

ACADEMIC POLICIES

FOR THE

M.D. DEGREE

***UNIVERSITY OF WASHINGTON
SCHOOL OF MEDICINE***

April 2008

University of Washington School of Medicine

Academic Affairs

Preamble

Academic Policies for the M.D. Degree

This document, *Academic Policies for the M.D. Degree*, is an updated and revised compilation of the relevant policies for the University of Washington School of Medicine's undergraduate medical education program leading to the awarding of the Doctor of Medicine degree. The current assemblage represents a complete review, revision, and approval of all germane Academic Policies that was accomplished at the request of the Dean of the School of Medicine by the University of Washington School of Medicine's Faculty Council on Academic Affairs during the 2006-2007 and 2007-2008 academic years.

This document was first prepared in 1985 as an information reference to guide the educational process and program culminating in the award of the M.D. degree. Over time, approval of new actions and policy revisions led to the development of a new version in 1996. The continuing evolution of our educational program and of the policies that underpin it has resulted in this 2008 edition. The 2008 edition replaces all previous versions and is subject to change without notice. The current edition, with any new revisions that have been approved, will be maintained on the University of Washington School of Medicine's website.

April 2008

**Academic Affairs Policy Manual
2006-2008**

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Chapter 1

Mission Statements

UW Medicine Mission Statement

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

Approved by MSEC and Dean Ramsey—June 2006

University of Washington Medical Student Education Mission Statement

Our mission is to improve the health and well being of people and communities throughout the WWAMI 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.

Chapter 2

Admissions

Admissions Policy

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

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

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

Admission Requirements and Selection Factors

Pre-Admission Course Requirements:

Pre-admission courses must include a minimum of:

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

The content of the Chemistry and Biology courses must include:

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

The following courses are recommended, but not required:

Ethics
Anatomy or Comparative Anatomy
Human or Mammalian Physiology
Embryology

The premedical course requirements must be completed before matriculation but preferably before the time of application. Undergraduate or post-baccalaureate required courses must be completed in the United States at a college or university accredited by the appropriate regional accrediting body. Under exceptional circumstances, certain course requirements may be waived for individuals with unusual achievement and academic promise.

Other Admissions Requirements and Selection Factors

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

No specific major is advised, but a broad background in the humanities and liberal arts is encouraged. Applicants are expected to have a basic understanding of personal computing and information technologies prior to entry.

Applicants must complete the Medical Colleges Admissions Test (MCAT) in a timely manner related to their application to medical school. Under exceptional circumstances to be determined by the Admissions Committee, the Graduate Record Examination may be considered in lieu of the MCAT. If accepted, the applicant will be required to take the MCAT prior to matriculation.

Completion of four years of course work at an accredited college or university in the United States is required before matriculation.

Applications from persons who have failed to meet minimum standards in another medical (M.D. or D.O) or dental school will not be considered.

Reapplication Policy to the University of Washington School of Medicine

Applications from individuals who have been rejected by the University of Washington School of Medicine on three prior occasions will not be considered.

Transfer Policy

The University of Washington School of Medicine does not accept applications from students who request to transfer from other medical schools unless the students are residents of Wyoming, Alaska, Montana, or Idaho, and there is a funded position open in the respective state's contract due to student attrition.

Transfer applicants from these states will be accepted only prior to the third year and only if they are in good academic standing.

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

Students accepted for transfer from these states are required to satisfy all University of Washington School of Medicine requirements including the Independent Investigative Inquiry. Because of potential curricular differences between the University of Washington School of Medicine and the school from which the student is transferring, students may be required to take additional coursework at the University of Washington School of Medicine. Offers of acceptance into the third year class will also be contingent on the applicant's passing Step 1 of the USMLE.

A decision to accept a student in transfer will be made by the Executive Committee on Admissions, the appropriate WAMI Assistant Dean, and the Associate Dean for Curriculum in consultation with the appropriate course chairs.

First Year Site Assignment Policy for Washington Residents

Washington students accepted to the University of Washington School of Medicine will spend their first year in Pullman, Spokane, or Seattle using an equitable selection process based on student preference and space available.

WAMI Student Requirement to Complete First Year at Site in State of Residence

Wyoming, Alaska, Montana, and Idaho (WAMI) residents may apply for first year medical school positions based on the numbers allocated in the state contract. Accepted applicants from the WAMI states are expected to complete the first year of medical school in their respective home states.

Under exceptional circumstances, the regional WAMI student may request to be assigned to the Seattle site in order to accommodate compelling personal or family circumstances. Consideration of such requests must meet the following criteria: (1) approval by the student's home state to allow one of its applicants to complete the first year outside of the state of residence, (2) approval of the student's home state first-year site's WAMI dean, (3) approval of the Vice Dean for Academic Affairs, (4) the willingness of a Washington resident to complete his/her first-year at the regional site, and (5) the home state's first year WAMI dean's acceptance of the Washington resident student who indicates an interest in doing his/her first year at the regional site. This modification in the first year site assignment has historically been referred to as a "swap". In the event of there being more than one request for a "swap" from a given site, the requests will be evaluated on their merit and date of request by the regional state's WAMI dean and the Vice Dean for Academic Affairs.

In the event that a "swap" is approved, the regional student pays the University of Washington's instate tuition as provided through the WAMI tuition waiver for the first year, retains his/her state residence, and remains responsible for any state fees (RPIP) or repayment obligations. The Washington resident pays the instate tuition of the first-year regional site's institution and retains his/her Washington residence status. Exception: If a "swap" involves a Wyoming resident, the Wyoming resident pays the University of Wyoming's instate tuition and the Washington resident pays the University of Washington's instate tuition.

In the event that there is a request for a “swap” between regional sites, e.g. Idaho and Montana, criteria 1 to 3 listed above must be met and there needs to be a willingness of a student at the regional site to which the student wishes to swap to complete his/her first year at the alternate site. Each student pays in-state tuition to the institution at the site where the first year is completed, retains his/her residence status, and remains responsible for any state fees or repayment obligations.

Note: Regional state students retain their state of residence status throughout their tenure in medical school. The School’s registration and scheduling office provides each regional student with a letter for the Washington State Patrol to enable the student to retain his/her home state driver’s license and license plates.

Concurrent M.D.-Master's and M.D.-Doctoral Degrees

Concurrent degree programs, M.D.-Master's degree and M.D.-Doctoral degree, are offered in accordance with the policies of the Graduate School in the departments offering doctoral degrees. Within the School of Medicine, the departments of Rehabilitation Medicine, Laboratory Medicine, and Medical Education & Biomedical Informatics offer Master's degree programs.

Applicants must be accepted by both the School of Medicine for the M.D. degree and by a department of the Graduate School in order to concurrently work toward a Master’s or Ph.D. degree while working on the M.D. degree.

The Medical Scientist Training Program (MSTP), which provides funding to the student from a number of sources for the entire M.D./Ph.D. program, recruits from a highly qualified national pool of applicants. The School of Medicine’s Executive Committee on Admissions is deemed to have authority over approval of the MSTP applicant’s acceptance into the medical school. About ten MSTP applicants matriculate into the School of Medicine each year.

An enrolled medical student who intends to work toward a graduate degree should confer with the Chair of the department in which graduate study is to be pursued and with the Vice Dean for Academic Affairs and the Associate Dean for Student Affairs of the School of Medicine. Permission to pursue advanced degrees is granted to medical students only if they are progressing in a satisfactory manner in the medical school curriculum and show evidence of being able to take on the additional workload.

Students may work toward graduate degrees concurrently with the M.D. degree, thus extending their educational program beyond the typical four-year medical curriculum. In order to expedite the training of physicians who wish to specialize in public health or community medicine, the School of Medicine has available a program that leads simultaneously to the degrees of Doctor of Medicine and Master's of Public Health or Master's in Health Administration*. The program usually adds another year to the student's medical education. The quarters of the added year may be taken sequentially or interspersed with medical training, a variable pattern, subject to appropriate academic approval. Concurrent degrees are also possible in many other departments and colleges of the University.

*Concurrent degree approval for Master's in Health Administration approved by the School of Medicine Faculty Council on Academic Affairs on February 8, 2001.

Chapter 3

Requirements for Participation in the M.D. Program

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

Introduction

The MD degree is recognized as a broad undifferentiated degree requiring the acquisition of general knowledge and basic skills in all fields of medicine. 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 emphasizes collaboration among physicians, allied health care professionals, and the patient.

Policy

The University of Washington School of Medicine endeavors to select applicants who have the ability to become highly competent physicians. As an accredited medical school, the University of Washington School of Medicine adheres to the guidelines promulgated by the Liaison Committee on Medical Education in "Functions and Structure of a Medical School." Within these guidelines, the University of Washington School of Medicine has the freedom and ultimate responsibility for the selection of students, the design, implementation, evaluation of its curriculum, evaluation of students, and the determination of who should be awarded a degree. Admission and retention decisions are based not only on prior satisfactory academic achievement but also on non-academic factors, which serve to insure that the candidate can complete the essential functions of the academic program required for graduation.

The School 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.

The School of Medicine, as part of the University of Washington, is committed to the principle of equal opportunity. The School does not discriminate on the basis of race, color, creed, religion, national origin, cultural or ethnic background, socio-economic status, gender, sexual orientation, age, marital status,

disability, disabled veteran or Vietnam era veteran status. Upon review of an individual's request accompanied by at least the minimum required documentation, the University will recommend the reasonable accommodation to otherwise qualified students with disabilities, and the School of Medicine will determine the appropriate accommodations for the M.D. program and implement them based on the needs of the student.

Technical Standards/Essential Requirements

Technical standards as distinguished from academic standards refer to those physical, cognitive, and behavioral abilities required for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students at graduation. The essential abilities required by the curriculum and for the practice of medicine are in the following areas: motor, sensory, communication, intellectual (conceptual, integrative, and quantitative abilities for problem solving and diagnosis), and the behavioral and social aspects of the performance of a physician. The individual must be able to function independently in his/her care and interactions with patients, i.e. without the use of a surrogate.

The University of Washington School of Medicine 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.

The student must have the cognitive abilities necessary to master relevant content in basic science and clinical courses at a level deemed appropriate by the faculty. These skills may be described as the ability to comprehend, memorize, analyze, and synthesize material. He/she 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.

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 must also be capable of perceiving the signs of disease as manifested through the physical examination. Such information is derived from images of the body surfaces, palpable changes in various organs, and auditory information (patient voice, heart tones, bowel and lung sounds).

The student must have the ability to discern skin, subcutaneous masses, muscles, joints, lymph nodes, and intra-abdominal organs (for example, liver and spleen). The student must be able to perceive the presence or absence of densities in the chest and masses in the abdomen.

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

The student must be able to process and communicate information on the patient's status with accuracy in a timely manner to physician colleagues and other members of the health care team. This information then needs to be communicated in a succinct yet comprehensive manner and in settings in which time available is limited. Written or dictated patient assessments, prescriptions, etc., must be complete and accurate. The appropriate communication may also rely on the student's ability to make a correct judgment in seeking supervision and consultation in a timely manner.

The student must be able to understand the basis and content of medical ethics within the setting in which he/she is caring for patients. He/she must possess attributes, which include compassion, empathy, altruism, integrity, responsibility, and tolerance. He/she must have the emotional stability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways.

The essential functions of medical education identify the requirements for admission, retention, 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. It is the responsibility of the student with a disability to request accommodations prior to beginning the program and to provide appropriate documentation of the disability to the University for assessment and development of recommendations for reasonable accommodations to enable the individual to have the opportunity to meet the School of Medicine's the essential requirements for completion of the medical school curriculum and for the practice of medicine described above.

Prerequisites for Participation in Medicine

Immunization and TB Screening Requirements

Documentation of compliance for the following immunizations is required of all medical students. 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 allowed to be present in patient care settings. These immunizations are available from Hall Health Center, which screens and documents students for compliance. In situations where a specific vaccination is contraindicated, the Hall Health Center staff or the student's own health care provider will issue the appropriate documentation.

Tetanus-Diphtheria-Pertussis: Basic childhood series and a booster within the past ten years;

Measles: Two vaccine doses or a positive antibody titer. The doses must have been received after age 12 and at least one month apart. They must have been given after 1/1/68 and not given with immune globulin. Persons born before 1/1/57 must have proof of one dose or a positive antibody titer.

Rubella: Proof of one immunization or a positive antibody titer. History of the disease is not acceptable as proof of immunity.

Mumps: Two immunizations, a positive antibody titer, or documented physician diagnosed history of the disease.

Varicella (Chicken Pox): History of disease acceptable. Positive antibody titer or proof of two doses of the vaccine at least one month apart.

Hepatitis B: Evidence of immunity is required. The immunization series consists of three doses of vaccine. In addition, an antibody titer is required after completion of the series to prove immunity. This is now a "universal vaccine" recommended for everyone.

Influenza: Annual vaccination is recommended, per CDC guidelines, to protect staff, physicians, peers, patients, and family members and to decrease health care worker absenteeism. Hospitals may require current influenza vaccination for students in clinical rotations.

TB: In addition to a current PPD skin test within 2 months of the start of medical school, another PPD is required within the last year; otherwise a 2-step PD will be done. If documented positive TB skin test in the past, a 2-view chest x-ray report and details of prescribed medication are needed. Annual PPD skin testing (or symptom review for those not being tested) is required.

Universal Precautions

All students enrolled in the University of Washington School of Medicine must complete the School's program on universal precautions. The purpose of this program is to ensure that medical students have been informed of the appropriate handling of blood, tissues, and body fluids during medical school. Opportunities for review of universal precautions will be included in the orientation program, Introduction to Clinical Medicine courses, and the required clerkships. As part of professional development, students will be responsible for incorporating these principles into their routine practice while in patient care situations.

The University of Washington School of Medicine's policy for blood-borne pathogens can be found in PDF format on the MD Program website at <http://www.uwmedicine.org/education/mdprogram>.

