# TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

CATALOG EL PASO SCHOOL OF MEDICINE 2006 - 2007

Statement of Equal Opportunity	4
Board of Regents	4
Administration	4
Mission Statement	5
Background Information	5
The Admissions Process	6
General Philosophy Undergraduate Course Requirements Medical College Admissions Test (MCAT) Application Information Student Immunizations Special Considerations Deferment of Matriculation Application for Admission in Advanced Standing	
Code for Professional Conduct	12
Standards for Entry and Curriculum Completion	12
Procedure for Students with Disabilities	15
Student Life Office of the Registrar Office of Financial Aid Office of Student Services Student Organizations TTUHSC Medical Organizations National and State Organizations Recreational Opportunities Student Health Services Student Insurance	21
Financial Information Refund Withdrawal Veteran's Exemptions Grant & Scholarship Programs Housing	22

The Doctor of Medicine Degree Program24
Curriculum
Academic Support Services
Library
Grading
Advancement
United States Medical Licensing Exam (USMLE)
Curriculum Content
Departments of the School of Medicine
Department of Anesthesiology
Department of Emergency Medicine
Department of Family and Community Medicine
Department of Internal Medicine
Division of Ophthalmology
Department of Neuropsychiatry
Department of Obstetrics & Gynecology
Department of Orthopaedic Surgery
Department of Pathology
Department of Pediatrics
Department of Physiology
Department of Radiology
Department of Surgery
Faculty Roster27

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enrolled.

### STATEMENT OF EQUAL OPPORTUNITY

The El Paso School of Medicine is committed to a policy of equal opportunity. The El Paso School of Medicine will not discriminate on the basis of race, color, sex, age, religion, sexual orientation, national origin or physical handicap.

All inquiries and correspondence concerning admission to the School of Medicine should be addressed to:

Office of Admissions
El Paso School of Medicine
Texas Tech University Health Sciences Center
4800 Alberta Avenue
El Paso, TX 79905
Phone: (915) 545-xxxx - Admissions
Or (915) 545-6600 - Student Affairs

#### TEXAS TECH UNIVERSITY SYSTEM

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# TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO SCHOOL OF MEDICINE

Dean
Associate Dean for Clinical Practice
Associate Dean for Research
Associate Dean for Medical EducationTo be named
Associate Dean for Faculty Development
Associate Dean for Academic Affairs and AdmissionsManuel Schydlower, M.D.
Associate Dean for Student Affairs
Associate Dean for Graduate Medical EducationJosé Gonzales-Sanchez, M.D.
Assistant Dean for Business and FinanceLarry Elkins
Chief Operating OfficerTo be named

#### **VISION**

The Texas Tech University Health Sciences Center El Paso School of Medicine will be established and fully accredited and will rapidly progress to become nationally recognized for achievements in medical education, research, and patient care.

#### **MISSION**

Provide exceptional opportunities for students, trainees, and physicians; advance knowledge through innovative scholarship and research in medicine with a focus on international health and health care disparities; provide exemplary patient care and service to the entire El Paso community and beyond.

#### **BACKGROUND INFORMATION**

Texas Tech El Paso has played a vital role in El Paso's healthcare history. It has been the academic home to many outstanding medical students, residents, and faculty.

In 1973, The Regional Academic Health Center in El Paso, now known as Texas Tech University Health Sciences Center El Paso School of Medicine, officially opened with a teaching affiliation with R. E. Thomason General Hospital accepting the entire medical school class for the first five years. Subsequently it served as one of three campuses (Amarillo, Lubbock, and El Paso) to provide clinical training for medical students during the third and fourth years of the curriculum. In 2003 the El Paso campus received authorization to become a full four-year medical school. The school's first freshman class entered in 20xx.

Today the Texas Tech University Health Sciences Center El Paso School of Medicine (TTUHSC-EPSOM) has close to 1,000 faculty and staff members. It is a flourishing health sciences center and medical center with clinics located in East, West, Central, and Northeast El Paso. Through community partnerships El Paso School of Medicine faculty members lend their skills to underserved areas lacking adequate healthcare.

The TTUHSC-EPSOM has as its major objectives the provision of quality medical education and the development of programs to meet appropriate health care needs of West Texas and the border region. The school has a full time faculty of xxx with xx part time faculty and xxx volunteer faculty.

At El Paso, clinical sites are provided at R. E. Thomason General Hospital, William Beaumont Army Medical Center, Providence Hospital, and the El Paso Psychiatric Center.

In addition to the four-year curriculum leading to the M.D. degree, the El Paso School of Medicine provides extensive graduate medical education. The residency programs include Emergency Medicine, Family Practice, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, Surgery, and a Transitional Year. William Beaumont Army Medical Center is the sponsoring institution of an Orthopaedic Surgery residency which has TTUHSC-EPSOM as a primary participating institution.

The goals of these programs are to develop competent, compassionate, professional physicians who provide the highest quality of care for the citizens of West Texas and beyond, who participate in scholarly activity, and who provide academic and community leadership. To assure the best possible education, the El Paso School of Medicine holds all programs to high academic and professional standards. These standards include those promulgated by the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties.

#### El Paso School of Medicine Office of Admissions

Associate Dean for Academic Affairs and Admissions	Manuel Schydlower, MD
Director of Admissions	To be named
Assistant Director of Admissions	To be named
Director of Recruitment	To be named

#### THE ADMISSIONS PROCESS

### **General Philosophy**

Texas Tech University Health Sciences Center El Paso School of Medicine invites applications from qualified residents of the state of Texas and the adjacent counties of eastern New Mexico and southwestern Oklahoma that comprise the service area of the Texas Tech University Health Sciences Center. Out-of-state residents will be considered on an individual basis. Only 10% of the class can be from out of state, so an applicant should have competitive credentials to apply (3.6 overall G.P.A. or higher and an MCAT score of 29 or higher). Initially, 40 students will be selected for the charter class, but ultimately there will be 80 students per class. The Admissions Committee carefully examines each application for the personal qualities and proven academic ability to

determine potential for an effective and competent physician. If all other qualifications are equal, some preference may be given to West Texas residents. While evidence of high intellectual ability and a strong record of scholastic achievement are vital for success in the study of medicine, the Admissions Committee recognizes the essential role of compassion, motivation, maturity, personal integrity, and the ability to communicate effectively as traits of the consummate physician. Letters of reference from preprofessional advisors are also considered, and the ability to balance academic achievement with extracurricular and/or work activities is examined. Those applicants who appear to possess both the cognitive and non-cognitive traits that indicate likelihood of academic and professional success are invited for personal interview. There is no discrimination on the basis of race, sex, age, ethnic origin, religion, sexual orientation or disability. Recent legislation has established that evidence of a financially or educationally disadvantaged background of an applicant may be considered in the total evaluation of the application. In 2003, the U.S. Supreme Court upheld the position maintained by applicants to the University of Michigan that race and national origin/ethnicity may be considered among other criteria for admissions purposes in order to obtain diversity in its student body. Grutter v. Bollinger, 539 U.S. 306,327,156 L. Ed. 2d 304 123 S. Ct. 2325 (2003).

