

UW Medicine

UW SCHOOL
OF MEDICINE

M.D. PROGRAM HANDBOOK

For medical students, faculty, and staff



2016-2017

Applicable to the E-2015 Class and Later

Updated February 2017

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INTRODUCTION

Welcome to the University of Washington School of Medicine program.

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

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

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

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

UW School of Medicine Mission Statement¹

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

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

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

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

¹ Approved by MSEC and Dean Ramsey: June 2006; Revised: December 2011

learners from all segments of society, acknowledging a particular responsibility to the diverse populations within our region.

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

UW Medical Student Education Mission Statement²

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

Vision for Medical Student Education

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

Institution-wide Goals for Medical Student Education

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

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

² Approved by MSEC and Academic Affairs deans: 2008; Reviewed: 2014

MD PROGRAM CURRICULUM

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

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

Foundations Phase Curriculum

The [Foundations Phase curriculum](#) is an 18-month curriculum consisting of seven integrated, interdisciplinary blocks, four intersessions, a longitudinal clinical curriculum (Foundations of Clinical Medicine), and a 3-month consolidation and transition period.

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

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

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

During the final three months of the Foundations Phase, all students complete Consolidation and Transition, which includes a preparatory USMLE Step 1 course, a research/scholarship requirement, and the Transition to Clerkships course.

Patient Care Phase Curriculum

During the Patient Care Phase, students must complete the following required clinical clerkships as a full-time, intact, contiguous curricular schedule:

- Family medicine
- Internal medicine
- Neurology
- Obstetrics and gynecology
- Pediatrics
- Psychiatry
- Surgery

All students should expect to complete a minimum of 24 weeks of clerkships outside of the Seattle area during the Patient Care Phase, and a minimum of 8 weeks of clerkships in the Seattle area during their entire clinical curriculum. Additional time is available during the Patient Care Phase for students to complete clinical electives, intersessions, the Patient Care Phase OSCE, and the USMLE Step 2-Clinical Knowledge and USMLE Step 2-Clinical Skills examinations.

Explore and Focus Phase Curriculum

During the Explore and Focus Phase, students must complete the following required clinical clerkships:

- Advanced inpatient care clerkship
- Advanced outpatient care clerkship
- Emergency medicine
- 20 weeks of elective clerkships
- Transition to Residency

Additional time is allotted for students to participate in research and intersessions, and to complete residency interviews and the Transition to Residency course. Transition to Residency must be completed in the final year prior to graduation.

Curricular Requirements for the 2015 Entering Class & Subsequent Classes³

A. Foundations of Medical Science	90 credits
Molecular & Cellular Basis of Disease	11 credits
Invaders & Defenders	10 credits
Circulatory Systems	16 credits
Blood & Cancer	5 credits
Energetics & Homeostasis	10 credits
Mind, Brain, & Behavior	14 credits
Lifecycle & Reproduction	8 credits
Foundations of Clinical Medicine: Clinical Skills	8 credits
Foundations of Clinical Medicine: Primary Care Practicum	8 credits

³ *Approved, School of Medicine, Spring 2015*

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

B. Consolidation and Transition		11 credits
	Intensive Foundations Review/USMLE Board Prep	9 credits
	Transition to Clerkships	2 credits
C. Scholarly Project: Independent Investigative Inquiry (III)		6 credits
D. Patient Care		92 credits
	Required Clinical Clerkships	
	Family Medicine	6 weeks 12 credits
	Internal Medicine	12 weeks 24 credits
	Neurology	4 weeks 8 credits
	Obstetrics/Gynecology	6 weeks 12 credits
	Pediatrics	6 weeks 12 credits
	Psychiatry	6 weeks 12 credits
	Surgery	6 weeks 12 credits
E. Explore and Focus		64 credits
	Advanced Inpatient Care	4 weeks 8 credits
	Advanced Outpatient Care	4 weeks 8 credits
	Emergency Medicine	4 weeks 8 credits
	Clinical Electives	20 weeks 40 credits
F. Transition to Residency		8 credits
Total minimum credits for M.D. degree:		271 credits

Additional Curricular Requirements

Clinical Immersion

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

Foundations of Clinical Medicine

Foundations of Clinical Medicine (FCM) provides longitudinal, integrated clinical skills training throughout the 18-month Foundations Phase curriculum. During the academic year, students spend a full day each week developing their clinical skills, alternating between a primary care physician's office and a combination of workshops. Students also receive personalized clinical skills training in the Colleges program where they spend one morning every other week with a faculty mentor and small group of students learning and refining clinical skills at the bedside.

Intersessions

Intersessions are 1 week periods spread throughout the Foundations, Patient Care, and Explore and Focus phases that offer students opportunities for enrichment, reassessment, and rest. During these times,

students may participate in special electives, complete additional block coursework, retake block/clerkship examinations, or rest, if needed. During the Foundations Phase, students are required to remain within driving distance of their Foundations site for every intersession.

Scholarly Project Requirement: Independent Investigative Inquiry (III)

The [Independent Investigative Inquiry](#) (III) research project provides students with the opportunity to engage in activities that will foster the skills of life-long learning essential for practicing physicians.

The objectives of the III requirement should lead the student to:

- Have first-hand experience in the acquisition and synthesis of new knowledge
- Understand a health-related issue in depth
- Foster a mentoring relationship with a faculty member outside the usual course structure
- Summarize the experience or findings in a written document

Students will gain experience generating questions related to the practice of medicine and exploring the various methods available to resolve such questions. The student is strongly urged to select a topic of particular interest to him/her and to investigate the subject independently, utilizing the advice of a faculty advisor⁴ who is on the UW faculty or is a faculty member affiliated with the WWAMI program, and other resources in the WWAMI community.

There are [several selectives](#) by which the III requirement can be fulfilled. Each offers the student a different type of learning experience and each has its own expectations, procedures and deadlines. If there are extenuating circumstances that preclude the III being completed on time, the associate dean for curriculum may allow an extension of the deadline. Students may not enter the Patient Care Phase until the III has been completed and approved.

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

Waiver

Students who have received Master's or Ph.D. degrees with a thesis or dissertation in disciplines basic to medicine, or those who are first authors of published papers in peer-reviewed medical or scientific journals may petition for a waiver of the requirement. Petitions for waivers must be submitted no later than the last Friday of the first year of medical school. Papers used to fulfill requirements in other courses/schools, other than those described above, are **NOT** acceptable for waivers. Papers must be published by last Friday in March of the first year of medical school. Waiver requests should be sent via email to the curriculum office at somcurr@uw.edu. MSTP students fulfill the III requirement through their Ph.D. dissertation.

⁴ The minimum responsibilities of the faculty advisor are to read and evaluate the plan for the investigation and to approve the final scholarly product.

Objective Structured Clinical Examination (OSCE)

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

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

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

Step 1

- Step 1 must be completed by February 15th of the second year and must be passed prior to entering the Patient Care Phase⁵
- Remediation of Foundations Phase required coursework must be completed prior to taking USMLE Step 1
- Students must prepare for and take Step 1 within the first six weeks of the Consolidation and Transition Block. MD students must achieve a passing score on Step 1 prior to entering the Patient Care Phase. Exception: student may petition SPC to be permitted to take his/her first clerkship if Step 1 was taken but timing of score release is after the start of the Patient Care Phase and if student achieved competency in the Foundations Phase without remediation. Combined degree students and students entering into research fellowships must achieve a passing score on Step 1 prior to entering/continuing in their graduate/research program.
- If a student has had marginal performances in the Foundations Phase, the SPC may recommend or require that the student's entry into the Patient Care Phase be delayed to allow additional study time for Step 1. At the conclusion of the Foundations blocks, SPC will review students with marginal competence and/or Fail grades to determine if delaying the clerkship start date is necessary.
- If Step 1 is failed on the third attempt, this constitutes a dismissal recommendation.

⁵ Exception: E-2015 students who complete the Foundations phase curriculum in January 2017 are required to complete USMLE Step 1 prior to the start of clerkships, but may receive their exam scores after beginning their Patient Care phase clerkships.

Step 2-CK and Step 2-CS

- Step 2-CK and Step 2-CS should be taken after completion of the Patient Care Phase⁶ and no later than June 30 of the third year.⁷
- Remediation of Patient Care Phase required clerkships must be completed prior to taking Step 2 CK and CS.
- If Step 2-CK and/or Step 2-CS is failed, Step(s) must be retaken and passed prior to the deadline for match list activation.
- If either Step 2-CK or Step 2-CS is failed on third attempt, this constitutes a dismissal recommendation

Transition to Clerkships and Transition to Residency

The Transition to Clerkships course serves as a preparation for clinical clerkships. It is a graduation requirement and is scheduled at the end of the students' Foundations coursework prior to beginning the clinical curriculum.

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

Additional Curricular Options

Non-Clinical Electives

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

Pathways

[Pathways](#) provide students an opportunity to take selected coursework with an emphasis on the healthcare needs of specific populations.

- The [Global Health Pathway](#) provides medical students with the information and experiences necessary to practice in underserved communities worldwide. It is designed for students interested in research or clinical practice in resource poor settings and with international communities.

⁶ Students may sit for the exam prior to the completion of the required neurology clerkship. No other Patient Care Phase required clerkship may be omitted before sitting for the exam.

⁷ Students wishing to modify the timing of completion of the USMLE requirements must submit a request to the associate dean for student affairs for permission. Students who delay their exam beyond the deadline will have that date noted in their MSPE.

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

Special Programs

Students have several opportunities to focus their clinical training at specific sites throughout the WWAMI region:

R/UOP (Rural/Underserved Opportunities Program)

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

TRUST

The [TRUST program](#) (Targeted Rural and Underserved Track) is focused on training specially qualified and selected students to serve in underserved areas, including both rural and small city community health centers. Application to this program occurs during the admissions application cycle.

WRITE

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

Olympia LIC

The Olympia LIC pilot program (Olympia Longitudinal Integrated Clerkship) is a nine-month opportunity to work in a targeted urban area with physicians in Olympia, WA and its surrounding communities. Application to this program occurs during the fall of the second year. Interested students should contact Dr. Ki Shin,

assistant dean for Western Washington, shiny@uw.edu, or Michelle Pelt, peltm@uw.edu, for more information.

Tracks

The [Track program](#) allows students to complete most of the Patient Care phase required clerkships in one specific city or state throughout the WWAMI region. Application to this program occurs during the fall of the second and third years.

Concurrent Degree Programs

Students with an interest in pursuing an additional degree concurrently with their M.D. degree may petition the associate dean for student affairs for permission to participate in a concurrent degree program following the completion of the Patient Care Phase of the curriculum.

