# University of Washington School of Medicine

# Essential Requirements of Medical Education: Admission, Retention, Promotion, and Graduation Standards

## Introduction

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

The University of Washington School of Medicine has the responsibility to the public to assure that its graduates can become fully competent physicians, capable of fulfilling the Hippocratic duty "to benefit and do no harm." Thus, it is important that persons admitted possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice medicine.

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

As part of the University of Washington, the School of Medicine is committed to the principle of equal opportunity. The school prohibits discrimination or harassment against a member of the University community because of race, color, creed, religion, national origin, citizenship, sex, pregnancy, age, marital status, sexual orientation, gender identity or expression, genetic information, disability, veteran status, socioeconomic status, political beliefs or affiliations, and geographic region; and the use of grading or other forms of assessment in a punitive manner. See Executive Order 31, https://u.washington.edu/rules/policies/PO/EO31.html.

The University of Washington School of Medicine recognizes the MD degree as a broad undifferentiated degree requiring the acquisition of general knowledge, attitudes, and basic skills necessary to care for a wide variety of patients. The education of a physician requires assimilation of knowledge, acquisition of skills, and development of judgment through patient care experience in preparation for independent and appropriate decisions required in practice. The practice of medicine requires collaboration among physicians, students, other health care professionals, and patients and their families.

Within the LCME standards, the School of Medicine has the ultimate responsibility for the selection of students; the design, implementation, and evaluation of its curriculum; the evaluation of students' performance; and the determination of who should be awarded a medical degree. Admission and retention decisions are based not only on satisfactory academic achievement but also on non-cognitive factors, which serve to ensure that students can complete the essential functions of the academic program required for graduation. Graduates are expected to be qualified to enter and practice in the field of medicine.

The University of Washington School of Medicine endeavors to select applicants who have the ability to become competent physicians. The School's goal is to produce skilled individuals who can practice as physicians who put the patient first in the delivery of safe and effective medical care. Although these standards serve to explain the necessary abilities of all students, they are not intended to deter any student for whom reasonable accommodation will allow the fulfillment of the complete curriculum. Candidates with questions regarding technical standards are encourage to contact the University's Disability Resources for Students (DRS) immediately to begin to address what types of accommodations may be considered in order to achieve these standards. Any communication about potential accommodations between students and DRS remain confidential between the student and DRS until such time as the student has been admitted and makes an initial request for accommodations, so any communication with

DRS has no impact on the admissions process. Technical standards have been developed and approved by the faculty, and reflect the essential relationship of medical education to the practice of the profession of medicine.

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 meet all graduation requirements, which include but are not limited to taking and achieving competence in the full curriculum, receiving satisfactory evaluations of academic and professional conduct, and successfully completing the appropriate USMLE licensure examinations.

## Technical Standards

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

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

Except in rare circumstances, the use by the student of a third party (e.g., an intermediary or surrogate) to perform any of the essential functions described herein will constitute a fundamental alteration to the technical standards and requirements of the program. Any student who might need any accommodation should carefully review the accommodations section of this document.

### Intellectual/Cognitive: conceptual, integrative, quantitative abilities for problem solving and diagnosis

The University of Washington School of Medicine's curriculum requires essential abilities in information acquisition. Students must have the ability to master information presented in course work through lectures, written material, projected images, and other forms of media and web-based presentations, and through simulations that require a variety of different skills. Students must have the cognitive abilities necessary to master relevant content in basic science and clinical courses at a level deemed appropriate by the faculty. These skills may be described as the ability to comprehend, memorize, analyze, and synthesize material. Students must be able to discern and comprehend dimensional and spatial relationships of structures and to develop reasoning and decision-making skills appropriate to the practice of medicine.

### Professionalism/Behavioral and Social Aspects of Performance

Students must possess personal qualities, which include compassion, empathy, altruism, integrity, responsibility, sensitivity to diversity, and tolerance. Students must understand and apply appropriate standards of medical ethics. Students must maintain appropriate professional boundaries within all settings, including those in which they are caring for patients and their families or interacting with faculty,

residents, peers, staff, and healthcare team members. Students must be able to function as a member of the healthcare team, often within a multidisciplinary team-based environment, regardless of the specialty.

