As part of professional development, students will be responsible for incorporating these principles into their routine practice while in patient care situations. University of Washington School of Medicine's blood-borne pathogen policy is at: <http://www.uwmedicine.org/education/md-program/current-students/academic-policies-and-procedures/compliance/universal-precautions-training>

Liability/Malpractice Coverage for Medical Students

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

Educational Technology Laptops, PDAs, and Mobile Devices

Access to electronic information is an essential part of the medical school program. In order to access learning and assessment tools as well as medical information, students are required to have a sufficiently current laptop computer and mobile device that meet School of Medicine minimum requirements.

Handling Patient Data and Encryption

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

University of Washington Medicine requires training for all medical students to learn how to properly safeguard confidential information and comply with standards for personal accountability for data stewardship.

Internet Posting/Social Networking/Media

The Internet, social networking, and the subsequent ability to immediately record and make available one's activities and reflections have greatly increased public scrutiny of the medical profession. The scope and implications of an individual's presence on the Internet are broad. They can affect one's future (residency interviews, employment, promotion, legal exposure) and also can affect the profession (social contract, institutional and professional integrity). The concept of "intended audience" no longer pertains; once something is posted on the Internet, the audience is anyone and everyone. University of Washington Medicine's policy can be found at: <http://depts.washington.edu/comply/docs/COM-03SocialMedia.pdf> (November 2, 2015)

Professional Behavior and Conduct

Honor Code

Students are expected to abide by the principles of the Medical Student Honor Code (<https://catalyst.uw.edu/workspace/honorsom/17095/198695>) and Professionalism Policy. The Honor Code is signed as part of the admission process to and matriculation in the University of Washington School of Medicine. Breaches in academic integrity and/or professional behavior or conduct are serious violations of the School's MD program standards.

Examples of academic misconduct include but are not limited to: cheating on examinations; sharing exam questions with students at other sites, in subsequent clerkships and from year to year; plagiarism of research projects and results, personal statements, and patient chart write-ups; misrepresentation of knowledge of a patient's status; and inappropriate communication with peers, faculty, or staff.

Students are asked to review and abide by the University of Washington's Medicine Policy on Professional Conduct: <http://www.uwmedicine.org/about/policies/professional-conduct>

Examination Environment

Uniform guidelines are in place and used regarding in-class examinations, open book exams, computer exams completed by students outside the classroom environment and other forms of unmonitored evaluation. For courses using NBME subject examinations, the NBME protocol for managing the examination environment and the security of the exams while in the School of Medicine's possession must be followed. Guidelines provide clear expectations related to students' timeliness in arriving for the start of an exam, the items students may not have in their possession during the exam, the number of proctors per students, restriction of student questions to proctor after the exams, etc. Proctors and course directors are expected to have guidelines for managing the appearance of cheating or other misconduct during the examination.

Appropriate 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 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.

Standards of Dress and Appearance

The University of Washington School of Medicine has adopted the below dress and appearance guidelines for medical students to ensure they present a professional appearance consistent with what is expected in a clinical setting. How one looks and acts directly affects how patient care 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, spaghetti strap women's tank tops and men's sleeveless shirts; shorts; overalls; sweats; exposed backs or midriffs or any revealing clothing that exposes undergarments; low-cut necklines, form-fitting dresses, or skirts shorter than 2-3" above the knee.
- **Shoes:** Flip-flops, slippers, and 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** must be neatly groomed, clean, and must not interfere in any way with the student's performance. For safety and infection control reasons, students working in some areas of the hospital, such as operating rooms, may not be permitted to wear beards, or may be required to wear beard guards.
- **Jewelry** worn by students must be of reasonable shape and size, appropriate to the work setting, and may not interfere with patient care or safety. Earrings and small nose studs are the only

acceptable forms of visible pierced jewelry. Rings must be small enough to allow for the use of gloves, with no risk of tearing the gloves.

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

Expectations of Students' Participation

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

Attendance and Absences

Foundations Phase Curriculum

Students are required to attend the following:

- Immersion and Orientation
- Foundations of Clinical Medicine
 - Primary Care Practicum
 - Hospital tutorials
 - Clinical skills workshops
- Scheduled examinations
- All lectures and sessions where patients are present
- Class meetings

Permission from the relevant block/course director or College mentor or Foundations Dean or in Seattle, the Assistant Dean for Student Affairs must be sought and granted prior to any absence from a required activity. If a student is absent from required activities without permission, they may receive a Fail grade and an Evaluator Concern notice regarding their professionalism in their final evaluation form.

