

**IU SCHOOL OF MEDICINE AND RADIOLOGY DEPARTMENT POLICY
NON-ACADEMIC CRITERIA
(TECHNICAL STANDARDS) FOR HOUSE STAFF**

In accordance with the ADA and the Rehabilitation Act of 1974, IU School of Medicine provides reasonable accommodations to qualified individuals with a disability.

The Radiology Department embraces the recommendations/policy of the Graduate Medical Education Committee' policy on Non-Academic Criteria for House Staff.

The Graduate Medical Education Committee (GMEC) has specified the following non-academic criteria ("technical standards") that all residents/fellows are expected to meet in order to participate in the medical education program and the practice of medicine. As appropriate, individual training programs may add more specific standards to these criteria.

1. **Observation:** The resident/fellow must be able to participate actively in all demonstrations and laboratory exercises in the basic medical sciences and to assess and comprehend the condition of all patients assigned to him or her for examination, diagnosis, and treatment. Such observation and information acquisition usually requires the functional use of visual, auditory, and somatic sensation.

2. **Communication:** The resident/fellow must be able to communicate effectively and sensitively with patients in order to elicit information; describe mood, activity, and posture; assess non-verbal communications; and effectively and efficiently transmit information to patients, fellow house staff, students, faculty, staff, and all members of the health care team. Communication skills include speaking, reading, and writing, as well as the observation skills described above.

3. **Motor:** The resident/fellow must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers; be able to perform basic laboratory tests; possess all skills necessary to carry out diagnostic procedures; and be able to execute motor movements reasonably required to provide general care and emergency treatment to patients.

4. **Intellectual-Conceptual, Integrative, and Quantitative Abilities:** The resident/fellow must be able to measure, calculate, reason, analyze, and synthesize. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. In addition, the resident/fellow must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. The resident/fellow must have the capacity to perform these problem-solving skills in a timely fashion.

5. **Behavioral and Social Attributes:** The resident/fellow must possess the emotional health required for full utilization of his or 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 and others. Residents/fellows must also be able to tolerate taxing workloads, function effectively under stress, adapt to a changing environment, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, commitment, and motivation are personal qualities that each resident/fellow should possess.