

STANDARDS FOR CURRICULAR COMPLETION

Texas Tech University Health Sciences Center School of Medicine

The School of Medicine faculty has developed minimum standards for entry into and progression through the medical curriculum. These standards provide guidance to achieve the Doctor of Medicine degree in preparation for licensure as a practicing physician and for postgraduate training. Throughout the medical education process, patient safety is of primary consideration.

The School of Medicine recognizes that certain disabilities can be accommodated without compromising the standards required by the school or the fundamental integrity of its curriculum. The school is committed to the development of innovative and creative ways of opening its curriculum to competitive and qualified disabled candidates.

Background:

In 1979 the Association of American Medical Colleges (AAMC) convened a Special Advisory Panel on Technical Standards for Medical School Admission. The summary recommendations of that panel are:

The medical education process, which focuses so largely on patients, differs markedly from postsecondary education in fields outside the health sciences.

The primary responsibility for the selection of students and for the content of the curriculum rests with the medical school and its faculty.

The M.D. degree is, and must remain, a broad and undifferentiated degree attesting to the acquisition of general knowledge in all fields of medicine and the basic skills requisite for the practice of medicine.

The guidelines for the admission of students and for the education of students as set forth by the Liaison Committee on Medical Education (LCME) must continue to govern the decisions of medical school faculties.

All students of medicine must possess those intellectual, ethical, physical and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty.

Although certain disabilities or combinations of disabilities will prevent some candidates from meeting these minimum technical standards, individual schools should take all necessary steps to prevent discrimination against the disabled.

The 1979 report was based on the proposition that the educational objective of a medical school was to prepare undifferentiated students to enter graduate medical training, and that students admitted to a medical school should have the intellectual and physical powers to gain the knowledge, behaviors, and clinical abilities that they would need to pursue any pathway of graduate medical education. These assumptions took note of the increasing involvement with patients during medical training and reflected concern for the safe care that students must render.

Preparation of the Physician:

The education of a physician includes the following phases:

1. a preparatory phase with a t least 90 hours of credit in an accredited U.S. or Canadian college;
2. a rigorous professional education leading to the M.D. degree;
3. postgraduate (residency) training; and
4. lifelong continuing education after completion of residency training.

Unlike most professions, Medicine awards its formal degree midway through the education process, and the awarding of the degree certifies that the student has acquired a broad base of general knowledge and skills requisite for further training in postgraduate work. The process whereby the degree is gained prepares an individual to be a physician rather than a surgeon, psychiatrist, or other specialist. A common body of knowledge, skills, and behaviors thus underlies and is necessary for entry into specialized postgraduate training programs.

Standards for Accreditation of a Medical School:

The following information is excerpted from the Functions and Structure of a Medical School published by the Liaison Committee on Medical Education. This body is a joint committee constituted by the American Medical Association and the Association of American Medical Colleges. The Liaison Committee is the official accrediting body for American and Canadian medical schools. A complete copy of the guidelines for accreditation may be found in the Office of Student Affairs.

Medical education required that the accumulation of scientific knowledge must be accompanied by the simultaneous acquisition of skills and professional attitudes and behaviors. It is in the care of patients that the physician learns the application of scientific knowledge and skills.

It is impossible to consider changes in medical evaluation without considering their impact on patients, who are an integral part of the educational process. Faculties of schools of medicine have immediate responsibility to society to graduate the best possible physician. Admissions standards for medical school must be rigorous and exacting, and admissions must be extended only to those who are qualified to meet the performance standards of the profession.

Development of Medical Curriculum:

The medical faculty is charged to devise a curriculum that allows the student to learn the fundamental principles of medicine, to acquire skills of critical judgment based on evidence and experience, and to develop an ability to use principles and skills wisely in solving problems of health and disease. In designing the curriculum, the faculty must introduce current advances in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on medical care. The faculty should foster in students the ability to learn through self-directed, independent study, throughout their professional lives.