Students must be present for scheduled examinations except in the event of personal illness, personal/family emergencies or religious holiday observation in which the Foundations dean or in Seattle, the Assistant Dean for Student Affairs has been notified and given permission.

All students are expected to attend the following:

- Lectures in which patients are not present
- Small groups
- Labs

All Seattle lectures will be recorded and made available by podcast. It is the student's responsibility to obtain any handouts, lecture notes, or other materials distributed in the large group lectures.

Permission must be granted for rescheduling an exam. Acceptable reasons to reschedule an exam are personal illness, personal/family emergencies, or religious holiday observation. Documentation may be required. The student must contact the appropriate Foundations dean to request permission to reschedule an examination. The block/course director cannot provide permission for an exam reschedule.

If a personal illness, personal/family emergency or religious holiday observation necessitates missing a required activity, the student must contact the block/course director, College mentor or Foundations Dean or in Seattle, the Assistant Dean for Student Affairs prior to the beginning of the scheduled activity to inform them of the situation and to make arrangements for completing the course requirements. Documentation of reason(s) for the request may be requested. It is not acceptable to send an email or leave a message with office staff.

The student should make up the missed work or a pre-approved re-scheduled examination as soon as possible.

Personal events, including attending/presenting at conferences, should be scheduled during breaks or elective time off and should not be scheduled during required activities. Students will not be excused from required coursework for these kinds of activities. See above for the list of required activities.

If a student wishes to consider participating in these kinds of opportunities, they should consult the appropriate Foundations dean or in Seattle, the Assistant Dean for Student Affairs well in advance (3-6 months) of the requested absence. Absences for personal events and research presentations may be limited to one time during the Foundations Phase. Failure to request advance permission or missing class without advance permission may result in an Evaluator Concern.

Examinations cannot be rescheduled for personal events or research presentations.

Patient Care Phase and Explore and Focus Phase Curriculum

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

This policy covers all students in required and elective clerkships.

General Absentee Policy

1. It is in the student's best interest to be present for all days during clerkships. For most clerkships, that includes overnight call and weekends. Please try to anticipate personal events and fit them into breaks or elective time off. There are no vacation days during clerkships so please schedule vacation time during school breaks or elective time off.
2. Anticipated Absences: This policy allows for up to 2 days of anticipated excused time away from the learning environment in 4 to 12-week clerkships. Absences cannot be 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).
 - a. This policy should not be interpreted to mean you can or should take 2 days off on every clerkship. The intent of this policy is to provide guidance about how to approach significant personal events that occur during scheduled clerkships.
 - b. Please also consider that time away from the clerkship may affect your grade without any intention to do so. For example, your preceptor may have fewer days in which to evaluate your work or there may not be enough time for you to receive feedback and improve your skills.

- c. If you desire any time off you should consult with the appropriate clerkship director/administrator at least six weeks prior to the beginning of the clerkship to limit the negative impact on the clerkship experience.
3. Unanticipated Absences: In case of an illness, personal emergency or personal healthcare appointments, you must directly contact the team you are working with as early as possible. Please also see below about contacting the clerkship director/administrator.
4. If you are absent without permission you may receive a Fail grade and may be required to repeat the clerkship. In addition, you will receive a professionalism concern on the final evaluation.
5. No anticipated time off is permitted during two-week elective clerkships and four-week sub-internships.

Anticipated Absences

1. Significant 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, you must consult with the clerkship director/administrator at least six weeks prior to the beginning of the clerkship, before making travel arrangements, as it is not always possible to grant these requests. If more than two days off are needed for chronic health issues and/or appointments, you should contact Disability Resources for Students (DRS) to pursue possible accommodations.

2. National or Religious Holidays

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 they 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 your 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 and can't be made.

3. Residency Interviews

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

4. Match Day

All graduating students are allowed 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 you are on a WWAMI clerkship, additional travel time the day prior to the celebration may also be needed.

Unanticipated Absences

1. **Unanticipated Illness, Personal Emergency or Urgent Health Care Appointments**
If you miss ANY days, you must speak with the site director as well as the attending or resident in charge prior to the start of the shift. It is not acceptable to leave only a phone or email message or to contact only administrative staff. You 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 your absence. The specific person and his/her contact information are available on the individual clerkship websites.

