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# Medical School Terminology Guide for Disability Resource Professionals (DRPs)

MARCH 15, 2023

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*This guide is not intended to be all-inclusive. If you feel terms are missing that would be additive, please email: [accessinmedicine@gmail.com](mailto:accessinmedicine@gmail.com)*

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# Medical School Structure, Associations, and Regulation

## TYPES OF MEDICAL SCHOOLS/DEGREE

<b>Allopathic (MD)</b>	An allopathic physician holds an MD (Doctor of Medicine) degree. The majority of medical schools are allopathic degree schools.
<b>Osteopathic (DO)</b>	An osteopathic physician holds a DO (Doctor of Osteopathic Medicine) degree. Osteopathic medicine has only been around since 1892. The core curriculum is very similar to MD schools with different teaching philosophies. DOs also learn and practice osteopathic manipulation therapy (OMT).
<b>Medical Science Training Program (MSTP) (MD/PhD)</b>	A dual-degree training program that streamlines education toward clinical and research doctoral degrees. MSTPs are offered by some U.S. medical schools, and all accepted students are awarded full tuition support. This program is also known as MD/PhD.

## APPLICATION SERVICES

<b>American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS)</b>	The centralized application processing service used to apply to osteopathic/DO schools.
<b>American Medical College Application Service (AMCAS)</b>	The centralized application processing service used to apply to most U.S. allopathic/MD schools.
<b>Electronic Residency Application Service (ERAS)</b>	A centralized application service provided by the AAMC that is used to apply for most residency programs and many fellowship programs.
<b>National Residency Matching Program (NRMP)</b>	The National Residency Matching Program, commonly called “The Match,” is an organization and system that allows applicants and training programs to submit rank order lists of their preferences, which are then processed through an algorithm to pair the best matches of applicants and residency/fellowship programs.
<b>Texas Medical and Dental School Application Service (TMDAS)</b>	The application service for Texas medical and dental schools.

## LEVELS OF EDUCATION AND MEDICAL TRAINING

<b>Undergraduate Medical Education (UME)</b>	Refers to the first four years of medical education, a post-baccalaureate degree. Often simply referred to as “medical school.”
<b>Medical Student (MS) 1-4 (or M1-M4)</b>	Also called Y1-Y4. This is how most medical schools refer to students. MS for medical students (or M for Medicine) and year in the program (1-4).
<b>Clinical Clerkships</b>	<p>The period of UME in which students practice medicine under the supervision of a health practitioner, which typically comprises the last two years of medical education. Also known as a clinical rotation.</p> <p><b>Sub-Internship (Sub-I):</b> Completed toward the end of 3rd or during 4th year of medical school. In their sub-I, a student is acting as a sub-intern. The expectations for this rotation are higher than others, with students leading patient care and acting as intern physicians. Also known as an acting internship or AI.</p> <p><b>Away Rotation:</b> A clerkship rotation at another institution that can be considered an “audition” rotation for a residency spot; an opportunity to expose yourself to a different healthcare setting at a different institution.</p>
<b>Graduate Medical Education (GME)</b>	A formal, usually hospital-sponsored or hospital-based, training program for individuals who have completed medical school and earned an MD or DO degree. It includes residency, internship, fellowship, specialty, and subspecialty programs. Often referred to as “residency.”
<b>Internship</b>	The first year of residency.
<b>Residency</b>	<p>The three to seven years after graduation from medical school wherein students train in their specialty area. Residents are physicians. In some states, they can only get licensed and work as a physician after completing the internship year.</p> <p><b>Chief Resident:</b> An honor held for highly regarded residents in a program. Their chief residency year can occur during their last year in a program or during an additional year following completion of residency. There are generally at least two people in this position. The chief resident selection process varies by program and can include selection by the program director, votes from faculty and peer residents, or other processes.</p>
<b>Fellowship</b>	Specialized training received after residency. Fellowships can be in areas such as cardiology or gastroenterology, which are fellowships after an internal medicine residency. Fellowship training may also include more specific training within the specialty, like hand surgery or reconstructive surgery, which are both fellowships after an orthopedic surgery residency.