Finally, the faculty of each discipline should set the standards of achievement by all students in the study of that discipline. Examination should measure cognitive learning, mastery of basic clinical skills, the ability to use data in realistic problem solving, and respect for the rights and dignity of patients. Institutions must develop a system of assessment which assures that students

have acquired and can demonstrate on direct observation the core clinical skills and behaviors needed in subsequent medical training.

Abilities and Skills Requisite for Medical School Completion:

In the selection of students and in their progress through the curriculum, medical school faculty are guided by the LCME standards. The faculty place strong emphasis on the academic achievements of applicants, including performance in the sciences relevant to medicine. This includes evidence of satisfactory scholastic achievement as indicated by grade point averages (GPA) and scores on the Medical College Admissions Test (MCAT). Breadth of education and life experience are deemed important in the selection process.

The faculty is equally cognizant of its responsibilities to patients who will be a part of the educational process and to future patients who will entrust their welfare and lives to medical school graduates. They therefore, consider carefully the personal and emotional characteristics, motivation, industry, maturity, resourcefulness, and personal health appropriate to the effective physician.

Because the M.D. degree signifies that the holder is a physician prepared for entry into the practice of medicine within postgraduate training programs, it follows that graduates must acquire a foundation of knowledge in the basic and in the clinical sciences that will permit the pursuit of any of the several careers that medicine offers.

Candidates for the M.D. degree must have somatic sensation and the functional use of the senses of vision and hearing. Candidates' diagnostic skills will also be lessened without the functional use of the senses of equilibrium, smell, and taste. Additionally, they must have sufficient exteroceptive sense (touch, pain, and temperature), sufficient proprioceptive senses (position, pressure, movement, stereognosis, and vibratory) and sufficient motor function to permit them to carry out the activities described in the sections which follow. They must be able consistently, quickly, and accurately to integrate all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze and synthesize data.

A candidate for the M.D. degree must have abilities and skills in six essential areas: (1) observation (2) communication, (3) motor, (4) conceptual, integrative and quantitative, (5) behavioral and social, and (6) ethical. Technological compensation can be made for disabilities in certain of these areas; but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary to observe or interpret information or to perform procedures is deemed to compromise the essential function of the physician and may jeopardize the safety of the patient. The six areas of abilities/skills are detailed as follows:

I. Observation: The candidate must be able to observe demonstrations and experiments in the basic sciences. A candidate must be able to observe a patient accurately at a distance and close at hand. Observations necessitate the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.

II. Communication: A candidate should be able to speak; to hear; and to observe patients in order to elicit information, to describe changes in mood, activity and posture; and to perceive non-verbal communications. A candidate must be able to communicate effectively with patients. Communication includes not only speech, but also reading and

writing. The candidate must be able to communicate effectively and efficiently in oral and written form with patients and with all members of the health care team.

III. Motor: Candidates should have sufficient motor functions to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required by physicians are cardiopulmonary resuscitation, administration of intravenous medication, application of pressure to stop bleeding, opening of obstructed airways, suturing of simple wounds, and performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

IV. Intellectual-Conceptual, Integrative and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem-solving, the clinical skills demanded of physicians, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three dimensional relationships and to understand the spatial relationships of structures. In recent years, certain learning disabilities have been recognized as a subset of integrative patterns. The details for definition and diagnosis of learning disabilities are attached as an Appendix to these Standards for Curricular Completion.

V. Behavioral and Social Attributes: A candidate must possess the emotional health required for full utilization of his/her intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities attendant to the diagnosis and care of patients; and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that should be assessed during the admissions and education process.

VI. Ethical Standards: A candidate must demonstrate professional demeanor and behavior, and must perform in an ethical manner in all dealings with peers, faculty, staff and patients. Questions of breach of ethical conduct will be referred to the Student Affairs Committee for resolution under the Code of Personal/Professional and Academic Conduct.