Therefore, at the El Paso School of Medicine, the Admissions Committee considers such factors as first generation college graduate, multilingual proficiency, socioeconomic background while attending elementary/secondary school, responsibilities while attending school such as employment or assisting in the care of other family members, community involvement as well as other life circumstances.

In summary, a number of both cognitive and non-cognitive factors are used in the evaluation of applicants to medical school. No single factor is used exclusively to admit or to eliminate admission of an applicant to medical school at Texas Tech. The Committee examines each applicant for overall suitability, and it makes an effort to select a class with varied backgrounds, interests, and life experiences so that there is a stimulating and broadening learning environment for the medical curriculum.

#### **Undergraduate Course Requirements**

A baccalaureate degree is required, and at least three years of study (90 semester hours or the equivalent in quarter hours) from an accredited United States or Canadian college or university must be completed before the individual applies for admission.

Course work from non-U.S. or Canadian schools will be accepted only if it appears, with a grade, on the transcript of a U.S. or Canadian college or university as an individual course. All prerequisite courses for medical school must have been taken for credit at an accredited U.S. or Canadian college or university.

Specific course requirements have been kept at a minimum to allow and encourage the student to have a broad and well-rounded education. There are no specific requirements for undergraduate majors. The Admissions Committee reviews the academic challenge provided by course selection and gives preference to students with a broad educational background.

## **Prerequisite Courses**

Required courses include the following:

Biology, including cellular biology and laboratory

Biology laboratories

General chemistry including qualitative and
quantitative analysis with laboratories

Organic chemistry with laboratories

Physics with laboratories

Calculus or statistics

English

12 semester hours

8 semester hours

8 semester hours

8 semester hours

6 semester hours

Advanced Placement (AP) credit is not accepted for these required courses

Additional courses recommended outside the fields of mathematics, physical sciences, and life sciences include the following;

Humanities, Social Sciences, or Behavioral Sciences 12 semester hours

AP credit not accepted

Coursework in Biochemistry, Biostatistics and Cellular/Molecular Biology is also encouraged.

Competence in spoken and written English is necessary. A facility in conversational Spanish will be an advantage for students intending to remain in the Southwest.

#### **Medical College Admission Test (MCAT)**

Completion of the Medical College Admission Test (MCAT) within three years of application is a requirement for admission. The Admissions Committee recommends that the test be taken in the spring of the year in which application will be made. Registration information may be obtained from:

MCAT Program Office PO Box 4056 Iowa City, IA 52243 319-337-1357 http://www.aamc.org/students/mcat/

# Application to the El Paso School of Medicine

In order for an applicant's file to be reviewed for a prospective interview, all aspects of the application must be submitted, received, and processed by the Office of Admissions. This process can take four to six weeks if everything required is submitted at the same time to the Texas Medical and Dental Schools Application Service (TMDSAS). Please keep in mind that the El Paso School of Medicine also has a secondary application which must be completed by all applicants.

Applications will be available beginning May 1 of the year of application and are due no later than October 15. The main application can be accessed and submitted on the web from TMDSAS. The TMDSAS application fee should be mailed to the Application Service office. In addition, official transcripts and letters of recommendation should be sent to the Application Service office. The El Paso School of Medicine also requires a Secondary Application. This application can also be accessed and submitted on the web and the application fee is sent to the Office of Admissions of the El Paso School of Medicine. For up-to-date information on the application process and fees, consult the web addresses at the end of this section.

The Admissions Office selects for interview those candidates whose files are complete and who are considered to be competitive for admission using the admissions criteria established by the School. These include scores from the MCAT, academic performance as reflected by the GPA, rigor of the undergraduate curriculum including course selection, extracurricular activities and employment and their impact on performance and maturation, recommendations from premedical advisors or faculty, socioeconomic background, communication skills, and personal qualities including honesty, leadership, maturity, determination, and motivation for a career in medicine. Evaluation of MCAT will include not only overall performance reflected by the composite score, but also consistency among the individual sections of the examination. Evaluation of college work will take into consideration overall performance, consistency and trends in performance, honors, and awards.

Candidates who are selected for interview are invited for a full day of interviews and meetings. These interview sessions will be conducted in El Paso each Friday from mid August to the middle of December. All successful candidates must participate in the interview process. The purposes of this interview are to review the elements of the candidate's application, to assess those qualities and characteristics that may not be apparent in a written application, and to clarify questions of the candidate and of the School that may have arisen in the course of the application process.

At the conclusion of each interview session, the Admissions Committee will review the credentials and interview evaluation for each of the candidates and will make recommendations for or against admission. Based upon these recommendations, a list of acceptable candidates will be prepared.

The El Paso School of Medicine participates in the rolling admissions/match process with the other Texas schools listed on the application form. Schools begin notifying selected

applicants on November 15 and will continue to do so through December 31. Selected students have until January 15 to accept or decline offers. Applicants not made an offer during the rolling admissions period are eligible to participate in the match process for unfilled seats. Results of the match are listed on the web and acceptance letters mailed February 15. The accepted student has two weeks in which to accept or decline the offer in writing.

Accepted students will receive a packet of information during the summer before their matriculation. This packet will contain information about the School and the community of El Paso. Additionally there will be information and forms for various requirements that the student will need to complete before matriculation and orientation. These will include immunizations, documentation of health insurance, pre-entry physical examination, lists of books and materials required, class schedules, housing opportunities, and contact information.