CPR Certification

All students are required to maintain current CPR certification. At the time of admission to the School of Medicine, accepted applicants must provide a valid CPR certification. While in the medical school program, students must renew their CPR training every two years in order to be permitted to participate in course work in patient care settings.

HIPAA Compliance Certification

(Health Insurance Portability and Accountability Act, passed by United States Congress, 1996)

All students must comply with the federal requirement for training in patient privacy safeguards, passed by the United States Congress in 1996 that regulates the security of systems on which patient data are stored, protection for the privacy of personal health records, and the requirements for safeguarding individually identifiable health information.

UW Medicine Privacy, Confidentiality, and Information Security Agreement

UW Medicine and the University of Washington School of Medicine require that students read and sign a document, which outlines the privacy and confidentiality policies regarding access to patient through computing resources and data. Affiliated hospitals in which the student takes clinical clerkships or electives may also require similar documents to be reviewed and signed by the student. Violations of access to data on patients for which the student is not a member of the patient care team will be investigated and appropriate action will be taken if the policy has been violated.

Criminal Background Check (CBC)

To meet the requirements of the Washington State Child and Adult Abuse Information Act, which requires that all individuals who have access to children under sixteen years of age, developmentally disabled persons, and vulnerable adults disclose criminal history information, and to meet the requirements of the hospitals and clinics in which the medical students complete their medical school program, the School of Medicine extended its initial limited background check, which was done by the Washington State Patrol, to a more comprehensive background check, which is processed through Verified Credentials.

Timing of CBC's

Criminal Background Checks are valid for two years. They must be completed through Verified Credentials or another agency specified by the University of Washington School of Medicine (UWSOM). The cost of the CBC is the responsibility of the applicant or student.

Acceptance into the School of Medicine is contingent on the outcome of the CBC. Applicants accepted for admission must complete the initial CBC through Verified Credentials, or another agency specified by the University of Washington School of Medicine (UWSOM), within two weeks after being offered acceptance to UWSOM.

Students enrolled in the School of Medicine must complete the CBC through Verified Credentials, or other specified agency, every two years.

Note: The University of Washington's health science schools have drafted enabling legislation to utilize the Washington State Patrol for a comprehensive background check that includes FBI and other databases that are restricted to law enforcement agencies. In addition the AAMC has piloted a system for providing background checks for all medical school applicants through Certiphied. In the near future, the School of Medicine will need to reevaluate the mechanism used to secure background checks on its applicants and matriculated students.

Process for Managing Completion of Background Checks

Accepted applicants must complete the CBC within two weeks of being sent an offer of acceptance into the School of Medicine. If the CBC is not completed within that timeframe, the applicant is emailed a

warning that he/she has not met the criteria for acceptance and is given an additional two weeks to comply. If the CBC is not completed within the additional two weeks, the acceptance is withdrawn. Matriculated students in the four-year M.D. curriculum are prompted to complete the CBC during the spring of the second year to enable them to be cleared to enter the clinical curriculum. Students in the M.D. curriculum who are expanded, who took a leave of absence for any reason, or who are in combined degree programs, such as the MD/PhD or MD/MPH programs, must maintain a current CBC and thus are expected to complete the CBC every two years.

Process for Review of Background Checks

Upon completion of and receipt of payment for the background check, Verified Credentials provides a full report to the designated manager within the School of Medicine. If the background check is negative (no incidents found), the summary page of the report is filed in the accepted applicant's or student's academic file.

If the background check is positive (incident(s) is/are found), a review process is initiated. The Academic Affairs Deans group, which includes the Director of the Medical Student Counseling Service, serves as a review committee for accepted applicants and students in the School of Medicine's M.D. program. The information provided through Verified Credentials on accepted applicants and matriculated students is reviewed in light of the individual's total record and to determine that the CBC has identified the correct individual. The applicant or student is informed of the positive background check and is given an opportunity to provide information surrounding the incident. If the incident reported does not meet a threshold of concern and the applicant or student provides an adequate explanation and/or has reported the incident on his/her application, the Academic Affairs Deans can make a decision to allow the applicant to matriculate or the student to continue in enrollment in course work.

If the incident reported is above the threshold of concern and/or the accepted applicant or student has not been forthcoming about the incident, the Academic Affairs Deans will initiate an inquiry that includes giving the applicant or student an opportunity to provide further information surrounding the incident. If concerns remain about the background check and if there are questions about whether the applicant or student would be able to be enrolled in course work in clinical settings, the Committee may make a decision on the applicant's or student's status or seek advice from the Executive Committee of the Committee on Admissions for accepted applicants or the Student Progress Committee for matriculated students.

If either the Admissions Committee or Student Progress Committee has concerns, the case can be further reviewed through the Faculty Council on Academic Affairs. If the Faculty Council determines that the incident is sufficiently egregious that the individual would either not meet the School's professionalism standards and/or not be able to be placed in a clinical setting, the offer of acceptance will be withdrawn for an accepted applicant or a dismissal recommendation will be forwarded to the Dean for the matriculated student.

Chapter 4

General Requirements for Graduation with the M.D. Degree

General Requirements for the M.D. Degree

The awarding of the Doctor of Medicine degree is contingent upon satisfactory completion of all curricular requirements and academic and professional conduct requirements. The latter includes the demonstration of behavior patterns and attitudes consistent with the oath that all students take at the time of graduation. As such, student evaluation is based upon the faculty's observation of the student's behavior and conduct as well as papers and examinations. A pattern of documented evaluator concerns about a student's performance may indicate not satisfactory performance when the record is viewed as a whole, even though passing grades have been assigned. In addition, every student is required to successfully complete the Observed Structured Clinical Examination (OSCE) at the end of second year and the beginning of the fourth year and to pass all University of Washington examinations and Step 1, Step 2-Clinical Knowledge, Step 2-Clinical Skills of the United States Medical Licensing Examination.

Upon satisfactory completion of all graduation requirements of the School of Medicine, the Doctor of Medicine degree is awarded to those candidates who (1) have given evidence of good moral and ethical character, (2) have satisfactorily completed all requirements of the curriculum, (3) have fulfilled all special requirements, and (4) have discharged all indebtedness to the University.

General Curricular Requirements for the M.D. Degree

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 students to pursue additional electives or non-clinical selectives 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 following charts provide the curricular requirements for graduation for the Entering Class of 2006 and subsequent classes and the curricular requirements for previous entering classes from 1996 through 2005, for which students are still enrolled.

Curricular Requirements for the 2006 Entering Class and Subsequent Classes

A.	<u>Basic Science Curriculum</u> (Generally defined as 500-level courses)	148 credits
	1. Required Human Biology (Basic Science) courses in the first and second years	
	2. Required Preceptorship	
B.	<u>Clinical Curriculum</u> (Generally defined as 600-level courses)	148 credits
	1. Required Clinical Clerkships in the Third Year:	
	Family Medicine (6 weeks)	12 credits
	Internal Medicine (12 weeks)	24 credits
	Obstetrics/Gynecology (6 weeks)	12 credits
	Pediatrics (6 weeks)	12 credits
	Psychiatry (6 weeks)	12 credits
	Surgery (6 weeks)	12 credits
	2. Required Clinical Clerkships and Selectives in Third or Fourth Year:	
	Emergency Medicine (4 weeks)	8 credits
	Rehabilitation Medicine/Chronic Care (4 weeks)	8 credits
	Neurology (4 weeks)	8 credits
	Surgery Selectives (4 weeks)	8 credits
	3. Other Clinical Electives (16 weeks)	32 credits
C.	<u>Independent Investigative Inquiry</u>	8 credits
D.	<u>Non-clinical Selectives</u> (Selected 500-level medical school courses in a variety of subjects)	4 credits
E.	<u>Capstone I</u> : Transition to the Clerkships	2 credits
	<u>Capstone II</u> : Transition to Residency	2 credits
	TOTAL	312 Credits

Revised Curricular Credit Distribution for Classes Entering 2004 - 2005

A.	<u>Basic Science Curriculum</u> (Generally defined as 500-level courses)		148 credits
	1. Required Basic Science courses in the first and second years		143 credits
	2. Continuity Curriculum and Required Preceptorship		1 credit
	3. Non-clinical Selectives		4 credits
B.	<u>Clinical Curriculum</u> (Generally defined as 600-level courses)		148 credits
	1. Required Clinical Clerkships in the Third Year		
	Family Medicine 640 or equivalent	(6 weeks)	12 credits
	Internal Medicine 665	(12 weeks)	24 credits
	Obstetrics/Gynecology 665 or equivalent	(6 weeks)	12 credits
	Pediatrics 665 or equivalent	(6 weeks)	12 credits
	Psychiatry 665 or equivalent	(6 weeks)	12 credits
	Surgery 665 or equivalent	(6 weeks)	12 credits
	2. Required Clinical Clerkships and Selectives in the Third and Fourth Years		
	Emergency Medicine	(4 weeks)	8 credits
	Rehabilitation Medicine/Chronic Care	(4 weeks)	8 credits
	Neurology	(4 weeks)	8 credits
	Surgery	(4 weeks)	8 credits
	3. Other Clinical/Non-clinical Electives	(16 weeks)	32 credits
C.	<u>Independent Investigative Inquiry (III)</u>		8 credits
D.	<u>Capstone Courses</u>		
	Capstone I (Transition to Clerkships)		2 credits
	Capstone II (Transition to Residency)		2 credits
	Total minimum credits for M.D. Degree	TOTAL	312 credits

Curricular Requirements for the Classes Entering 2001-2003

Following an extensive three-year review of the School of Medicine's curriculum, revisions to the graduation requirements were proposed by the School and approved by the University in 2001. These changes affect the Entering Class of 2001 and subsequent classes.

A.	<u>Basic Curriculum</u> (Generally defined as 500-level courses)		148 credits
	Required basics science and ICM courses of the first and second years		
B.	<u>Clinical Curriculum</u> (Generally defined as 600-level courses)		148 credits
1.	Required Clinical Clerkships in the Third Year		
	Family Medicine 640 or equivalent	(6 weeks)	12 credits
	Internal Medicine 665	(12 weeks)	24 credits
	Obstetrics/Gynecology 665 or equivalent	(6 weeks)	12 credits
	Pediatrics 665 or equivalent	(6 weeks)	12 credits
	Psychiatry 665 or equivalent	(6 weeks)	12 credits
	Surgery 665 or equivalent	(6 weeks)	12 credits
2.	Required Clinical Clerkships and Selectives in Third or Fourth Year		
	Emergency Care/Trauma (Surgery 684, Ortho 677)	(4 weeks)	8 credits
	Rehabilitation Medicine/Chronic Care	(4 weeks)	8 credits
	Neurology	(4 weeks)	8 credits
	Surgery	(4 weeks)	8 credits
3.	Other Clinical/Non-clinical Electives	(16 weeks)	32 credits
C.	<u>Independent Investigative Inquiry (III)</u>		8 credits
D.	<u>Non-clinical Selectives</u>		4 credits
E.	<u>Capstone Course</u>		4 credits
	TOTAL		312 credits

Curricular Requirements for Classes Entering 1990 through 2000

A.	<u>Basic Curriculum</u> (Generally defined as 500-level courses)		122	credits
	Required Human Biology courses of the first and second years			
B.	<u>Clinical Curriculum</u> (Generally defined as 600-level courses)		144	credits
1.	Prescribed Clinical Clerkships Required in the Third Year			
	Medicine 665	(12 weeks)	24	credits
	Surgery 665 or equivalent	(6 weeks)	12	credits
	Pediatrics 665 or equivalent	(6 weeks)	12	credits
	Psychiatry 665 or equivalent	(6 weeks)	12	credits
	Obstetrics/Gynecology 665 or equivalent	(6 weeks)	12	credits
	Family Medicine 640 or equivalent	(6 weeks)	12	credits
2.	Required Clinical Selectives			
	Emergency Care/Trauma (Surgery 684, Ortho 677)	(4 weeks)	8	credits
	Rehabilitation Medicine/Chronic Care (Rehab 654, 685-688, 695, 697; PBSCI 678; Med 695; Conj 678)	(2 weeks)	4	credits
3.	Other Clinical Electives	(24 weeks)	48	credits
C.	<u>Independent Study in Medical Science (ISMS)</u>		6	credits
D.	<u>Non-Clinical Selectives</u>		4	credits
			276	credits
	TOTAL			

Independent Research and Non-Clinical Elective Requirements

Independent Investigative Inquiry for the 2001 Entering Class and Subsequent Classes

All students in the Entering Class of 2001 and in subsequent classes must satisfy the Independent Investigative Inquiry (III) requirement for eight credits toward earning the M.D. degree. The purpose of this requirement is to engage students in activities that will foster the skills of life-long learning essential for physicians practicing in the 21st century. Students will gain experience in formulating questions related to the practice of medicine and in exploring the various methods available to resolve such questions. There are four selective approaches by which the III requirement can be fulfilled. Each

selective offers the student a unique learning experience, and each has its own expectations, procedures, and time requirements.

Selective 1: Data Gathering/Hypothesis-Driven Inquiry

Selective 2: Critical Review of the Literature

Selective 3: Experience-Driven Inquiry

Selective 4: Special Simulation Projects

Students who received Master's or Ph.D. degrees with thesis or dissertation, or those who are first authors of published papers in peer-reviewed journals in disciplines basic to medicine may petition for a waiver of the III requirement. Petitions for waivers must be submitted and approved no later than April of Spring Quarter of the first year.

Independent Study in Medical Science Requirement for Classes Entering 1990 – 2000

Upon approval of an Independent Study in Medical Science (ISMS) paper, a student will earn six credits of Basic Sciences 599 with a grade of Honors, Satisfactory, or Not Satisfactory; with the Entering Class of 1996, these grades changed to Honors, Pass, or Fail.

Students may satisfy the ISMS paper requirement by submitting to the ISMS Committee a Master's thesis, Ph.D. dissertation, or a manuscript of a research article published or accepted for publication in a refereed professional journal of which the student is the first author. If approved by the ISMS Committee, the six-credit ISMS paper requirement will be satisfied.