For ANY time away from the clerkship, you 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.

2. **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.”
3. **SOAP (Supplemental Offer and Acceptance Program)**
In the event that you do not match and you are participating in SOAP in order to secure a residency position, you are immediately excused from clerkship duties. Student Affairs will contact the clerkship director/administrator who will notify your site. Prior to returning to your 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.
4. **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.**

LIC/WRITE Clerkship Absences

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

Anticipated Absences

1. Significant personal events are described above under “anticipated absences.” Because of the different scheduling model for LIC/WRITE, this policy allows for up to 2 days away from the learning environment every 12-weeks of the clerkship.
2. The request should be directed to the LIC/WRITE program director(s).
3. The requested dates need to follow the General Absentee Policy.

Unanticipated Absences

1. 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.

Scheduling Policies for Course Requirements

Religious Observances

As an institution of higher learning dedicated to training individuals from diverse backgrounds, the University of Washington School of Medicine supports educational accommodations for those students whose religious beliefs require that they participate in recognized holy day observances. Guidelines should: enable reasonable accommodations for those students participating in observances unique to their faiths' traditions that conflict with required classroom or clinical responsibilities; enable the Academic Affairs Office and course and clerkship directors to develop course and clerkship schedules that minimize required activities on major religious holidays; and provide a mechanism for students to request rescheduling or being excused from required course/clerkship responsibilities to accommodate participation in their religious observances. As a physician-in-training, it is important for students to recognize the inherent tensions in balancing one's life with the demands of medical school education and increasing patient care responsibilities.

University's Change of Published Examination Schedule Policy

Examination schedules should be developed after careful consideration of students' need for preparation time and the faculty's availability and should be cognizant of the University's published dates for administrative holidays and religious observances. Once an examination schedule is set, students are expected to take the examination at the date and time scheduled. The dates and times of the examinations cannot be revised for the class except through criteria established by University and School of Medicine policy. The University policy requires that in order to change an already established test date, there must be unanimous written approval from every enrolled student and course faculty.

Faculty are not expected to make exceptions on an individual basis for a student to take an examination earlier or later than the scheduled time except in cases of documented illness, personal or family emergencies or religious holiday observation. For the Foundations Phase curriculum, the WWAMI Foundations Deans and the Assistant Dean for Students Affairs in Seattle are the only people who can grant permission for an examination date/time change and requests will be considered only in cases of documented illness or personal/family emergencies. The relevant Foundations Dean will inform the course/block director if such an exception is granted.

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

University of Washington Closure

The University of Washington School of Medicine in Seattle and the regional universities that serve as WWAMI teaching sites seek to maintain their normal operations. However, there may be times when situations like inclement weather, power outages, earthquakes, etc., impact operations

and/or students' and faculty members' ability to be present for scheduled coursework. In these types of situations, the University will determine whether it will officially close.

The University of Washington School of Medicine's Seattle and regional university sites follow their respective university operations policies. Medical students in the Foundations Phase curriculum are responsible for knowing their own University's policies with respect to class cancellations or other suspended activities and for checking with the University of Washington School of Medicine's Academic Affairs or Curriculum Offices to confirm the status of their class and/or exam schedule.

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

Clerkship Policies

Patient Care Phase Curriculum

Students are not permitted to expand the Patient Care Phase after beginning this portion of the curriculum. For educational reasons, the Patient Care Phase year should be completed without interruption. These reasons include the importance of continuity in the development of clinical skills, preparation for both components of USMLE Step 2 and University of Washington School of Medicine OSCEs, and the complexity of scheduling the required clerkships.

The Associate Dean for Student Affairs or the Student Progress Committee may, only under exceptional circumstances, consider approving an expansion of the Patient Care Phase for reasons other than academic difficulty. When a student is permitted to modify the third-year clerkship schedule for academic or approved exceptional circumstances, he/she/they must be flexible concerning both the timing and site of rescheduled clerkship(s).

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

Required Clerkship Scheduling

The 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 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 in which 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 attempt a “swap/trade” of site, timeframe or both will be required to find another student willing to “swap/trade” via student-initiated communication. Agreeable parties are required to set up an appointment with the School of Medicine Registrar to review, approve, and facilitate the schedule change. Many factors are taken into consideration prior to approving a “swap/trade.” These include, but are not limited to, schedule and travel coordination, housing availability, and academic standing.