Applications are available at the following web addresses:

Main application: <a href="http://utsystem.edu/tmdsas/HomepageApplicants.htm">http://utsystem.edu/tmdsas/HomepageApplicants.htm</a>

Secondary application: <a href="http://www.ttuhsc.edu/som/Admissions/">http://www.ttuhsc.edu/som/Admissions/</a>

# Immunizations, Health Insurance, and Disability Insurance

The Association of American Medical Colleges states that all students should be immunized against a number of infectious diseases for their own safety and the safety of others. All matriculating students must be compliant with the school's immunization requirements in order to register for classes.

Each student must produce proof of immunization to tetanus and diphtheria within ten years of registration; positive titers for varicella, rubella, and rubeola; and immunizations for mumps and hepatitis B. A tuberculin skin test or chest x-ray within one year of registration is also required.

Students are expected to have hospitalization insurance coverage for each semester enrolled. Students should be prepared to provide proof of coverage at the time of registration. The TTUHSC Office of Student Services will make available information on student health insurance providers for all registered students of the University. Students may investigate other insurance plans or be enrolled in a parent's or spouse's plan.

Each student is assessed a fee of \$40.00 per year to purchase long-term disability for each class of medical students. The amount of coverage is negotiated annually. Additional disability insurance may be purchased by the student if desired.

#### **Special Considerations**

#### 1. Deferment of Matriculation

Under extenuating circumstances, an applicant who has been accepted for enrollment in the fall may request, in writing, deferment until the following fall. Such request will be considered by the Dean of the Medical School and may be granted for a period not to exceed one year. During the year of deferment, the student may not make application to any other medical school.

2. Application for Admission in Advanced Standing Applications for advanced standing are reviewed and considered on an individual basis.

Texas residents enrolled in good standing in LCME accredited medical schools are eligible to apply after a third year class is accredited and established. Such applicants must have written permission from their Dean of Student Affairs for possible transfer; may be interviewed before acceptance; and must have passed Step 1 of the United States Medical Licensing Examination (USMLE 1) as conditions for acceptance in advanced standing.

All applicants for advanced standing must be bona fide Texas residents with at least 90 hours of undergraduate study in an accredited U.S. or Canadian college or university. The school does not accept transfer applications from students or graduates of schools not accredited by the Liaison Committee on Medical Education.

### El Paso School of Medicine Office of Student Affairs

Associate Dean for Student Affairs	Kathryn Horn, MD
Director of Student Affairs	
Administrative Assistant	Elizabeth Reeder
Student Services Assistant	Rita Martinez
Senior Business Assistant	Maria Padilla
Senior Office Assistant	

#### **Mission Statement**

The mission of the Office of Student Affairs is to provide academic support and career guidance for medical students, and to do so in a supportive environment that enables students to have a positive experience at the El Paso School of Medicine. The goal of the office is for every medical student to be successful and to develop professional skills and personal relationships that will last a lifetime. As student advocates, the Student Affairs staff work to ensure that the students' rights are protected and that all students are treated fairly.

# CODE OF PROFESSIONAL CONDUCT/HONOR SYSTEM

By registration in the El Paso School of Medicine, each student subscribes to the Code of Professional and Academic Conduct that was originally developed and approved conjointly by Texas Tech School of Medicine students and faculty in 1985. The code is compatible with the regulations of the University, but is designed expressly for the Schools of Medicine. The purpose of the Code of Professional and Academic Conduct is to emphasize in the medical school environment those qualities of integrity, self-discipline, and professional behavior that are essential to physicians. The Code protects the rights of the student who may be reported for academic dishonesty or for non-professional conduct. If charges are deemed valid, there is a hearing before a student-faculty committee who recommends to the Dean appropriate action. There is an appeal

procedure to ensure due process and the Dean makes a final decision based on the hearings and committee recommendations. A student handbook that includes the detailed Codes, as well as other relevant policies and procedures, is given each student at matriculation. They are available in the Office of Student Affairs and are posted on the school web site.

#### STANDARDS FOR CURRICULAR COMPLETION

The School of Medicine faculty has developed minimum standards for entry into and progression through the medical curriculum. These standards provide guidance to achieve the Doctor of Medicine degree in preparation for licensure as a practicing physician and for postgraduate training. Throughout the medical education process, patient safety is of primary consideration.

The School of Medicine recognizes that certain disabilities can be accommodated without compromising the standards required by the school or the fundamental integrity of its curriculum. The school is committed to the development of innovative and creative ways of opening its curriculum to competitive and qualified disabled candidates.

#### Background:

In 1979 the Association of American Medical Colleges (AAMC) convened a Special Advisory Panel on Technical Standards for Medical School Admission. The summary recommendations of that panel are:

The medical education process, which focuses so largely on patients, differs markedly from postsecondary education in fields outside the health sciences.

The primary responsibility for the selection of students and for the content of the curriculum rests with the medical school and its faculty.

The M.D. degree is, and must remain, a broad and undifferentiated degree attesting to the acquisition of general knowledge in all fields of medicine and the basic skills requisite for the practice of medicine.

The guidelines for the admission of students and for the education of students as set forth by the Liaison Committee on Medical Education (LCME) must continue to govern the decisions of medical school faculties.

All students of medicine must possess those intellectual, ethical, physical and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty.

Although certain disabilities or combinations of disabilities will prevent some candidates from meeting these minimum technical standards, individual schools should take all necessary steps to prevent discrimination against the disabled.

The 1979 report was based on the proposition that the educational objective of a medical school was to prepare undifferentiated students to enter graduate medical training, and that students admitted to a medical school should have the intellectual and physical powers to gain the knowledge, behaviors, and clinical abilities that they would need to pursue any pathway of graduate medical education. These assumptions took note of the increasing involvement with patients during medical training and reflected concern for the safe care that students must render.

#### Preparation of the Physician:

The education of a physician includes the following phases:

- a preparatory phase with at least 90 hours of credit in an accredited U.S. or Canadian college;
- a rigorous professional education leading to the M.D. degree;
- postgraduate (residency) training; and
- lifelong continuing education after completion of residency training.