## PRACTICE

<b>Attending Physicians</b>	A physician who has completed all training and works in the hospital or clinic.
<b>Fellow</b>	A physician who has completed medical school, residency, and passed all licensure exams. This position is meant to create further expertise in a subspecialty.
<b>Specialty</b>	A branch of medical practice focused on a defined group of patients, diseases, skills, or philosophy.
<b>Subspecialty</b>	The narrow field of professional knowledge/skills within a specialty of trade and is most commonly used to describe the increasingly more diverse medical specialties.

## ACCREDITATION ORGANIZATIONS



<b>Accreditation Council for Graduate Medical Education (ACGME)</b>	The ACGME accredits all graduate training programs, confers recognition on additional program formats or components, and dedicates resources to initiatives addressing areas of import in graduate medical education. The ACGME employs best practices, research, and advancements across the continuum of medical education to demonstrate its dedication to enhancing health care and graduate medical education.
<b>Commission on Osteopathic College Accreditation (COCA)</b>	COCA is recognized by the U.S. Department of Education as the accreditor of colleges of osteopathic medicine. COCA accreditation signifies that a college has met or exceeded the Commission's standards for educational quality
<b>Liaison Committee on Medication Education (LCME)</b>	Accreditor for undergraduate medical education for allopathic medical schools. LCME accreditation is a voluntary, peer-reviewed quality assurance process that determines whether the medical education program meets established standards. This process also fosters institutional and programmatic improvement. To achieve and maintain accreditation, a medical education program leading to the MD degree in the United States and Canada must meet the LCME accreditation standards in the LCME document Functions and Structure of a Medical School. Programs are required to demonstrate that their graduates exhibit general professional competencies that are appropriate for entry to the next stage of their training and that serve as the foundation for lifelong learning and proficient medical care.

## MEDICAL PROFESSIONAL ORGANIZATIONS

<b>American Association of Colleges of Osteopathic Medicine (AACOM):</b>	The organization that provides centralized services to osteopathic medical schools.
<b>American Medical Association (AMA)</b>	A large professional association and lobbying group of physicians and medical students.
<b>American Medical Student Association (AMSA)</b>	A student-governed organization for medical students.
<b>Association of American Medical Colleges (AAMC)</b>	The organization that provides centralized services to allopathic medical schools.

# Testing and Licensure

## MEDICAL LICENSING AGENCIES

<b>Federation of State Medical Board (FSMB)</b>	<p>The FSMB represents the state medical and osteopathic regulatory boards – commonly referred to as state medical boards – within the United States, its territories, and the District of Columbia. It supports its member boards as they fulfill their mandate of protecting the public’s health, safety, and welfare through the proper licensing, disciplining, and regulation of physicians and, in most jurisdictions, other healthcare professionals. The FSMB collaborated with the NBME to create the USMLE Step exams.</p>
<b>National Board of Medical Examiners (NBME)</b>	<p>The NBME is an organization that specializes in the creation of licensing and assessment tools and related services and research. The NBME worked with the FSMB to create the USMLE Step exams. It is also responsible for Basic Science, Clinical Science (often referred to as “Shelf Exams”), Advanced Science, and Comprehensive Subject Exams. The NBME also manages requests for students with disabilities seeking accommodations for the USMLE series.</p>  <pre> graph LR     NBME[NBME] --&gt; USMLE[USMLE]     NBME --&gt; SHELF["SUBJECT EXAMS ('SHELF EXAMS')"]     USMLE --&gt; STEP1[STEP 1]     STEP1 --&gt; STEP2[STEP 2 CK]     STEP2 --&gt; STEP3[STEP 3]     </pre>
<b>National Board of Osteopathic Medical Examiners (NBOME)</b>	<p>The NBOME is a U.S. examination board that sets state-recognized exams for osteopathic medical students and residents. These assessments include the series of licensing exams, known as COMLEX-USA, and standardized subject exams, called COMAT exams.</p>  <pre> graph LR     NBOME[NBOME] --&gt; COMLEX[COMLEX-USA]     NBOME --&gt; COMAT["COMAT EXAMS ('SHELF EXAMS')"]     COMLEX --&gt; LEVEL1[LEVEL 1]     LEVEL1 --&gt; LEVEL2[LEVEL 2 CE]     LEVEL2 --&gt; LEVEL3[LEVEL 3]     </pre>