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

Participation in a concurrent degree program will delay the student's anticipated date of graduation. Students whose education is being supported by Alaska, Idaho, Montana, or Wyoming may have restraints on extending time in medical school and on their state's loan repayment or service commitment contracts signed upon admission into the WWAMI program, and will be charged Washington's out-of-state tuition for the non-M.D. graduate portion of the combined degree program.

Medical Scientist Training Program (MSTP)

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

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

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

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

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

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

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

Pursuing a Graduate Degree at Other Institutions

If a student wishes to pursue a Ph.D. or Master's program at another institution, s/he is required to meet with the associate dean for student affairs for approval. A letter of recommendation and/or permission for a leave of absence from the School usually needs to be submitted as part of the student's application for admission into the graduate or professional degree program at the other institution. If the student is accepted into the program, s/he is placed on a leave of absence from the School of Medicine during the duration of the graduate/professional degree program. Financial aid and deferments on educational loans while enrolled in the graduate/professional degree are managed through the institution granting the Ph.D. or Master's degree.

Western Student Medical Research Forum (WSMRF)

The [Western Student Medical Research Forum](#) (WSMRF) offers students the opportunity to present their clinical or basic investigative research. Students must be enrolled in winter quarter and in good academic standing to submit abstracts of their research work for consideration. Abstracts will be reviewed internally for quality of work and approved for submission of an application. Students who are on academic probation are not eligible for this opportunity. Reimbursements for students attending this meeting are handled by the Academic Affairs office. Questions regarding WSMRF can be directed to the Curriculum office at (206) 543-5562 or somcurr@uw.edu.

Student Conference Travel Funding

Medical students are encouraged to pursue various extracurricular opportunities and to present their research or represent the UWSOM at regional and national meetings. The School of Medicine provides awards for up to \$350 towards airfare to attend a student conference. The MSA and Academic Affairs have created an application and evaluation process for disbursement of UWSOM financial assistance related to conference-related travel expenses. Application deadlines for these awards occur annually in September and February, and any medical student in good standing is eligible to apply. Interested students should review the [Student Conference Travel website](#) for more information regarding eligibility, availability, deadlines, the application, selection criteria, and receiving the funding.

Curricular Requirements for the 2016 Entering O.M.S. Class⁸

O.M.S. residents for academic year 2016-2017 are granted advanced standing status with the UW School of Medicine effective summer quarter 2016.

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

The requirements include satisfactory completion of such comprehensive examinations as may be adopted by the Medical School Executive Committee. Currently, the United States Medical Licensing Examination Steps 1 and Step 2, clinical knowledge and clinical skills (formerly, National Boards Parts I and II), serve this function. Passage of the second year and senior OSCE is also required.

A. Independent Investigative Inquiry (III)		8 credits
Credit is awarded by satisfactory performance of Independent Investigative Inquiry course or waiver if students have received Master's or Ph.D degrees with a thesis or dissertation in disciplines basic to medicine or first authors of published papers in peer-reviewed medical or scientific journal		
B. Clinical Curriculum		148 credits
Required Clinical Clerkships in the Third Year		
Family Medicine	6 weeks	12 credits
Internal Medicine	12 weeks	24 credits
Obstetrics/Gynecology	6 weeks	12 credits
Pediatrics	6 weeks	12 credits
Psychiatry	6 weeks	12 credits
Surgery	6 weeks	12 credits
Required Clinical Clerkships in the Fourth Year		
Emergency Medicine	4 weeks	8 credits
Neurology	4 weeks	8 credits
Rehabilitation Medicine/Chronic Care	4 weeks	8 credits
Surgery	4 weeks	8 credits
C. Other Clinical Electives		
Clinical Electives	16 weeks	32 credits

⁸ Approved, School of Medicine, December 2016

Total minimum credits for degree: **156 credits**

Waived Curricular Requirements for the 2016 Entering O.M.S. Class

A. Required Human Biology (Basic Sciences) first and second year courses and required preceptorship **147 credits**

UW School of Medicine M.D. foundational coursework met by D.D.S., D.M.D. (or equivalent), CBSE score (or equivalent), and satisfactory completion of O.M.S. intern experience

B. Non-Clinical Selectives **4 credits**

Dental school transcripts reviewed by the School of Medicine by May 31, 2016 to ascertain that prior dental school coursework qualifies for waiver of 4 credits of non-clinical selectives (30 hours per quarter, for two quarters).

If dental courses do not meet the requirement, residents will be instructed to register and satisfactorily pass 4 credits of School of Medicine approved non-clinical selectives prior to medical school graduation in June 2019.

C. Capstone – Preparation for Residency **2 credits**

The Capstone – Transition to Residency coursework is met by O.M.S residency. **32 credits**

Grand total of required and waived credits for degree: **309 credits**

Curricular Requirements for the 2017 and Subsequent Entering O.M.S. Classes⁹

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

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

⁹ *Approved, School of Medicine, December 2016*

The requirements include satisfactory completion of such comprehensive examinations as may be adopted by the Medical School Executive Committee. Currently, the United States Medical Licensing Examination Steps 1 and Step 2, clinical knowledge and clinical skills (formerly, National Boards Parts I and II), serve this function. Passage of the second year and senior OSCE is also required.

A. Consolidation and Transition		11 credits
Intensive Foundations Review/USMLE Board Prep		9 credits
Transition to Clerkships		2 credits
B. Scholarly Project: Independent Investigative Inquiry (III)		6 credits
Credit is awarded by satisfactory performance of Independent Investigative Inquiry course or waiver if students have received Master's or Ph.D degrees with a thesis or dissertation in disciplines basic to medicine or first authors of published papers in peer-reviewed medical or scientific journal		
C. Patient Care		84 credits
Required Clinical Clerkships		
Family Medicine	6 weeks	12 credits
Internal Medicine	12 weeks	24 credits
Obstetrics/Gynecology	6 weeks	12 credits
Pediatrics	6 weeks	12 credits
Psychiatry	6 weeks	12 credits
Surgery	6 weeks	12 credits
D. Explore and Focus		72 credits
Advanced Inpatient Care	4 weeks	8 credits
Advanced Outpatient Care	4 weeks	8 credits
Emergency Medicine	4 weeks	8 credits
Neurology	4 weeks	8 credits
Clinical Electives	20 weeks	40 credits
Total minimum credits for M.D. degree:		173 credits

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

A. Foundations Phase **90 credits**

UW School of Medicine M.D. foundational coursework met by D.D.S., D.M.D. (or equivalent), CBSE score (or equivalent), and satisfactory completion of O.M.S. intern experience

B. Transition to Residency **8 credits**

The Capstone – Transition to Residency coursework is met by O.M.S. residency.

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

Grading and Evaluation System

The School of Medicine's grading system is the prerogative of the block and clerkship directors, who are responsible for the final determination of the evaluation of the students' performance. The Student Progress Committee, which is charged to review students' performance, does **not** make determinations of grades but rather relies on the information submitted by the department on student performance for making decisions on remediation or other actions related to the student's progress in the medical school program. There is no class ranking or grade-point average assigned under the School of Medicine grading system. In order to receive the M.D. degree, students must receive a Pass or higher grade in all courses for which they register in the medical school curriculum and must develop attitudes and professional conduct appropriate for a physician-in-training. College faculty mentors are given access to all evaluations of their assigned medical students.

Final Grades

The School of Medicine's grading system is Pass/Fail for the Foundations curriculum and Honors, High Pass, Pass, and Fail for the clinical curriculum. Two-week clinical electives are graded on Pass/Fail only. The determination of High Pass and Honors grades is the prerogative of the clerkship faculty and criteria for achieving High Pass and Honors will be specified in the course syllabi or website.

Honors

Available in clinical clerkships greater than 4 credits, the Honors grade indicates that the student performed at a level of significant distinction as determined by the clerkship director. Qualification for Honors may require additional criteria or coursework, such as a paper, which is subject to determination by the department responsible for the clerkship.

High Pass

Available in clinical clerkships greater than 4 credits, the High Pass grade indicates that the student performed above the minimum standards of performance and at a level of distinction as determined by the clerkship director.

Pass

The Pass grade indicates that the student completed all block, course, or clerkship requirements at or above the minimum standards of performance.

Fail

The Fail grade indicates that the student has not achieved the minimum standards of performance in the block, course, or clerkship. Fail grades are reported to the Student Progress Committee for review.

For students who receive a Fail grade and who are permitted to take and are successful on a reexamination, the Pass grade on the reexamination will be recorded on the official transcript, and in the comment section of the transcript, there will be an indication that the course was passed through a reexamination. For students who receive a Fail grade on the reexamination, a Fail grade is recorded on the official transcript in the quarter in which the course was initially taken. If a repeat of the course is approved, the student registers for the course the next time it is offered, and the course is listed again on the transcript within the quarter when it is retaken. The grade received in the repeat of the course is recorded on the transcript in the quarter when the course was retaken. If a student receives a Fail grade in a repeated course, this is grounds for dismissal. Information regarding a student's remediation in coursework is included in the Academic History section of the Medical Student Performance Evaluation (MSPE) and in narratives describing the student's overall performance in medical school.

Incomplete Designation

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

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

Withdrawal from Course

A withdrawal from a course may be permitted in the event of illness or personal/family situations or when the student is placed on a leave of absence prior to completing a course by the Student Progress Committee. If a withdrawal is approved, this is handled through the School of Medicine's registrar. A student is **not** permitted to withdraw to avoid failing a block or clerkship.

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

Internal Levels of Assessment

Internal levels of assessment, such as Evaluator Concern and Professional Behavior or Conduct, are included on the grading forms for all courses to provide an indication of any issues that need to be reviewed

related to the student's coursework and/or professional behavior and conduct. Faculty can indicate concerns about the student's performance in academic or clinical coursework and/or professional behavior and conduct on the evaluation forms for both the Foundations and clinical curriculum. The purpose of this is to provide feedback to students and to give the Student Progress Committee additional information to use in the management and oversight of students' academic and professional development.

Evaluator Concern

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

Professional Development Assessment

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

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

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

Performance Feedback and Evaluation

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

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

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

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

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

Confidentiality of Grades or Graded Material

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

Timing of Release of Grades/Evaluations

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

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

Grades for clinical electives are expected to be reported to the student within four weeks, but no longer than six weeks, after completion of the elective. If additional time is needed to submit the grade, the

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

Appeal of Grade and/or Evaluation Comments

Block and clerkship directors are responsible for the final determination of the evaluation of the students' performance. Students have the right to appeal their grades and/or evaluation comments in situations in which they feel the performance was based on inaccurate information, was not evaluated by faculty or residents with whom they worked, and/or included comments that were inappropriate or insufficient based on feedback received during the course.