Unlike most professions, Medicine awards its formal degree midway through the education process, and the awarding of the degree certifies that the student has acquired a broad base of general knowledge and skills requisite for further training in postgraduate work. The process whereby the degree is gained prepares an individual to be a physician rather than a surgeon, psychiatrist, or other specialist. A common body of knowledge, skills, and behaviors thus underlies and is necessary for entry into specialized postgraduate training programs.

#### Standards for Accreditation of a Medical School:

The following information is excerpted from the Functions and Structure of a Medical School published by the Liaison Committee on Medical Education. This body is a joint committee constituted by the American Medical Association and the Association of American Medical Colleges. The Liaison Committee is the official accrediting body for American and Canadian medical schools. A complete copy of the guidelines for accreditation may be found in the Office of Student Affairs.

Medical education required that the accumulation of scientific knowledge must be accompanied by the simultaneous acquisition of skills and professional attitudes and behaviors. It is in the care of patients that the physician learns the application of scientific knowledge and skills.

It is impossible to consider changes in medical education without considering their impact on patients, who are an integral part of the educational process. Faculties of schools of medicine have immediate responsibility to society to graduate the best possible physician. Admissions standards for medical school must be rigorous and exacting, and admissions must be extended only to those who are qualified to meet the performance standards of the profession.

### **Development of Medical Curriculum:**

The medical faculty is charged to devise a curriculum that allows the student to learn the fundamental principles of medicine, to acquire skills of critical judgment based on evidence and experience, and to develop an ability to use principles and skills wisely in solving problems of health and disease. In designing the curriculum, the faculty must introduce current advances in the basic and clinical sciences, including therapy and technology, changes in the understanding of disease, and the effect of social needs and demands on medical care. The faculty should foster in students the ability to learn through self-directed, independent study throughout their professional lives.

Finally, the faculty of each discipline should set the standards of achievement by all students in the study of that discipline. Examination should measure cognitive learning, mastery of basic clinical skills, the ability to use data in realistic problem solving, and respect for the rights and dignity of patients. Institutions must develop a system of assessment which assures that students have acquired and can demonstrate on direct observation the core clinical skills and behaviors needed in subsequent medical training.

#### Abilities and Skills Requisite for Medical School Completion:

In the selection of students and in their progress through the curriculum, medical school faculty are guided by LCME standards. The faculty place strong emphasis on the academic achievements of applicants, including performance in the sciences relevant to medicine. This includes evidence of satisfactory scholastic achievement as indicated by grade point averages (GPA) and scores on the Medical College Admissions Test (MCAT). Breadth of education and life experience are deemed important in the selection process.

The faculty is equally cognizant of its responsibilities to patients who will be a part of the educational process and to future patients who will entrust their welfare and lives to medical school graduates. They therefore consider carefully the personal and emotional characteristics, motivation, industry, maturity, resourcefulness, and personal health appropriate to the effective physician.

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 acquire a foundation of knowledge in the basic and in the clinical sciences that will permit the pursuit of any of the several careers that medicine offers.

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, smell, and taste. Additionally, they must have sufficient exteroceptive sense (touch, pain, and temperature), sufficient proprioceptive senses (position, pressure, movement, stereognosis and vibratory) and sufficient motor function to permit them to carry out the activities described in the sections which follow. They must be able consistently, quickly, and accurately to

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 in six essential areas: (1) observation, (2) communication, (3) motor, (4) conceptual, integrative and quantitative, (5) behavioral and social, and (6) ethical. Technological compensation can be made for disabilities in certain of these areas; but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary to observe or interpret information or to perform procedures is deemed to compromise the essential function of the physician and may jeopardize the safety of the patient. The six areas of abilities/skills are detailed as follows:

- **I. Observation:** The candidate must be able to observe demonstrations and experiments in the basic sciences. A candidate must be able to observe a patient accurately at a distance and close at hand. Observations 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, to describe changes in mood, activity and posture; and to perceive non-verbal communications. A candidate must be able to communicate effectively 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 patients and with all members of the health care team.
- III. Motor: Candidates should have sufficient motor functions to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. 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, administration of intravenous medication, application of pressure to stop bleeding, opening of obstructed airways, suturing of simple wounds, and 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 clinical skills 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. In recent years, certain learning disabilities have been recognized as a subset of integrative patterns. The details for definition and diagnosis of learning disabilities follow these Standards for Curricular Completion.

- 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; and 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 and ambiguities 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 process.
- VI. Ethical Standards: A candidate must demonstrate professional demeanor and behavior, and must perform in an ethical manner in all dealings with peers, faculty, staff and patients. Questions of breach of ethical conduct will be referred to the Student Affairs Committee for resolution under the Code of Professional and Academic Conduct.

In determining the minimum standards for completion of the medical school curriculum, the TTUHSC-EPSOM recognizes that certain disabilities can be accommodated without compromising the standards required by the school or the fundamental integrity of the curriculum. The school is committed to development of innovative and creative ways of opening the curriculum to competitive and qualified disabled candidates. At the same time, the school recognizes the essential need to preserve the standards and integrity of curriculum requisite for the competent and effective physician. Since the treatment of patients is an essential part of the educational program, the health and safety of those patients must be protected at all costs. Therefore, it is not only reasonable but essential for good patient care to require minimum standards for the education of physicians.

If a student is offered and accepts an admissions offer from the School of Medicine, the student must then sign a form acknowledging that he/she has read and understands that the Standards for Curricular Completion must be met with or without accommodation. A request for accommodation along with supporting documentation about the disability from an appropriate specialist and the proposed accommodation(s) must be presented in writing to the TTUHSC ADA Compliance Officer in the HSC Office of Student Services. Copies of the request and documentation will then be forwarded to the SOM Office of Student Affairs. The deadline for requests with supporting documentation is normally 30 days prior to the beginning of the first semester of enrollment. The School may also seek independent review from a specialist of its choice. The decision on whether or not an accommodation request will be granted is made by a committee composed of the Associate Dean for Medical Education, the Associate Dean for Admissions, the Student Affairs Committee, and ad hoc faculty knowledgeable regarding the area of disability. Such decisions are subject to review and approval by the Dean. If reasonable accommodation is feasible, effort will be made to provide the accommodation as classes begin. If the request for accommodation is denied, the student will be notified in writing prior to the start of classes. For requests with documentation received prior to April 15, effort will be made to notify the student of the decision regarding their request prior to May 15.