## CRITICAL LICENSURE ASSESSMENTS AND EVENTS

<p><b>The Medical College Admission Test (MCAT)</b></p>	<p>The standardized exam developed by the AAMC and taken by prospective medical students (MD and DO). Most medical schools require applicants to submit MCAT scores.</p>
<p><b>The United States Medical Licensing Examination (USMLE)</b></p>	<p>A three-step examination program required for licensure for allopathic/MD students in the U.S. sponsored by the FSMB and NBME. The USMLE consists of Step 1, Step 2 Clinical Knowledge (CK), and Step 3 exams. These are the allopathic equivalents of the COMLEX series.</p> <p><b>Step 1:</b> The first exam of the USMLE. A standardized examination focused on the basic principles of medicine typically covered during the preclinical portion of MD programs.</p> <p><b>Step 2 (CK):</b> Step 2 CK is the second in the USMLE series, focused on the application of medical knowledge, skills, and understanding of clinical science, typically taken after clerkship rotations.</p> <p><b>Step 3:</b> The final assessment in the USMLE, typically taken after the first year of residency. Step 3 tests whether the resident can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, emphasizing patient management in ambulatory settings.</p>
<p><b>Comprehensive Basic Science Exam (CBSE)</b></p>	<p>The CBSE is an NBME-created, school-proctored standardized assessment that assesses readiness for the USMLE Step 1 exam. It is typically given after the completion of the preclinical curriculum.</p>
<p><b>Comprehensive Basic Science Self-Assessments (CBSSA)</b></p>	<p>CBSSAs are practice exams students can purchase from the NBME to assess readiness for the USMLE Step 1.</p>
<p><b>Comprehensive Clinical Science Exam (CCSE)</b></p>	<p>The CCSE is an NBME-created, school-proctored standardized assessment that assesses readiness for the USMLE Step 2 CK exam. It is typically given after the completion of clerkship rotations.</p>
<p><b>Comprehensive Clinical Science Self-Assessments (CCSSA)</b></p>	<p>CCSSAs are practice exams students can purchase from the NBME to assess readiness for the USMLE Step 2 CK.</p>
<p><b>Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA)</b></p>	<p>A three-level, national standardized examination designed for licensure for the practice of osteopathic/DO medicine. These are the osteopathic equivalents of the USMLE series.</p> <p><b>Level 1:</b> The first iteration of the COMLEX exam that integrates foundational biomedical sciences with other areas of medical knowledge relevant to clinical problem-solving and the promotion of health maintenance.</p> <p><b>Level 2-CE:</b> Level 2- Cognitive Evaluation (CE) is the second COMLEX assessment that integrates the application of knowledge in clinical and foundational biomedical sciences with other physician competencies related to the clinical care of patients and promoting health in supervised clinical settings.</p> <p><b>Level 3:</b> The third and final COMLEX exam that indicates that the candidate has demonstrated competence in the foundational competency domains required for</p>



