

# **Yale School of Medicine**

## **Policy on Non-Academic Considerations in the Medical School Admissions Process**

### **Medical Education**

The education of a physician encompasses the following components: a preparatory phase in college, a rigorous professional education leading to the M.D. degree, postgraduate or residency training, and "lifelong" continuing education after the conclusion of formal training. The M.D. degree certifies that the individual has acquired a broad base of knowledge and skills requisite for the practice of medicine. A broad medical education is prerequisite for entry into specialized postgraduate training programs, which in turn require a common body of knowledge, skills, and behaviors.

The foundation of knowledge in the biomedical sciences should include, but not necessarily be limited to, all of the major disciplines of the biological and behavioral sciences, including Anatomy and Human Development, Biochemistry, Behavioral Sciences, Cell Biology, Physiology, Human Genetics, Immunobiology, Epidemiology and Public Health, Microbiology, Pathology, and Pharmacology. These courses insure that there is a fundamental base of knowledge for ongoing continuing medical education.

The clinical phase of the curriculum includes the study of a broad spectrum of diseases in each of the major disciplines of medicine, including Medicine, Surgery, Obstetrics and Gynecology, Pediatrics, and Psychiatry. The student should be comfortably familiar with the methods and skills used in the practice of clinical medicine. Instruction includes participation in the expert care of patients who are hospitalized as well as ambulatory. Attention is given to preventive medicine and public health and to the social and economic aspects of the system for delivering medical services. Instruction stresses the physician's concern with the total health and circumstances of patients and not just their diseases. Throughout, the student is encouraged to develop those basic intellectual attitudes and ethical and moral principles that are essential if the physician is to gain and maintain the trust of patients and colleagues, and the support of the community in which the physician lives.

### **Nonacademic Considerations in Admissions**

Because the M.D. is a broad, undifferentiated degree which signifies that the holder is a physician 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. It is essential for good patient care to require minimum standards for the education of physicians.

In the admissions process, a medical school must judge, not only the scholastic accomplishments and potential of an applicant, but also the physical and emotional capacities of the applicant to meet the full requirements of the school's curriculum and to graduate as a skilled and effective practitioner of medicine. In assessing applicants for admission, it is also appropriate to consider the applicant's current physical and emotional status, cumulative and progressive disability, and drug-induced impairments that may pose obstacles to the safe application of the student's knowledge and skills or prevent effective interaction with patients. Applicants will be reviewed individually and on a case-by-case basis. No otherwise qualified individual with a handicap will be excluded from admission. In accordance with University policy and as delineated by Federal and Connecticut law, the Medical School does not discriminate in admissions, educational programs, or employment against any individual on account of that individual's handicap or disability.

In order to complete the program and requirements of medical education, candidates for the M.D. degree must have sufficient somatic sensation and the functional use of the senses of vision and hearing to permit them to carry out the activities described in Sections I through V below.

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 sense (position, pressure, movement, stereognosis, and vibratory), and sufficient motor function to permit them to carry out the activities described in the sections that follow. 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.

**To summarize, a candidate for the M.D. degree must have abilities and skills of five varieties: observation, communication, motor, intellectual, and behavioral and social.**

- I. Observation:** The candidate should be able to observe demonstrations and experiments in the basic sciences, including but not limited to physiologic and pharmacologic demonstrations in animals, microbiologic organisms and tissues in normal and pathologic states. A candidate should 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.
- 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. A candidate should be able to communicate effectively and sensitively with patients. Communication includes not only speech, but reading and writing as well. The candidate should be able to communicate effectively and efficiently in oral and written form 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 retrieve basic laboratory tests from electronic databases, carry out diagnostic procedures (lumbar puncture, paracentesis, etc.), and read EKGs 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.
- 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 should 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 are assessed during the admissions and education processes.