In determining the minimum standards for completion of the medical school curriculum, the Texas Tech University Health Sciences Center School of Medicine recognizes that certain disabilities can be accommodated without compromising the standards required by the school or the fundamental integrity of the curriculum. The school is committed to the development of innovative and creative ways of opening the curriculum to competitive and qualified disabled candidates. At the same time, the school recognizes the essential need to preserve the standards and integrity of curriculum requisite for the competent and effective physician. Since the treatment of patients is an essential part of the educational program, the health and safety of those patients must be protected at all costs. Therefore, it is not only reasonable, but also essential for good patient care to require minimum standards for the education of physicians.

If a student is offered and accepts an admissions offer from the School of Medicine, the student must then sign a form acknowledging that he/she has read and understands that the Standards for Curricular Completion must be met with or without accommodation. A request for supporting documentation about the disability from an appropriate specialist and the proposed accommodation(s). The deadline for the request(s) with supporting documentation is normally 30 days prior to the beginning of the first semester of enrollment. The School may also seek independent review from a specialist of its choice. The decision on whether or not an accommodation request will be granted is made by a committee composed of the Associate Dean for Educational Programs, the Associate Dean for Admissions, the Assistant Dean for Student Affairs, the Student Affairs Committee, and ad hoc faculty knowledgeable regarding the area of disability. Such decisions are subject to review and approval by the Dean. If reasonable accommodation is feasible, effort will be made to provide the accommodation as classes begin. If the request for accommodation is denied, the student will be notified in writing prior to the start of classes. For requests with documentation received prior to April 15, effort will be made to notify the student of the decision regarding their request prior to May 15.

In the area of learning disabilities, the student should note that he/she will have to petition the National Board of Medical Examiners for any accommodation on the United States Medical Licensing Examinations (Steps I, II, and III) and that this process is an addition to and separate from any request for accommodation by the Texas Tech School of Medicine.

Revised and discussed with Office of General Counsel
November 30, 1994

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January, 1995

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March, 1995

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January, 1998

Reviewed and approved by Executive Committee of the Faculty Council
February, 1998

Appendix: Criteria for Diagnosis of Learning Disability

Definition:

A learning disability (as defined by the Rehabilitation Services Administration, RSA PPD-85-1, 1985, p.2) is, “A disorder in one or more of the central nervous system processes involved in perceiving, understanding, and/or using concepts through verbal (spoken) or written language or nonverbal means.” The term learning disabilities is used to refer to a heterogeneous group of disorders characterized by significant difficulties in spelling, reading, expressing ideas in writing, or solving mathematical problems. They are presumed to be due to a dysfunction in the central nervous system and can occur across the life span. While difficulties with social

and behavioral problems may co-exist with learning disabilities, they do not constitute a learning disability in themselves.

Guidelines:

The Ad Hoc Committee on Learning Disabilities of the Association of American Medical Colleges (AAMC) has promulgated guidelines for the assessment of learning disabilities and these are used as a basis for the guidelines at TTHSC School of Medicine.