Timeline

For all Foundations blocks and courses, University of Washington policy stipulates that a request for a grade review must be made before the end of the academic quarter following the quarter in which the course was taken¹⁰, 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 quarter's coursework.

For all clinical clerkships, a request for a grade review must be made within 12 weeks following the end of the clerkship. If the grade was not finalized within 6 weeks after the end of the clerkship, the student's appeal timeline will be appropriately extended, i.e. the student should never have less than 6 weeks to appeal a grade.

Review Process

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

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

Medical Student Performance Evaluation (MSPE)

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

¹⁰ This does not include the summer quarter.

Graduation with Honors

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

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

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

Academic Standards

Foundations Phase

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

- Molecular & Cellular Basis of Disease
- Invaders & Defenders
- Circulatory Systems
- Blood & Cancer
- Energetics & Homeostasis
- Mind, Brain, & Behavior
- Lifecycle & Reproduction
- Foundations of Clinical Medicine
- Threads
- OSCE (Foundations)
- Intensive Foundations Review/USMLE Board Prep
- USMLE Step 1
- Transition to Clerkships
- Independent Investigative Inquiry (III)

Patient Care Phase

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

- Family Medicine
- Internal Medicine
- Neurology
- Obstetrics/Gynecology
- Pediatrics
- Psychiatry
- Surgery
- OSCE (Patient Care Phase)
- USMLE Step 2 Clinical Knowledge (CK)
- USMLE Step 2 Clinical Skills (CS)

Explore & Focus Phase

Students must successfully complete the following in order to qualify for consideration for graduation from their medical training:

- Advanced Inpatient Care
- Advanced Outpatient Care
- Emergency Medicine
- Clinical electives
- Transition to Residency

Professional Standards

Policy on Professional Conduct

Medical students are expected to adhere to [UW Medicine's policy on professional conduct](#), which states that "UW Medicine values professionalism among its faculty, staff, trainees, and students in carrying out UW Medicine's mission of improving the health of the public through teaching, research and patient care. Professionalism includes demonstrating excellence, integrity, respect, compassion, accountability, and a commitment to altruism in all our work interactions and responsibilities.

It is the policy and expectation of UW Medicine that UW Medicine faculty, staff, trainees, and students will conduct themselves in a professional manner in all of their interactions with patients, members of the public and the University community, and each other. The purposes of this policy are to promote excellence, integrity and altruism in all of our activities; to assure that all persons are treated with respect, dignity and courtesy; and to promote constructive communication and collaborative teamwork."

Fitness for Clinical Contact

The opportunity to participate in direct patient care carries with it the responsibility to ensure that patients are not placed at risk due to a student's mental illness, physical illness, or impairment from drugs or alcohol. It is the responsibility of faculty, residents, medical students, and School of Medicine staff members who know of or observe student behavior that has the potential to place a patient at risk, to immediately report the concern to the course or clerkship director and the associate dean for student affairs or the vice dean for academic, rural and regional affairs. The medical director for the institution or practice site where the student is or will be rotating will be contacted by the associate dean for student affairs or the vice dean for academic, rural and regional affairs and informed of the situation concerning the student.

It is important to note that existing statutes require physicians to report other physicians that have a condition, either physical or mental, that may affect their ability to practice with reasonable skill and safety. Under [WAC 246-16-200](#), all individuals licensed by the Department of Health in the State of Washington are required to report any other individual licensed by the Department of Health who commits an act of unprofessional conduct or who has a condition, physical or mental, that may affect his/her ability to practice with reasonable skill and safety. Even though WAC 246-16-200 does not specifically apply directly to medical students, given that medical students will be licensed physicians after completing their training, it is reasonable to assume that the School of Medicine should take similar measures to ensure patient safety where medical students are involved. Thus, if a student is believed to have a condition that may affect his/her ability to interact safely with patients, s/he may be removed from the clinical setting until such time that the issue is effectively resolved. This may include referral to the [Washington Physicians Health Program](#) (WPHP) for assessment, treatment, and continued monitoring as appropriate.

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

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

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

Standards of Conduct and Professional Behavior

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

Evaluations of the performance of students in the medical school curriculum include an assessment of whether the student is making satisfactory progress in developing appropriate professional behavior for a physician-in-training. For a student in whom unprofessional behavior has been identified and documented through an appropriate review process, the Student Progress Committee may interview the student to determine whether the student has insight into the behavior, whether there are any extenuating circumstances that need to be taken into account, and whether there is an appropriate remediation that should be considered.

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

If the student's professional behavior is deemed to be unacceptable and the student has not sufficiently learned how to modify his/her behavior or if the behavior is so egregious and deemed to make the student

unfit for being a physician-in-training, the student will not be recommended for graduation with the M.D. degree.

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

Cheating/Plagiarism

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

Inappropriate Interaction with Patients

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

Inappropriate Behavior in Clinical Setting

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

Inappropriate Interaction with Peers, Staff, Faculty

- Harassment or abusive behavior in person or electronically
- Assault
- Deliberate degradation or disruption of the learning environment
- Intentional misrepresentation of self or qualifications
- Argumentative behavior beyond what is reasonable for issue or setting

- Inappropriate, inadequate, or untimely response to queries from faculty/staff/deans

Inappropriate Behavior outside Coursework

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

Non-Compliance with Requirements

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

Inappropriate Financial Behaviors

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

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

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

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

Understanding Plagiarism and Maintaining Personal Integrity

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

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

Plagiarism can take many forms:

The spectrum is a wide one. At one end, there is a word-for-word copying of another's writing without enclosing the copied passage in quotation marks and identifying it in a footnote, both of which are necessary. It hardly seems possible that anyone of college age or more could do that without clear intent to deceive. At the other end, there is the almost casual slipping in of a particularly apt term, which one has come across in reading and which so admirably expresses one's opinion that one is tempted to make it personal property. Between these poles, there are degrees and degrees, but they may be roughly placed in two groups. Close to outright and blatant deceit - but more the result, perhaps, of laziness than of bad intent - is the patching together of random jottings made in the course of reading, generally without careful identification of their source, and then woven into the text, so that the result is a mosaic of other people's ideas and words, the writer's sole contribution being the cement to hold the pieces together. Indicative of more effort and, for that reason, somewhat closer to honesty, though still dishonest, is the paraphrase, an abbreviated (and often skillfully prepared) restatement of someone else's analysis or conclusions without acknowledgment that another person's text has been the basis for the recapitulation.¹¹

Collaboration on Course Assignments

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

Papers for Honors and Multiple Purposes

For courses that require a paper for Honors, each paper must be unique. It is not acceptable to hand in the same paper for two or more clerkships, and is inappropriate to hand in a paper done for another purpose (such as undergraduate or graduate coursework, III, MSRTP, etc.) to fulfill a course's paper requirement or to form the basis of a presentation that is a requirement for a clerkship.

Representation in Applications and Personal Statements

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

¹¹ From reproduction in "[Honor in Science](#)," published by Sigma XI, The Scientific Research Society, p. 15.

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

PREAMBLE

We, the students of the University of Washington School of Medicine, believe that high ethical standards are essential to the practice of medicine. As we aspire to cultivate and maintain a community of professionalism and academic integrity, we place at the foundation of our endeavors and in all of our interactions the ideals of excellence, integrity, respect, compassion, accountability and a commitment to altruism. Through this Honor Code, we attempt to articulate the most basic principles that should guide our professional behavior throughout our education.¹

¹Nothing in the Medical Student Honor Code for the UW School of Medicine is intended to supersede the University of Washington Student Conduct Code.

I. PROFESSIONAL CONDUCT

I.A. Respect for Patients

I.A.1 Care at the Bedside

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

Throughout our training, we will enter into professional relationships whose integrity rests on strict confidentiality. Except in situations where we are obligated by law to do otherwise, we will hold all matters we discuss with any patient confidential within the medical team responsible for that patient's care.²

² Examples of mandatory reporting include, but are not limited to, patients reporting that they are planning to harm themselves or someone else or that they were the perpetrator of an act of child abuse.

I.A.2. Communication

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

I.A.3. Safe Clinical Practice

If we recognize ourselves or other healthcare providers to be impaired in any way that may impact patient safety, we will address the issue promptly and appropriately. We will consult more experienced members of the medical team concerning decisions about which we are uncertain of the appropriate standard of care

in relation to the patient. In cases where we are concerned about potential harm to self or others, we commit to reporting the issue through appropriate medical staff.

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

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

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

I.C. Respect for Self

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

I.D. Respect for Community

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

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

II. ACADEMIC STANDARDS

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

II.A. Examinations

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

We will not communicate any specific information regarding an examination to a classmate in any UW educational site who has not yet completed that examination during that academic year or in subsequent years. This specific information includes any details that would result in an inequitable testing situation. Students have an obligation to respect their peers and thus maintain a non-disruptive atmosphere during examinations.

II.B. Other Academic Work

As members of the academic community, and pursuant to University and School rules, we have an obligation to not plagiarize or intentionally misrepresent the work of others nor claim it as our own. During medical training we will be provided with communal instructional material that will greatly aid our learning. In respecting the scientists, doctors and patients who have shared their knowledge and experience for the betterment of medical learning, we will make every effort to protect and preserve these resources for the use of future peers and classmates.

III. MISTREATMENT OF STUDENTS

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

IV. THE HONOR COUNCIL AND VIOLATIONS OF THE HONOR CODE

Pursuant to the terms of this Honor Code, an Honor Council will be formed by the UWSOM students from the elected representatives from all current classes. The role of the Honor Council will be to educate the student body about the Honor Code, confidentially mediate conflicts that arise due to student misconduct or mistreatment, and offer a safe environment for students to confidentially share their concerns about Honor Code violations. In the event that concerns arise due to student misconduct or mistreatment, the Honor Council may consult with the UWSOM administration or other appropriate bodies. The Honor Council will operate according to Honor Council Procedures which will be openly shared with the student body. In every Honor Council activity, confidentiality will be maintained to the maximum possible under the law and University policy.³

³ In keeping with mandatory reporting laws, we recognize that there are some situations in which the Honor Council would inform local authorities and/or members of the University Administration about a matter of which they have been informed. These situations have been outlined in the Honor Council Procedures.

V. AMENDING THE CODE

The Honor Code may be amended at any time by the UWSOM student body. The Honor Council will accept proposals for amendment at any time and will have procedures for bringing compelling proposals to the student body for consideration. The Honor Council will establish procedures for hearing discussions about

a proposed amendment and for conducting a school-wide vote about adopting it. Alternatively, an amendment may be brought to an immediate vote if it is signed by one-third or more of the students in a class or by one-third or more of the students at a first-year regional site. An amendment agreed upon by a simple majority of the student body with one-half of students voting will be adopted and incorporated into the Honor Code.