Non-Clinical Selective Course Requirement

This four-credit requirement must be satisfied by taking approved courses during the Basic Science component of the curriculum, and must be completed during the first and second year and prior to entering the clinical curriculum.

Any 500-level course offered by the School of Medicine or the School of Public Health that has been approved by the Curriculum Committee for non-clinical elective credit may satisfy this requirement. This includes courses taught at the University of Washington in Seattle and at the regional WWAMI sites. These courses are academic in nature and do not involve direct patient care. The Curriculum Office publishes a list of courses that have been approved for non-clinical selective credit status at the Seattle and regional WWAMI sites.

The types of courses not accepted for non-clinical selective credit include CME courses, preceptorships, and independent study (generally numbered 499) courses.

In special cases with the prior approval of the Associate Dean for Curriculum, other courses offered by the University may be accepted to meet this requirement.

Capstone Course for Students Entering in 2001 and Subsequent Classes

All students must pass the one-week Capstone I (Transition to Clerkship) course offered at the completion of the second year and the one-week Capstone II (Transition to Residency) course at the completion of the fourth year. These two-credit courses provide a review of essential topics and focus on the development of preclinical and pre-residency skills.

HuBio 600a Capstone I (Transition to Clerkships)

Capstone I was implemented as a required 2 credit course at the end of the second year beginning Spring 2006. Expanded second year students take Capstone I in the second half of their second-year expansion. M.D. /Ph.D. students matriculating in 2004 and subsequent years must register for and complete the Capstone course for credit at the end of the second year. They may then audit the course, i.e. do not need to register for credit, before returning to the clinical curriculum following completion of the Ph.D. M.D./Ph.D. students matriculating in 2003 or prior years and entering the clinical curriculum on or after July 2006, are strongly urged to take the Capstone I course.

HuBio600b Capstone II (Transition to Residency)

Capstone II was implemented as a required two-credits beginning Spring 2006 for student completing the M.D. degree. Expanded fourth year students are expected to take Capstone II in the final year of their expansion, just prior to graduation. Students may request permission to take the course in the fourth year by contacting the Associate Dean for Student Affairs. Students entering the clinical curriculum in or after July 2004 or entering the fourth year in or after July 2006 are required to take Capstone II.

Objective Structured Clinical Examinations (OSCE) Program

The Objective Structured Clinical Examinations (OSCE) have become a vital part of the medical school curriculum at the University of Washington School of Medicine. They are now required both during the second and fourth years of school. Their purposes include assessment of our educational program and assessment of the individual student's knowledge and skills.

Governance of the School of Medicine's OSCE program is based in the Academic Affairs division of the Dean's Office. The Vice Dean for Academic Affairs is accountable for the leadership and governance of the program, and this is accomplished through a Steering Committee and several subcommittees. The OSCE Steering Committee reports to the Faculty Council on Academic Affairs and to the Dean of the School of Medicine.

Responsibilities of the OSCE Steering Committee:

The OSCE Steering Committee establishes policies that guide the design and implementation of the OSCEs that are used to evaluate students' progress and that serve as a component of the curriculum. The Steering Committee also has responsibility for approving the OSCE "blueprint" and the "cut-score" or other measures indicative of pass/fail scoring, and for setting the standard for remediation.

Responsibility for Setting Standards

- Responsible for providing guidance on the appropriate mix of OSCE case content coverage and methodology (i.e. standardized patients), paper cases, computer cases, computer simulations, etc.)
- Advise the Vice Dean for Academic Affairs on the use of resources for OSCEs.
- Serve as a liaison between the Colleges and the clerkships in the measurement of clinical skills that are learned as part of the curriculum.
- Provide a linkage between the second and fourth year OSCEs
- Provide advice regarding future development of OSCEs, for example inclusion of more computer simulations.

Professional Development:

The School of Medicine considers the professional development of all medical school students to be a critical educational component of the student's training. The recommendations from Committee on Student Grading, Student Evaluation, and Professionalism that included guidelines for assessing students' professional development and managing incidents of concern were approved in April 2007. The School of Medicine has established a set of Professionalism Benchmarks for all of its students. Each student's progress in achieving these benchmarks and in developing and demonstrating an understanding appropriate to his/her level in medical school of professional standards *should*, if possible, be rated in each basic and applied science course, and *must* be rated in ICM I and II and in each required clerkship and clinical elective.

In situations where a student's achievement of professional standards in basic and applied science courses or in clinical clerkships and electives has been rated on the course/clerkship grading form at the "below expected" level or in cases in which an "evaluator concern" has been identified, both the student and the student's College Mentor will be notified and provided feedback that includes specific examples of the students' failure to demonstrate appropriate professionalism. The goal in these situations is for the student to receive feedback, learn from it and act on it, and bring their achievement of appropriate professional standards up to the "expected level".

In situations where the student's professionalism in the basic and applied science courses or clerkships and clinical electives is rated as "unacceptable", or is at the "below expected" level in two or more courses or clerkships, or in which there is a pattern of issues noted through the submission of multiple incident forms, the Associate Dean or Vice Dean will discuss these with the student and the College mentor and will inform the student that his/her failure to achieve professional standards will be presented to the Student Progress Committee for review.

In situations where a student's overall professional development is deemed unacceptable based on documentation provided through the course and clerkship evaluations and/or the Student Progress Committee and this is affirmed by the Faculty Council for Academic Affairs and the Dean of the School of Medicine at the time the student is proposed for graduation from medical school, the student must successfully complete appropriate remediation in order to receive the degree of Doctor of Medicine. A failure by the student to complete appropriate remediation within the timeframe established by the Dean will result in dismissal from the Medical School. No student with a record of an unremediated failure to achieve professional standards will receive the degree of Doctor of Medicine from the University of Washington School of Medicine.

United States Medical Licensing Examination (USMLE)

Prior to graduation, all medical students are required to pass Step 1 and both components of Step 2 (Clinical Knowledge (CK) and Clinical Skills (CS) of the United States Medical Licensing Examination (USMLE), formerly Parts I and II of the National Board of Medical Examiners examination.

A student must take the USMLE Step 1 examination prior to entering the clinical curriculum and, if Step 1 is failed, must pass Step 1 to be permitted to continue in the clinical curriculum. In rare cases, the Student Progress Committee may request approval to offer an alternate comprehensive examination to allow the student to continue in clinical curriculum. A student must take the USMLE Step 2-CK and Step 2-CS during the July to September timeframe of the fourth year of medical school, and must pass both components of Step 2 to be cleared for graduation. The timelines for taking the USMLE examinations are appropriate to the educational preparation of the students, i.e. at the conclusion of the HuBio curriculum for Step 1 and at the conclusion of the third-year required clerkships and completion of the senior OSCE for Steps 2-CK and 2-CS. The Student Progress Committee manages the progress of students who have difficulty meeting the USMLE graduation requirement, and the students are informed of the guidelines used by the Committee in the Student Handbook.

Chapter 5

Curriculum

General Description of Curriculum

Basic Science Curriculum

The first two years of the medical student curriculum are identified as the Basic Science Curriculum. It consists of courses in the sciences basic to medicine, taught by faculty in basic and clinical disciplines, in introduction to clinical medicine, and in health care. During the first two years, all students participate in a preceptorship, usually in a primary care specialty, with a continuity of care experience. The academic demands of the Basic Science Curriculum are scaled so that students will be able to take additional elective courses. Electives may be used to make up educational deficiencies, to broaden the student's background, or to fulfill the non-clinical selective requirement. At the completion of the second year, all students participate in Capstone I: Transition to Clerkships in preparation for their entry into the clinical curriculum. Below are the required courses that comprise the first two years.

First Year Courses

Anatomy and Embryology	Medical Information for Decision Making
Biochemistry	(formerly CREM)
Microscopic Anatomy (Histology)	Microbiology and Infectious Disease
Introduction to Clinical Medicine I	Molecular and Cellular Basis of Disease *
Introduction to Critical Reading and	Nervous System
Introduction to Immunology	Systems of Human Behavior
Mechanisms in Cell Physiology	

* Will be moved to the second year in 2009-2010

Second Year Courses

Brain and Behavior	Musculoskeletal System **
Cardiovascular System	Problem-Based Learning
Clinical Epidemiology	Principles of Pharmacology I
Clinical Nutrition	Principles of Pharmacology II
Endocrine System	Reproduction
Gastrointestinal System	Respiratory System
Genetics	Skin System
Hematology	Systemic Pathology
Introduction to Clinical Medicine II	Urinary System
Medicine, Health, and Society	Capstone I: Transition to Clerkships

** Will be moved to the first year in 2008-2009

Clinical Curriculum

The Clinical Curriculum is pursued in the third and fourth years. The required clerkships and clinical selectives are listed below. In addition, students are required to take 32 credits or 16 weeks of clinical electives. At the completion of the fourth year, students are required to participate in Capstone II: Transition to Residency, which is an academic and skills based course that prepares students for entering residency training.

Required Clinical Clerkships and Selectives in Third and Fourth Years

Third Year:

Family Medicine
Internal Medicine
Obstetrics & Gynecology
Pediatrics
Psychiatry
Surgery

Fourth Year:

Emergency Medicine
Neurology
Rehabilitation Medicine/Chronic Care
Surgery Selectives
Capstone II: Transition to Residency

Curriculum Oversight and Management

The oversight and management of the curriculum is the responsibility of the Curriculum Committees and subcommittees, as established by the Dean for the School of Medicine.

The Oversight Committee is responsible for the vertical integration of the curriculum. Membership on this committee includes curriculum committee chairs, students, Assistant Deans and site Directors from each of the regional sites in Eastern Washington, Wyoming, Alaska, Montana and Idaho (WWAMI), Associate Deans for Student Affairs, Multicultural Affairs, Admissions and a representative from the Colleges, Health Sciences Library and Department of Medical Education and Biomedical Informatics.

The Associate Dean for Curriculum chairs the Oversight Committee. They meet monthly and are responsible for:

- Overseeing the vertical integration of the curriculum
- Ensuring the curriculum is in line with national standards of excellence in medical education
- Establishing Theme Committees for new and emerging issues that are cross cutting in scope

- Overseeing the State tracks
- Developing policy recommendations for submission to the elected Faculty Council on Academic Affairs and the Dean of Medicine
- Submitting an annual report

The year-based curriculum committees are organized into: First Year, Second Year, Required Clerkship, and Elective Clerkship. Each committee is chaired by a faculty member teaching in the curriculum and meets monthly. The committees oversee the establishment of clear statements of the curricular goals and objectives and of evaluation criteria, which are directly linked to stated student learning objectives, for every basic science and clinical course.

Committee membership includes course chairs or clerkship directors, WWAMI clinical deans, medical students, faculty from the Department of Medical Education and Biomedical Informatics, Associate Deans, and representatives from the Colleges and from the Health Sciences Library.

These year-based committees are responsible for:

- Reviewing information that will facilitate enhancement of course/clerkship development
- Overseeing horizontal integration of the curriculum
- Reviewing course content
- Reviewing student performance in the curriculum
- Making recommendations to the Oversight Committee regarding curriculum changes

WWAMI Faculty Appointments for Basic Science and Clinical Courses

WWAMI Faculty Appointments for Basic Science Courses

Basic scientists at WWAMI partner universities (University of Wyoming, University of Alaska at Anchorage, Montana State University, Washington State University, University of Idaho) who have a leadership role in basic science courses for first year WWAMI medical students at their sites should have their primary faculty appointments in their home departments, but should also have affiliate faculty appointments in the appropriate department at the University of Washington School of Medicine. The process and criteria for appointment are determined by the sponsoring department.

WWAMI Faculty Appointments for Clinical Courses

Physicians who have a leadership role in student education at clerkship sites should be appointed as UW Volunteer Clinical Faculty. Faculty involved in the required clerkships must have a UW Faculty/Volunteer Clinical Faculty appointment.

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

A new site application may be forwarded to the Curriculum Committee for review when the appointment process has been initiated.

The site may be approved by the year-based and Oversight Committees while the faculty appointment process is underway. While not all physicians who may interact with a student at a site are required to have a faculty appointment, the primary preceptor and any physicians who will have significant responsibilities for student education must have a faculty appointment.

Students may not be placed at a clerkship site until the faculty appointment process is completed by the specific department sponsoring the clerkship.

Guidelines for Approval of Clerkship Sites for Required/Elective Rotations

It is valuable and necessary for new training sites to evolve as new opportunities present themselves. In addition, changing patterns of health care delivery require the School to seek out different clinical settings to train its students.

Approval Procedures for the Establishment of a New Clinical Clerkship Site

Clerkship Directors, Departments, Regional WWAMI Deans and the Academic Affairs Office work together to determine the need for new clerkship sites. The initial responsibility for reviewing a site's adequacy as a trial site for a required or selective rotation lies with the department. If the site is outside Seattle, the state specific Regional WWAMI Dean is also involved in the process. A careful review of course objectives, resources, and general acceptability should be carried out and reported as a recommendation to the Required Clerkship Curriculum Committee.

The Required Clerkship Curriculum Committee, Oversight Committee, and Faculty Council on Academic Affairs review and approve all sites. Ongoing monitoring of site adequacy to satisfy required or elective course objectives is a departmental responsibility.

Funding for Clinical Clerkships

Prior to beginning development of any clerkship sites, the Department or Regional Dean seeking a new site must obtain approval from the Vice Dean for Academic Affairs verifying that funding is available to support the proposed clerkship site.