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

All changes to students’ schedules must be made through the 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 Registrar’s Office to ensure that the updates are made to their clinical schedule.

Explore and Focus Phase Scheduling

The Explore and Focus Phase will have 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. Explore and Focus Phase clerkships may only be dropped, added, and/or edited up to six weeks or more prior to the clerkship start date. Some departments have further limitations when dropping their clerkships (such as permission from the department), that supersede the six-week guideline mentioned above.

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

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 the updates are made to their clinical schedule.

Clinical Elective Planning

Students need to pay attention to clinical elective policies when scheduling their coursework to be certain that sufficient credits for graduation have been anticipated.

Clerkship Housing Policy

The University of Washington School of Medicine provides medical student housing for required clerkships for students who are not completing the required clerkship within driving distance of their current residence.

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.

Clinical Electives at LCME-accredited Institutions

Students may take up to 24 weeks of clinical electives credit toward the MD degree at other LCME-accredited institutions. The granting of credit by University of Washington School of Medicine is contingent on the student meeting all criteria: eligibility, approval, credit, and performance evaluation, as specified in the Curriculum Office's educational program guidelines.

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.

Clinical Electives at non-LCME WWAMI Institutions

A WWAMI special assignment clerkship at a non-LCME institution may be offered once, for a special assignment. If the clerkship is to be offered more than one time, the department must apply for a permanent clerkship/course to be established for that site. Exceptions may be authorized by the Associate Dean for Curriculum for trial electives.

CHAPTER 7

ACADEMIC/PROFESSIONAL PERFORMANCE STANDARDS

Evaluation and Grading System

The Curriculum Office has overall responsibility for the implementation and management of guidelines governing the grading system. There must be uniform standards for evaluating students' performance and consistent guidelines for managing remediation. The Associate Dean for Curriculum works in collaboration with the block, course, thread, and clerkship directors and Foundations Deans and Clinical Regional Assistant Deans who oversee compliance across all courses. All grades and evaluations must be submitted to the School of Medicine's Registrar's Office within the required timeline. 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.

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**
- Evaluator Concern: internal designation
- Withdrawal

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

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

A Fail grade is given when the student does not meet the passing standards. All fail grades are reviewed by the Student Progress Committee.

Assessment of Professional Development

The professional development of medical school students is a critical educational component of the students' training. Recommendations from the Committee on Student Grading, Student Evaluation, and Professionalism that included guidelines for assessing students' professional development and managing incidents of concern were approved in April 2007. Each student's progress in demonstrating an understanding of professional standards appropriate to 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.

In situations in which a student's overall professional development is deemed unacceptable based on documentation provided through the block/course and clerkship evaluations and/or the Student Progress Committee, the student must successfully complete appropriate remediation before being permitted to continue in the curriculum.

The student must successfully complete appropriate remediation in order to receive the degree of Doctor of Medicine. A failure by the student to complete appropriate remediation within the timeframe established by the Student Progress Committee may result in dismissal from the School of Medicine. No student with a record of an unremediated failure to achieve professional standards will receive the degree of Doctor of Medicine from the University of Washington School of Medicine.

Other Designations: Evaluator Concern, Incomplete, and Course Withdrawal

Evaluator Concern

The Evaluator Concern designation is not recorded on the official UW transcript, but may be used within the School of Medicine for issues involving student progress.

Incomplete Designation

Incomplete is a temporary designation, not a grade. It may be granted only when a medical or personal/family emergency prevents completion of the course requirements or final exam on schedule. To be eligible for consideration for an Incomplete, the student must contact the Associate Dean for Student Affairs for approval after reviewing the situation with the course or clerkship director. An Incomplete should be cleared within a specified period of time appropriate to the block/course or clerkship schedule.

Course Withdrawal

A withdrawal from a course is unusual. The student should discuss their situation with the block/course or clerkship director and the Associate Dean for Student Affairs and seek approval for withdrawal. The course or clerkship director will submit a summary of the student's performance in the course for the student's academic file. The transcript will reflect a "W" designation along with the week in which the withdrawal occurred. A student may not withdraw from a course if the student's performance to date has been at the failing level. If the student is failing and then decides to withdraw from the course, a Fail grade will be recorded and the block/course or clerkship director will submit a summary of the performance that will be placed in the student's academic file.