Physician's Oath

The Physician's (or Hippocratic) Oath is administered during the Hooding Ceremony following the completion of the clinical curriculum. A tradition in the western medical world, the oath reminds graduates of the high standards of performance and ethical and moral behavior they should aspire to as they receive their degree and embark upon their career as a physician. The UW School of Medicine uses a variation of the Geneva version of the oath at the Hooding Ceremony¹²:

AT THE time of being admitted as a member of the medical profession,
I SOLEMNLY pledge myself to consecrate my life to the service of humanity.
I WILL give to my teachers the respect and gratitude which is their due;
I WILL practice my profession with conscience and dignity;
THE HEALTH of my patient will be my first consideration;
I WILL respect the secrets, which are confided in me;
I WILL maintain by all the means in my power, the honor and the noble traditions of the medical profession;
MY COLLEAGUES will be my sisters and brothers;
I WILL respect and value the lives of all persons;
I WILL not discriminate against any person in medical decisions;
I WILL maintain the utmost respect for human life; even under threat, I will not use my medical knowledge contrary to the laws of humanity.
I MAKE these promises solemnly, freely, and upon my honor.

The Student Progress Committee

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

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

¹² Approved by MSEC: spring 2000

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

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

General Principles for Managing Course Performance and Professional Behavior

The following concepts serve as the foundation for the SPC's operating guidelines for overseeing students' academic progress and professional development. The guidelines are structured to convey the School's academic and professional standards and to make the expectations for performance clear to members managing decisions about students. In deciding whether the student has met the School's standards or could be successful with remediation or other academic accommodations, SPC members depend on the guidelines with careful consideration of the individual merits of the case.¹³

- Students must meet all of the School's requirements for graduation and perform at a passing level or above in all coursework and requirements. The SPC's role is to uphold the standards of the School of Medicine and the University of Washington, while at the same time supporting the student's continuation in the medical school program by allowing appropriate remediation or modifications of the student's schedule when there is evidence that the student can be successful in the program.
- Since students learn at varying rates and through different study techniques and in the broader context of their life circumstances, the SPC considers cases of unsatisfactory progress on an individual basis. The SPC depends on the guidelines outlined in this document, but weighs all aspects of the student's performance and extenuating circumstances, and reserves the appropriate latitude for considering a variety of remediation options to support the student's continuation in the medical school program. Extenuating circumstances include such stressors as personal health issues and unexpected personal and family emergencies.
- Input from students on how they learn and which remedial course of action may work best for them is important to the SPC's deliberations. In situations when students make positive academic progress and show insight into the modifications that need to be made, the SPC will take into account extenuating circumstances and permit the student to have a "second opportunity" to continue in the medical school program. If extenuating circumstances continue to interfere with the

¹³ The School of Medicine takes cognizance of the University's academic and registrar policies. Due to the nature of the structure of the medical school curriculum and utilization of academic and clinical sites within the five state region of Washington, Wyoming, Alaska, Montana, and Idaho, the School's SPC's guidelines for managing the students' academic progress and professional development may differ from University's policies but not to the detriment of the student.

student's performance in subsequent coursework, the SPC will most likely not permit the student to continue. Decisions for these kinds of situations include a range of options from allowing or mandating the student to step out of the curriculum and return the next year, to a leave of absence to give the student more time to manage the extenuating circumstance, to recommending dismissal when it becomes evident that the student is unable to perform at an acceptable level or is unable or unwilling to implement changes needed to be successful.

Confidentiality

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

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

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

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

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

Fail Grades

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

Evaluator Concerns

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

Professional Behavior or Conduct

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

Incompletes

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

Block/Clerkship Withdrawals

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

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

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

Timeline for Remediation

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

Decisions related to the student's progress in the medical school program is determined by the SPC based on a number of factors including but not limited to recommendations of the block or clerkship director, input

from the committee chair or ex officio members who have knowledge of the student's progress, the student's College mentor when available, and the student's overall medical school performance to date.

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

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

Fitness for Clinical Contact

The academic, rural and regional affairs deans and/or the SPC have the right to prohibit a student's continuation in the clinical setting if there are concerns related to patient care or patient safety, the ability to practice with reasonable skill and safety due to a mental or physical condition, the potential for compromising compatibility and effective functioning of the healthcare team, and/or evidence of substance abuse. The medical director of the clerkship site and regional dean, if applicable, may be consulted with regard to these decisions.

USMLE

Fail score(s) on the USMLE Step 1, Step 2-Clinical Knowledge (CK), or Step 2-Clinical Skills (CS) exams must be remediated on the timetable(s) established by the SPC. Students with outstanding Step 2 exam failures will not be permitted to participate in the match process until they have successfully remediated the exam(s). Students may be prohibited from participating in subsequent clinical training until the exam(s) is successfully remediated. If remediation is not completed in a timely manner or if an exam is not successfully completed after multiple attempts, the student will not be considered to be making satisfactory progress and may be recommended for dismissal from the School of Medicine.

Process to Request a Review of Student Progress Committee Decision

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

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

and the sanction determined to be appropriate by the SPC will be imposed.

- The student may withdraw from the School of Medicine if s/he chooses not to accept the sanction.

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

Options for Managing Progress toward the Degree

Probation

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

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

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

A student may be placed on probation based on the following:

- One or more fail grades within an academic year
- Unsatisfactory knowledge of thread objectives at the end of the term of instruction
- Unprofessional behavior or disciplinary misconduct violation
- Two or more USMLE Step fails (multiple of the same Step examination or combination of different Step exams)
- Unsatisfactory progress, in the judgment of the SPC, in any area that falls under the SPC's purview

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

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

When it is clear that the student has met the criteria for being removed from probation, the chair of the SPC

may remove the student from probation and inform the student of this. If there is some question about the decision for removing a student from probation, the student's record will be presented to the SPC for a decision.

[Student Status while on Probation](#)

The following apply while the student is on probation:

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

[Expansion of Curricular Program](#)

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

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

[Expansion Policies](#)

The SPC has created the following guidelines for all expansions:

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

Student Progress Committee's Use of Expansions

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

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

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

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

Student Status while on an Expansion

The following apply while the student is on an expansion:

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

Leaves of Absence

Students may request or be placed on a leave of absence for personal, academic, or health related issues, to complete research, or as an intervention to allow time to manage an issue of concern. The request should

be submitted to the associate dean for student affairs who, in consultation with the associate dean for curriculum and the registrar, may approve the request on behalf of the SPC if there are no academic performance issues. The leave will be reported to the SPC for approval or information as appropriate.

Leave of Absence Policies

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

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

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

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

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

Student Progress Committee's Use of Leaves of Absence

If the SPC (or associate dean for student affairs in consultation with the chair of the SPC) determines that there are significant extenuating circumstances interfering with the student's performance, the student may be granted a leave or mandated to take a leave of absence with the ability to petition to return. When

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

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

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

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

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

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

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

When deemed appropriate by the SPC, the block or clerkship director (or other appropriate faculty member) will be informed in writing of the student's area(s) of weakness before the student begins the course in order to allow for additional assistance with the deficit(s) and more routine feedback on progress while in the course. The following guidelines are used when providing information in advance of the student beginning the block or clerkship:

- The Student Progress Committee approves the use of the advance information process when the student has had academic or professional behavior difficulty in prior coursework. This difficulty may be in any area(s) of evaluation, e.g. knowledge, problem solving, integration, communication, professional conduct. The period of time for providing advance information will be specified by the SPC and may be modified based on the student's subsequent performance with this intervention. The two major objectives for using the advanced information process are: (1) to provide the student with additional support and help in the area(s) of deficiency as appropriate and (2) to ensure that there is adequate feedback to the student and evaluation of the area(s) of concern.
- The associate dean for student affairs manages the sending of the SPC chair's confidential summary along with a description of the advance information process to the block/clerkship director(s) specified by the SPC. Having the information prior to the beginning of the block or clerkship, the block/clerkship director can use discretion in making small group or tutor assignments

(predominantly for Foundations blocks) or for selecting the team or hospital site to which the student is assigned (predominantly for clinical clerkships or electives). The advanced information also allows the block/clerkship director to directly handle situations that may arise during the block or clerkship should the faculty, teaching assistants, or residents identify a problem early.

- To reduce the possibility of negative bias, the information on the student's record is sent only to the block/clerkship director and not to the individual faculty member and teaching assistant or attending and resident team to which the student is assigned. It is anticipated that the block/clerkship director will check discreetly with the appropriate individuals at an appropriate interval after the course has begun to see whether any problems have arisen. As needed, the block/clerkship director will speak to the associate dean for student affairs about the student's progress.
- The associate dean for student affairs meets with the student to discuss the advanced information process that will be implemented, and provides the student with a copy of the confidential summary of his/her record and area(s) of concern that is sent to the block/clerkship director. The associate dean for student affairs assists the student with the block/clerkship director contact information, and encourages the student to meet with the block/clerkship director prior to the beginning of the course in order to schedule time as needed during the course to discuss student issues of concern and/or course performance feedback.

Withdrawal from the School of Medicine

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

Students who have been recommended for dismissal may withdraw from the School of Medicine up to the time the dean of the School of Medicine sustains the dismissal recommendation. If the student withdraws, the official transcript will indicate this; however, the school reserves the right to disclose the dismissal recommendation if asked to write a letter about the enrollment or performance of the former student.

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

Suspension from the School of Medicine

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

- Documented cheating in coursework
- Intentional misrepresentation of patient information
- Placing patients' care or safety at risks

- Unacceptable behavior in the community
- Violating the University's student code
- Violating local, state, or federal laws

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

If a student is permitted to re-enter the medical school program, the SPC will place the student on disciplinary probation with the expectation that the student's conduct will be at an acceptable level for the remainder of his/her tenure in the medical school. If there is another breach in personal/professional conduct, the student will be recommended for dismissal from the School of Medicine.

The suspension is part of the student's academic record and is included in administrative letters written about his/her performance, including the MSPE.

[Student Status while on Suspension](#)

The following apply while the student is on probation:

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

[Dismissal from the School of Medicine](#)

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

[Dismissal Recommendation Review Process](#)

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

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

- A written statement addressing the issues of concern raised in the SPC's dismissal letter.
- Any additional letters of support or relevant documentation requested by the student along with a

list of the names of the individuals submitting letters.

- If applicable, the name of the medical school faculty advocate the student has requested to accompany him/her at the SPC dismissal review meeting.