Approval Procedures for the Establishment of a Permanent Clerkship Site in the WWAMI Region for Required/Selective Clinical Rotations

- Department determines the need for a new site
- Clerkship Directors works with WWAMI Deans to identify potential sites
- Clerkship Director and Department work with Vice Dean for Academic Affairs to secure funding for the site
- Clerkship Director, Department faculty, Regional Deans, and others conduct a site visit
- Site completes an application form
- Clerkship Director submits faculty appointment form to the Vice Dean of Academic Affairs
- Application form is sent to the Required or Elective Clerkship Committees for review and submission of a recommendation for approval
- Recommended site is sent to the Oversight Committee, Faculty Council on Academic Affairs, and MSEC for final approval
- Approved site is referred to Academic Affairs Director for Administrative Services for completion of contract and affiliation agreement.
- Physicians with primary responsibility for the required clerkships must be appointed as UW volunteer Clinical Faculty by their department before students are assigned to the site.

General Curricular Policies

Previously Earned Credit

Starting with the 1975 entering class of medical students, no credits earned prior to entering the University of Washington School of Medicine can be counted towards the M.D. degree.

Calculation of Academic Credit

At the University of Washington, the basic rule for determining academic credit is one (1) credit represents a total time commitment of 3 hours each week in a 10-week quarter or a total of 30 hours per quarter for a typical student. The credit calculation considers time spent in and out of class, including time devoted to individual conferences with instructors, time devoted to assigned reading or other study, problem solving, writing, laboratory work, exercises, or any other activity required of students. A specified number of credits must be earned for a degree.

Restriction of School of Medicine Required Basic Science and Clinical Courses

Basic science courses within the School of Medicine

All first and second year basic science courses, which are required for the completion of the M.D. degree, are restricted to medical students enrolled in the University of Washington School of Medicine. Within the first year, these include those courses with the Human Biology curriculum at the Seattle site and the respective courses at the regional sites at the University of Alaska Anchorage, Montana State University, the University of Wyoming, the University of Idaho, and Washington State University for both the Pullman and Spokane sites.

With the permission of the course chair in consultation with the Vice Dean for Academic Affairs (Seattle) or the Assistant Dean in the regional WWAMI first year site, an exception may be considered for a student who is enrolled in a graduate program within one of the basic science departments of the host university and the course is a documented component of the student's graduate degree. Visiting students from U.S. accredited universities are not eligible to register for the School of Medicine's basic science or applied science courses given in Seattle or the regional first year sites exception under exceptional circumstances.

Required Clerkships within the School of Medicine

All third and fourth year required clerkships are restricted to medical students who are enrolled in the School of Medicine and approved to pursue the M.D. degree. Under rare circumstances, a student from an LCME approved medical school may be permitted to enroll in one of the required clerkships upon request from the appropriate administrative official at the student's medical school and with the approval of the Vice Dean for Academic Affairs.

Credit by Examination

Credit by examination, commonly known as "challenging a course," shall be defined as an attempt by regularly admitted and currently registered students to earn credit for required basic science courses in the School of Medicine without attending the courses. Credit by examination will be granted only to those students who have successfully completed an equivalent course and have successfully demonstrated competence in the subject in an appropriate examination as determined by the course chair. The following conditions and guidelines will apply:

- This policy shall be in effect for students of medicine at the University of Washington School of Medicine in Seattle and all WWAMI sites.
- Where not covered by this policy, general University of Washington regulations on credit by examination shall be in effect.
- Entering medical students will be informed that credit by examination may be possible in some Human Biology courses. Each faculty course chair determines whether credit by examination will be offered for his/her course. Course credit will not be given for courses taken or degrees earned prior to entry into the University of Washington School of Medicine without successful completion of a challenge examination.
- The procedure for credit by examination is as follows:
 - Any student who elects to challenge a course must register and pay tuition for the course in order to receive credit.
 - Any student who wishes to challenge a course shall petition the course chair in writing through the Academic Affairs Office. The petition must provide evidence that the student may reasonably be expected to pass successfully a final examination for the course in question. The student must demonstrate equivalency of course work. The

petition must be submitted a reasonable period of time (at least 2 weeks) before the starting date of the course to be challenged.

- Acceptance of the petition shall be at the discretion of the Basic Science course chair involved, who is responsible for determining student eligibility to challenge and the examination procedure.
- Petitions for exception to this policy may be made to the Student Progress Committee.

Granting Non-Clinical Selective Credit to Students

Courses not on the approved list that are offered at the University of Washington or at a WWAMI affiliate, may be taken to meet this graduation requirement, with prior approval from the WWAMI Dean or Associate Dean for Curriculum.

The Associate Dean for Curriculum may grant exceptions for courses whose content would enhance a student's ability to practice in unique areas/situations/languages/cultures or area of research. Students wishing to request an exception to this criterion may do so by following the procedure outlined below.

Criteria for granting credit to non-clinical selective courses

- The student must be enrolled in the UW School of Medicine.
- The student must be enrolled and paying tuition in order for course credit to be granted.
- Course(s) must be at the graduate level (500 or above).
- Foreign Language courses may be approved for non-clinical selective credit.
- Course(s) must be academic in nature.
- Courses must be offered at the University of Washington or WWAMI affiliate.
- CME course(s) are not eligible for non-clinical selective credit.
- Independent Study course(s) may not be taken for non-clinical selective credit.
- Transfer credit(s) from another college or university is not accepted by the University of Washington Graduate School and consequently cannot be accepted by the School of Medicine towards meeting graduation requirements.
- Courses taken as a part of a Doctoral or Master's program for concurrent degree students, will meet the non-clinical selective credit requirement. Pre-approval is not required.

- Courses taken for advanced degrees (i.e. Doctoral or Master's degrees) prior to matriculation will not be considered towards meeting this graduation requirement.

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 requirements. Students who are on leave of absence or in an expanded schedule in which educational activities such as in-depth research or international health opportunities do not require registration for credit are also considered to be enrolled. Once the student receives the M.D. degree, he/she is no longer enrolled.

Examples of when enrolled 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 educational programs such as RUOE and RUOP; volunteer activities sponsored by the School or a department within the school within the WWAMI region such as CHAP.
- Involvement in a research project with University of Washington or WWAMI regional faculty. Examples include summer research projects with stipends such as MSRTP and RUOP-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 clinical skills remediation or retooling programs for student who need additional clinical experience or who are returning to the medical school curriculum after time away, such as from being on a leave of absence or completing another degree (Ph.D., MPH, etc.).

Assignment to Clerkships at WWAMI Sites

Students assigned to clerkships at WWAMI sites or to any subinternships are not permitted to change these assignments. If there is sufficient reason to modify the site assignment, the student must find another medical student to take his/her place or meet with the Associate Dean for Curriculum to receive permission to drop the clerkship.

Clinical Electives Taken at Institutions Not Affiliated with the School of Medicine

Students may take clinical electives at other LCME accredited institutions. The following guidelines and policies govern clerkships taken at institutions not affiliated with the University of Washington.

Eligibility

Clerkships taken away from the School of Medicine will be permitted only after a minimum of three quarters of clinical clerkships or after the basic clerkships in medicine, pediatrics, surgery, obstetrics and gynecology, psychiatry, and family medicine (if appropriate) have been completed. Specific instructions may be obtained from the Academic Affairs Office. Exceptions to this policy must be approved by the Associate Dean for Curriculum

Approval

The student must obtain written approval from the sponsoring UW department and the Academic Affairs Office, which will review the student's clinical experiences, academic performance, and academic needs to ensure that the student is in good standing and has satisfied all requirements.

Credit

The maximum number of credits allowed toward M.D. graduation for clerkships done away from the University of Washington is 24 credits (12 weeks). To earn credit, students must register at the University of Washington for credit for the quarter in which the away assignment is taken. All arrangements including the appropriate approvals must be completed before the student leaves the University of Washington and must be in accordance with the regular scheduling deadlines established by the Academic Affairs Office.

Unless students are formally enrolled for credit at the University of Washington, the University's malpractice insurance will not cover them during their away clerkship. Retroactive credit may not be

awarded for any course or clerkship for which the student did not receive approval and register prior to taking the course or clerkship including those taken away from the University.

Evaluation of Student Performance

The University of Washington School of Medicine's evaluation of the student's performance form must be completed by the appropriate official at the institution in which the away course or clerkship is taken. The evaluation form is submitted to the UW sponsoring department for review and determination of the final grade. The final evaluation must be received from the away institution and approved by the UW sponsoring department before the student can receive credit.

Awarding Credit Utilizing Videotapes or Web-based learning- Distance Learning

Students may enroll for elective courses, where attendance is not required, and take only the final exam to receive credit for the course. The University of Washington's regulations enable faculty to offer course content utilizing video or web-based materials at their discretion. For courses where 50% or more of the student time is spent learning from video or web-based materials, a designation of DL for distance learning should be added to the course title for registration purposes. It is the decision of each faculty member to allow the videotaping of his or her course.

Credit for elective courses utilizing exclusive video or web-based content will be awarded under the following conditions:

- Faculty agrees to viewing videotape as a method for learning course content.
- Students are unable to take the course due to identifiable barriers (i.e. WWAMI students in Seattle based courses, students enrolled in Colleges that meet at the same time as the course).
- Student must take and pass any quizzes, or exams, or submit required papers, to be awarded credit.

Academic Credit for Research

Students are allowed to register for credits on a sliding scale from 12 to 18 per quarter, using the regular University policy of 3 hours per week in the lab or research activity for one quarter equaling one (1) credit hour. The final number of credits is determined between the student and his/her research mentor.

Credit for Courses Providing a Stipend

A maximum of 36 credits will be granted for approved learning experiences that provide a stipend in accordance with the following provisions:

- The course must be a regular curricular offering with a catalog number and a designated faculty member responsible for teaching and evaluation. A grade and faculty comments are required upon completion of the work.
- The course must be reviewed by the Faculty Council on Academic Affairs (formerly, Academic Affairs Committee) with the knowledge that it will provide a stipend. Courses now in the catalog, if subsequently offered with a stipend, must be reevaluated and re-approved.
- The monthly stipend paid will be limited. The maximum amount of the stipend will be fixed on an annual basis by the Vice Dean for Academic Affairs, with the advice of the Faculty Council on Academic Affairs. No clerkship or fellowship taken for credit may exceed this amount.
- Credit will not be given when the source of the stipend specifically forbids payment of students while they are earning credit towards the M.D. degree.
- Externships or work in hospitals or health agencies outside of the University of Washington or its affiliated hospitals will not be given credit whether a stipend is paid or not. Fellowships and clerkships at other M.D. degree granting institutions may be given credit if:
 - The institution normally gives credit for the work to its own students.
 - The program is approved in advance by a University of Washington faculty member who will take responsibility for evaluation, grading, and assignment of credit. Concurrence of the departmental Chair and the Associate Dean for Academic Affairs is required.

Special fellowships won in a national competition may be given credit (e.g., US Public Health Service), if the requirements in 6.6, E.2. are fulfilled.

Services as a technician in any capacity and for any agency are not construed to fall under these guidelines. The development of such service jobs as courses for credit is discouraged.

Chapter 6

Grading, Evaluation, and Professionalism

Grading Systems

Current Grading System for Entering Class of 2007 and Subsequent Classes

In 2006-2007, the Committee on Student Grading, Evaluation, and Professionalism made the following recommendations that were approved by Faculty Council on Academic Affairs in April 2007. For students entering the clinical curriculum in July 2007, a modification was made in the evaluation of students' clinical performance that added a separate category of professional behavior and conduct under Evaluator Concern. The Committee's recommendation of an overall assessment of a student's professional development and modifications in the evaluation form for students' performance in the clinical curriculum apply to all students entering the clinical curriculum in July 2008.

Final Course Grades:

- Pass/Fail: Required first year basic science, ICM I, and all non-clinical electives
- Pass/Fail: All first and second year preceptorships
- Honors/Pass/Fail: Required second year courses
- Pass/Fail: Required Problem-Based Learning course
- Pass/Fail: ICM II
- Pass/Fail: Independent Investigative Inquiry (III)
- Honors/High Pass/Pass/Fail: Required third and fourth year clerkships and clinical electives
- Evaluator Concern retained as an internal designation

Evaluation of Professional Development:

The School of Medicine considers the professional development of all medical school students to be a critical educational component of the School's curriculum. Accordingly, the School of Medicine has established a set of Professionalism Benchmarks for all of its students. Each required first and second year course and required clerkship and clinical elective will utilize these Professionalism Benchmarks in evaluating the professional development of the students. Each student's progress in achieving these benchmarks and in developing and demonstrating an understanding (appropriate to his/her level in

medical school) of professional standards *should*, if possible, be rated in each basic and applied science course, and *must* be rated in ICM I and II and in each required clerkship and clinical elective.

First and Second Year: Each course chair should have the opportunity to provide information on the professional development of each student, utilizing the following scale:

- Unacceptable
- Needs development
- Meets expectations
- Not observed/Unable to evaluate

Third and Fourth Year: Each Required Clerkship and Clinical Elective director must rate the professional development of each student, utilizing the following scale:

- Unacceptable
- Needs development
- Meets Expectations

Evaluation and Feedback: Each basic science and clinical course is required to provide feedback to students on their performance during the course so that the students have adequate opportunity to improve their performance by the end of the course. In the basic science course, this feedback is usually in the form of exams that occur during the course. Course chairs are encouraged to speak with students who appear to be having significant difficulty in the course based on their exam scores or participation in required components of the course. In the required clerkships, this feedback is usually in the form of comments on the students' performance from faculty and residents that is then shared by the clerkship director or designee at the site at which the student is completing the clerkship. The clerkship directors at each site must provide feedback, but not necessarily the final grade, to the students at the end of the clerkship to enable the students to continue to improve in areas needing development as they move into subsequent clerkships. The final grade and evaluation are sent directly to the student and to the Academic Affairs Office no later than eight weeks after the conclusion of the clerkship. In the clinical electives, the clerkship directors should expect the faculty overseeing the elective to provide feedback to the student and to submit the final grade and evaluation no later than four weeks after the conclusion of the elective.

Use of Evaluator Concern, Incomplete, and Withdrawal from Course

Evaluator Concern: The Evaluator Concern designation is not recorded on the transcript, but the concerns raised may be included in the Dean's Medical Student Performance Evaluation (MSPE) if a pattern exists in multiple courses and the issues are not resolved after documented discussions with the student.

