

Functional Technical Standards

In accordance with section 504 of the Rehabilitative Act of 1973 (PL 93-112) and following careful review of the 1979 report by a Special Advisory panel on Technical Standards of the Association of American Medical Colleges, and incorporating the guidelines of the Americans with Disabilities Act (ADA PL 101-336) enacted by Congress in 1990, the West Virginia University School of Medicine has adopted **minimal technical standards** for the assessment of all applicants to the School of Medicine. A candidate for the M.D. degree at the West Virginia University School of Medicine must be capable of acquiring and demonstrating all program objectives across the six core competencies, which include medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, professionalism, and system-based practice. Because the M.D. degree signifies that the holder is a physician prepared for entry into the current technology and medical standards of the practice of medicine, it follows that graduates must have the attitudes, 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 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, and smell. They must have sufficient exteroceptive senses such as touch, pain, and temperature. Sufficient proprioceptive sense (position, pressure, movement, stereognosis, and vibration) and sufficient motor function to permit them to carry out the activities described in the sections that follow must also be present. They must be able to 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 including observation; communication; motor; conceptual, integrative and quantitative; and behavioral and social as outlined below. Technological compensation and reasonable accommodations may be required by otherwise-qualified individual candidates to meet the functional technical standards below, but a candidate should be able to perform in a reasonably independent manner. Requests for university provided accommodations (see below) will be granted if the requests are reasonable, do not cause a fundamental alteration of the medical education program or its graduation requirements, are consistent with the standards of the medical profession, and are recommended by the Office of Accessibility Services (OAS).

I. Observation:

The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to physiologic and pharmacologic demonstrations, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must also be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell. In addition, a candidate must be able to:

- Observe a patient accurately and acquire relevant health and medical information, including written documents, images from the medical literature, slides and/or video.
- Interpret radiographic, ultrasound and other graphic images, and digital or analog representations of physiologic data (e.g. EKGs).

The use of a trained intermediary means that a candidate's judgment must be mediated by someone else's power of selection and observation which could be a barrier to accurate assessment and patient care. In any case where a candidate's ability to observe or acquire information through these sensory modalities is compromised, the candidate must demonstrate alternative means and/or abilities to acquire essential observational information.

II. Communication:

A candidate should be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. Candidates must possess the ability to speak and write English sufficiently to communicate with patients. A candidate must be able to communicate effectively and sensitively 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 all members of the health care team. In any case where a candidate's ability to communicate is compromised, the candidate must demonstrate alternative means and/or abilities to communicate with patients and teams.

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 perform basic laboratory tests (urinalysis, CBC, etc.), carry out diagnostic procedures (lumbar puncture, proctoscopy, paracentesis, etc.), and read EKG's and x-rays. 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. In any case where a candidate's ability to complete and interpret physical findings because of motor skills is compromised, the candidate must demonstrate alternative means and/or abilities to retrieve these physical findings.

IV. Intellectual-Conceptual, Integrative, and Quantitative Abilities:

These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the creative skills demanded of physicians, requires all these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Effective participation in learning activities such as individual, small group, and lecture formats, in both the classroom and the clinical setting, will be required. A candidate must be able to effectively learn, participate, collaborate and contribute as a part of a team. A candidate will need to synthesize information effectively both in person and via remote technology. A candidate must be able to interpret causal connections, and make accurate, fact-based conclusions based on available data and information. A candidate must be

able to formulate a hypothesis, investigate the potential answers and outcomes and formulate appropriate and accurate conclusions.

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, 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 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. A candidate must readily be willing and able to examine any patient regardless of the patient's age, color, disability, national origin, race, religion, gender, sexual orientation, veteran status or political beliefs.

Summary:

A candidate must inform Student Services immediately if he or she becomes unable to carry out the abilities and skills listed above. Additionally, should the student have or acquire an infectious disease or other condition that could put patients or the public at risk through exposure to their blood or other bodily fluids (e.g. hepatitis, tuberculosis, HIV), he or she should notify Student Services immediately.