Hardship Withdrawal

In consultation with the Associate Dean for Student Affairs, students may elect to petition the University to convert their withdrawal to a hardship withdrawal.

<http://registrar.washington.edu/hardship-withdrawal-petition-for-courses/>

Submission of Students' Performance Evaluation

Evaluations of students' performance should be completed immediately after the conclusion of the block/course or clerkship. Foundations Phase block course grades must be submitted via the UW Gradebook at the end of the term. Required clerkship and clinical elective evaluations must be available

to the student and submitted to the University of Washington School of Medicine's Registrar by the department within 4 weeks, but no later than 6 weeks, after completion of the clerkship or elective.

Midcourse/End of Course Feedback

In the Foundations Phase blocks/courses, each examination or other form of evaluation, such as case studies, should provide students with ongoing feedback in order to promote improvement and understanding. In required clerkships and clinical electives, the attending physician or clerkship director must provide midcourse feedback sessions to the students in order to provide an opportunity to improve or to enhance areas of strength while in the clerkship.

At the conclusion of each Foundations Phase course, the block/course director must contact students who failed the course and should contact students who had a marginal performance or students who would benefit from feedback before moving forward in the curriculum. Thread directors must contact students at the end of each term in the Foundations Phase whether the student has achieved mastery in the thread. 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.

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.

Timing of Release of Grades

Foundations Phase Curriculum

Foundations Phase course directors are responsible for submitting course grades to the University of Washington Office of the Registrar within the University of Washington's grade submission window.

Patient Care Phase and Explore and Focus Phase Curriculum

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 (4) weeks and never more than six (6) 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.

Change of Grade

Except in cases of error or appeal, the course or clerkship director may not change a grade that they has submitted to the Registrar.

Appeal of Grade and/or Evaluation Comments

If the student believes the grade or evaluation comments received for a block/course or clerkship are inaccurate, the student is expected to contact the block/course or clerkship director to review the grade. If the student is not satisfied after the block/course or clerkship director’s review, the student may appeal to the Department Chairperson. Within an academic setting, the final determination of the evaluation of performance resides with the faculty.

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.

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

In the event a department does not submit a grade in a timely fashion, the Vice Dean for Academic, Rural and Regional Affairs may assign a grade.

Access to Medical Student’s Academic File

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

The academic affairs associate 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). In order for any other faculty member to see the file, the student must complete and sign a release form.

Family Educational Rights and Privacy Act (FERPA) Compliance Policy

The University of Washington School of Medicine complies with the Family Educational Rights and Privacy Act (FERPA) law, which allows students’ access to their academic record. If the student believes that information maintained in the academic file is inaccurate, misleading, in violation of the student’s rights of privacy, or not applicable to 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

Disclaimer: The Academic Policy Manual is currently under revision.
Please consult the MD Program Handbook for the most current student progress policies and guidelines.

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.

The federal Family Educational Rights and Privacy Act (FERPA) prohibits the posting of student grades by University student identification numbers in order to protect students' identity.

CHAPTER 8

STUDENT AFFAIRS - STUDENT PROGRESS AND SUPPORT SYSTEMS

Student Progress Committee

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

Committee reviews of students' academic progress should be scheduled on a regular basis to enable early counseling regarding options to withdraw and redirect the career path for students not achieving satisfactory progress. Dismissal decisions should also be made in a timely manner on students who are unable to make satisfactory progress in meeting the School's graduation standards after being given an opportunity for remediation and/or educational accommodations.

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

Academic Promotion

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

Three (3) failures on USMLE Step 1 or either component of Step 2 is grounds for dismissal. Under exceptional circumstances, the student may petition the Student Progress Committee for permission for a fourth Step test administration.

Students are required to complete all of the Patient Care Phase required clerkships in a continuous fashion during their Patient Care Phase as a registered University of Washington School of Medicine student. Permission from the Associate Dean for Student Affairs is required to delay a Patient Care Phase required clerkship into the Explore and Focus Phase. Students are advised to plan schedules that include all required clerkships and electives that fulfill the minimum graduation requirements prior to the midpoint of the final quarter in medical school.