Incomplete: The Incomplete designation is granted only when a medical or personal/family emergency prevents completion of the course requirements or final exam on schedule. To be eligible for consideration for an Incomplete, the student must contact the course chair or clerkship director and the Associate Dean for Student Affairs to discuss the need to delay completion of the examination or course. For consideration of a delay in an examination, the student must contact the course chair or clerkship director and Associate Dean for Student Affairs prior to the beginning of the examination. If for some reason the student's request for a delay is not approved and the student decides on his/her own not to take the examination at the scheduled time, the student receives a zero for the exam. For consideration of a delay in completion of the course, the student must discuss this with the course chair or clerkship director and Associate Dean for Student Affairs. An Incomplete should be converted to a passing grade by the next quarter in which the student is enrolled. Exception: The time limit may be extended for up to one year with the approval of the Chair of the Student Progress Committee. Any Incomplete grades that are not converted to passing grades will be replaced by Fail grades.

Withdrawal from a Course: A withdrawal from a course is unusual. In situations, such as an illness or personal family emergency, the student should discuss his/her situation with the course chair or clerkship director and the Associate Dean for Student Affairs. Based on the circumstances, the student may be permitted to withdraw from the course. The course chair or clerkship director will be asked to submit a summary of the student's performance in the course for the student's academic file. The transcript will reflect a "W" designation along with the week in which the withdrawal occurred. Except under highly unusual circumstances, a student may not withdraw from a course if the performance to date has been at the failing level. If the student is failing and then decides to withdraw from the course, a Fail grade will be recorded and the course chair or clerkship director will submit a summary of the performance that will be placed in the student's academic file.

Grading System for Entering Class of 2002 – 2006

The grading system was modified as part of a three-year curriculum review. For the Entering Class of 2002 and subsequent classes, the grading system was modified as follows:

- Pass/Fail: All required first-year courses
- Honors/Pass/Fail: All required second year courses
- Honors/High Pass/Pass/Fail: All third and fourth year clinical courses

The Evaluation Concern designation was maintained as an internal notation, i.e. it is not recorded on the transcript. All required courses must be completed with a minimum of a Pass grade. The determination of the criteria for the Honors, High Pass, Pass, and Fail grades are the prerogative of the faculty within a criterion-referenced grading philosophy in which all students that achieve the criteria specified for a given grade receive that grade. The individual course's grading criteria are stated in materials distributed to students prior to the start of the course or clerkship. The criteria for determination of grades for the basic science courses and the clinical courses must be comparable at each site at which the course is offered. These criteria are determined in collaboration with the faculty by the course chair and clerkship directors who have responsibility for the delivery of these courses.

Grading System for Entering Classes of 1996 – 2001

Beginning with the Entering Class of 1996, the grading system for the School of Medicine was changed from Honors/Satisfactory/Not Satisfactory to Honors/Pass/Fail in the Basic Science Curriculum and Honors/High Pass/Pass/Fail in the Clinical Curriculum. An Evaluator Concern component was added to the evaluation form as a way to track academic and professionalism issues of concern when a passing grade is given.

If completion of an additional paper, project, or exam is required for achievement of an Honors grade in a second-year applied science course or elective, all requirements for the Honors grade must be completed no later than the end of the final exam period designated for the course. If completion of an additional paper or project is required for achievement of an Honors grade in a clinical course, all requirements for the Honors grade must be completed no later than the last day of the course.

Methods of Evaluation

Evaluation of Students' Performance

Evaluations of students' performance should be completed immediately after the conclusion of the course or clerkship. Basic science grades are submitted to the School of Medicine's Registrar no later than a week after the end of finals week, or for courses taught in a block format, within a week after the final has been completed. This enables sufficient time to develop the end-of-quarter (semester) Student Progress Committee agenda for the Seattle and first year regional site students. Clinical clerkship and elective evaluations should be sent to the student and submitted to the School of Medicine's Registrar by the department no later than 8 weeks after completion of the course.

Midcourse feedback: In the basic science courses, the students receive feedback based on performance in each examination or other forms of evaluation such as case studies. In the clinical clerkships and electives, the attending or clerkship director have midcourse feedback sessions with the students to provide an opportunity to improve or to enhance areas of strength. At the conclusion of each clinical course, the student should have the opportunity to discuss his/her evaluation with the responsible faculty member(s) in order to provide guidance for moving forward to the subsequent clinical rotation.

Purposes of Examinations

Examinations provide a stimulus to learning and can in themselves be educational if they are properly constructed and if feedback is prompt and constructive. Examinations also provide information to assist in program evaluation.

- Examinations are given to determine whether the student has achieved the minimum competency defined for a course or group of courses.
- Students express a desire for examinations to aid them in learning. Such exams provide a means for students to identify gaps in their knowledge or ability to synthesize information. Faculty feedback and personal interaction with students are essential along with examinations for this purpose.
- Faculty express a desire for examinations that assess the student's ability to synthesize information learned in a course.

- Faculty also express a desire to let the student know how much he/she knows in addition to the minimum competencies required for a course.
- Both students and faculty express a desire for some examinations that stimulate the student to think about new areas or ways of putting together the information that he/she has learned.
- Society and specialty boards expect ongoing certification that physicians are maintaining appropriate levels of knowledge and skills. Therefore, it is important that medical students incorporate life-long learning skills that will enable them to licensure and certification examinations.
- Examinations also provide baseline information for individual course evaluation and overall program evaluation. Within the regionalized medical education program, examinations enable assessment of content equivalency across the first-year WWAMI sites and the required and elective clerkships throughout the WWAMI region.

Concurrent Examinations in the First Year

A concurrent exam is a single examination with all disciplines teaching in that educational component of the curriculum contributing to the examination. The course chairs determine the number of examinations for the material being taught and how many questions in each content area will be included on the concurrent exam. The number of questions per course is proportional to the total number of hours an individual course has in relation to the total number of hours for the educational component being taught.

The purpose of the first-year concurrent examinations is to assist students in developing study patterns that maintain their learning in all subjects evenly, to provide timely feedback on students' acquisition of knowledge, and to identify students with having difficulty with the material early in the course. Each first-year WWAMI site determines if it will use concurrent examinations or an equivalent evaluation method.

WWAMI Common Exams

All WWAMI basic science courses, taught at multiple sites, must participate in common exams that are developed by the course faculty and administered at each WWAMI site. Common exams are based on foundational concepts that are agreed upon by faculty responsible for the course.

The purposes of the WWAMI Common Exam are

- To ensure that fundamental concepts and essential content are taught uniformly and are up-to date at each course/site.
- To evaluate whether fundamental concepts and essential content are effectively taught at all WWAMI sites.
- To evaluate the students' acquisition of the fundamental concepts.
- To evaluate the program as a whole.

To ensure that common exams are perceived as fair across sites, course chairs and faculty will

- Develop and share common/core learning objectives for each course across all sites.
- Share educational resources.
- Be certain that material for which students are accountable on the common exam is explicitly dealt with in class, i.e. the material should be presented during class.
- Work toward scheduling courses within a similar time period during the academic year to ensure that students have a similar background when taking the common exam.

Guidelines for WWAMI Common Exams

- The examination will focus on fundamental, core concepts and essential content.
- It is the expectation that a passing score on the common exam will be 70% and that students will achieve this score to pass the course.
- The anticipated class average score for a given common exam should be approximately 83-87%.
- If the class average score across all WWAMI sites falls below the range of 83-87% on the common exam, then the passing score may be adjusted in consultation with the other course chairs.

- Grades from WWAMI sites will be recorded at the UW after all sites have taken the common exam and the Department of Medical Education has reviewed the exam.

Midterm Examinations

The midterm examinations serve many purposes including the following:

- Assist students to adapt to the type of examination in the medical school early in the first year.
- Provide feedback to students concerning their progress during the course while there is still time to adjust before the end of the course.
- Provide feedback to faculty concerning the progress of the course while there is still time to adjust for the remaining teaching period.

In courses for which the course chairs choose to give midterm examinations, the examinations should be scheduled in a manner that minimally disrupts other courses.

Final Examinations

In the basic science courses, the final examinations are scheduled in collaboration with the course chairs and the Curriculum Office or WWAMI Office for regional first-year sites. The scheduling of the examinations should allow sufficient time between examinations to provide students with time to prepare for the next examination. No course should have a final examination outside of the established examination week unless the course is taught in a block format that ends prior to the quarter's or semester's duration.

In the clinical clerkships or electives, the final examinations are scheduled in a uniform manner for each clerkship site, usually on the last day of the clerkship. If an oral examination is given, the clerkship directors have responsibility for assuring that there is adequate reliability in its administration. Other forms of examinations, such as computer simulations or involving the use of standardized patient are set-up and managed within the clerkship department. The final examinations or paper incorporated as part of the assessment of the final grade must be completed within the time period allocated for the course.

Once the final examination schedule is published, students are expected to take the examination on the date scheduled. If the course chair has a valid reason for considering changing the date of a final examination, he/she must receive the approval of the Associate Dean for Curriculum. In such cases, the final examination may be postponed as long as it does not interfere with the exam schedules of other

courses. The examination may not be moved to an earlier time except to an earlier time within the examination period if agreed to by all the students and the course chair. Before approving the rescheduling of a final examination, the Associate Dean for Curriculum shall obtain assurances that the change will not have an undue adverse impact on the students and that a satisfactory room can be identified for the examination.

Determining Final Grade

The determination of a final grade is the prerogative of the course chair or clerkship director responsible for course. For each grade level, criteria are established by the departmental faculty and these are outlined in the course syllabus, on the course website, or through other materials distributed to the student. The philosophy underpinning the determination of grades is that, if a student achieves the criteria specified, the student receives that grade. This means that all or none of the students could achieve a given grade.

Change of Grade

Except in cases of error, the course chair or clerkship director may not change a grade that he or she has turned in to the Registrar.

A student who believes that the instructor erred in the assignment of a grade, or who believes a grade recording error or omission has occurred, shall use the following procedure to resolve the matter:

- The student shall first discuss the matter with the course chair or clerkship director before the end of the following academic quarter (not including summer quarter).
- A student who is not satisfied with the course chair's or clerkship director's response may submit a written appeal to the Chair of the department with responsibility for the course within a reasonable timeframe. Within a reasonable timeframe, the Department Chair shall consult with the faculty member to determine whether the evaluation of the student's performance was fair and reasonable or whether the faculty member did not take into account all aspects of the performance in a fashion consistent with decisions on course standards. Should the Department Chair conclude that the faculty member's conduct was arbitrary or capricious and should the faculty member decline to revise the grade, the Department Chair, with the approval of the voting members of his/her faculty, may revise the

grade or may appoint an appropriate member, or members, of the faculty of that department to evaluate the student's performance and assign a grade. The Dean of the School of Medicine shall be informed of this action.

- Once a student submits a written appeal, this document and all subsequent actions on this appeal shall be recorded in written form and retained in a department file.

In the event that the faculty member is physically or mentally incapacitated and unable to assign course grades, or unable to address requests for grade changes as described above, or in the event that the faculty member is no longer in the employ of the University and is unavailable or refuses to address requests for grade changes as described above, the Department Chair, with the approval of the voting members of his or her faculty, may designate another faculty member or members to act in the place of the original faculty member to assign grades or address requests from students in accordance with description above. In the event that the Department Chair does not respond to requests for the assignment of late grades from the Academic Affairs Office, the Vice Dean for Academic Affairs may assign a passing grade.

Chapter 7

Academic Review Process and Academic Progress

Student Progress

The awarding of the Doctor of Medicine degree is contingent upon satisfactory completion of academic and non-cognitive requirements. The latter includes demonstration of behavioral patterns and attitudes consistent with the oath that all graduates take at the time of graduation. Student evaluation is based upon the faculty's observations of the student's behavior and conduct as well as upon papers and examinations.

The Student Progress Committee reviews the progress of students at scheduled meetings each month. Students are informed of any deficiencies and the remedial requirements, if any, for these deficiencies. Dismissal from the School may occur if the student fails to maintain an acceptable academic record, fails to follow academic directives from the Student Progress Committee or administrative official, and/or fails to develop attitudes and behavioral patterns appropriate to a career in medicine.

Academic Promotion

A student must complete successfully the first-year of the Basic Science and Introduction to Clinical Medicine I curriculum to be promoted to the second year. A student must complete successfully the second year of the Basic Science curriculum, the required Non-clinical Selectives, Introduction to Clinical Medicine II, and the second-year OSCEs to be promoted to the clinical curriculum. In addition, a student must take the USMLE Step 1 examination prior to entering the clinical curriculum. If the student is unable to achieve a satisfactory level of performance despite educational accommodations, including reexaminations, repeat of course, or expansion, the student may not be permitted to continue in the medical school program.

For students entering prior to 2008, a student may not enter the clinical curriculum unless his/her III petition has been approved, and a student on an expanded second-year curriculum is required to complete the final III paper prior to submitting his/her third-year clerkship request. For students entering in 2008 and subsequent classes, the III project must be completed in the summer between the first and second year.

If a student's performance in the curriculum has been marginal or unsatisfactory, the Student Progress Committee may recommend dismissal if the student fails USMLE Steps 1 or Step 2-Clinical Knowledge or Step 2-Clinical Skills after one or two test administrations. If a student fails either USMLE Steps 1 or either component of Step 2 three times, the Student Progress Committee will recommend dismissal. Under exceptional circumstances, the student may petition the Student Progress Committee for permission for a fourth test administration.

Students are expected to complete the required third-year clinical clerkships during the third year; permission from the Associate Dean for Student Affairs is required to delay a required third-year clerkship into the fourth year. Students are advised to complete all required clerkships and selectives that fulfill the minimum graduation requirements prior to the final quarter in medical school.