The Faculty through the Grading and Promotions Policy (Section 4.1) has determined that students will be expected to complete the curriculum within four years from the time of initial matriculation and take all designated courses as appropriate for that stage of the curriculum. Exceptions to the requirement that students take all designated courses as appropriate for that stage of the curriculum may be sought and processed as other requests for accommodation, as noted above. Such a request will be based on 1.) a specific disability certified by a qualified professional and accompanied by a specific recommendation for accommodation, i.e., a decompressed curriculum based on such a disability and 2.) a written request from the matriculant for such an accommodation based on that disability. As noted above, while students will be expected to complete the curriculum in four years, such as an accommodation will not invalidate the requirement that a student must complete all curricular requirements in no more than six years from the time of initial matriculation.

In the area of learning disabilities, the student should note that he/she will have to petition the National Board of Medical Examiners for any accommodation on the United States Medical Licensing Examinations (Steps I, II, and III) and that this process is an addition to and separate from any request for accommodation by the TTUHSC-EPSOM.

### Criteria for Diagnosis of Learning Disability

#### **Definition:**

A learning disability (as defined by the Rehabilitation Services Administration, RSA PPD-85-1, 1985, p.2) is, "A disorder in one or more of the central nervous system processes involved in perceiving, understanding, and/or using concepts through verbal (spoken) or written language or nonverbal means." The term learning disabilities is used to refer to a heterogeneous group of disorders characterized by significant difficulties in spelling, reading, expressing ideas in writing, or solving mathematical problems. They are presumed to be due to a dysfunction in the central nervous system and can occur across the life span. While difficulties with social and behavioral problems may co-exist with learning disabilities, they do not constitute a learning disability in themselves.

#### **Guidelines:**

The Ad Hoc Committee on Learning Disabilities of the Association of American Medical Colleges (AAMC) has promulgated guidelines for the assessment of learning disabilities and these are used as a basis for the guidelines at TTUHSC-EPSOM.

**A.** Comprehensive Assessment - A comprehensive assessment must have been done within the last three years. A qualified professional, e.g., a licensed psychologist, a learning disabilities diagnostician, an educational psychologist, with experience in assessing adults must conduct the assessment.

The assessment must address the areas of aptitude, achievement, and information processing.

The assessment must provide clear and specific evidence and identification of a learning disability. "Learning styles" and "learning differences" do not constitute a learning disability.

Information regarding vocational interests and aptitudes may be included.

Students are responsible for the costs of any and all testing done with regard to learning disabilities.

If the student has already matriculated and applies for accommodation, the student must be assessed by a professional approved by the institution.

The following tests are considered acceptable.

- Aptitude. The Weschler Adult Intelligence Scale-Revised (WAIS-R) with subtest scores is preferred. Also acceptable are the Woodcock-Johnson Psychoeducational Battery-Revised and the Stanford-Binet Intelligence Scale-Fourth Edition.
- Achievement. Levels of functioning in reading, mathematics, and written language are required. Acceptable instruments include:
  - Woodcock-Johnson Psychoeducational Battery-Revised Tests of Achievement
  - Stanford Test of Academic Skills (TASK)
  - Scholastic Abilities Test of Adults
  - o Or specific achievement tests such as
  - o the Test of Written Language-2 (TOWL-2)
  - Woodcock Reading Mastery Tests-Revised
  - o Stanford Diagnostic Mathematics Test.

The Wide Range Achievement Test-Revised is not acceptable.

• Information Processing. Use of subtests from the WAIS-R or the Woodcock-Johnson Tests of Cognitive Ability to assess specific areas of information processing (e.g., short- and long-term memory, sequential memory, auditory and visual perception and processing, and processing speed) are acceptable.

All reports must contain the following information:

- o The name, degree, title, address, and telephone number of the assessor;
- o Information on the professional credential of the evaluator and the areas in which the individual specializes;
- o The date of the assessment:
- o The names and results of the tests (i.e., scores);

- o The nature and effect of the learning disability;
- O An appraisal of the student's academic strengths and weaknesses;
- o Recommendations for strategies and accommodations.

Students who claim learning disability must review the guidelines with the professional who does the assessment.

The diagnosis for learning disability must confirm less than expected academic functioning as demonstrated by a converted score of 15 or more points less than a full scale IQ on individually administered standardized achievement tests.

#### A history of substantial long-term functional impairment must be present.

#### **B.** Evaluation and Accommodation

If a student is offered and accepts an admissions offer from the School of Medicine, the student must then sign a form acknowledging that he/she has read and understands that the Standards for Curricular Completion must be met with or without accommodation. A request for accommodation must be presented in writing to the Office of Student Affairs along with supporting documentation about the disability from an appropriate specialist and the proposed accommodation(s). Generally the deadline for requests with supporting documentation is 30 days prior to the beginning of the first semester of enrollment. The School may also seek independent review from a specialist of its choice. The decision on whether or not an accommodation request will be granted is made by a committee composed of the Associate Dean for Educational Programs, the Assistant Dean for Admissions and Student Affairs, the Student Affairs Committee, and ad hoc faculty knowledgeable regarding the area of disability in question. Such decisions are subject to review and approval by the Dean. If reasonable accommodation is feasible, effort will be made to provide the accommodation as classes begin. If the request for accommodation is denied, the student will be notified in writing prior to the start of classes. For requests with documentation received prior to April 15, effort will be made to notify the student of the decision regarding their request prior to May 15.

The student is responsible for any and all costs associated with the evaluation, including any additional testing that is found to be indicated after matriculation. If testing is indicated after matriculation, the student can be assessed by a professional of the student's choice whom the school shall also approve. Such approval will not be unreasonably withheld.

Accommodation by the National Board of Medical Examination for Steps I, II and III of the United States Medical Licensing Examination is an independent and additional process and must be pursued by the individual student when applying for the examinations.

All files and documentation regarding learning disabilities and accommodation will be kept confidential and in the Office of Student Affairs.