Students are expected to comply with the UW Medicine Policy on Professional Conduct: http://www.uwmedicine.org/about/policies/professional-conduct

**Communication**

Students must communicate effectively in English with patients and families, physicians, and other members of the health care team. Communication skills require the competency to process all information provided, including the recognition of the significance of non-verbal responses, to allow for appropriate, timely, well-focused follow-up inquiry. Students must be capable of responsive, empathetic communication to establish rapport in a way that promotes openness on issues of concern and sensitivity to potential cultural differences.

Students must process and communicate information on the patient's status in a timely manner with accuracy and in a succinct yet comprehensive manner to physician colleagues and other members of the healthcare team in settings in which time available is limited. Medical record entries must be timely, complete and accurate. The ability to interact with, utilize, and navigate an electronic medical record is essential. Putting patient safety first, appropriate communication relies on students recognizing they may lack the skills or knowledge to manage the situation and making a correct judgment to seek assistance and supervision in a timely manner.

**Physical and Psychological Requirements**

The physical and psychological requirements include essential abilities in the areas of observation and perception, sensory and tactile functions, fine and gross motor coordination, and stamina that are necessary in the examination, assessment, and care of patients.

Students must have the ability to take a medical history and perform a physical examination. Such tasks require the ability to communicate with the patient. Students will be required to perform a comprehensive history and physical examination, elements of which patients expect will be performed by the physician. See the UW School of Medicine's Foundations of Clinical Medicine's Physical Examination Checklist included in this document to provide examples of the kind of tasks students will be expected to be able to perform with or without accommodation.

Students must have the physical and emotional stamina, stability, and capacity to function in a competent manner in clinic, hospital, classroom, and laboratory settings that may involve heavy workloads, long hours, and stressful situations. Students must also be able to adapt to environments that may change rapidly without warning and/or in unpredictable ways.

**Ethical and Legal Standards**

UWSOM intends for its graduates to become competent and compassionate physicians who are capable of entering residency training (graduate medical education) and meeting all requirements for medical licensure. Applicants with 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.

Applicants and students must meet the legal standards to be licensed to practice medicine in the States of Washington, Wyoming, Alaska, Montana, and/or Idaho. As such, students applying 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 students 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.

## Accommodations

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

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

A student who develops or manifests a disability after matriculation may be identified to the UWSOM through a variety of sources, e.g., self-report, a report of accident or illness, or faculty observations of special aspects of poor academic performance. If the degree to which the student has become disabled raises concerns about the student's ability to meet the technical standards, the student will be referred to the DRS designee assigned to the medical school.

## Health or Safety Risk

Should the student become impaired such that they would pose a health or safety risk to patients, self, or others and that could not be managed with a reasonable accommodation, the student may be placed on a mandated leave of absence or be dismissed from the School of Medicine. When students' performance is impaired by abuse of alcohol or other substances, they are not a suitable students for admission, promotion, or graduation.

# Technical Standards: Expanded Examples

## Intellectual/Cognitive

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

Students must:

- measure, calculate, memorize, organize, analyze, comprehend, integrate, and synthesize material
- comprehend and apply written material at a level to be able to independently accomplish curricular requirements and provide clinical care for patients
- demonstrate cognitive abilities necessary to master relevant content in basic science and clinical courses deemed appropriate by the faculty through a variety of sources including lectures, written material, use of computers and other forms of media, and simulations
- discern and comprehend dimensional and spatial relationships of structures
- demonstrate reasoning, decision-making skills, and sound judgment appropriate to the practice of medicine
- solve problems rapidly; this critical skill demanded of physicians requires the ability to learn, reason, integrate, analyze, and synthesize data concurrently in a multi-task setting where there may be a high level of stress and distraction

## Professionalism/Behavioral and Social Aspects of Performance

Students is expected to have essential abilities in behavioral and social attributes and professionalism at entry and to gain and demonstrate higher levels of competence as they progress through medical school. These include, but are not limited to, the following:

Students must:

- be respectful of patients, faculty, peers, and members of the medical school community: this includes arriving on time, being prepared, and wearing appropriate attire
- take responsibility for their education; participate, contribute to the learning environment, and receive and act on constructive feedback from members of the medical school community and healthcare teams
- function as contributing members of the healthcare team
- demonstrate integrity as manifested by truthfulness, acceptance of responsibility for their actions, accountability for mistakes, and the ability to place the well-being of the patient above their own when necessary
- demonstrate empathy and concern for others while respecting appropriate personal and professional boundaries
- demonstrate the ability to develop mature, sensitive, and effective professional relationships with patients and all members of the medical school community and health care teams
- demonstrate attributes which include compassion, empathy, altruism, integrity, responsibility, dedication, fairness, respect for self and others, and tolerance
- demonstrate sensitivity to diversity and different beliefs that may affect their interactions
- understand and apply appropriate ethical principles and standards of medical ethics within the setting in which they are caring for patients
- receive constructive feedback and utilize it to demonstrate behavior that meets expected professional standards

## Communication

Students are expected to have essential skills in communication at entry and to gain and demonstrate higher levels of competence as they progress through medical school. These include, but are not limited to, the following:

Students must:

- communicate effectively in English verbally and in writing or electronically in a variety of settings with patients and families, physicians, other members of the health care team, and peers; and have the ability to comprehend written communications
- have the ability to take a medical history and perform a physical examination which includes the ability to communicate and interact with patients in an effective manner in order to elicit information, assess non-verbal communications, and describe changes in mood, activity, and posture; work effectively with patient's interpreter when needed
- demonstrate communication skills that are essential for the formation of effective professional relationships with teachers and colleagues and therapeutic relationships with patients
- establish rapport in a way that promotes openness to the patient's concerns and sensitivity to potential cultural differences
- recognize urgent situations in which timely supervision, assistance, and consultation must be sought
- process and communicate information in a timely manner on the patient's status to physician colleagues, peers, and members of the healthcare team. This must be done with accuracy and in a succinct yet comprehensive manner in settings in which time available is limited
- document complete and accurate patient assessments, prescriptions, etc., in a timely manner

## Physical and Psychological Requirements

Student are expected to have essential abilities in the areas of physical and psychological requirements at entry and to gain and demonstrate higher levels of competence as they progress through medical school. The physical and psychological requirements are in the areas of observation, perception, and sensation, motor coordination/function, and stamina. Below are examples of the essential abilities in each of these areas.

### Observation/Perception/Sensation

Student are expected to have essential abilities in the areas of observation, perception, and sensation.

Students must be able to perceive by the use of senses the presentation of information through a variety of media. These include, but are not limited to, the following:

- large group lectures
- demonstrations and laboratory experiments
- small group discussions and presentations, including team-based learning
- written material, audiovisual material, including computer-based material
- simulations
- one-on-one interactions

Students must be capable of perceiving essential structures, signs of disease and normal versus abnormal findings, as demonstrated or taught in blocks, courses, threads, and clerkships, and as manifested through the physical examination. See the UW School of Medicine's Foundations of Clinical Medicine's Physical Examination Checklist included in this document.

**Motor Coordination/Function**

Students are expected to have essential abilities in areas of motor coordination and function. These include, but are not limited to, the following:

Students must be able to execute movements required to provide general care and emergency treatment to patients. Such actions require coordination of both gross and fine muscular movements, balance, and functional use of the senses. Students should have sufficient motor function to:

- elicit information from patients by palpation, inspection, auscultation, percussion, and other diagnostic maneuvers
- perform diagnostic or therapeutic procedures
- respond and perform with precise, quick, and appropriate action in emergency situations
- complete timed demonstrations of skills
- perform routine invasive procedures, such as drawing and taking blood, including the use of universal precautions to avoid posing risks to patients and the student
- perform in outpatient, inpatient, surgical, and other procedural venues
- perform in a reasonably independent and competent way in sometimes chaotic clinical environments

**Stamina**

Students are expected to be able to meet the required physical and mental essential abilities at entry and to gain and demonstrate higher levels of competence as they progress through medical school. These include, but are not limited to, the following:

Students must:

- possess the emotional health required for appropriate utilization of intellectual abilities, the exercise of good judgment, and the timely completion of all responsibilities attendant to their academic work, team work, and patient care. Students should be proactive in making use of available resources to help maintain both physical and mental health.
- have the emotional and psychological stability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways.
- possess sufficient stamina to be able to tolerate demanding workloads, as outlined in the School of Medicine's Required Clerkship Committee guidelines and in ACGME duty hour requirements.
- have the ability to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the medical education and clinical practice settings.