A Fail grade received in a clerkship must be cleared as soon as the remediation can be scheduled, preferably within the next quarter. A reexamination is usually scheduled to occur at the examination time of the subsequent clerkship, unless there are compelling reasons to schedule it at a later date. A repeat of a clerkship will be scheduled at the next available opening. The Student Progress Committee, in consultation with the department, may specify the site. (This may require an additional position be created in a clerkship.) At times, the deficiency in a clerkship may be sufficiently serious that the Student Progress Committee will suspend the student from taking additional clerkships until the level of the student's competence can be determined through a mechanism agreed upon by the Student Progress Committee, in consultation with the department that submitted the Fail grade. If the deficiency can be remediated, the Student Progress Committee will determine an appropriate clinical schedule for the student and will set criteria for performance. If the deficiency cannot be remediated, the Student Progress Committee will recommend dismissal from the School of Medicine. The recommendation will be reviewed by the Faculty Council on Academic Affairs to determine if the student should be denied graduation from the School of Medicine.

Professional Development

A student is expected to develop and demonstrate qualities, attitudes, and behavioral patterns appropriate to a career in medicine and consistent with the oath taken at the time of graduation. Upholding the standards of professional and personal development includes being accountable for one's own professional conduct and for promoting professionalism among one's fellow students and colleagues in the medical profession. The Student Progress Committee may recommend dismissal from the School of Medicine of a student whose professional behavior or conduct is unacceptable or below the expected level. The recommendation will be reviewed by the Faculty Council on Academic Affairs to determine if the student should be denied graduation from the School of Medicine.

Standards of Conduct

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

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

Management of Academic Review and Remediation Process

The Student Progress Committee reviews all grades, including fails, marginal performance, or concerns about professional behavior and conduct. Each course chair or clerkship director submits a recommendation to the Student Progress Committee concerning how the student who received a Fail grade may achieve a passing grade in that course. The Student Progress Committee makes the final decision on remediation, taking into account the student's overall performance. Thus, the Committee may modify the course chair's or clerkship director's recommendation based on the student's progress to date in the curriculum. The Chair of the Student Progress Committee informs the student of the Committee's decision on the remediation and the timeframe in which it must be completed. If the student has had academic or professional behavior difficulty in prior courses, the Committee may determine that the student should not continue in the medical school program.

The following are guidelines for managing Fail grades:

- A student who is failing a course and drops the course receives a Fail grade.
- A student with a Fail grade must complete the required remediation within the time specified and in the manner prescribed by the Student Progress Committee. Failure to convert the grade to a Pass may result in dismissal from the School of Medicine. When a student clears a Fail grade through a reexamination, the student is given a Pass grade. When a student clears a Fail grade through repeating the course, the student is eligible to earn any grade, i.e. Pass, High Pass, or Honors. A Fail grade on a repeated course places the student at a dismissal recommendation.
- Successfully remediating a course in which a Fail grade was received must take priority over extracurricular programs and activities. In most cases, pursuit of elective or selective work should be deferred until the Fail grade is cleared, and the student may not participate in extracurricular programs or activities, including attending organizational conferences or research forums. Under certain circumstances, a student with a Fail grade may take electives or pursue a special program but only with the approval of the Associate Dean for Student Affairs.
- A student who receives a Fail grade in an elective course must remediate the course and receive at least a Pass grade. In some circumstances, a student may petition the Student Progress Committee to be permitted to retain a Fail grade or No Credit designation. However, the School of Medicine expects that students receiving the Doctor of Medicine degree will have successfully completed all course work prior to graduation.

Academic Probation

In the School of Medicine, a student may be placed on academic probation if, in the judgment of the Student Progress Committee, his or her progress is unsatisfactory in any area that falls under the Committee's purview related to graduation criteria.

If a student receives two or more concurrent Fail grades, he/she will be automatically placed on probation or may be dismissed. Receipt of additional Fail grades while on probation or failure to convert such grades to Pass in accordance with the Committee's specified timetable may result in dismissal from the School of Medicine.

Probationary Status

Probationary status is noted on the internal medical school transcript, but is not reported on the official transcript. Probation is essentially a warning to the student that he/she must show improvement if he/she is to remain in the School. The student is advised of the expected level of performance in subsequent course work for retention in the School of Medicine.

While enrolled in basic science courses, a student on probation is not permitted to take electives or participate in extracurricular medical school, outside activities or work. While enrolled in the clinical curriculum, the Student Progress Committee will oversee the student's scheduling of electives. While on probation, the student should not expect to be approved for such programs as IHOP or IHE, for course work at other institutions, or for recommendation for other major programs, fellowships, or degrees. If there are significant reasons to be considered for elective courses, special programs, activities, or work, the student may request permission to participate in extracurricular programs or activities from the Associate Dean for Student Affairs and any modification will be reported to the Student Progress Committee.

Removal from Probation

A student is eligible for consideration for removal from probation when the following condition(s) related to being placed on probation has/have been met: (1) satisfactory remediation of all failed course work, (2) satisfactory completion of two quarters of full-time course work, and (3) absence of any other issues of concern being considered by the Student Progress Committee. Depending on the student's academic record, a student may be retained on probation until successful completion of the United States Medical Licensing Examination (USMLE) that is related to the area of the curriculum in which the student has had difficulty.

The student is removed from probation once he/she has met the criteria specified. If there is some question about the decision for removing a student from probation, the student's record will be presented to the Student Progress Committee for a decision.

Advanced Information on Student's Academic Status

The Student Progress Committee may use a process for providing advanced information to course chairs or clerkship directors for students having difficulty in the areas of academic or professional and

personal conduct. 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. To reduce the possibility of negative bias, the information about the student's prior performance and areas of difficulty is sent only to the course chair or clerkship director and not to the individual basic science faculty and teaching assistant or the clinical attending and resident team to which the student is assigned. The student is advised when the advanced information process is being used and receives a copy of the information sent by the Chair of the Student Progress Committee to the course chair or clerkship director describing the process and the area(s) of deficiency or concern.

The Student Progress Committee has also authorized the Chair of the Committee to use discretion in providing information to course chairs or clerkship directors at a lower threshold of difficulty to provide earlier intervention to assist the student. The College mentor may also serve as a helpful resource to the course chair or clerkship director should issues arise in communications at the mentor – clerkship director level. Clerkship directors who are aware of a student having difficulty in their clerkship may, with the student's permission, provide advanced information to the clerkship director of the next clerkship to which the student is assigned. The intent of this extended use of advanced information is to permit earlier intervention and assistance for students having difficulty and/or to allow for better decisions on small group or clinical site or team assignments that may provide a better learning environment for the student.

Expansion of Medical School Program beyond Four Years

The relationship among the number of medical students per class, our available clinical resources, and the fiscal situation at the University of Washington School of Medicine require a clear statement of procedures relevant to the delay of graduation beyond the expected four years.

The faculty support providing flexibility for completion of the medical school program. However, it is important to maintain an assessment of the relationship between the number of medical students per class, the available basic science and clinical resources, and the fiscal implications for the School of Medicine. The fiscal relationship relates not only to University of Washington resources but also the class, the available basic science and clinical resources, and the fiscal implications for the School of program requirements of the student's state of residence, Wyoming, Alaska, Montana, or Idaho. Student enrollments are typically extended for (1) academic reasons, (2) incorporation of an additional educational opportunity, (3) accommodation of personal and family emergencies, and (4) acceptance into

a concurrent degree program at the University of Washington or a degree program at another institution. The extension of the student's program is managed through expansions of the curriculum, which means the student is enrolled for course work during at least several quarters during the academic year. In some cases, a leave of absence is the appropriate status, which means the student is not enrolled in University of Washington course work during the year.

The following guidelines have been approved for managing expanded medical student programs for students:

- If a student's academic progress is considered to be inadequate, the Student Progress Committee may mandate an additional period of medical education to be successfully completed satisfactorily to address the student's deficiencies.
- The student who has enrolled in a concurrent degree program may be permitted to spend more than four years as a student in the School of Medicine to the extent that the additional time is necessary to complete both degrees.
- A student who requests to complete an in-depth research or clinical project that will delay graduation from medical school must submit a petition to expand to the Chair of the Student Progress Committee that outlines his or her educational goals and specifies the nature of the project. As long as there are no concerns about the expansion petition, the expansion is approved by the Chair and is reported to the Student Progress Committee for information.
- A student who requests to delay graduation for other reasons must submit a written petition to expand to the Chair of the Student Progress Committee that outlines his or her educational goals and reasons for the request to expand. As long as there are no concerns about the expansion petition, the expansion is approved by the Chair and is reported to the Student Progress Committee for information. If there are concerns about the expansion petition, the Chair will place the petition on the Student Progress Committee's agenda for review and approval or disapproval of the expansion request.
- A student who requests to take a leave of absence from the School of Medicine to pursue other activities, to spend a period of time studying abroad, or to accommodate other personal or family plans must submit a written petition to the Chair of the Student Progress Committee

that outlines the reasons for requesting the leave of absence. As long as there are no concerns about the leave of absence petition, the leave is approved by the Chair and is reported to the Student Progress Committee for information. If there are concerns about the leave petition, the Chair will place the petition on the Student Progress Committee's agenda for review and approval or disapproval of the leave of absence request.

Students who drop a required third-year clerkship due to academic or personal/family emergencies and are still on track to graduate at the conclusion of the academic year will receive priority in the rescheduling of the required clerkships.

Educational resources, fiscal, and state-specific requirements will be considered in decisions to approve expansion requests.

Leave of Absence

A leave of absence is requested through a petition to the Chair of the Student Progress Committee. The student must meet with the Associate Dean for Student Affairs or designee to discuss the reasons for the leave of absence. Students may request or be placed on a leave of absence for personal, academic, or health-related issues. Leave status is not used when an acute issue occurs and a short intervention is approved without delaying the anticipated date of graduation. A leave of absence is typically for one year, with the possibility of being extended for a second year with adequate documentation to support an extension. If the student is not ready to return to the medical school program after a two-year leave of absence, the student will be expected to withdraw from the School of Medicine.

In reviewing the reasons for the request for a leave, the Chair of the Student Progress Committee may place the request on the Student Progress Committee's agenda to determine if criteria should be set related to the student's return from the leave of absence. If the student does not meet these criteria, the Committee may recommend that the student continue on leave, be advised to withdraw, or be dismissed from the School. In cases in which the Committee must approve the return from leave, the Committee may set requirements for the student's academic program, place the student on probation, and specify the level of academic performance and professional behavior and conduct that must be maintained in all course work upon return from the leave of absence.

Withdrawal

To withdraw from the School of Medicine, the student is requested to submit a letter to the appropriate administrative officer, most frequently the Associate Dean for Student Affairs. Withdrawals are most commonly related to decisions that medicine is not the best career path, inability to complete the program for personal reasons, or as a result of a dismissal recommendation.

For those who decide to withdraw to pursue another career path or for personal reasons, this may be following a leave of absence or while still enrolled in classes. The students will be referred to the Medical Student Counseling Service and/or College mentor to be certain that they have carefully considered the decision.

For students who have been recommended for dismissal, the option to withdraw is available up to the point in time that the Dean of the School of Medicine sustains the dismissal recommendation.

Dismissal

The Student Progress Committee reviews students' records and makes recommendations for dismissal. A student may be dismissed from the School of Medicine if he/she does not meet the standards for graduation set by the School of Medicine. Students are expected to make satisfactory progress in all areas of their medical school course work and are expected to maintain the highest standards of professional and personal conduct and behavior. If the record, when viewed as a whole, does not meet the School's expected level of performance, the Student Progress Committee may recommend dismissal even though satisfactory grades are received in individual courses.

A dismissal recommendation may be made at any time during the student's medical school enrollment. The student does not need to have been placed on probation prior to being dismissed.

Procedural Review of Dismissal Recommendations

When the Student Progress Committee sustains a recommendation for dismissal of a student from the School of Medicine, the Committee submits the recommendation and a summary of the student's academic record to the Faculty Council on Academic Affairs. The Faculty Council reviews the Committee's actions to determine that the School of Medicine's process was followed. The Dean of the School of Medicine makes the final decision on dismissal based on a review of the student's record and

on the recommendations of the Student Progress Committee and the Faculty Council on Academic Affairs.

The guidelines of the Faculty Council on Academic Affairs for procedural review of dismissal recommendations are as follows:

Decisions related to academic performance undergo careful review. This review process in general includes (1) notification of inadequacies, where appropriate, (2) careful and deliberate decision-making, and (3) an opportunity for the student to meet informally with the Student Progress Committee. The decision is based on the professional judgment of faculty after reviewing the student's entire academic record including the student's academic performance in both cognitive and non-cognitive areas.

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

Within the medical school, some areas of behavior frequently dealt with as disciplinary at the undergraduate level are considered to be part of the overall academic performance. This includes, but is not limited to, cheating, plagiarism, falsification of records, harassment, substance abuse, matters of integrity, HIPAA violations, and includes all aspects of professional development and standards of conduct that are considered to be essential elements of professional behavior.

For issues that fall within disciplinary actions, the School of Medicine incorporates a formal review process that meets the requirements for due process, which are set forth in the *University of Washington Handbook*. The outcome of any disciplinary process becomes part of the School of Medicine's academic review process and falls under the purview of the Student Progress Committee, which then makes a decision on the appropriate course of action given the student's overall academic performance and the School's standards.

Application for Admission following Dismissal or Withdrawal

If an individual, who was dismissed or who withdrew from the School of Medicine, is accepted into the medical school through the School's Admissions Committee, he/she may request consideration for

advanced standing based on previous work done in the School. The Faculty Council on Academic Affairs will review the request, with input from the Student Progress and the Curriculum Committees. There is no guarantee that credit will be granted for any prior medical coursework.

Consideration for Reinstatement

The option to request consideration for reinstatement into the School of Medicine by students who have withdrawn or been dismissed from the medical school, was discontinued during the 2006-2007 academic year and is no longer available for individuals who withdraw or are dismissed.