As part of the dismissal review meeting, there will be time designated for the student to present his/her information and to have a question and answer period with the SPC members. The student may be accompanied by one advocate who is a member of the medical school faculty.¹⁴ If present, the faculty advocate may also share information and respond to questions.

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

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

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

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

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

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

¹⁴ Note: The presence or appearance of a student's legal counsel is not permitted because a formal hearing and appeal are not part of the academic review process.

MD PROGRAM REQUIREMENTS & POLICIES

Essential Requirements of Medical Education: Admission, Retention, and Graduation Standards¹⁵

[Note: Throughout this section, “student” refers to the applicant and medical student. The full text of this document is available on the [Expectations page of the Admissions website](#). Students are required to review and sign this document upon matriculation and again prior to beginning the clinical phase of the curriculum.]

The University of Washington School of Medicine recognizes the M.D. degree as a broad undifferentiated degree requiring the acquisition of general knowledge and basic skills in all fields of medicine necessary to care for 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 current practice of medicine requires collaboration among physicians, 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 prior satisfactory academic achievement but also on non-cognitive factors, which serve to insure that the student can complete the essential functions of the academic program required for graduation.

The development of the School of Medicine's 1995 Essential Requirements for Medical Education included an in-depth review by each basic science and clinical department of their respective required courses and identification of the essential functions that students must meet with or without accommodations. The current continuous curriculum renewal, beginning in 2012, takes cognizance of these identified essential functions that determine the requirements for admission, retention, promotion, and graduation of applicants and students respectively at the University of Washington School of Medicine. 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 highly 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. 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.

Technical Standards

Technical standards refer to those cognitive, behavioral, 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 M.D. 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

¹⁵ Approved December 2013; Revised February 2014

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 Mental Requirements

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

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. The student 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.

The student must have the cognitive abilities necessary to master relevant content in the Foundations 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. S/he 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

The student must possess personal qualities, which include compassion, empathy, altruism, integrity, responsibility, sensitivity to diversity, and tolerance. The student must understand and apply appropriate standards of medical ethics. The student must maintain appropriate professional boundaries within all settings, including those in which s/he is caring for patients and their families or interacting with faculty, residents, peers, staff, and healthcare team members. The student must be able to function as a member of the healthcare team, often within a multidisciplinary team-based environment, regardless of the specialty.

Communication

The student must communicate effectively in English with patients and families, physicians, and other members of the health care team. The 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. The student 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.

The student 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. Written, dictated, or electronic medical record entries of patient assessments, treatment plans, prescriptions, etc., must be timely, complete and accurate. Ability to interact with, utilize, and navigate an electronic medical record is essential as this entails tasks such as entering orders, responding to electronic prompts, etc. Putting patient safety first, appropriate communication relies on the student recognizing s/he 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 Mental Requirements

The physical and mental 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.

The student must have the ability to take a medical history and perform a physical examination. Such tasks require the ability to communicate with the patient. The student will be required to perform a comprehensive physical examination, elements of which patients expect will be performed by the physician. See the section on [UW School of Medicine's First Year Introduction to Clinical Medicine's Basic Physical Examination of the Adult: Checklist](#).

The student 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. The student must also be able to adapt to environments that may change rapidly without warning and/or in unpredictable ways.

Policy Guidelines

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. For example, the School does not discriminate on the basis of race, color, creed, religion, national origin, cultural or ethnic background, socio-economic status, gender, gender identity, sexual orientation, age, marital status, disability, or status as a veteran. See [Executive Order 31](#).

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

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 take and achieve competence in the

full curriculum, evaluations of academic and professional conduct, and USMLE licensure examinations required by the faculty.

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

A student who has or develops a chronic disease or condition will be expected to seek and continue under the care of a physician. 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 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 the student be convicted of any felony offense while in medical school, s/he agrees 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

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

A student who develops or manifests a disability after matriculation may be identified to the Academic Affairs Office through a variety of sources, e.g., self-report, a report of accident or illness, or faculty observations of special aspects of poor academic performance. If the degree to which the student has become disabled raises questions related to meeting the technical standards, the matter will be referred to the associate dean for student affairs who will consult with DRS. The student should submit appropriate documentation in regard to the disability from a qualified health professional and will subsequently work with DRS and the associate dean in assessing if the student can meet the School's technical standards with a reasonable accommodation.

Reasonable accommodations are designed to effectively meet disability related needs of qualified students, yet will not fundamentally alter essential elements of this program, create an undue burden for the

University, or provide new programming for students with disabilities not available to all medical students. The School of Medicine is ultimately responsible for implementation of approved accommodations.

Expanded Examples

To review expanded examples of the requirements for each of the aforementioned categories, please review the [full text of the Essential Requirements of Medical Education document](#).

Compliance Requirements

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

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

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

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

Students are expected to track their own compliance due dates and update items needing renewal prior to the six-week block in which they expire. Students' compliance status is monitored by the Student Affairs office, and students are notified when they need to update their status. Students who do not respond to notification of non-compliance are removed from enrolled clinical coursework until they have updated their status appropriately. Non-compliance may impact the release of financial aid and may result in an expanded program if clinical coursework needs to be dropped and rescheduled.

Basic Life Support for Healthcare Providers

Completion Frequency: Every two years

Students must be certified in CPR at the level of Basic Life Support (BLS) for Healthcare Providers (American Heart Association approved training) prior to matriculation and again before entering the clinical

curriculum. BLS cards expire every two years, and students are responsible for keeping their certification current throughout their medical school training. Combined degree and expanded students must track this two-year certification process based on calendar year, not necessarily year in school, to remain current.

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

The School of Medicine does not accept ACLS certification or online BLS/CPR training courses for this requirement.

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

Criminal Background Check

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

Students are required to complete a criminal background check as a part of the admissions process and, once matriculated, every two calendar years thereafter (including students who are expanded, on leave, or completing a combined degree).

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

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

Students will be required to meet with the associate dean for admissions (pre-matriculation) or the associate dean for student affairs (post-matriculation) to discuss any discrepancies that are found in the background check. Depending on the situation, further action may be taken by the school, which may include dismissal from the School of Medicine.

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

Completion Frequency: Annually

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

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

Examples of violations of the security/confidentiality agreement include, but are not limited to, blogging patient interactions, looking at patients' records for which the student is not responsible, leaving the workstation unlocked and unattended, forwarding email to a non-UW email account, etc. All infractions are taken seriously and will be referred to the associate dean for student affairs for review and implementation of recommended action from the UW Medicine Compliance Office and Student Progress Committee.

Immunizations and TB Screening

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

Documentation of compliance with all [required immunizations](#), including the annual tuberculosis screening, must be confirmed by the [Health Sciences Immunization Program](#) (HSIP) before students are allowed to begin or continue patient contact. HSIP screens and documents students' immunization compliance. In situations where a specific vaccination is contraindicated, HSIP staff will advise students on the appropriate documentation to obtain from their health care provider.

Students are responsible for sending all immunization documentation, including annual PPD or TB symptom survey results and influenza documentation to HSIP for compliance tracking. HSIP can be contacted at 206-616-9074. Documentation should be emailed or faxed to myshots@uw.edu, 206-616-8434 (fax). It is the students' responsibility to confirm with HSIP that their documentation has been received and their status is compliant. HSIP provides weekly compliance reports to the School of Medicine.

If the flu shot or tuberculosis screening is obtained from somewhere other than HSIP, the student must pay for it and then submit the receipt for reimbursement.

Reimbursement Process for Immunizations and TB Screening

If a flu shot or tuberculosis screening is obtained from somewhere other than HSIP, the student must pay for that out of pocket and then submit a receipt for reimbursement. Receipts and the [HSIP Request Form](#) should be sent to:

Health Sciences Immunizations Program
University of Washington
Box 354410
Seattle, WA 98195-4410

Reimbursements take approximately 4-6 weeks to process. Students should save a copy of receipts and communications with HSIP in case there is a question about the reimbursement request.

Universal Precautions: Managing Blood Borne Pathogens

Completion Frequency: Annually

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

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

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

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

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

- **Barrier Protection:**
 - **Gloves** are worn for anticipated contact with all body substances and are changed between patients and sometimes between contact with different sites on the same patient.
 - **Gowns and/or plastic aprons** are used to cover areas of the skin or clothing that are likely to become soiled with body substances.
 - **Facial barriers, including masks, glasses/goggles and face shields** are worn whenever splashing or splatter of body substances into the mouth, nose, or eyes is likely

to occur. Specialized masks and individual respiratory devices are also used for certain airborne diseases such as meningococcal meningitis and tuberculosis.

- **Other barriers** such as hair covers, shoe covers, and boots may be used when extensive exposure to body fluids may occur. (e.g., cystoscopy, vaginal delivery, multiple trauma).
- **Sharps management:** Sharps management refers to safe use of sharp agents such as needles, scalpel blades, etc. Dispose of them in appropriate rigid, impervious containers, and learn to handle them safely.

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

Needlestick Protocol

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

Information on the card is as follows:

Blood/Body Fluid Exposure (2014)

1. **Time matters (!)** so proceed swiftly as follows.
2. **Remove** all soiled clothing.
3. **Wash** needlesticks and cuts with soap and water.
Flush splashes to the nose, mouth, or skin with water.
Irrigate eyes with clean water, saline, or sterile irrigants.
4. **Write** down the following information on “source patient”:
Name, hospital or clinic number, date of birth, & patient location
5. **Notify** supervising staff member that you need to report to employee health (or, after hours, report to local Emergency Department)
6. **Report** to Employee Health/Emergency Department as a blood/body fluid exposure for
 - a. **Risk assessment of exposure**
 - b. **Baseline laboratory work on you**
 - c. **Employee Health evaluation of “source” patient**
 - d. **Institution of post-exposure prophylaxis (PEP)** if appropriate (within 1-2 hours of exposure)
7. **Call or email** UW Health Sciences Immunizations Program (HSIP) at (206) 616-9074 or myshots@uw.edu (9am-4pm PST) to inform them of the event. They will be responsible for the student’s subsequent follow-up testing and treatment.
8. **Cost** of the initial prophylaxis is covered by the student’s annual HSIP health fee. The student’s primary insurance should be billed first and the site notified that HSIP is the secondary payer. For questions about coverage, students should contact UW HSIP at (206) 616-9074 or myshots@uw.edu.

If students have unanswered questions, they should contact:

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

Online Resources

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

Clerkship Site Requirements for Immunizations and Compliance

The department clerkship website should define prerequisite requirements for preceptorship and clerkship in-processing. Generally, the department will take care of facilitating in-processing requirements, but there may be items the department will ask students to complete 4 to 6 weeks ahead of the clerkship to make sure all onboarding requirements are met. In addition to filling out site and department-specific paperwork, students may be asked to provide a copy of their immunization records (for immunization records, contact myshots@uw.edu or call 206-616-9074), BLS cards, HIPAA training, universal precautions training, and other compliance training certificates generally found in the E*Value “Immunizations and Compliance” section.