#### Procedure for Students with Disabilities

Without compromising the standards required by the School or the fundamental integrity of its curriculum, the School recognizes that persons with disabilities, as that term is defined in the Americans with Disabilities Act, may fulfill the standards with reasonable accommodation. The School of Medicine is committed to developing innovative and creative ways of opening its curriculum to competitive and qualified candidates with disabilities. Requests for accommodation under the Standards for Curricular Completion will be considered on an individual basis and reasonable accommodation will be arranged if appropriate. The use of a trained intermediary to observe or interpret information is considered to compromise the essential function of the physician.

When an applicant comes for an interview at the El Paso School of Medicine, a copy of the detailed Standards for Curricular Completion will be included in the Orientation Packet. Questions about the Standards are welcomed and interviewees will be informed that they must be qualified to meet all of the Standards, with or without accommodation.

If a student is offered and accepts an admissions offer from the El Paso School of Medicine, the student must then sign a form acknowledging that he/she has read and understands that the Standards for Curricular Completion must be met with or without accommodation. An application for accommodation may be obtained from the Office of Student Services and must be presented in writing to the Office of Student Affairs along with supporting documentation about the disability from an appropriate specialist and the proposed accommodation(s). The deadline for requests with supporting documentation is normally 30 days prior to the beginning of the first semester of enrollment. The School may also seek independent review from a specialist of its choice. The decision on whether or not an accommodation request will be granted is made by a committee composed of the Associate Dean for Medical Education, the Associate Dean for Admissions, the Student Affairs Committee, and ad hoc faculty knowledgeable regarding the area of disability. Such decisions are subject to review and approval by the Dean. If reasonable accommodation is feasible, effort will be made to provide the accommodation as classes begin. An application that is subject to disapproval will be discussed with the Health Sciences Center's ADA Compliance Office and the Office of General Counsel. If the request for accommodation is denied, the student will be notified in writing prior to the start of classes.

For requests with documentation received prior to April 15, effort will be made to notify the student of the decision regarding their request prior to May 15. The Application for Accommodation and supporting documentation will be sent to the ADA Compliance Officer for official record keeping.

In the area of learning disabilities, the student should note that he/she will have to petition the National Board of Medical Examiners for any accommodation on the United States Medical Licensing Examinations (Steps 1, 2, and 3) and that this process is in addition to and separate from any request for accommodation by the Texas Tech School of Medicine.

#### STUDENT LIFE

Texas Tech has traditionally been noted for the open friendliness of its student body and faculty. The relatively small size of classes makes for an enhanced ability to get acquainted with each other. The city of El Paso offers good quality of life for students and student families. The geographic location of the El Paso School of Medicine provides a wealth of recreational and cultural experiences both in the city and the surrounding area. Housing is easily available and relatively economical and the semi-arid climate is an agreeable one. Thus, the unstructured "quality of student life" is generally a good one. There are a number of organizations and resources that are designed to facilitate the ability to enjoy and gain from the medical school experience.

THE OFFICE OF THE REGISTRAR is located in the Health Sciences Center in Lubbock and serves as custodian of the students' permanent academic records. The Registrar's Office is also responsible for registration, grade reports, transcript requests, enrollment and veteran certification. The Registrar's Office is easily accessed via the internet, by phone or through the Student Affairs office on the El Paso campus

THE OFFICE OF FINANCIAL AID serves students desiring financial assistance or information regarding loans and scholarships. A Liaison Financial Aid Officer is stationed at the El Paso School of Medicine and is located in the Office of Student Affairs. The Texas Tech University Health Sciences Center Office of Student Financial Aid is committed to working with each student in identifying financial resources to meet their financial needs to pursue their medical education.

Financial Aid is available to School of Medicine students in different forms. Funds that do not require repayment consist of Federal and State Grant funds and Scholarships from state, local and private funds. Funds that must be repaid consist of Federal, State, Local and Private Loan Funds. Financial aid is available for tuition, fees, books and supplies and living expenses for each academic year.

These funds are offered to students on the basis of financial need and other qualifications as specified by the Department of Education and the donor organizations.

Financial need is defined as the difference between the anticipated costs of attending the school and the amount of money available to the student from all sources. A needs analysis calculation is required of applicants for most financial aid programs.

The scholarships administered by the School of Medicine are awarded based on various factors. These include, but are not limited to, financial need, academic achievement, class standing, and areas of specialization.

No student or prospective student shall be excluded for participation in or be denied the benefits of any financial aid program on the basis of race, color, national origin, religion or sex.

Students seeking financial aid or additional information should contact:

The Office of Financial Aid Texas Tech Health Sciences Center 3601 - 4th Street, Lubbock, TX 79430

Phone: (806) 743-3025

E-mail: Financial.Aid@TTUHSC.EDU

For more information contact:

The Office of Student Services, Registrar and Financial Aid Texas Tech University Health Sciences Center 3601 4th Street, Room 3B310, MS 8310 Lubbock, Texas 79430

Phone: (806) 743-2300 Fax: (806) 743-3027

#### RECREATIONAL OPPORTUNITIES

Students enrolled at El Paso can enjoy the recreational and cultural advantages of a major university, the University of Texas at El Paso. Through an inter-institutional agreement students can purchase memberships in the UTEP Student Recreational Center (SRC) for an annual or semester fee. This is an outstanding facility with excellent equipment, space, and programs. An Olympic-size pool is available for swimming. There are tennis courts, running tracks, handball and squash courts, basketball courts, weight training equipment, aerobics classes, and playing areas for intramural sports of all types.

#### STUDENT HEALTH SERVICES

Basic ambulatory services in primary care are covered by student fees and are available by appointment between 8:00 a.m. and 5:00 p.m., Monday through Friday at the Northeast Family Practice Center of the Department of Family Medicine. Physician care is provided without charge in the Family Practice Center, but students may have to pay for laboratory, radiographic, or medical consultative services that are furnished by R. E. Thomason General Hospital that are beyond the basic services outlined in the student health services pamphlet. Emergency Room visits, medical consultation, and hospitalization are at the student's expense as are any services provided at clinics other than Family Practice. All students are required to have adequate health insurance. Immunizations required prior to registration are detailed in The Admissions Process section. They may be completed or updated through the Student Affairs Office.

Additionally, in the area of mental health the Student Assistance Network provides up to five confidential psychological counseling sessions per academic year at no cost to the student. Students are provided a list of contracted providers whom they may access at any time. The student may be responsible for payment for other recommended services such as psychiatric consultation or follow-up.