	<p>generalist physicians to deliver safe and effective osteopathic medical care of patients as required for entry into the unsupervised practice of osteopathic medicine.</p>
<p><b>Comprehensive Osteopathic Medical Self-Assessment Examination (COMSAE)</b></p>	<p>COMSAE are practice exams students can purchase from the NBOME to assess readiness for the COMLEX.</p> <p><b>COMSAE Phase 1:</b> The practice exams available for DO students to prepare for COMLEX Level 1.</p> <p><b>COMSAE Phase 2:</b> The practice exams available for DO students to prepare for COMLEX Level 2 CE.</p> <p><b>COMSAE Phase 3:</b> The practice exams available for DO students to prepare for COMLEX Level 3.</p>
<p><b>The “Boards”</b></p>	<p>A term used to represent the multiple exams required to obtain and maintain medical licensure in the U.S. The “Boards” include the USMLE and COMLEX exams for UME and specialty-specific board exams required every ten years for licensed physicians.</p>
<p><b>The Match</b></p>	<p>The mechanism created and implemented by the NRMP by which residency candidates and residency programs provide rank lists to fill first-year and second-year postgraduate training positions accredited by the ACGME. Unless they have specifically enrolled in the Military Match, which occurs in December and some specialty matches that are outside of the NRMP.</p> <p><b>Match Week:</b> The period begins at 10:00 a.m. EST on Monday and ends at 12:00 p.m. EST on Friday when applicants and programs learn the results of the Match. Includes notification of whether students matched, the SOAP, and Match Day.</p> <p><b>Match Day:</b> The Main Residency Match occurs on the third Friday of March wherein students find out what program they matched into. Similarly, residency programs discover what students they will be training. Many schools hold a ceremony centered around the results of The Match.</p> <p><b>Military Match:</b> Members of the U.S. military participate in their own selection process for programs located at military hospitals, clinics, and bases. The military selection usually occurs in mid-December to allow students who did not match to participate in other national matching plans.</p> <p><b>SOAP:</b> Those who do not match in the initial Main Residency Match can apply for the Supplemental Offer and Acceptance Program (SOAP). There are three SOAP rounds during Match Week in which unmatched students and residency programs can connect. Sometimes referred to as “the scramble.”</p>
<p><b>Medical Student Performance Evaluation (MSPE) or “Dean’s Letter”</b></p>	<p>The MSPE, formerly known as the “Dean’s Letter,” is a summary letter of evaluation of a student’s performance while in medical school. Per AAMC guidelines, schools must prepare MSPEs for all students regardless of their residency application plans.</p>

## ASSESSMENT TERMS

<b>Formative Assessment</b>	Formative assessments are evaluation tools intended to monitor student learning to provide ongoing feedback to help students identify their strengths and weaknesses and target areas that need work. Formative assessments tend to be low stakes and usually are not graded.
<b>Objective Structured Clinical Examination (OSCE)</b>	The OSCE is a common method of assessing clinical competence in medical education. An OSCE assesses performance in a simulated environment, not the clinical environment.
<b>Clinical Performance Exam (CPX) or Mini-Clinical Evaluation Exercise (mini-CEX)</b>	The Clinical Performance Exam or Clinical Evaluation Exercise is a workplace-based assessment. It is a 10- to 20-minute direct observation assessment or “snapshot” of a trainee-patient interaction.
<b>Procedural Competency</b>	Procedural competency is typically interpreted as having a set of demonstrable characteristics and skills necessary to complete a task successfully and efficiently. Competency is the minimum threshold or standard for a practicing physician.
<b>Simulation Exam</b>	HealthcareSimulation is a generic term that refers to an artificial representation of a real world process to achieve educational goals through experiential learning. Simulation based medical education is defined as any educational activity that utilizes simulation aides to replicate clinical scenarios. simulations are used in education, assessment, research, and health system integration to improve patient safety. <b>High-Fidelity Mannequin or Simulation:</b> A healthcare education methodology that uses sophisticated life-like mannequins in realistic patient environments.
<b>Summative Assessment</b>	Summative Assessments are conducted at the conclusion of curricular experiences to gauge a student's overall knowledge, skill, and developmental progress. These assessments are typically graded and compared against a standard or benchmark
<b>Skills Exam</b>	Skills exam consists of patient encounters where communication skills, taking patient histories, performing physical exams, and clinical reasoning are assessed. The skills exam consists of mock patient encounters. After each patient encounter, the student is given a specific amount of time to write a patient note that summarizes findings and lists the top three possible diagnoses in their differential diagnosis with supporting evidence for each. Other exam components include interpreting clinical test results, proposing initial management plans, and placing a consult call. Post-encounter notes are assessed by trained raters.
<b>Standardized Patient (SP)</b>	An individual trained to act as a real patient and simulate symptoms or problems for training or examination purposes. An SP can be used in a variety of environments, including OSCE and CPX/CEX assessments.
<b>Shelf Exams</b>	Specific subject examinations typically administered in conjunction with clerkship rotations.