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

Drug Testing Policy

The School of Medicine does not require “routine” drug testing of medical students. However, some facilities where students may rotate for various clinical experiences do require drug testing before they will accept a student for a rotation. The School of Medicine generally contracts with these facilities so that the testing can be done through the School of Medicine rather than through the facility. The School of Medicine contracts with a SAMHSA-certified, full-service toxicology laboratory that provides industry-standardized drug screening services, in order to conduct drug tests as needed. Oral swab testing is used to test for the following drugs:

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

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

Prior to completing the testing, students will be required to sign an information sheet, indicating that he/she understands that any medications, prescribed or otherwise, must be disclosed on the test requisition so that

results can be interpreted appropriately. **Most importantly**, students must disclose on the test requisition any controlled substances (Schedules II-V), which fall in to the categories on the information sheet.

Oral swab drug tests will only be administered by staff trained by Sterling Reference Laboratories on proper testing and chain of custody procedures.

No information concerning drug testing will be shared with the clerkship rotation facility other than to verify that the results were negative. All drug testing requisitions will be destroyed once the student's results are found to be negative. No documentation, other than the negative test result, will be recorded. Negative drug test results will be uploaded to eValue where students can access them.

If the initial test results are positive for a controlled (Schedules II-V) or illicit substance, a second confirmation test (on the same sample) will be performed at the School of Medicine's expense.

If the confirmation test is positive for a controlled (Schedules II-V) or an illicit substance, the student will be referred to the associate dean for student affairs for further assessment and management. If the controlled substance is prescribed, for an appropriate indication, and it was disclosed by the student on the test requisition, this will be treated in the same manner as a negative test. Depending on the circumstances, the student may be referred to the WPHP.

UW Policy on Use and Possession of Marijuana

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

It is important for medical students to be cognizant of both the UW policy for faculty and staff and how healthcare facilities will be handling positive THC results on drug screening. For medical students training in healthcare facilities throughout the WWAMI region, several already require drug screening including the THC as a prerequisite for participation in a clerkship or clinical elective. Thus, medical students may face negative consequences for a positive THC screen.

Graduation Requirements

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

- All academic requirements
- All compliance requirements
- OSCEs:
 - Foundations
 - Patient Care Phase
- Professionalism benchmarks
- Clinical skills developmental benchmarks
 - Interview skills, including taking patient histories
 - Diagnostic and physical exam skills
 - Clinical reasoning and interpretation skills
 - Communication skills (with patient and colleagues) including both written and oral case presentation skills
 - Professionalism and ethics
- Scholarly project
- United States Medical Licensing Examinations:
 - Step 1
 - Step 2-Clinical Knowledge
 - Step 2-Clinical Skills

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

Financial Responsibility Requirements

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

Health Fee

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

Laptop and Mobile Device Requirements

Computers are an essential part of the medical education program. The UW School of Medicine requires all students to have laptops and mobile devices that meet the [current minimum requirements](#) established

by UW Medicine in order to access all course materials and examinations. Specifications needed to access computer-based instruction are sent to entering students and are available from [UW Technology IT Connect](#).

Encryption and Handling Patient Data

UW Medicine requires training for all medical students to learn how to properly safeguard confidential information and comply with standards for personal accountability for data stewardship. Students are required to watch a web-based training and review, sign, and return a new Privacy, Confidentiality, and Information Security (PSICA) form to the School's assistant director of compliance. Incoming students must complete this training prior to orientation. Current students must complete this training annually by October 31.

As the representatives of UW Medicine, medical students are personally, professionally, ethically, and legally responsible for their actions. It is essential to safeguard data (electronic or paper), which 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).

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

Important UW Medicine Email Protocol

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

Use of HIPAA-Compliant Email

Medical students are considered part of the UW Medicine workforce and may not auto-forward UW email away from UW Medicine-approved email servers or store confidential data on these servers because doing so risks exposing HIPAA-protected data. The two approved options for medical students are UW Exchange Online and UW Deskmail. UW Medicine Compliance audits for this auto-forward feature and contacts individuals who violate the policy. *Note: Entering first-year students are exempt from this policy prior to Immersion and Orientation.*

School of Medicine Listservs

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

are subscribed automatically to the appropriate auxiliary listserv at the beginning of each academic year, but may unsubscribe from the list at any time.

Email Etiquette for Both Listservs

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

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

UW Medicine Social Networking Policy and Guidelines

[Note: Throughout this section, “workforce members” and “you/your” refer to the medical student. The full text of this document is available on the [UW Medicine Compliance Policies website](#). Policies last updated November 2015.]

Medical students must adhere to the same social networking policies and guidelines as UW Medicine faculty, staff, trainees, volunteers, and others who perform work for UW Medicine (hereafter referred to as workforce members).

Policy Statement: Limiting Use of Social Media in Hospital and Clinic Spaces

Use of social media is prohibited while performing direct patient care activities or in unit work areas, unless social media use in these areas has been previously approved by a supervisor. Workforce members should limit their use of social media in hospital or clinic space to rest or meal breaks, unless social media use for business purposes has been previously approved by a supervisor.

Guidelines: Social Networking Guidelines

1. **Think twice before posting.** Privacy does not exist in the world of social media. Consider what could happen if a post becomes widely known and how that may reflect on both you and UW Medicine. Search engines can turn up posts years after they are created, and comments can be forwarded or copied. If you would not say it at a conference or to a member of the media, consider whether you should post it online. If you are unsure about posting something or responding to a comment, seek advice from your supervisor, residency or academic advisor or the department head.
2. **Anonymity is a myth.** Write everything as if you are signing it with your name.
3. **Remember your audience.** A presence in the social media world is or easily can be made available to the public at large. This includes prospective and current students, current employers and colleagues, patients and their families and peers. Consider this before publishing to ensure the post will not alienate, harm or provoke any of these groups.
4. **Strive for accuracy.** Get the facts straight before posting them on social media. Review content for grammatical and spelling errors. This is especially important if posting on behalf of UW or UW Medicine in any capacity.

5. **Familiarize yourself with and use conservative privacy settings regardless of the content on your profile.** Practice restraint when disclosing personal information on social networking sites; your audience is everyone.
6. **Consider your professional image.** As a rule, post online only content that you would be comfortable having your chair or supervisor see. Employers often search social networking sites during the hiring process. Always consider the professional image you wish to present to your employer, coworkers, patients and their families. Even seemingly innocuous images and comments can diminish the respect and trust that others have for you.
7. **Do not “friend” patients on social networking sites.**
8. **Managers are discouraged from engaging in social media interactions with their subordinates), even if a subordinate initiates contact.** UW Medicine discourages such interactions because of the potential for misunderstandings and undesirable effects on supervisory relationships.
9. **Ask permission before posting medically-related content on social media sites.** If you are faculty or staff, ask permission from someone with appropriate authority in your chain of command. If you are a resident or student, ask permission from someone with appropriate authority in your program.
10. **If in doubt, do not post!**
11. **Use disclaimer language.** If you acknowledge your UW Medicine affiliation or you may be otherwise known or presumed to be affiliated with UW Medicine, include disclaimers in your online communications that indicate you are not speaking officially on behalf of the organization.
For example:
 - a. “The postings on this site are my own and do not represent the positions, strategies or opinions of my employer (or the University of Washington and UW Medicine)”;
 - b. “This is a personal website, produced in my own time and solely reflecting my personal opinions. Statements on this site do not represent the views or policies of my employer, past or present, or any other organization with which I may be affiliated. All content is copyrighted.”
12. **Even disclaimers are not failsafe.** Standard disclaimer language may not by itself exempt UW Medicine managers and executives from a special responsibility when blogging. By virtue of their position, managers and executives must consider whether personal thoughts they publish may be misunderstood as expressing UW Medicine positions. Managers should assume that their team may read the blog.
13. **Do not engage in cyberbullying.** Do not harass, libel, slander or embarrass anyone. Do not post any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or entity. Individuals may be held personally liable for defamatory, proprietary or libelous commentary.
14. **Disclose your relationship.** If you make comments that could reasonably be construed as an endorsement of UW Medicine’s services, disclose your relationship with UW Medicine.

Family Educational Rights and Privacy Act (FERPA)

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

Professional Behavior and Conduct for the Teacher/Learner Relationship

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

Teachers and learners are expected to be on their honor to maintain the highest standards of professional behavior in all aspects of training. Both must be respectful of the special nature of the physician-in-training status in how they conduct themselves in the presence of patients and maintain patient confidentiality. Integrity is an essential personal quality for successful completion of the M.D. program. Upholding the standards of professional and personal conduct includes both acquiring and demonstrating the behavioral patterns and attitudes consistent with the oath taken at the time of graduation and also being accountable for one's own conduct as well as assuming responsibility for the professional behavior of one's colleagues within the medical profession. In this regard, the teachers are expected to provide role modeling that will enhance the learners' ability to incorporate appropriate behaviors into their professional development.

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

Conflicts of Interest Policies

Personal/Familiar Relationships in the Educational Environment

No faculty member, teaching assistant, research assistant, department chair, dean, staff or other administrative officer should vote, make recommendations, or in any other way participate in the decision of any matter which may directly affect the employment, promotion, academic status or evaluation of a student with whom he or she has or has had a familial, sexual, or romantic relationship. This includes resident physicians and others who are teaching and evaluating our students, whether or not they are employees of the University of Washington School of Medicine.

Student Health Care and Physician Relationship

If a student requires medical treatment, the student should, whenever possible, seek to receive care from a health care provider who is not the student's instructor or otherwise responsible for the academic

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

Treatment of Students

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

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

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

- If the student is comfortable with his/her skills in providing direct feedback, the student should approach the individual and open a discussion about what has been observed and how this behavior might be perceived.
- If the student is uncertain about whether what s/he has observed is an issue that needs to be addressed, the student may discuss it in a confidential manner with one of the MSA representatives or Honor Council members.
- If the student is uncertain about whether what s/he has observed is an issue that needs to be addressed (either on his/her own or after discussion with the appropriate individuals), the student may make an appointment to discuss the incident with one of the school's counselors. This will be a confidential discussion. If any follow-up is recommended, s/he will be part of that decision. Such a decision may include encouraging the student to speak with the individual or to have the counselor speak with the individual with or without the student being present.
- If the student is uncertain about whether what s/he has observed is an issue that needs to be addressed (either on his/her own or after discussions as noted above), the student may make an appointment to discuss the issue with the associate dean for student affairs. Every attempt will be made to maintain the confidentiality of the discussion, and if a decision is made to take some action, the student will participate in that conversation. However, there are certain situations in which a member of the administration, including the dean, has a duty to report, e.g. sexual assault, harassment, etc., and in those circumstances, confidentiality may not be able to be maintained.