A. Comprehensive Assessment:

1. A comprehensive assessment must have been done within the last three years.
2. A qualified professional, e.g., a licensed psychologist, a learning disabilities diagnostician, an educational psychologist, with experience in assessing adults must conduct the assessment.
3. The assessment must address the areas of aptitude, achievement, and information processing.
4. The assessment must provide clear and specific evidence and identification of a learning disability. “Learning styles” and “Learning differences” do **not** constitute a learning disability.
5. Information regarding vocational interests and aptitudes may be included.
6. Students are responsible for the costs of any and all testing done with regard to learning disabilities.
7. If the student has already matriculated and applies for accommodation, the student must be assessed by a professional approved by the institution.
8. The following tests are considered acceptable:
 - a. Aptitude: The Weschler Adult Intelligence Scale-Revised (WAIS-R) with subtest scores is preferred. Also acceptable are the Woodcock-Johnson Psychoeducational Battery-Revised and the Stanford-Binet Intelligence Scale-Fourth Edition.
 - b. Achievement: Levels of functioning in reading, mathematics, and written language are required. Acceptable instruments include:
Woodcock-Johnson Psychoeducational Battery-Revised; Tests of Achievement; Stanford Test of Academic Skills (TASK); Scholastic Abilities Test of Adults’ or specific achievement test such as the Test of Written Language-2 (TOWL-2), Woodcock Reading Mastery Tests-Revised, or the Stanford Diagnostic Mathematics Test. The Wide Range Achievement Test-Revised is not acceptable.
 - c. Information Processing: Use of subtests from the WAIS-R or the Woodcock-Johnson Tests of Cognitive Ability to assess specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception and processing, and processing speed) are acceptable.
9. All reports must contain the following information:
 - The name, degree, title, address, and telephone number of the assessor;
 - Information on the professional credential of the evaluator and the areas in which the individual specializes;
 - The date of the assessment;
 - The names and results of the tests (i.e., scores);
 - The nature and effect of the learning disability;
 - An appraisal of the student’s academic strengths and weaknesses;
 - Recommendations for strategies and accommodations.

10. Students who claim learning disability must review the guidelines with the professional who does the assessment.

11. The diagnosis for learning disability must confirm less than expected academic functioning as demonstrated by a converted score of 15 or more points less than a full scale IQ on individually administered standardized achievement tests.

12. A history of substantial long-term functional impairment must be present.

B. Evaluation and Accommodation

If a student is offered and accepts an admissions offer from the School of Medicine, the student must then sign a form acknowledging that he/she has read and understands that the Standards for Curricular Completion must be met with or without accommodation. A request for accommodation must be presented in writing to the Office of Student Affairs along with supporting documentation about the disability for an appropriate specialist and the proposed accommodation(s). Generally, the deadline for requests with supporting documentation is 30 days prior to the beginning of the first semester of enrollment. The School may also seek independent review from a specialist of its choice. The decision on whether or not an accommodation request will be granted is made by a committee composed of the Associate Dean for Educational Programs, the Associate Dean for Admissions, the Assistant Dean for Student Affairs, the Student Affairs Committee, and ad hoc faculty knowledgeable regarding the area of disability. Such decisions are subject to review and approval by the Dean. If reasonable accommodation is feasible, effort will be made to provide the accommodation as classes begin. If the request for accommodation is denied, the student will be notified in writing prior to the start of classes. For requests with documentation received prior to April 15, effort will be made to notify the student of the decision regarding their request prior to May 15.

The student is responsible for any and all costs associated with the evaluation, including any additional testing that is found to be indicated after matriculation. If testing is indicated after matriculation, the student can be assessed by a professional of the student's choice whom the school shall also approve. Such approval will not be unreasonably held.

Accommodation by the National Board of Medical Examination for Steps I, II, and III of the United States Medical Licensing Examination is an independent and additional process and must be pursued by the individual student when applying for the examinations.

All files and documentation regarding learning disabilities and accommodation will be kept confidential and the Office of Student Affairs.

Discussed and Revised with Office of General Counsel
January, 1998

Reviewed and approved by Executive Committee of the Faculty Council
February, 1998

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I certify that I have read and that I understand the **Standards of Curricular Completion**, including the Appendix, regarding Learning Disabilities.

I understand that I must meet the standards with or without accommodation.

I understand that I request in writing any desired accommodation in order to meet these standards, including accommodation for a learning disability, and must follow any specified procedures for evaluation in order to be considered for and receive accommodation.

I understand that the deadline for application for accommodation is normally 30 days prior to the beginning of the initial semester of enrollment to allow time to provide adequate coordination of accommodation services.

Signature

Printed Name

Date

Return this form to:

Office of Admissions - Room 2B116
Texas Tech University HSC School of Medicine
3601 4th Street
Lubbock, TX 79430