Any applicant will be considered for admission to the West Virginia University School of Medicine M.D. degree program who demonstrates the ability to acquire and demonstrate the program objectives across all six core competencies, and be able to graduate as skilled and effective practitioners of medicine as determined by the faculty of the school of medicine. In its evaluation of applicants to the West Virginia University School of Medicine, the Committee on Admissions will approach each applicant with the following questions in mind. When an applicant does not meet a standard as defined above, Student Services and/or the Office of Accessibility Services (OAS) will determine whether reasonable accommodations can be provided, which do not cause a fundamental alteration of the medical education program, are consistent with the standards of the medical profession, and are recommended by the OAS office. The OAS and Student Services will (a) review requests for accommodations for matriculating and enrolled medical students; (b) review, modify and approve recommendations for these accommodations; and (c) coordinate the implementation of approved accommodations within the medical school curriculum. If it is determined that in the professional judgment of Student Services or OAS that accommodations may not be made to satisfy the School of Medicine's program objectives across all six core competencies, such opinion will be documented in the minutes of the Committee on Academic and Professional Standards (CAPS) as they review student performance.

The questions are not designed to disqualify applicants and students, but rather to give the Committee on Admissions or CAPS more complete information about an applicant's ability to meet the non-academic standards adopted by the School of Medicine.

1. Is the individual able to observe demonstrations and experiments in the basic

sciences?

2. Is the individual able to analyze, synthesize, solve problems, and reach diagnostic and therapeutic judgments?
3. Does the individual have sufficient use of the senses of vision and hearing and the somatic sensation necessary to perform a physical examination? Can the individual perform palpation, auscultation, and percussion?
4. Can the individual reasonably be expected to relate to patients and establish sensitive, professional relationship with patients?
5. Can the individual reasonably be expected to communicate the results of the examination to the patient and to his/her colleagues with accuracy, clarity, and efficiency?
6. Can the individual reasonably be expected to learn and perform routine laboratory tests and the diagnostic procedures?
7. Can the individual reasonably be expected to display good judgment in the assessment and treatment of patients?
8. Can the individual reasonably be expected to perform with precise, quick, and appropriate actions in emergency situations?
9. Can the individual reasonably be expected to accept criticism and respond by appropriate modification of behavior?
10. Can the individual reasonably be expected to possess the perseverance, diligence, and consistency to complete the medical school curriculum and enter the independent practice of medicine?

LCME Standard 10: Medical Student Selection, Assignment, and Progress

A medical school establishes and publishes admission requirements for potential applicants to the medical education program, and uses effective policies and procedures for medical student selection, enrollment, and assignment.

Applicable Element 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.

Adopted: January 2012

Updated: July 2015

Updated: March 2018

Updated: May 2018

Updated: June 2020

Functional Technical Standards
West Virginia University School of Medicine

I acknowledge that as a part of my offer of a position in the MD degree program at the West Virginia University School of Medicine, I have been provided a copy of the current functional technical standards.

I have read these standards, and my signature below signifies that I can meet all these standards, having the abilities and skills of the five varieties outlined including observation, communication, motor, conceptual, integrative/quantitative, and behavioral/social. I understand that while technological compensation can be made for some disabilities in certain of these areas, that I should be able to perform the expected tasks in a reasonably independent manner.

() Without accommodations

() With accommodations. The accommodations I am requesting will be submitted to Student Services at least two months prior to matriculation along with the necessary supporting documentation to justify these accommodations. I understand that the school may work with Office of Accessibility Services to determine if these accommodations can be granted and are reasonable for someone pursuing the MD degree.

Signature

Date

Printed Name

() **I accept this offer of acceptance.** I understand that by accepting this offer I am also accepting my campus assignment.

() **I do not accept this offer of acceptance.**

Please return this form to the following address:

WVU School of Medicine Office of Admissions
Room 1149, HSCN, 1st floor
PO Box 9111
Morgantown, WV 26506-9111