	<p><b>NBME Subject exams:</b> Clinical Science Subject Exams, or Shelf exams, are used to assess third-year allopathic/MD medical students' knowledge in specific disciplines at the end of clerkships.</p> <p><b>NBOME COMAT exams:</b> Clinical subject exams, or Shelf exams, used during clerkships rotations to evaluate achievement in osteopathic practice within and across clinical disciplines.</p>
<b>Clerkship Evaluation/Summary</b>	The evaluation system used in required clerkships. Student performance is assessed in three domains: Patient Care, Professionalism and Interpersonal Communication, and Medical Knowledge, as measured by a final written exam. Performance in each domain is reported separately in the Medical Student Performance Evaluation (MSPE) without reference to an overall grade.
<b>Virtual Reality (VR)</b>	A healthcare education methodology that uses virtual reality to simulate a particular situation.
<b>Remediation</b>	Remediation is the process (didactic, lab, and clinical hours) used to improve student performance and ensure that all students achieve the designated Student Physician Activities (SPAs) or educational objectives before moving on to the subsequent phase of the curriculum.

## CURRICULAR TERMS

<b>Block Curriculum</b>	Also called a systems-based curriculum wherein students focus on one major organ system, such as the pulmonary or renal system, and learn the basic science disciplines, such as anatomy, physiology, pathology, and histology, within each organ system. This typically occurs within the preclinical curriculum.
<b>Core Entrustable Professional Activities (EPAs)</b>	Established by the AAMC, EPAs are a set of 13 key tasks that students are expected to know and perform upon entering residency, regardless of future specialty.
<b>Course Competency</b>	A general statement that describes the desired knowledge, skills, and behaviors of a student graduating from a program (or completing a course). Competencies commonly define the applied skills and knowledge that enable people to perform professionally.
<b>Elective Course</b>	Similar to a selective course, an elective course is a course that a medical student chooses from the full menu of courses offered by the college, not from a predefined subset.
<b>Foundations of Medicine (FOM)</b>	A preclinical block that generally provides grounding in the basic sciences that underlie the practice of medicine; might be similarly named, such as Principles of Medicine or Fundamentals.
<b>Honoring</b>	Final clerkship grades are often reported as honors, high pass, pass, and fail. This designation is important, especially in rotations that align with the student's planned specialty, because it makes them more competitive for the residency match. Some programs take a norm-referenced approach, "honoring" the top 20 to 30% of the class. Other

	programs, however, utilize a criterion-based approach, establishing a specific set of requirements to obtain a grade of honors.
<b>Learning Objectives</b>	Learning objectives are clear, concise statements that define the expected goal of a curriculum, course, lesson, or activity and describe observable skills or knowledge that a student will acquire as a result of instruction.
<b>Length of Clerkships</b>	Generally, the length of clerkships spans between two and eight weeks. Most required clerkships are between four and eight weeks.
<b>Longitudinal Clerkships</b>	The Longitudinal Integrated Clerkship (LIC) track is a patient-centered, learner-centered, comprehensive clinical-year curriculum that emphasizes understanding longitudinal patient care in varied clinical settings in the context of health systems.
<b>Milestones</b>	For accreditation purposes, the Milestones are a series of competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) defined by the ACGME that can be demonstrated progressively by residents/fellows from the beginning of their education through graduation to the unsupervised practice of their specialties. They mark progress towards achieving competence and help guide professional trajectory.
<b>Osteopathic manipulation treatment (OMT)</b>	OMT, or osteopathic manipulation, is a hands-on treatment method used to correct structural imbalances in a patient's body, improve circulation and relieve pain. It is a required portion of a DO curriculum.
<b>Problem-Based Learning (PBL)</b>	A student-centered approach in which students learn about a subject by working in groups to solve an open-ended problem. It is sometimes referred to as case-based learning (CBL).
<b>Selective Course</b>	An elective course that a medical student chooses from a subset of courses predefined by the college.
<b>Small Group Sessions</b>	Small group work generates free communication between the group leader and the members and among all the participants. The group leader can make positive use of the differences in knowledge and attitudes among participants, made evident as they interact.
<b>Traditional Clerkship Structure</b>	In this structure, students take each clerkship experience independent of others in a block fashion, including Family Medicine, Internal Medicine, Pediatrics, OB/GYN, Neurology, Psychiatry, and Surgery. Some schools include Emergency Medicine, Public Health, Anesthesiology, and Radiology.