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

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

Mistreatment

Mistreatment of students by the faculty, staff and peers is prohibited. This includes incidents of humiliation, harassment or discrimination based on sex, race, religion, ethnicity, gender identity, sexual orientation, or age, or the use of grading or other forms of assessment in a punitive manner.¹⁶

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

	Not Mistreatment	Mistreatment
M <i>Malicious intent</i>	On the first day of third year, the ward clerk says to the student, "I can tell you guys are newbies," then offers to help the students find a computer station.	Resident purposely gives student misinformation before rounds. Student overhears resident laughing about messing him over.
I <i>Intimidation on purpose</i>	Student working with the chairman of surgery says he feels nervous about operating with him since the chairman can "make or break" his career.	Resident tells a student that they intend to make them cry before the rotation is over.
S <i>Sexual harassment</i>	Male student asked not to go into a room because a female patient only wants a female to examine her.	Student subjected to offensive sexist remarks or names.
T <i>Threatening verbal or physical behavior</i>	A student is yelled at to "get out of the way" by a nurse as a patient is about to be shocked during resuscitation.	An attending grabs the student's finger with a clamp OR tells them they are an "idiot" after they could not answer a question.

¹⁶ [UW Executive Order 31](#) & [Title IX](#)

R	<i>Racism or excessive discrimination</i>	Attending gives student feedback on how to improve performance.	Student subjected to racist or ethnically offensive remarks or names.
E	<i>Excessive or unrealistic expectations</i>	Student is asked by an attending to review an article and present it on rounds to the team.	A resident tells a student that it is their job to perform rectal exams (necessary or not) on all the patients admitted to the service.
A	<i>Abusive favors</i>	A student is asked to get coffee for themselves and for the team prior to rounds since the resident did it yesterday. The team gives the student money.	A student is asked to pick up an attending's dry cleaning.
T	<i>Trading for grades</i>	A resident tells a student that they can review and present a topic to the team as a way to enhance their grade.	A student is told that if they help a resident move that they will get honors. ¹⁷

Mistreatment Reporting Processes

If students have an urgent concern about the learning environment that requires an immediate response, e.g. a potentially impaired physician, physical or sexual assault, or other egregious situation in the learning environment, they should contact the associate dean for student affairs directly at 206.616.7068 or via email (eacker@uw.edu).

Students may choose to discuss their concerns with any one or more of the following to determine the most appropriate course of action:

- College mentors
- Counselors
- Ombud
- UCIRO staff
- Title IX officer
- Center for Equity, Diversity, & Inclusion staff
- Honor Council members
- Other staff

In order to submit a formal concern, students have the following options:

- Contact any School of Medicine dean directly.
- Detail the concern in the confidential comments section of the “Medical Student of Educator” evaluation submitted at the end of each clinical clerkship. The comments from this section are transmitted to the student affairs and curriculum deans.
- Detail the concern in the “non-confidential” comments section of the “Medical Student of Educator” evaluation submitted at the end of each clinical clerkship. The comments from this section are transmitted to the clerkship director.

¹⁷ [The University of Chicago Pritzker School of Medicine](http://www.uw.edu)

Concerns submitted to the deans, either directly or via the confidential comments section of the “Medical Student of Educator” evaluation form are reviewed and tracked centrally so that appropriate intervention and ongoing follow-up occurs.

Depending on the situation and the student’s decision on whether to make a formal complaint, an approach for addressing the issue will be developed in collaboration with the student within the School of Medicine’s and/or University’s informal process or formal grievance procedures.

Attendance Policies

Students are expected to be present for all days during Foundations coursework and clinical clerkships. Based on the block/clerkship learning environment, students need to be aware of the number and reasons allowed for excused absences from required course work in order to meet the minimum requirement for passing the course.

Foundations Phase

All students are required to attend and attendance will be monitored for the following:

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

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 if they do not attend.

More specific attendance policies may be put in place for specific blocks and these expectations will be communicated to students in advance of the block.

Clinical Phases

In the clinical clerkships and clinical electives, students are part of the clinical team and attendance is required. The clerkship absentee policy guidelines are included as part of each clerkship’s syllabus.

Absentee Policies

If a student must miss one of the above sessions, s/he is required to notify the instructor in advance. If a student misses two or more days from the items listed above, a notice of Evaluator Concern may be

submitted by the instructor, which will become a permanent part of the student's file, and the student may be at risk of receiving a Fail grade for the clerkship. If a student is absent from required activities without permission, s/he may receive a Fail grade and an Evaluator Concern notice regarding his/her professionalism in his/her final evaluation form.

Clerkship-Specific Policies

- No time off is allowed during two-week clerkships.
- If more than two days off are needed during a four- to twelve-week clerkship, the clerkship should be rescheduled.
- Students needing time off during a four- to twelve-week clerkship must consult with the appropriate clerkship director at least six (6) weeks prior to the start of the clerkship to request permission, to ensure the days do not conflict with any required elements of the clerkship such as orientation or the final exam, and to limit the negative impact on the clerkship experience.
- There are no vacation days during clerkships except for Match day and possibly holidays.
- For residency interviews, students should schedule elective time off. If interviews are offered when students are already scheduled for clerkships, students should work directly with the clerkship director immediately regarding absences for residency interviews. There is no guarantee that any additional time off from the clerkship will be permitted.

Accommodating Religious Holidays

There is no guaranteed time off for holidays, traditional observances, or major days of religious significance. However, the School of Medicine supports educational accommodations for those students whose religious beliefs require they participate in recognized holy day observances. When developing course and clerkship schedules for the academic year, the UW and regional WWAMI universities' published list of holidays are reviewed to ensure as much as possible that required activities and examinations are not scheduled on religious holidays.

If a student has a religious holiday that requires him/her to miss or modify work, it is the student's responsibility to contact the relevant block/clerkship director and the appropriate Foundations dean or the associate dean for student affairs as early as possible in order for reasonable accommodations to be arranged for rescheduling an examination or required block/clerkship responsibility. Students are expected to reschedule examinations as close in time as possible to the original examination date. For courses operating on a compressed schedule, some accommodations may not be possible.

Clinical Phase

As members of a health care team during clerkships, students are expected to follow the holiday practice of the site at which they are rotating. If the holiday is a working day at the student's site and the student is scheduled, the student must show up. Clinical responsibilities such as night call and rounding take precedence over holiday schedules. If it is a holiday at the student's site, the student may have the day off. The School of Medicine clerkship committee encourages faculty and students to work together to accommodate students' scheduling constraints in observing their central religious and cultural practices.

Absence Due to Illness

If a personal illness or personal/family emergency necessitates missing a required activity or examination, the student must call the block/site director and the appropriate dean **prior** to the beginning of the scheduled exam or activity to make arrangements for completing the course requirements. Documentation of reason(s) for the request should be submitted. It is **not** acceptable to send an email or leave a message with office staff.

If given permission to miss the exam or required activity, the student should make up the missed work as soon as possible. If a final examination cannot be taken in a reasonable amount of time, usually no longer than a week, the exam will most likely be scheduled when reexaminations are given.

Clinical Phase

Students missing ANY number of days 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. Students should receive confirmation (direct conversation, return email or phone call) from the site director and/or the attending/resident in charge indicating that the team is aware of the student's absence. The specific person and his/her contact information are available on the individual clerkship websites.

Students missing three or more days must also contact the clerkship director 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 until the time is made up.

If a clerkship exam must be postponed, the student should contact the clerkship director to determine if the exam should be rescheduled as soon as possible or delayed until the next time the exam is given. Progress in other clerkships may be interrupted until the examination is taken depending on the situation surrounding the delay.

Absence Due to Personal Events and Research Presentations

Personal events, including attending/presenting at conferences, should not be scheduled during required programs and should be scheduled during breaks or elective time off. Subsequently, students should **not expect** to be excused from required coursework for personal events, such as attending family gatherings or giving presentations at meetings.

However, if a student wishes to consider participating in these kinds of opportunities, s/he should consult the block/clerkship director and the Foundations dean/associate dean for student affairs well in advance of the requested absence.

The Academic Affairs deans and faculty leadership recognize the importance of family events and will work with students if possible when adequate notice is given to facilitate brief absences and to schedule make-up time for coursework or service commitments.

Absences Due to University Closures and Inclement Weather

The University of Washington in Seattle and regional universities at which there is a WWAMI site generally seek to maintain their normal operations. However, there may be times when situations like inclement weather, power outages, earthquakes, etc., impact operations and/or students' and faculty members' ability to be present for scheduled coursework. In these types of situations, the University will determine whether it will officially close.

Foundations Phase

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

Alaska:	UA Alert
Idaho:	Vandal Alert
Montana:	MSU Alert
Seattle:	UW Alert
Spokane:	Zag Alert
Wyoming:	UW Alert

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

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

Clinical Phases

As members of a health care team during clerkships, students should follow the inclement weather practices of the site at which they are rotating. Students should assume that they are expected to be in the hospital if at all possible, and are expected to show up if their teams are working in the hospital or if the clinic is open. If students are unable to access the hospital/clinic due to hazardous travel, they must call and speak to either the attending or the resident in charge. It is **not** acceptable to leave a message with a receptionist, office staff, or answering machine.

Examination Schedules and Environment

Foundations Curriculum

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

Once set, the dates and times of the examinations cannot be revised for the class, except through criteria established by University policy. The University policy requires that to advance an established test date, each enrolled student and the course faculty must give unanimous written approval.

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

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

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

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

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

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

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

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

Clinical Curriculum

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

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

Exam Accommodations

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

Online Learning Environment

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

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

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

Appropriate Use of Curriculum Resources

All School of Medicine resources, including but not limited to written syllabus content, lecture PowerPoint slides, websites, articles, and videos, are shared with UWSOM students electronically for personal use as part of the School of Medicine's medical education program. They are not intended to be shared outside of the WWAMI community. Redistribution or reposting of material created by others without their permission is a serious violation of U.S. copyright law. Students found to be engaging in this type of redistribution activity will be referred to the Student Progress Committee.