For individuals who withdrew or were dismissed prior to the 2006-2007 academic year, and were advised of the reinstatement option, the following process will be followed: The individual must submit a written request to the Vice Dean for Academic Affairs requesting consideration for reinstatement within one year of the withdrawal or dismissal date. Only one such petition is permitted. The Vice Dean for Academic Affairs may approve, recommend a delay in, or deny the petition for a review of the reinstatement request before the Faculty Council on Academic Affairs. The reinstatement process requires substantial evidence that the problems causing the dismissal or withdrawal have been eliminated such that success in school will follow if reinstated. If the petition to reenter the School of Medicine is approved by the Faculty Council on Academic Affairs, the Council will determine to what extent credit will be given for prior coursework, may set other criteria related to reinstatement, or may refer the decision on curriculum and academic standing to the Student Progress Committee or the appropriate dean(s). If the petition to reenter the School of Medicine is denied by the Faculty Council on Academic Affairs, there is no further review. The only mechanism for subsequent application for entry into medical school is through the School's Admissions Committee.

Chapter 8

Academic Advising, Career Counseling, and Personal and Professional Development

The School of Medicine is committed to assisting its students in their progress through medical school and in their personal and professional development as a physician-in-training. This includes issues related to assistance with academic and curricular advising, to extracurricular educational opportunities, to career decision-making and residency selection, to personal physical and mental well being, and to financial aid and management of educational loan repayment. To meet these needs, the School of Medicine supports academic advising, College faculty mentoring, personal counseling, and career counseling systems that are managed within the Academic Affairs Offices, the Colleges, and the Clinical Departments within UW Medicine and through outside referrals deemed appropriate.

Academic and Curricular Advising

The offices of Student Affairs, including the division of Registration and Scheduling, and Curriculum provide information and individual advising to students regarding course options, graduation requirements, expanding the curriculum for academic and personal reasons, and assistance in selecting clinical course work for solidifying career direction and supporting residency applications. Advising on more in-depth work in an area of research interest or international programs is also provided through the Student Affairs and Curriculum offices. Advice on combined degree programs with the School of Public Health is also provided through the Academic Affairs offices. A separate office provides support and guidance for students selected for the Medical Scientist Training Program. The Office of Multicultural Affairs, in collaboration with the Department of Family Medicine and the Department of Global Health, also provides opportunities for students to enhance the traditional curriculum in pathways that emphasize rural, underserved, Hispanic, Native American, and global populations.

The Colleges

The Colleges, which were established in 2001, have three primary goals: to oversee a four-year integrated curriculum of clinical skills and professionalism; to teach the Introduction to Clinical medicine course in the second year; and to provide a consistent faculty mentor/advisor to each student over her/his medical school career. Each College mentor, who is assigned six to seven students per year, serves in the role of teacher in the second year Introduction to Clinical Medicine course. During each phase of the

students' education, the College mentor provides advice and support, including assistance with finding faculty sponsors for the required research project, advice on career decision-making, referral to departmental career counselors for specific residency selection and application decisions, and support surrounding personal and academic issues encountered by their assigned students. More in-depth support for students who are having significant academic or personal difficulty is often managed in collaboration with the Associate Dean for Student Affairs and/or the course chairs and clerkship directors.

Medical Student Counseling Service

The Medical Student Counseling Service has one full-time director and two part-time license health professionals who provide free, accessible counseling for personal, academic, and relationship concerns to support medical students in achieving success in their studies. The Counseling services provided are focused and time-limited and utilize a model of brief, intermittent counseling to provide appropriate support and guidance at each stage of medical school. The Counseling Service does not prescribe medications, but the counselors are experienced in recognizing when medications might be beneficial and in making appropriate referrals for such care. Counseling Services are also available at all of the first year regional sites and assistance is provided as needed for students at the regional clinical centers.

Career Counseling

Career counseling units are established in each of the clinical departments and at least one faculty in each basic science department is identified to serve as a contact for interested students. The clinical department chairs appoint faculty to whom students are assigned in their third year based on their career interest(s) at that point in time. The roles of the career counselors include assisting the student with solidifying their career direction, providing advice on the residency selection and application process, and assisting the student if unmatched. Students also have access to information on career decision-making through the Careers in Medicine program, the College mentors, and the Office of Student Affairs, which assists students with the residency application process, preparation of the Dean's MSPE, and advising on the use of the Electronic Residency Application Service and participation in the National Resident Matching Program and military and specialty matching programs.

Financial Aid and Management of Loan Repayment

The School of Medicine has a dedicated financial aid officer on site who oversees the assignment of financial aid to students through the University's financial aid office and works in collaboration with the School's Associate Dean for Student Affairs. Guidelines for satisfactory progress for financial aid

eligibility are also maintained by the financial aid officer, who coordinates changes in financial aid to comply with modifications that occur in students' schedules for academic or personal reasons. These are available through the Student Affairs Office. The financial aid officer assists in the development and implementation of School of Medicine's policies surrounding the allocation of financial aid funds, assists the School's Development Office with information for new donors and with acquiring thank you notes for the donors from the students, and provides students with information on changes in School and national policies related to financial aid and repayment options. In addition, workshops are set-up to provide graduating students with information on managing loan repayment.

Collaboration with University and Outside Agencies

The School of Medicine collaborates with agencies within the University and WWAMI region when a student has special needs, for example in areas such as disability accommodations, substance abuse, domestic violence, mistreatment, or harassment.

The School of Medicine provides a learning specialist and a tutoring program for students who may need additional assistance in adjusting to the medical school learning environment, in enhancing study habits and test taking skills, and in building a stronger science foundation. The learning specialist travels to and collaborates with staff at the regional sites as needed.

The School of Medicine works closely with the University of Washington's Resources for Disabled Students to meet its commitment to ensuring that otherwise qualified students with disabilities are given equal access through reasonable accommodations to their programs and facilities.

The University's Ombudsman Office or Complaint Investigation and Resolution Office, the campus Sexual Assault Referral and Information Service at Hall Health, and state and county facilities with the WWAMI region are among the many other services available to the students.

More recently, the School has developed a working relationship with the Washington Physicians Health Program to provide support and treatment for medical students who need assistance with substance abuse and psychiatric issues that can be handled in a confidential manner in consultation with the Vice Dean for Academic Affairs and Associate Dean for Student Affairs.

Chapter 9

Institutional Environment

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.

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

It is expected that the teachers and learners will be on their honor to maintain the highest standards of professional behavior in all aspects of training. Both also must be respectful of the special nature of the physician-in-training status in how they conduct themselves in the presence of patients and maintain patient confidentiality. Integrity is considered to be an essential personal quality for successful completion of the M.D. program. Upholding the standards of professional and personal conduct includes both acquiring 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 also 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 our community come from many different backgrounds and include different races, religions, sexual orientations, ethnic ancestries, and socio-economic status. Learning to understand the differences among us, as well as the similarities, and how to integrate culturally competent skills in our communications at all levels is an important dimension of education. It is hoped that we would all seek to appreciate the richness and personal growth that this diversity provides to us as members of the medical school and university community.

At both the School of Medicine and University levels, individuals have been identified to assist any member of the educational environment to deal with situations, perceived or real, of inappropriate behavior. Such behaviors may fall in the areas of sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, sexual orientation, or age; humiliation; or the use of grading or other forms of assessment in a punitive way. It is important to address these situations, whether intentional or unintentional, in a timely manner as they tend to result in a disruption of the spirit of learning and a breach in the integrity and trust between teacher and learner.

The Learning Environment in the Basic Science Curriculum

Active Learning

The format of each of the Basic Sciences courses should be designed to emphasize active learning processes and minimize the number of lectures. Small group sessions and independent learning should receive greater emphasis in the Basic Sciences curriculum.

Maximum Required Class Hours

The required hours of classroom time should be modified to guarantee that the educational programs of the first and second years of medical school consume not more than 60 hours a week of academic activities both in and out of class for the average medical student. This entails careful course planning to evaluate not only the contact hours within each course, but allow the expected outside-of-class work to avoid excessive demands on the students.

Small Group Attendance

Attendance at small groups is required, unless a course chair specifically states otherwise. Learning to work effectively in a small group is an important skill. Many of the courses in the first two years of the basic science curriculum include small group conferences, and students are assigned to these groups. Students are also required to attend the particular group to which they have been formally assigned, unless a course chair specifically states otherwise. Each conference offers an opportunity for students to learn, to share, and to teach one another. Each student owns part of the responsibility to foster a productive learning environment in the small group, where a diversity of knowledge and experience can be joined for the common good.

The Learning Environment in the Clinical Curriculum

Educational Methods

Education in the clinical curriculum utilizes the case study method. Students gain a clinical knowledge base and gradually increase their clinical problem solving abilities while working as junior members (clinical clerks) of a medical care team. Each team is headed by a faculty clinician working in one of the medical school affiliated hospitals or practice units.

Work Hours

The goals of medical students and the faculty of the School of Medicine are the same: to get the best medical education possible while not ignoring overall health and well being. Attention needs to be paid to both duty/work hours and personal time. Work hour rules have been developed for residents, and student hours should not exceed resident duty hours.

Grievance Procedures

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

Purpose and Scope

This School of Medicine's Academic Grievance Procedure is intended to provide guidelines for timely and equitable resolution of problems or complaints that are academic in nature and that are instituted by undergraduate or professional students of the School. Pertinent issues shall include, but are not limited to, faculty, medical school or departmental policies affecting individual undergraduate academic prerogatives, professional student academic prerogatives, procedural irregularities in grading practices (other than complaints restricted to individual grade changes for which a separate University policy exists), fair treatment, and similar issues.

This procedure shall not be available to determine grievances, though academic in nature,

that allege discrimination based on race, gender, religion, color, natural origin, age and/or physical disabilities. The University Complaint Investigation and Resolution Office (UCIRO) has established procedures specifically to adjudicate such allegations.

Informal Conciliation and Initiation of Complaint

Students are encouraged first to attempt, in good faith, to resolve any grievance with the member(s) of the faculty or academic staff most directly concerned. The departmental Chair, or appropriate designee of the department Chair, also may be asked to hear and conciliate any grievances that originate within a department. If informal discussion with the member(s) of the faculty or academic staff concerned has not been successful in resolving the grievance, students should enlist the services of the Dean of the School of Medicine (through his designated representative, the Vice Dean for Academic Affairs) to attempt an informal resolution of the matter.

The Office of the Ombudsman has been established to assist in the protection of the rights and interests of all members of the University community. In order to facilitate early and informal resolution of grievances, the Ombudsman will be available, at the request of any concerned party, to act as an impartial conciliator, if informal resolutions at the School of Medicine level are unsuccessful.

In the event that the student is not satisfied with the outcome of informal conciliation, the student may file a formal written grievance with the Dean of the School of Medicine (through his designated representative, the Vice Dean for Academic Affairs).

School of Medicine's Academic Grievance Committee

The Dean of the School of Medicine has designated the Vice Dean for Academic Affairs to serve as the chair of the School of Medicine's Academic Grievance Committee. Upon receipt of a formal written grievance, the Dean shall appoint two additional faculty members from among the current membership of the Faculty Council on Academic Affairs and/or the Student Progress Committee to serve as Committee members for hearing the grievance. The Dean shall also appoint two student members to this Committee. At least one of them shall come from the degree program of the student filing the grievance (M.D., occupational therapy, physical therapy, medical technology, etc.). The student and the concerned faculty or staff involved in the

grievance shall each have the right to exercise one preemptory challenge against the committee appointees within five working days after notification of the names of the committee members. If such a challenge is made, the Dean shall designate another faculty or student member to replace the faculty or student member who has been challenged. All members of the Committee shall have the right to vote upon any matter that may come before the Committee.

It shall be the responsibility of the committee to provide the student and the concerned faculty or academic staff a fair and impartial hearing on the grievance filed.

Hearing Procedure

Upon the filing of a formal grievance, the Chair of the Grievance Committee shall notify each faculty and staff person directly involved and provide each with a copy of the written complaint. The Chair should establish a time and place for the hearing, which should be held within a reasonable time after the receipt of the formal grievance, but in no case later than 15 working days thereafter, unless in the interest of fairness and for good reason stated in writing to the complainant and other concerned parties, the Committee extends the hearing to a later specified date.

The following principles shall be in effect for the hearing:

All parties may individually and personally present all evidence and testimony necessary either to establish or refute the alleged grievance. Only evidence presented at such a hearing will be considered in determining the legality of the complaint.

All hearings will be conducted in closed session except with the mutual agreement of the student and the concerned faculty and the grievance committee members, in which case the hearing may be open to the public to the extent mutually agreed upon by these parties.

An adequate summary of the proceedings shall be kept and shall include, as a minimum requirement, a tape recording of the proceedings.

Within a reasonable time after the adjournment of the hearing, but in no case longer than 15 working days thereafter, the committee shall present to the dean of the medical school, and simultaneously to all other involved parties, the report of the Committee, including findings of fact, conclusions, and recommended action. The Committee shall reach its findings and recommendations by the majority vote of the members of the Committee. The Chair of the Committee shall vote only in the case of a tie. Dissenting opinions, if desired, may be presented with the majority report.

The Dean of the School of Medicine, within a reasonable time after the receipt of the Committee report, but in no case longer than 15 working days thereafter, shall issue a decision as to the action to be taken on the grievance. Such a decision, copies of which shall be transmitted to all parties involved, shall include a statement of the validity of the Committee findings, and enumeration of the actions to be taken, if any.

If the complainant, faculty or staff person, or any other person affected by the Dean's decision desires reconsideration, a written statement concerning the reasons supporting reconsideration should be filed with the Office of the Provost within seven working days after the issuance of the Dean's decision. If no such reconsideration request is filed within that time, the Dean's decision becomes final.

Reconsideration Procedure

Upon the filing of a request for reconsideration, the Dean shall transmit to the Provost a copy of the decision together with all relevant documents, recordings of the testimony, and other pertinent information.