## TRAINING PROGRESSION CHART

Figure 1. Example of Progression to and through Medical Training (\*varies by program)



Figure 2. Example of Progression to and through Medical Training (\*varies by program)



## MEDICAL SCHOOL EVENTS

<b>Match Day</b>	The special day when the NRMP releases results to applicants seeking residency and fellowship training positions in the U.S.
<b>White Coat Ceremony</b>	This ceremony is a rite of passage for medical students signifying their entrance into the medical profession, during which students recite a Hippocratic oath and receive a white colored physician's coat. Ceremonies are typically conducted at the beginning of a medical education training program.

## TERMS USED BY STUDENTS (NOT COMPREHENSIVE)

<b>Alpha Omega Alpha (AOA)</b>	AOA is the national honor society in medicine. Membership may be attained by a medical student, resident, fellow, faculty member, alumni, clinician, or distinguished leader in medicine.
<b>Ambulatory Care</b>	Ambulatory care is provided by healthcare professionals in outpatient settings. These settings include medical offices and clinics, ambulatory surgery centers, hospital outpatient departments, and dialysis centers.
<b>Assessment and Plan</b>	Referred to as "A/P" or "A&P," it is an essential component of an admission note. Assessment includes a discussion of the differential diagnosis and supporting history and exam findings. The plan (typically broken out by problem or system) includes a brief summary of each problem and orders for medications, labs, studies, procedures, and surgeries to address each problem.
<b>Chief Complaint</b>	A concise statement describing the symptom, problem, condition, diagnosis, or other reason for medical encounter (e.g., lower back pain, nausea, and vomiting x 3 days).
<b>Clinical Vignette</b>	A patient-related case/scenario that has educational value for a wider audience (e.g., a 49 y/o African American woman presents to the clinic with a 4-day history of coughing spells that are non-productive...).
<b>Code/Running a Code/Hospital Emergency Codes</b>	Set of codes (typically color associated) announced publicly within a hospital environment to provide discrete notice of the need to medical professionals.
<b>Differential Diagnosis</b>	The process of differentiating between two or more conditions that share similar signs or symptoms.
<b>Discharge Summary</b>	A clinical report prepared by a healthcare professional at the conclusion of a hospital stay or series of treatments. It is the primary mode of communication between the hospital care team and aftercare providers.

<b>Duty Hours</b>	All clinical and academic activities related to the residency program but does not include reading, studying, and academic preparation time, such as time spent away from the patient care unit preparing for presentations or journal club.
<b>Electronic Medical Record (EMR)/Electronic Health Record (EHR)</b>	EMR or EHR describes the digital record of a patient's chart.
<b>Gold Humanism Honor Society (GHHS)</b>	The GHHS recognizes students, residents, and faculty who exemplify compassionate patient care and serve as role models, mentors, and leaders in medicine.
<b>Gross Anatomy Lab (GAL)</b>	The laboratory where students have the opportunity to learn human anatomy through the process of dissection and structure identification.
<b>Health Insurance Portability and Accountability Act (HIPAA)</b>	An act signed in 1996 to modernize the flow of healthcare information and stipulate how patient health information (PHI) maintained by healthcare and healthcare insurance industries should be protected from fraud and theft.
<b>History of Present Illness (HPI)</b>	A chronological description of the development of a patient's present illness, typically written from the first sign and symptom to the present day of the patient's encounter.
<b>Inpatient</b>	This may refer to individuals who receive medical treatment in the hospital.
<b>Night Float</b>	Clinical shift (on call) for part of the night but not the entire night.
<b>Oral Patient Presentation</b>	A pass-off of patient information to a specific audience systematically and efficiently that articulates the patient's issues in order of importance and generates an appropriate plan of action, which differs by specialty and provider.
<b>Outpatient</b>	A patient who receives medical treatment (including surgery) without being admitted to a hospital.
<b>Overnight Call</b>	Refers to clinical service or immediate availability for such service where the student is required to remain in the hospital for the entire time period.
<b>Patient Note</b>	A legal document that physicians write after a patient encounter. It is the primary communication tool to other clinicians treating the patient and a statement of the quality of care.
<b>Physical Exam</b>	A clinical examination in which a practitioner examines a patient for any possible medical signs or symptoms of a medical condition
<b>Pimping</b>	Pimping is when someone with more knowledge (an attending physician or senior resident) asks questions of someone with less knowledge (a medical student) to test their level of understanding, typically in a setting among peers.
<b>Preceptor</b>	A teacher or instructor, often an attending physician or healthcare provider.