If a student has difficulty in a clinical clerkship, the Student Progress Committee, in consultation with the clinical department, may specify the site at which the clerkship is to be repeated (this may require that an

additional position be created at the clerkship site). If the deficiency cannot be remediated, the Student Progress Committee will recommend dismissal from the University of Washington School of Medicine.

Professional Development

A student is expected to develop and demonstrate qualities, attitudes, and behavior patterns appropriate to a career in medicine and consistent with the oath taken at the time of graduation. Upholding the standards of professional and personal development includes being accountable for one's own professional conduct and for promoting professionalism among one's fellow students and colleagues in the medical profession. The Student Progress Committee may recommend 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 will be graduated with the MD degree with an unremediated professionalism issue.

Standards of Conduct

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

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

Fitness for Clinical Contact

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

The opportunity to participate in direct patient care carries with it the responsibility to ensure that patients are not placed at risk due to a student's mental illness, physical illness, or impairment from drugs or alcohol. It is the responsibility of faculty, residents, peer medical students and University of Washington School of Medicine staff members who know of or observe student behavior that could place a patient at risk, to immediately report the concern to the course or clerkship director and the Associate Dean for Student Affairs or the Vice Dean for Academic, Rural and Regional Affairs. The 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 where the student is or will be rotating and inform that individual of the student's situation.

Thus, if a student is believed to have a condition that may affect their ability to interact safely with patients, he/she/they may be removed from the clinical setting until such time that the issue is effectively resolved. This may include referral to a Physicians Health Program (PHP) in Washington or their home state for assessment, treatment, and continued monitoring as appropriate.

Management of Academic Review and Remediation Process

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

The Student Progress Committee reviews evaluations of the students' performance, including Fail grades, Evaluator Concern designations, and professional development assessments. The course or clerkship director is responsible for submitting in a timely manner the final grade/evaluation and a recommendation for remediation if performance is below standard. The Committee makes the final decision on the remediation, and may approve or modify the course director's recommended remediation based on the student's overall performance. If the student has had academic or professional behavior difficulty in prior courses, the Committee may determine that the student should not continue in the medical school program. The Associate Dean for Student Affairs informs the student of the Committee's decision. The student is expected to complete the remediation on the timeline set by the Committee. If the student fails the remediation the Committee will review the student's record to determine the appropriate course of action.

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

Probationary Status

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

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

Advance Information on Student's Academic Status

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

Expansion of MD Program beyond Four Years

Student enrollment may be extended for academic reasons, incorporation of additional educational opportunity, accommodation for personal and family emergencies, and acceptance into a concurrent degree program at the University of Washington or a degree program at another institution.

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

Leave of Absence

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

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

Leave status is not used when an acute issue occurs and a short intervention is approved without delaying the student's anticipated date of graduation. Leave status is required when students will be away for two or more quarters.

Withdrawal from the University of Washington School of Medicine

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

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

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

Application for Admission following Withdrawal; Advanced Standing Request

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

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

Suspension from the University of Washington School of Medicine

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

Upon completion of the suspension, the students may elect to withdraw from UWSOM or may petition to meet with the Student Progress Committee to present documentation that supports their growth in the area of personal/professional conduct that was breached. If the student does not demonstrate satisfactory progress in the area of concern, the Student Progress Committee may recommend that they be dismissed from the University of Washington School of Medicine.

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

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

Dismissal from the University of Washington School of Medicine

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

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

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

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

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

Due Process Guidelines for Students

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

Student Status while in Dismissal Review Process

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

Maintaining Personal Integrity and Understanding Plagiarism

During the Admissions application process, applicants are asked to read and sign adherence to the University of Washington School of Medicine's Medical Student Honor Code (<https://catalyst.uw.edu/workspace/honorsom/17095/198695>). Students are expected to uphold the highest standards of personal and professional behavior and conduct. Examples of behaviors within the educational setting that are considered breaches of academic integrity include using the work of others for course assignments; submitting a paper for Honors that was used for another requirement; not being the author, (i.e. incorporating prewritten statements by others or from commercially prepared documents); and misrepresenting one's academic or professional qualifications or achievements in personal statements or curriculum vitae prepared for medical school, residency applications, etc. In conducting any research project, students must understand and follow guidelines for acknowledging the use of the work of others. Plagiarism, which is a serious breach in academic integrity, deserves special attention because the definition of plagiarism is broad. There are ramifications for the manner in which one summarizes the

work of others and how the ideas of others are documented with appropriate reference notes. Faculty members advising or sponsoring student projects should review the research protocol with the students and advise students that they must review and follow guidelines for acknowledging the use of the work of others.

