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.

**Preparation of the Physician:**
The education of a physician includes the following phases:
1. a preparatory phase with at 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.

Medical education requires 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 education 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 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:
1. **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 necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.

2. **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 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.

3. **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 of 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.

4. **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.

5. **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 flexibility and to learn to function in the face of uncertainties and ambiguities inherent in 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.

6. **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.
Procedure for Students with Disabilities

Without compromising the standards required by the School or the fundamental integrity of its curriculum, the School recognizes that persons with disabilities, as that term is defined in the Americans with Disabilities Act, may fulfill the standards with reasonable accommodation. The School of Medicine is committed to developing innovative and creative ways of opening its curriculum to competitive and qualified candidates with disabilities. Requests for accommodation under the Standards for Curricular Completion will be considered on an individual basis and reasonable accommodation will be arranged if appropriate. The use of a trained intermediary to observe or interpret information is considered to compromise the essential function of the physician.

When an applicant comes for an interview at the School of Medicine, a copy of the detailed Standards for Curricular Completion will be included in the Orientation Packet. Questions about the Standards are welcomed and interviewees will be informed that they must be qualified to meet all of the Standards, with or without 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 along with supporting documentation about the disability from an appropriate specialist and the proposed accommodation(s) must be presented in writing to the TTUHSC ADA Compliance Officer in the HSC Office of Student Services. Copies of the request and documentation will then be forwarded to the SOM Office of Student Affairs. The deadline for requests 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 Assistant 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 Faculty through the Promotions Policy (Section 4.1 in the Medical Student Handbook) has determined that students will be expected to complete the curriculum within four years from the time of initial matriculation and take all designated courses as appropriate for that stage of the curriculum. Exceptions to the requirement that students take all designated courses as appropriate for that stage of the curriculum may be sought and processed as other requests for accommodation, as noted above. Such a request will be based on 1.) a specific disability certified by a qualified professional and accompanied by a specific recommendation for accommodation, i.e., a decompressed curriculum based on such a disability and 2.) a written request from the matriculant for such an accommodation based on that disability. As noted above, while students will be expected to complete the curriculum in four years, such as an accommodation will not invalidate the requirement
that a student must complete all curricular requirements in no more than six years from the
time of initial matriculation.

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.

Procedure for Students with Learning Disabilities

Definition:
The term learning disabilities is used to refer to a heterogeneous group of disorders
categorized 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 TTUHSC School of Medicine uses the following as guidelines for the assessment of
learning disabilities. These were derived from a previous Ad Hoc Committee on Learning
Disabilities of the Association of American Medical Colleges.

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 tests 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 TTUHSC ADA Compliance Officer in the HSC Office of Student Services. Copies of the request and documentation will then be forwarded to the Office of Student Affairs along with supporting documentation about the disability from 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 Academic Affairs, the Assistant Dean for Admissions, the Assistant Dean for Student Affairs, the Student Affairs Committee, and ad hoc faculty knowledgeable regarding the area of disability in question. 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 withheld.

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 in the Office of Student Affairs.
STANDARDS FOR CURRICULAR COMPLETION

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