#### **CAMPUS PARKING**

Parking facilities are available on the El Paso campus.

### **HOUSING**

The School of Medicine does not furnish living quarters for its students. Each student makes his/her own arrangements. All students live in apartments or houses in the community. The Office of Student Affairs can provide information on available housing.

#### THE DOCTOR OF MEDICINE PROGRAM

#### **Undergraduate Medical Education**

The goal of the School of Medicine is to provide students with a broad base of knowledge in the basic and clinical sciences, so that each graduate is well prepared to enter any field of postgraduate medical training. In recognition of the specific needs of West Texas, interest in the disciplines related to primary patient care is encouraged. The curriculum has two primary objectives:

- 1. to provide a broad introduction to medical knowledge while developing analytical skills in problem-solving; and
- 2. to enhance the ability of the students to assume responsibility for their own education as an on-going, life-long process.

To achieve these objectives, the curriculum is continually reviewed and appropriately modified to ensure the personal and professional growth of the future physicians. The School of Medicine has endorsed the efforts of the Association of American Medical Colleges to examine and modify curricula in order to make education and training relevant to physician practice in the twenty-first century.

There is a firm commitment to the philosophy that the curriculum is the property and responsibility of the faculty rather than the component departments of the school. The Dean selects a Curriculum Committee that represents the faculty and the student body. This committee is charged with overall policy in shaping and modifying a high quality and well-balanced medical education. The management of the curriculum has been formally endorsed by the Liaison Committee on Medical Education. The Liaison Committee on Medical Education (LCME) represents the Association of American Medical Colleges and the American Medical Association as the national accreditation body for medical schools. The TTUHSC EPSOM anticipates initial provisional accreditation in 2008, with full accreditation anticipated in 2011.

#### ACADEMIC SUPPORT SERVICES

Students receive a variety of support services above and beyond the formal academic program. Most importantly, students have ready access to faculty for assistance and are actively encouraged to utilize this valuable resource. College masters and course directors monitor student progress and work directly with the Office of Medical Education to identify and assist students in academic difficulty. The Office of Medical Education contacts each student who demonstrates any indication of academic difficulty and explores with the student possible areas of difficulty with appropriate counsel or referral for resolution.. Tutorial services are available.

#### **LIBRARY**

A new, state-of-the-art facility has recently been completed on the El Paso campus. The new library has over 6,000 square feet of space. There are 10 group study rooms adjacent to the library. The Gallo Library presently contains more than 45,000 total volumes and over 204 journal subscriptions. In addition, the library has a large audiovisual collection of slides, videocassettes, motion pictures and microcomputer software.

The library is completely automated with an integrated system, the Library Information System (LIS) which includes an on-line catalog and circulation. Library patrons have electronic access to over 11,000 electronic journals and 33,000 electronic books through the library home page, <a href="http://www.libraries.ttuhsc.edu">http://www.libraries.ttuhsc.edu</a>. Full Medline, CINAHL, IPA, and Micromedex are also available off of the Library home page. Computerized search services with access to over 75 data bases on a variety of health-related subjects are available through the mediation of skilled searchers.

The Library currently manages a teaching-learning center (TLC) which houses the non-print collection. Additionally, the TLC has a variety of microcomputers available for student use. The Teaching-Learning Center also assists students in the learning experience through formal classes as well as individual instruction.

Formal classes in search strategy of bibliography databases are conducted frequently in order to prepare the student to be able to access the vast amount of data available. Other courses in life-long learning, techniques of how to filter bibliographic data and other formal courses are offered through the Library.

#### **GRADING**

Most courses are graded on a categorical scale with grades of Pass, and Fail. A final grade of Pass is considered as a satisfactory score. The Student Handbook outlines specific policies on grading and promotions. Decisions on progression through the curriculum are based on review of the cumulative record and on demonstration of professional behavior.

#### ACADEMIC ADVANCEMENT

The Grading and Promotions Committee is a faculty committee which is responsible for reviewing the academic and professional progress of each student at least annually. It determines that a given student be unconditionally promoted, be promoted with conditions, be given remedial work, be required to repeat all or part of an academic year, or be dismissed. Student progress is reviewed and decisions based on written policies are made at the end of each semester. There is a published series of steps for due process. The Dean as Chief Academic Officer makes the final decision.

Satisfactory academic achievement is only one of several criteria used in judging the fitness of a student for the practice of medicine. Demonstration of clinical competence, integrity and professional behavior are also considered in review of the student's progress through the curriculum.

Under usual circumstances an academic record with a minimum grade of Pass in each course is considered satisfactory for progress to the next academic year. Each record is reviewed in the context of the individual student's cumulative cognitive and non-cognitive performance through the total curriculum.

# UNITED STATES MEDICAL LICENSING EXAMINATION (USMLE)

TTUHSC medical students are required to take and pass Step 1 of the United States Medical Licensing Examination (USMLE) not later than June 30 of their second year. Since the test is a component of application for licensure to practice medicine, the student is required to pay for the examination. Passing USMLE Step 1 is a condition for continuation in year 3 of the curriculum. Students will also be required to take and pass USMLE Step 2 Clinical Skills and Clinical Knowledge prior to graduation.