Clinical Clerkship General Policies

The school's clerkship committees have created the following guidelines for all elective clerkships:

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

Clinical Clerkship Housing, Travel, and Transportation Policy

The School of Medicine provides [housing and travel support](#) for required clerkships located outside the Seattle metropolitan area. The School **does not** provide housing for track students at track sites. The School **does not** provide medical student housing for elective courses. Students are responsible for all travel related expenses once they arrive at their clerkship site, and are expected to provide their own transportation. Students are expected to travel between clinical and didactic teaching sites during the clerkships, and it is the student's responsibility to understand expectations for travel while at the clerkship site and make appropriate plans before the clerkship begins. For specific housing, travel, and transportation-related questions, review the [WWAMI Student Travel website](#) and respectively contact the department clerkship administrator for more information.

Work Hours for Required and Elective Clerkships

The school's clerkship committees have created the following guidelines for students on all clerkships:

- No more than 80 hours of awake time in the hospital per week.
- Students should have at least one full day off per week, averaged over a month.
- Students must always check out with the team before leaving for the day.

For clerkships with call, the additional guidelines apply:

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

Hours will not be specifically logged unless the student feels it is necessary because of a potential violation. If the student is working close to the 80-hour limit, s/he should document his/her hours for the week in

question and present these to the clerkship site director as soon as possible; the student's work schedule will be modified as appropriate. The student should also document any violation of the 30-hour policy for overnight call. Further concerns should be brought to the attention of the clerkship director. Students will never be discriminated against for following the work hour policy.

Clinical Clerkship Scheduling Policies

Students' clinical schedules are created by the School of Medicine's registrar's office in the year prior to the start of clerkships. All assignments and/or changes to students' schedules must be made through the School of Medicine registrar's office. No other parties may change clinical schedules, sites, and/or timeframes including, but not limited to, other academic affairs staff; department clerkship directors or coordinators; deans, faculty, or staff; site coordinators; or preceptors.

Patient Care Phase Clerkships

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

Once the two-week review/swap/trade window has concluded, students may not drop, add, or change their required clerkships for the remainder of the year. Approval of any schedule changes due to extenuating circumstances, such as illness or personal/family emergency, must be approved by the School of Medicine registrar.

Explore and Focus Phase Clerkships

After the Explore and Focus Phase clinical schedules are released, students may revise their schedule up to six weeks prior to the start of the clerkship. After the six-week deadline, students may not drop, add, or change their required clerkships without approval from the School of Medicine registrar and the clerkship director.

Clinical Elective Clerkships Add/Drop Policies

Clinical electives may be added or dropped up to six weeks prior to the start of the clerkship. Clerkships identified as "permission only" require students to seek permission from the department to add, drop, or otherwise modify their registration related to that particular course. After the six-week deadline, students may not add, drop, or change their elective clerkships without approval from the clerkship director and School of Medicine registrar.

GENERAL MD PROGRAM INFORMATION

Student Academic Files

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

Access to Student Academic Files

Students may request to review their file at any time during office hours. Students who are not in the Seattle area may request a securely delivered copy of their file from the School of Medicine registrar's office, somreg@uw.edu.

The academic affairs deans, directors, and staff and the student's college mentor and regional affairs deans who oversee state track and special programs have access to the file. In order for any other individual to see the file, the student must complete and sign a release form. The most common reasons for releasing one's file are to be considered for the AOA honor medical society or to have a faculty member write a recommendation letter in support of a scholarship or residency application. To obtain a file release form, please contact the registrar's office via email at somreg@uw.edu or pick one up at the A-300 front desk.

Request to Amend an Academic Record

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

Release of Student Directory Information

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

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

Access Cards & Building Keys

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

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

ID Badges

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

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

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

Name and Address Changes

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

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

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

Communications between Administration and Students

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

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

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

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

Student Email Addresses and Accounts

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

Student Email and Account Changes

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

- School of Medicine academic affairs office (A-300)
Contact the School of Medicine Registrar's Office via email at somreg@uw.edu to request an update to their email address. Students must provide their full name and student ID number when submitting the request.
- Upper Campus registrar's office (and financial aid)
Log into MyUW and click the "Change Student Address" link
<https://sdb.admin.washington.edu/students/uwnetid/address.asp>

Liability/Malpractice Coverage for Medical Students

University of Washington School of Medicine's medical 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 and immunization requirement. Students who are engaged in approved educational activities or in an expanded schedule in which approved educational activities, such as in-depth research or international health opportunities which do not require registration for credit, may also be covered, depending on the situation. Once the student receives the M.D. degree, s/he is no longer enrolled and thus no longer has School of Medicine liability coverage.

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

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

Health and Disability Insurance

Health Insurance

In March 2013, Congress passed the federal Patient Protection and Affordable Care Act (P.L. 111-148), which expanded private and public health insurance to US Citizens. The Affordable Care Act (ACA) requires everyone to have health insurance (except in limited circumstances), or pay a fine, and the UW School of Medicine strongly encourages students to have it. In addition to requiring that individuals have insurance, this law created state-based insurance exchanges and expanded Medicaid eligibility criteria. Under this law, students under 26 years old are allowed to stay on a parent's health insurance plan, if applicable. Students who are on their spouse or partner's employer's insurance plan can remain on that plan. If students are losing their health insurance coverage (e.g. through an employer) when they start school, they qualify for enrollment in the special enrollment period.

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

Health Insurance Information for Washington Residents

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

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

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

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

Health Insurance Information for Non-WWAMI Students

If students are entering the School of Medicine from a non-WWAMI state, they may look at the [Washington health plan finder](#) for information about Washington State residency. The application for health care coverage through the state exchange states: "A Washington resident is someone who currently resides in Washington, intends to reside in Washington, including individuals without a fixed address; or someone who entered the state without a job commitment or looking for a job."¹⁸

Disability Insurance

Disability insurance is available for all medical students. In light of the cost of education and the risks associated with practicing medicine, students are strongly encouraged to consider enrolling in a disability insurance plan. The American Medical Association supports two disability insurance plans that are designed to meet the unique needs of health care professionals:

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

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

¹⁸ [Washington State Health Care Authority Application for Health Care Coverage](#), pg. 15

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

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

Standards of Dress and Appearance in Clinical Settings

Standards are designed to ensure that students present a professional appearance consistent with what is expected in a clinical setting. How one looks and acts directly affects how the care provided is perceived by patients, faculty, staff, and other students.

- **Clothing:** Clothing should be neat and clean and appropriate for the clinical setting. Items that are **NOT** appropriate include: 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, or form fitting; dresses or skirts shorter than 2-3" above the knee.
- **Shoes:** closed-toe shoes must be worn in all patient care areas, per OSHA regulations. Flip-flops, slippers, or open-toed shoes/sandals are **NOT** allowed in the patient-care setting.
- **Hair:** Hair must be neatly groomed and clean. Long hair may neither obstruct vision nor interfere in any way with the student's performance. A hair restraint, i.e., hair net, may be required in certain settings. Also, hair color and style must be appropriate for the clinical work environment.
- **Facial hair** must be neatly groomed, clean, and must not interfere in any way with the student's performance. For safety and infection control reasons, students working in some areas of the hospital, such as operating rooms, may not be permitted to wear beards, or may be required to wear beard guards.
- **Jewelry** worn by students must be of reasonable shape and size, appropriate to the work setting, and may not interfere with patient care or safety. Earrings and small nose studs are the only acceptable forms of visible pierced jewelry. Rings must be small enough to allow for the use of gloves, with no risk of tearing the gloves.
- **Tattoos:** If a tattoo is obscene, indecent, extremist, racist, or sexist, it should be covered.

STUDENT RESOURCES & SUPPORT PROGRAMS

Academic Skills Counseling

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

Alaska:	Al Collins, Ph.D.	nasadasin@gmail.com
Idaho:	Lynda Freeman, D.H.Sc., M.P.H., M.B.A.	lmfreeman@uidaho.edu
Montana:	Jackie Wilson, M.D.	jackiewilson@montana.edu
Seattle:	Jamey Cheek, Ed.D., L.M.H.C., Director	cheekj@uw.edu
Spokane:	Jon Hammermeister, Ph.D.	jhammermeist@ewu.edu
Wyoming:	Cynthia M. Hartung, Ph.D.	chartung@uwyo.edu
	Tara Waddell Clapp, M.S., C.A.S.	twaddell@uwyo.edu

Tutoring

Tutoring is free of charge and is coordinated by the academic skills counselors. It is staffed by medical students and services may be delivered in person, over the phone, or via Skype.

Career Advising

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

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

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

Financial Aid

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

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

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

Medical Student Counseling Services

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

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

Access to Counseling Services

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

Confidentiality of Counseling Services

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

Services Available through the Counseling Service

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

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

Health and Wellness Programs

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

The Colleges

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

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

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

The college system is a primary source of mentoring and counseling for students. Mentors meet regularly with students, provide academic advising, monitor student progress in specific areas against defined benchmarks, and assist students with career decision-making.¹⁹

Washington Physicians Health Program

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

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

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

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

University Ombud

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

University Complaint Investigation and Resolution Office (UCIRO)

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

¹⁹ The college mentor's role is primarily one of personal support and advising rather than specific advising in the student's chosen field.

Title IX

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

Disability Resources for Students (DRS)

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

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

Process for Requesting and Receiving Accommodations

Students enrolled in the School of Medicine must follow the approved process for requesting and receiving appropriate reasonable accommodations to enable them to have the opportunity to meet the School of Medicine's essential requirements for completion of the medical school curriculum and for the practice of medicine. Applicants and enrolled students are responsible for requesting accommodations and for providing the appropriate, required documentation of the disability in a timely manner to the DRS.²⁰ DRS, in consultation with the comparable regional university office, will review the documentation and engage the School of Medicine and the student in an interactive process both to review accommodation requests in light of a student's functional limitations and the essential elements of the M.D. degree program and also to determine reasonable accommodation(s) on a case-by-case basis.

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

²⁰ The University's policies describing the type of documentation required for assessing disabilities are available from [Disability Resources for Students](#); (206) 543-8924; drstest@uw.edu.

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

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

Accommodations for USMLE Requirements

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

STUDENT LEADERSHIP, PROGRAMS, & ACTIVITIES

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

Admissions Tour Guides

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

Honor Council

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

Medical Student Association (MSA)

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

School of Medicine Committees

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

Wellness Council

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

Alpha Omega Alpha Honor Medical Society

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

Gold Humanism Honor Society

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

Student Interest Groups and Organizations

There are several student interest groups and regional and national organizations in which all School of Medicine students are invited to participate. Group membership, leadership elections, and events vary by organization. More information about the student interest groups and organizations currently available to students or to learn more about the process for establishing new student interest groups is available on the [UW Student Organizations website](#). Any students interested in developing a new organization that wishes to provide volunteer services of any kind must review the procedures on the [Service Learning and Advocacy website](#). Students may contact their Foundations site administrative staff or the Student Affairs office, esom@uw.edu, directly with questions.