The Provost shall examine the record of the proceedings, and if it is found that:

There are no procedural irregularities or if the decision is not arbitrary or capricious, or that no new information exists that would affect the decision reached by the Dean, the Provost will reject the request, thereby making the decision of the Dean immediately final; or

The record reflects some basis for reconsideration; the Provost will remand the matter to the Dean for appropriate action.

The Provost shall complete the required review and notify all parties of his/her determination within 10 working days of the receipt of the request for reconsideration.

Chapter 10

Recognition of Meritorious Performance

Graduation with Honors

A degree of Doctor of Medicine with Honors may be awarded to students with high achievement who, in addition, have demonstrated initiative and success in clinical and scholarly pursuits related to medicine. Evidence of such scholarly achievement may include, but is not limited to, a thesis of acceptable quality, a paper accepted for publication in a recognized journal, or scholarly analysis of a clinical subject comparable to review papers and case reports.

Graduating seniors are nominated for graduation with Honors or High Honors in the spring prior to the Hooding Ceremony by the Honors and Awards Committee, which is comprised of members of the Student Progress Committee, and are approved by the UW Leadership at the annual Medical School Executive Committee retreat in May. The Honors and Awards Committee reviews all information available from the student's medical school record, extracurricular programs and activities, and contributions to the School and/or the community. Each year, about 10 to 15 percent of the graduating seniors are selected to be graduated with Honors and one to two students are identified as achieving High Honors based on an outstanding academic record and achievement in an extracurricular program or activity.

School of Medicine and Departmental Awards

Through donations from graduates, families of alumni and faculty, and friends of the School of Medicine, there are several awards given each year to graduating seniors who demonstrated exceptional performance, leadership skills, and personal and professional qualities. In addition, many of the clinical departments give awards to recognize excellence in their area of specialty. Several other awards are given through specialty societies for clinical performance and excellence in research.

Alpha Omega Alpha

A charter as Alpha of Washington was granted to the School of Medicine in 1950 by Alpha Omega Alpha Honorary Medical Society. Students are elected by the membership of Alpha Omega Alpha on the basis of outstanding academic performance and personal and professional development as a physician-in-training. Students may be elected in the spring of the junior year and fall or spring of the senior year.

Chapter 11

Visiting U.S. and International Students

Visiting Medical Students from LCME or AOA Accredited Medical Schools

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

[Note: Under special circumstances, an arrangement may be made for a visiting student to develop an elective within the region.] The Academic Affairs Office shall be responsible for overseeing the visiting student program, including developing appropriate administrative procedures for visiting student application and registration, and incorporating the visiting student guidelines recommended by the AAMC-Group on Student Affairs. The visiting student's performance is evaluated by University of Washington faculty and residents utilizing the evaluation form provided by the visiting student's home medical school, and credit for the elective is given and recorded on the visiting student's home school's transcript. The following guidelines shall be the standard operating procedures for visiting students at the University of Washington School of Medicine.

- Visiting students must be candidates in good standing for the M.D. or D.O. degree in a medical school accredited by the LCME or the AOA and have the approval of their home school for taking electives at this institution.
- Visiting students must have passed Step 1 of the United States Medical Licensing Examination or an examination determined to be equivalent by the University of Washington School of Medicine's Academic Affairs Office in order to be eligible for the research or clinical elective.
- Visiting students are limited to taking an absolute maximum of 12 weeks of electives at this institution, i.e. approved weeks on electives are cumulative. [Note: In special circumstances, this limit may be waived by the Vice Dean for Academic Affairs.]

- All visiting students must demonstrate coverage by malpractice/liability insurance from their home institutions or from non-University of Washington sources. . [Note: In special circumstances, this requirement may be waived by the Vice Dean for Academic Affairs.]

- Visiting students must have completed instruction in the basic physical examination and have a working knowledge of general ward procedures. Some clinical electives require successful completion of basic third-year clerkships in Internal Medicine, Family Medicine, Pediatrics, Surgery, Psychiatry, and Obstetrics/Gynecology. [Note: In special circumstances, prerequisite requirements may be waived by the Vice Dean for Academic Affairs.]

- Visiting students must show evidence of compliance with the University of Washington Health Sciences Student Immunization Policy.

- Visiting students must show evidence of compliance with the following prerequisites for being enrolled in an elective: (1) completion of a program on universal precautions ensuring the appropriate handling of blood, tissues, and body fluids during medical school; (2) completion of HIPAA training required by the School of Medicine and the clinical site at which the elective is being taken; (3) acceptable nationally-based criminal background check clearance; (4) current CPR certification; (5) completion of any other hospital-based compliance agreements and training on EMR in use.

- The departments of the School of Medicine will have the option of selecting the students of their choice from qualified applicants who apply through the School of Medicine’s visiting student program. Departments may not fill clinical elective positions with visiting students who have not been approved through the School’s visiting student program.

- Each visiting medical student is charged a non-refundable application fee, which is commensurate with those charged by other LCME medical schools. Students who are enrolled in another LCME or AOA accredited medical school and paying tuition at that school are not charged tuition at the University of Washington for electives taken within limits set through the School’s visiting program guidelines. The School reserves the right to change this policy and charge tuition at any time in the future. The visiting student’s performance on electives taken at the University of Washington is evaluated by our faculty and residents through the visiting

student's home school's grading system, and credit for the elective is granted by the visiting student's home school and recorded on the visiting student's home school transcript.

Visiting International Medical Student Policy and General Requirements

This policy is for all medical students, including American and Canadian citizens, who attend medical schools outside of the United States and Canada, and whose schools are not accredited by the Liaison Committee on Medical Education (LCME).

Legal restrictions of the University of Washington School of Medicine limit the number of international students who may enroll as visiting students. For this reason, and others related to immigration law and malpractice insurance, the Office of Academic Affairs closely monitors the policies and procedures set forth below.

At this time, it is the policy of the School of Medicine not to accept international medical students for visiting elective clinical course work, except at the special request of a UW School of Medicine faculty member who wishes to sponsor the international student and arrange the clinical rotations for the student. Without an approved sponsor, international medical students may not apply for elective clinical course work. Typically such sponsorship by faculty is based on a pre-existing relationship with the student.

- International visiting students are limited to a total of twelve consecutive weeks of clinical course work. Due to limited capacity in the clinical curriculum, the School of Medicine cannot guarantee enrollment in requested electives.
- International visiting students must be in good academic standing at their schools and must be in the final year of their medical school training.
- Students from international medical schools who are not United States citizens must obtain student visas as part of the University of Washington's admissions procedure. According to immigration law, neither tourist nor visitor visas are acceptable. Due to delays in obtaining visas, visiting international students must apply at least six months in advance of the desired clinical elective start date.
- International visiting students must register as a student at the University of Washington and must pay tuition during each academic quarter in which they are enrolled. This requirement is

designed to allow students to be covered by University of Washington malpractice insurance. International students must pay non-resident/non-matriculated tuition. Each week of a full-time clinical elective is equivalent to two credits.

- Visiting international students must also provide proof of personal health insurance coverage, immunizations, and universal precautions training.
- International students for whom English is not their primary language must also show proof of English language proficiency. English language proficiency may be demonstrated by passing the Test of English as a Foreign Language (TOEFL) examination.
- Other requirements include completion and acceptance of all required application materials including a letter of academic standing, two letters of recommendation, and current Medical School Transcript (in English, with official university seal).

Note: The University of Washington School of Medicine (UWSOM) has special affiliation agreements with a small number of international medical schools—if your school has such an agreement with the University of Washington School of Medicine, special rules, other than those shown above, may apply—contact the Academic Affairs office if your school has a special affiliation agreement with UWSOM.

Chapter 12

General Policies for Medical Students and Medical Student Program

Attendance in Basic Science and Clinical Curriculum

The School of Medicine expects that its students will recognize that they have entered a profession in which commitment to full participation in the learning environment is an essential component of what will become a style of life-long learning. It also is built upon the belief that each individual has something to contribute to the group's learning, and is an integral part of medical profession's team approach of sharing knowledge and problem solving together. Thus, for the basic science and introductory clinical courses, attendance is expected in all educational activities, and is expected/required for small group sessions, class sessions in which a patient is present, or lecture by a visiting faculty member. In the clinical coursework, attendance is required as students are considered to be part of the clinical team.

Examination Schedules:

The basic science examination schedules have been developed after careful consideration of students' need for preparation time and the faculty's availability. 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. Faculty are not expected to make exceptions on an individual basis for a student to take an examination earlier or later than the scheduled time except in cases of documented illness or personal/family emergencies. As part of the students' professional development as a physician-in-training, there will be times when they are expected to set their medical school schedule as a priority. With the exception of illness or personal or family emergencies, a student should not expect to be permitted to take the exam at a different time.

Absences from Coursework:

Students should not expect to be excused from required coursework for personal/family events, such as attending family gatherings, running marathons, or giving presentations at meetings. However, when a student wishes to consider participating in these kinds of opportunities, s/he should consult with the appropriate dean and course chair well in advance of the requested absence. As noted above, such absences should not be planned during required programs such as orientations or when examinations are scheduled. The deans and faculty leadership recognize the importance of family events and will work with you if possible when adequate notice is given to facilitate brief absences and to schedule make-up time for coursework or service commitments.

Clerkship Absentee Policy

The Required Clerkship Curriculum Committee developed the following policy related to absences from clinical coursework. These guidelines are also on the Web, are provided as part of the clerkship track scheduling material in the fall of the second year, and are included as part of each clerkship's syllabus.

Students should not expect to take time off during a clerkship. Students should anticipate personal events (such as weddings and reunions) and academic events (such as presenting papers at meetings) before scheduling clerkships whenever possible, i.e. do not schedule a required clerkship during this time. With permission from the Clerkship Director, students may be excused for 2 days (including travel time) from a required clerkship for such events. Students needing time off should consult with the appropriate clerkship director 4 – 6 weeks prior to the beginning of the clerkship. Such absences should not be planned during orientations or final examinations. In two-week clerkships, no time off will be approved. In extraordinary circumstances, during a 12 week clerkship, more than one 2 day absence may be granted at the discretion of the Clerkship Director. Students should not regard this policy as a guarantee of time off. If more than 2 days off are needed during a clerkship, the clerkship should be rescheduled.

During a clerkship, if a student must miss time due to illness or personal emergency, he or she must call the attending, clerkship director, or resident in charge. The Clerkship Director will determine if make-up time is needed for unintended absences.

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.

Students absent more than 2 days without permission may receive a Fail grade for the clerkship and will be required to repeat the clerkship.

Students should plan time in their schedule for residency interviewing and not have clinical courses schedule during that time. If interviews are offered during times when students are already scheduled for required or elective clerkships in the fourth year, students should work directly with the Clerkship Director in advance of the clerkship regarding absences for residency interviews.

Expectations for Professional Behavior in Educational Setting (Honor Code)

Students are expected to be on their honor not to discuss information regarding a course 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 specify that students may not leave the room except under exceptional circumstances approved by the proctor.

For examinations, students should arrive promptly and have several sharpened pencils. All books and notes should be left in lockers or, if this is not possible, should be placed in the front (or back as appropriate) of the lecture room. The course chairs have been asked to provide a blank piece of paper (either separate from the exam or allow space on the back page of exam) for your use during the exam. If calculators are needed for exam questions, one will be provided for the purpose of that particular exam. Thus, students should not have PDA, cell phones, laptop, etc. on during exams. The course chair may elect to allow a less structured testing environment.

If a situation should arise in which there is an appearance of inappropriate behavior, it is expected that the individual who observed the behavior will talk with the student involved to clarify what has occurred. If there is evidence of cheating, the student will be asked to meet with the appropriate deans and will be advised of the process that will be followed to review the situation.

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

Cheating on examinations is considered to be unprofessional behavior, and the sanction is more serious than failing a course. If a student is found to be cheating, the situation will be referred to the Student Progress Committee, and it will always result in failing the course and may result in dismissal from medical school.

Clerkship Duty Hours Policy

The goals of medical students and the faculty of the School of Medicine are one and the same: to get the best medical education possible while not ignoring overall health and happiness. Attention needs to be paid to both duty/work hours and personal time.

Work hour rules, often referred to as the 80 hour work week, were developed for residents. Similar rules were not developed at the national level for medical students. There are obvious differences in terms of goals, reimbursement, and responsibilities between residents and students. Nonetheless, the School's Required Clerkship and Elective Clerkship Committees developed the following guidelines:

Clerkships with Call:

No more than 80 hours of awake time in the hospital or clinic per week.

Post-call, if you did not sleep, go home at the same time as the intern or resident, within 30 hours of starting the prior day.

Post-call, if you slept at least 5 hours, you should stay through the working day.

You should have at least one full day off per week, averaged over a month.

No matter how many hours you have worked, always check out with the team before leaving for the day.

Clerkships without Call:

No more than 80 hours of awake time in the hospital or clinic per week.

Parking and transportation issues may demand you leave the hospital by a certain time (i.e. shuttle service or security escort service availability).

Feel free to come in early or stay late. Family and personal obligations are important and need to be balanced.

You should have at least one full day off per week, averaged over a month.

No matter how many hours you have worked, always check out with the team before leaving for the day.

University of Washington School of Medicine Student Fee Policy

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

Participation in Hooding

Students are eligible to participate in the June Hooding Ceremony if they have successfully completed all graduation requirements for the M.D. degree prior to the ceremony. If the student has received the M.D. degree in any one of the previous three quarters (Summer, Autumn and Winter), s/he may request to participate in the Hooding Ceremony which occurs the following June. This guideline is consistent with those established for the University of Washington Commencement Exercises.

The Vice Dean for Academic Affairs may grant exceptions to this policy. Under very special circumstances, a student who is graduating in the quarter immediately subsequent to the ceremony may be permitted to participate if the student has completed all requirements for the M.D. degree in a timely fashion, is in good academic standing, and is cleared to officially receive the degree no later than one quarter following the June ceremony.