UUSOM Technical Standards
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Revised: 6/3/2021
Approved by CC: *****

Technical Standards Committee: Convened 6/3/2021
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Background
Consistent with the recommendations of the 1979 AAMC Special Advisory Panel Report on Technical Standards for Medical School Admission, the University of Utah School of Medicine condemns the denial without cause of medical school admission to individuals with disability. The UUSOM does agree that there are certain minimum technical standards for physicians which must be examined and enforced in the admissions, advancement, and graduation processes. These standards represent the consensus view of the UUSOM’s broadly representative Curriculum Committee of the technical standards consistent with its education, research and service missions.

Technical Standards
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 have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

Candidates for the M.D. degree must have sufficient somatic sensation, vision, hearing, exteroceptive sense (touch, pain and temperature), proprioceptive sense (position, pressure, movement, stereognosis and vibratory) and motor function, or the functional equivalent, to permit them to carry out the activities described in the sections that follow. They must be able consistently, quickly, and accurately 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 of five varieties including observation, communication, motor, conceptual, integrative and quantitative, and behavioral and social. Technological compensation can be made for some impairment in certain of these areas but a candidate should be able to perform in a reasonably independent manner.

I. **Observation:** The candidate must be able to acquire information from demonstrations and experiments in the basic sciences, including but not
limited to physiologic and pharmacologic demonstrations in animals, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to assess and comprehend the condition of all patients assigned to them for examination, diagnosis, and treatment. Observation necessitates use of the visual, auditory, somatic, and olfactory senses, or the functional equivalent.

II. Communication: A candidate should be able to speak, to hear and to observe patients inorder to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. A candidate should be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing. The candidate should be able to communicate effectively and efficiently in oral and written form, with or without accommodation, with all members of the health care team.

III. Motor: Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate should be able to conduct basic laboratory tests and perform diagnostic procedures and tests and interpret their results. 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, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the 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, or the functional equivalent.

IV. Intellectual-Conceptual, Integrative and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical skill 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.

V. Behavioral and Social Attributes: A candidate must possess the emotional health required for full utilization of his 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 should be able to tolerate physically taxing workloads and to function effectively under stress. They should be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties 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 processes.
Processes for Regular Review, Amendment, and Approval of the Technical Standards for Admission, Retention, and Graduation of Medical Students

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Relevant LCME Standard
LCME Standard 10.5 Technical Standards

A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements.

Overview
Consistent with the recommendations of the 1979 AAMC Special Advisory Panel Report on Technical Standards for Medical School Admission, the University of Utah School of Medicine has established Technical Standards for the admission, retention, and graduation of medical students that are consistent with its education, research, and service objectives. This practice outlines the procedures for regular review, amendment, and approval of the UUSOM technical standards. This practice also describes the processes for dissemination of the technical standards and attestation by applicants and students that they meet the technical standards with or without accommodation.

Review, Amendment, and Approval of the Technical Standards for Applicants and Medical Students
On an annual basis, a working group of the UUSOM will review and propose amendment to the Technical Standards. The working group will consist of:

- Associate Deans for Admissions, Curriculum, Student Affairs, and OHEDI
- One At-Large Foundational Science Curriculum Committee Faculty Member
- One At-Large Clinical Science Curriculum Committee Faculty Member
- One Foundational Science Course Director
- One Clerkship Course Director
- Legal Counsel for the UUSOM
- One Representative from the University of Utah Center for Disability and Access

The working group will propose re-approval of the existing Technical Standards and/or any proposed amendments to the Curriculum Committee by March 1st every year.

Dissemination of the Technical Standards
After approval by the Curriculum Committee, the Technical Standards will be distributed to all Course Directors for Core Required coursework in the medical student curriculum.

Links to the current and published UUSOM Technical Standards will be included on the
Admissions, Student Affairs, Curriculum, and OHEDI websites.

Technical Standards Attestation

The Admissions Office will collect applicant attestations signifying applicants are familiar with and meet the Technical Standards with or without reasonable accommodations at the time of application.

The Student Affairs Office will collect student attestations both at matriculation and again at transition from the Phase 2 to Phase 3 Curriculum signifying students are familiar with and meet the Technical Standards with or without reasonable accommodation.