<b>Q3,4 Call</b>	Being on call every 3rd night or 4th night. Q is medical shorthand, “quaque 1 hora,” meaning every one hour.
<b>Ride Along</b>	When a student accompanies an EMS or life flight team, usually for 24 hours.
<b>Rounds (Rounding)</b>	When the team, typically led by a senior resident or attending physician, goes through the patient list to discuss each patient and the treatment plan. This is typically done bedside but can also be done as “sitting rounds.”
<b>SOAP Note</b>	An acronym for subjective, objective, assessment, and plan. It is a type of patient note often employed by healthcare providers.
<b>Trauma Call</b>	The convening of a medical trauma team to address a high-risk patient situation/emergency.
<b>Wards</b>	A hospital floor with a specific focus on the patient population.
<b>Whitecoat</b>	Knee-length overcoat/smock worn by professionals in the medical field or those doing laboratory work; medical students wear a shortened version of the official white coat.
<b>WOW</b>	Stands for “workstation on wheels,” a mobile computer workstation accommodation.

## ORGANIZATIONS DEDICATED TO DISABILITY INCLUSION IN MEDICINE

**Access In Medicine (AIM):** A working group of disability resource professionals (DRPs), faculty, researchers, and providers addressing disability-related barriers in undergraduate medical education. AIM is a program of the Docs With Disabilities Initiative.

**Association on Higher Education And Disability (AHEAD):** AHEAD is a leading professional membership association for individuals committed to equity for persons with disabilities in higher education. disseminates data, promotes research, and furthers evidence-based practice.

**Association of Medical Professionals with Hearing Losses (AMPHL):** Non-Profit organization serving Deaf and hard of hearing healthcare professionals.

**Disabled Doctors Network (UK):** Supports the welfare, rights, and inclusion of chronically ill and physically disabled doctors and medical students in the United Kingdom.

**Docs With Disabilities Initiative (DWDI):** The Docs With Disabilities Initiative uses research, education, and

sharing of stories to drive change in perceptions, disability policy, and procedures in healthcare education. It aims to build more inclusive educational environments for trainees with disabilities and increase the representation of disabled providers in the healthcare workforce. DWDI includes the Docs With Disabilities Podcasts, Research Team, and Initiative Programs.

**Doctors with Disabilities Australia:** Doctors with Disabilities Australia is a body advocating for an inclusive profession without regard to physical attributes.

**Canadian Association of Physicians with Disabilities:** A Canadian organization established to provide a national forum for discussing issues of mutual interest and concern to physicians with disabilities.

**Coalition for Disability Access in Health Science Education (CDAHSE):** Sometimes referred to as “The Coalition.” The Coalition is a professional organization dedicated to developing, advancing, and disseminating leading practices that facilitate access and opportunities for people with disabilities in health science education.



**Medical Students with Disabilities and Chronic Illnesses (MSDCI):** MSDCI is a student-led organization striving to support and serve medical students with disability and/or chronic illnesses, committed to increasing the accessibility of medical education for trainees of all abilities and advocating for and improving health equity for patients with disabilities.