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

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

Student: _____
Examiner: _____

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

| Steps | | Yes/No | Notes |
|---|---|---|---|
| | Assess tactile fremitus | | |
| **Percussion** | Percuss the chest posteriorly | | |
| | Percuss the spine and the costovertebral angles | | |
| **Auscultation** | Auscultate the chest using the diaphragm of the stethoscope posteriorly, laterally, and anteriorly | | |
| **Cardiovascular** | | | |
| **Inspection** | Inspect and measure JVP | | |
| | Inspect the precordium | | |
| | Inspect the skin of the anterior chest and neck as you perform the CV exam | | |
| **Palpation** | Palpate the apical impulse | | |
| | Palpate LLSB for lifts | | |
| | Palpate the carotid arteries | | |
| **Auscultation** | Listen at each location with the diaphragm: RUSB, LUSB, LLSB, apex | | |
| | Listen with the bell at the cardiac apex | | |
| | Listen for bruits over each carotid artery | | |
| **Peripheral Circulation** | Palpate each of the following pulses on each side: radial, femoral, DP, PT | | |
| **Edema** | Inspect for pedal edema | | |
| **Abdomen** | | | |
| **Inspection** | Observe the patient for discomfort | | |
| | Inspect the abdominal contour | | |
| | Inspect skin as you examine the abdomen | | |
| **Auscultation** | Listen in one place with the diaphragm of the stethoscope | | |
| **Percussion & Palpation** | Percuss all four quadrants | | |
| | Palpate all 4 quadrants | | |
| | Percuss the liver | | |
| | Palpate the lower liver edge | | |
| | Palpate for an enlarged spleen | | |
| | Palpate for inguinal LAD | | |
| **Neurologic** | | | |
| **Mental Status** | Observe the level of consciousness | | |
| | Observe speech and language | | |
| | Assess orientation to person, place, and time | | |
| | Assess short term memory | | |
| **Cranial Nerves** | If not done in the HEENT exam, test visual acuity & visual fields for each eye (CN II) | | |
| | If not done in the HEENT exam, test pupillary reaction (CN II and III) | | |
| | Test eyelid opening (CN III) | | |
| | Test extra-ocular movements (CN III, IV, VI), observing for nystagmus (CN VIII) | | |
| | Test facial sensation & muscles of mastication (CN V) | | |
| | Test muscles of facial expression (CN VII) | | |
| | Test hearing (CN VIII) | | |
| | Test palatal rise to phonation (CN IX and X) | | |

| Steps | | Yes/No | Notes |
|---|---|---|---|
| | Test sternocleidomastoid & upper trapezius muscle strength (CN XI) | | |
| | Test tongue symmetry and protrusion (CN XII) | | |
| **Motor** | Assess bulk, tone, and strength:<br>• Upper extremities: Shoulder abductors, arm flexors & extensors, wrist flexors & extensors, finger abductors and flexors<br>• Lower extremities: Hip flexors, abductors &adductors; knee flexors & extensors, foot dorsiflexors & plantar flexors<br>• Pronator drift | | |
| **Reflexes** | Upper extremity: biceps, triceps, & brachioradialis | | |
| | Lower extremity: patellar & Achilles | | |
| | Plantar reflex | | |
| **Sensation** | Romberg test | | |
| **Cerebellum** | Finger-to-nose test | | |
| | Heel-to-shin test | | |
| | Gait | | |

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

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**APPLICANT/STUDENT ACKNOWLEDGEMENT OF REVIEW**

Name: _____ Date: _____

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

I have read and understand the expectations for successful completion of the MD degree described in the following documents and can meet these with or without accommodations as reviewed in the documents listed below:

- Essential Requirements of Medical Education
- Technical Standards Expanded Examples
- UW School of Medicine's Foundations of Clinical Medicine's Physical Examination Checklist

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

Applicant or Medical Student Signature Date

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