Academic and Personal/Professional Support for Students

School of Medicine-based Support Services

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

The University of Washington School of Medicine's Academic, Rural and Regional Affairs leadership should provide oversight of programs in order to be certain there are adequate resources to meet the students' academic and personal/professional support needs and to account for changes that may impact the educational program such as enrollment increases, technology advances, new medical education initiatives, and others. In addition, collaborations among offices within the regional host universities, clinical centers and university and teaching hospitals in the Puget Sound area are essential for managing support services when students have special needs, such as for disability accommodations, substance abuse, domestic violence, mistreatment, or harassment.

University of Washington School of Medicine-based Support Services

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

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

The WWAMI regional host universities are expected to provide comparable support services for medical students in educational programs within their states.

Washington Physicians Health Program and other Physician Health Programs

The University of Washington School of Medicine maintains a working relationship with the Washington Physicians Health Program (WPHP) and similar programs in the 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. An endorsement from WPHP or other

PHP may be required by the UWSOM in order to permit a student to reenter the curriculum. All referrals to WPHP or other PHP are handled in a confidential manner, and are overseen by the Associate Dean for Student Affairs or the Vice Dean for Academic, Rural and Regional Affairs.

Recognition of Meritorious Performance

Graduation with Honors

A degree of Doctor of Medicine with Honors or High Honors may be awarded to students with high achievement, who have also demonstrated initiative and success in clinical and scholarly pursuits related to medicine, outstanding leadership, and/or exceptional service commitment. The number of students selected should be based on a criterion referenced assessment of achievements, but typically ranges from 10 to 15 percent receiving Honors and students who receive Honors in all required clinical clerkships are eligible for High Honors.

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

University of Washington School of Medicine and Departmental Awards

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

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

Offers of awards from outside groups not affiliated with the 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 School award managed by the University of Washington School of Medicine. Awards which present a conflict of interest are not deemed appropriate.

Alpha Omega Alpha

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

Hooding Ceremony

Students are eligible to participate in the University of Washington School of Medicine's Hooding Ceremony if they have successfully completed all graduation requirements for the MD degree prior to the ceremony. If the MD degree has been received in any one of the previous three quarters (Summer, Autumn, and Winter), the student may request to participate in the Hooding Ceremony that occurs the following spring. This guideline is consistent with those established for the UWSOM's Commencement Exercises. 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 Hooding Ceremony if the student has completed all requirements for the MD degree in a timely fashion, is in good academic standing (i.e. coursework, professional conduct, and financial obligations) and is cleared to officially receive the degree no later than one quarter immediately following the spring ceremony.

CHAPTER 9

STUDENT LEADERSHIP AND PARTICIPATION IN PROGRAMS AND ACTIVITIES

Students should be encouraged to participate in extracurricular programs or activities. 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.

Service Learning Projects

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

Guidelines must be 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.

Medical Student Association

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

University of Washington School of Medicine Student Fee Policy

When the University of Washington School of Medicine proposes a student fee that will be charged to the medical students, input on the fee will be sought from the Medical Student Association (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.

Medical Student Honor Council

The Honor Council consists of elected representatives from all years. A faculty member serves as an advisor. The role of the Honor Council is to educate the student body about the Honor Code, confidentially mediate conflicts that arise due to student misconduct or mistreatment, and offer a safe environment for students to confidentially share their concerns about Honor Code violations. In the event that concerns arise due to student misconduct or mistreatment, the Honor Council may consult with the UWSOM's 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.

Opportunities to Contribute to Medical Education

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

Establishing 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.

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

Student Conference Travel Support

The 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 the 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.

CHAPTER 10

VISITING MEDICAL STUDENTS

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

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

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

Note: Under special circumstances, an arrangement may be made for a visiting student to 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. Contact the Academic Affairs Office to learn which schools have special affiliation agreements with the University of Washington School of Medicine.

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.

Visiting International Medical Student Policy

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. For this reason, and others related to immigration law and malpractice insurance, the Academic Affairs Office closely monitors the policies and procedures set forth below.

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