**Society of Physicians with Disabilities:** The Society of Healthcare Professionals with Disabilities provides resources and support for disabled physicians, physician assistants, and students. The mission of the Society is to foster a supportive community and to provide resources and tools for disabled healthcare professionals and students, their family members, and their friends.

**Stanford Medicine Alliance for Disability Inclusion and Equity (SMADIE):** SMADIE advocates for resources, education, training, policies, accessibility, and services at Stanford Medicine and beyond, not guided solely by law and an accommodations-based approach, but by dismantling systemic discrimination through universal design. SMADIE encourages synergy and collaboration within and beyond the Stanford community in service of Justice.

**Student National Medical Association (SNMA):** Student professional organization committed to supporting current and future underrepresented minority medical students, addressing the needs of underserved communities, and increasing the number of clinically excellent, culturally competent, and socially conscious physicians.

## MEDICAL EDUCATION RELATED JOURNALS

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**Academic Medicine:** A leading peer-reviewed journal that focuses on research topics that impact academic medicine, such as "education and training issues; health and science policy; institutional policy, management, and values; research practice; and clinical practice in academic settings."

**Advances in Health Sciences Education:** A peer-reviewed journal that focuses on research that reviews "important developments" in health education and invites researchers to submit papers that discuss new technologies and teaching strategies.

**BMC Medical Education:** An open-access journal publishing original peer-reviewed research articles in relation to the training of healthcare professionals, including undergraduate, postgraduate, and continuing education. The journal specializes in curriculum development, performance evaluations, assessment of training needs, and evidence-based medicine.

**Journal of American Medical Association (JAMA):** The Journal of American Medical Association began publication in 1883 and is one of the two leading general medical journals published in the United States.

**Journal of Medical Education and Curricular Development.** A peer-reviewed, open-access journal devoted to publishing timely information on medical education practices and development, including basic science, clinical, and postgraduate medical education.

**The Lancet:** The Lancet began publishing research on every major medical topic and practice area in 1823, including oncology, neurology, psychiatry, infectious diseases, and others (including medical education), with findings that can improve human lives.

**Medical Education:** A peer-reviewed journal that publishes research on faculty development, teaching methods, curriculum design, assessments, and other topics. It makes publishing decisions on most papers in about eight weeks.

**Medical Science Educator:** This journal offers all who teach in healthcare the most current information to succeed in their task by publishing scholarly activities, opinions, and resources in medical science education. Articles focus on teaching the scientific skills fundamental to modern medicine and health, including basic science education, clinical teaching, and the incorporation of

modern education technologies. The Journal aims to provide its readers with a better understanding of teaching and learning techniques to advance medical science education. The journal is an official peer-reviewed publication of the International Association of Medical Science Educators (IAMSE).

**Medical Teacher:** The Association for Medical Education in Europe (AMEE) publishes this journal. It features research on topics like teaching methods and assessment strategies that affect health education faculty and administrators.

**The New England Journal of Medicine (NEJM):** The New England Journal of Medicine is a peer-reviewed journal that aims to bring the best research to clinicians and health educators. It has the highest impact factor of any general medical journal globally.

**The New Physician (TNP):** The New Physician is a bi-monthly magazine produced by the AMSA. The publication is committed to exploring the social, political, and ethical issues of healthcare and medical education. It is a journalistic publication that covers aspects of physicians' personal, clinical, and career development in an engaging

but concise way. The magazine aims to provide medical students with the tools they need for success in their classrooms, labs, and on wards.

**PLOS Medicine:** A peer-reviewed, open-access journal that publishes studies examining the "biomedical, environmental, social, and political determinants of health." It has featured many different papers focused on medical education.

**Teaching and Learning in Medicine (TLM):** An international forum for scholarship on teaching and learning in the health professions. Its international scope reflects the common challenge faced by all medical educators: fostering the development of capable, well-rounded, and continuous learners prepared to practice in a complex, high-stakes, and ever-changing clinical environment. The journal seeks to provide the theoretical foundations and practical analysis needed for effective educational decision-making in admissions, instructional design and delivery, performance assessment, remediation, technology-assisted instruction, diversity management, and faculty development, among others.