# CURRICULUM CONTENT OF THE TTUHSC-EPSOM

### First and Second Years: Begin August, Each year includes 40 weeks

The curriculum for the first two years allows students to work within a small group of students under the mentorship of experienced senior faculty members. Twenty students are assigned to one of four learning communities called Colleges under the direction of two Masters, one a senior basic scientist and the second an experienced clinician. These colleges function as home base for the students and the place for teaching in many aspects of the art of doctoring. The colleges also provide the place where the student is able to evaluate his or her progress with weekly formative evaluations (examinations without impact on the student's grade, but a useful measure of accomplishment). Students also learn about population health, the impact of the community on the health of the individual and the individual within the community in a course entitled "Society, Community, and the Individual". In this course, the students work directly with underserved communities and with patients cared for in clinics sponsored by the medical school. Students gradually assume a major role in the care of these patients with continuity of care throughout four year curriculum. The centerpiece of the educational experience of the first two years is the series of courses called the Scientific Principles of Medicine. In these courses, the students enjoy an integrated approach to the traditional basic science disciplines within the framework of clinical case studies. Using both inductive and deductive reasoning, they study the 120 clinical presentations that capture all of the ways in which the patient may present to the physician. Anatomy, biochemistry, physiology, pharmacology and therapeutics, microbiology and immunology, and pathology are all considered comprehensively in an integrated fashion. Medical students also participate in a course concerned with Medical Skills. There they learn about history taking, physical assessment, and simple procedures in a fashion that correlates these skills with the cases being studied in the Scientific Principles of Medicine. Instructional methods include lectures, small group discussions, laboratories, computer exercises, and both oral and written presentations. Experiences with real and simulated patients begin in the first week of the curriculum. Both formative and summative evaluations, along with feedback, are integral to the curriculum. Evaluation methods include written and oral examinations, laboratory examinations, performance and behavioral assessment, and OSCEs (Objective Structured Clinical Examinations). At the conclusion of the two years, the student should have the knowledge and skills required to move into the clinical clerkships and with clinical experiences that prepare him or her for the more concentrated clinical experiences of the third and fourth years.

	Contact Weeks	Credit Hours
Masters' Colloquium	80	x
Scientific Principles of Medicine	80	X
Medical Skills	80	X
Society, Community, and the Individual	80	X
Real-Life Clinical Correlations	80	X

#### **FACULTY**

**Abedin, Zainul, MD**; 1968, Nagpur University Medical College, Associate Professor, Internal Medicine

Aguirre, Rafael, MSW; 1967, Lady of Lake University, Faculty Associate, Psychiatry Aguirre-Hauchbaum, Salvador F., MD, 1970, Universidad de Automous de Chihuahua, Clinical Associate Professor, Neuropsychiatry

Akins, Ralitsa, MD; 1994, University Varna-Bulgaria, Academic Assistant Professor, Pediatrics Allen, Terry W., Ph.D., Clinical Assistant Professor, Pediatrics

Ambat, Ma Teresa, MD; 1994, University of Santo Tomas, Assistant Professor, Pediatrics Antowan, Cenan, MD; 1988, University of Baghdad College of Medicine, Assistant Professor, Pediatrics

**Aragon, Lorenzo, MD**; 1981, National Autonomous University of Nicaragua, Assistant Professor, Family and Community Medicine

Atkinson, Darryl A., DO; 1988, Oklahoma College of Osteopathic Medicine, Assistant Professor, Emergency Medicine

Avo, Luis A., MD; Clinical Assistant Professor, Pediatrics

Bagg, Raymond J., MD; 1958, New York Medical School, Professor, Orthopaedic Surgery
Berkley, Lizabeth J., MPH; CHES, IBCLC, Faculty Associate, Obstetrics and Gynecology
Blanc, Oscar, MD; 1990, University of Illinois College of Medicine, Instructor, Pediatrics
Blandon, Pedro, MD; 1995, Universidad de Guadalajara, Assistant Professor, Internal Medicine
Blumenfeld, Daniel G., MD; 1991, University of Texas Southwestern Medical School, Clinical Assistant Professor, Ophthalmology

Blunk, Dan I., MD; 1974, University of Texas Medical Branch, Associate Professor, Neurology Boman, Darius, MD; 1972, Seth GS Medical College University of Mumbai, Associate Professor, Pathology

Bright, Tamis, MD; 1989, Loyola University Stritch School of Medicine, Associate Professor, Internal Medicine

Briones, David F., MD; 1971, University of Texas Medical Branch, Professor, Psychiatry Brower, Richard D., MD; 1985, University of Texas Medical Branch-Galveston, Associate Professor, Neurology

**Brown, James, MD**; 1995, Texas Tech University School of Medicine, Assistant Professor, Emergency Medicine

Brunner, Noemi R., MD; 1991, Universidad La Salle, Visiting Professor, Radiology Bryan, David E., MD, 1991, University of Texas Medical School at Houston, Assistant Professor, Emergency Medicine

- Butler, Jack M., MD, 1999, Texas Tech University Health Sciences Center, Assistant Professor, Emergency Medicine
- Cabrera, Marlyn L., MD; 1991, Universidad La Salle Escuela Mexicana de Medicina, Instructor of Clinical, Pediatrics
- Calleros-Macias, Jesus, MD; 1990, Universidad Autonoma de Chihuahua, Visiting Professor, Radiology
- Canada, Linda R., CNM; 1967, Frontier Graduate School of Midwifery, Faculty Associate, Obstetrics and Gynecology
- Casner, Paul R., MD; 1980, New York Medical College, Professor, Internal Medicine
- Chamberlin, Santha, MD; 1975, University of Singapore, Associate Professor, Pediatrics
- Chamberlin, William, MD; 1975; Tufts University Health Sciences Center, Associate Professor, Internal Medicine
- Chaudhuri, Kallol, MD; 1980, Calcutta Medical College, Associate Professor, Anesthesiology
- Chaudhuri-Mandal, Swapna, MD; 1982, NRS Medical College University of Calcutta, Associate Professor, Anesthesiology
- **Christenson, Robert, MD**; 1980, Loma Linda University of California, Associate Professor, Pediatrics
- Corral, Javier, MD; 1984, Stanford University School of Medicine, Assistant Professor, Internal Medicine
- Cox, Randall Bruce, OD; FCOVD, 1968, University of Houston College of Optometry, Faculty Associate, Ophthalmology
- Crocker, Patty Jane, MD; 1991, University of New Mexico School of Medicine, Assistant Professor, Emergency Medicine
- Cuetter, Albert C., MD; 1963, Cartegene University Medical School, Professor, Neurology Cunningham, Derek N., OD; 2002, University of Waterloo School of Optometry, Faculty
- Associate, Ophthalmology **Davis II, Harry E., MD**; 1966, West Virginia University, Associate Professor, Internal
- Medicine

  Days, Alison L., MD, 1999, Yale University School of Medicine, Assistant Professor, Pediatrics
- **De La Rosa, Fabian, PA**; 2004, Texas Tech University Health Sciences Center, Faculty Associate, Orthopaedic Surgery
- de la Rosa, Jose Manuel, MD/MPH; 1984/1997, Texas Tech University HSC School of Medicine/Harvard School of Public Health, Professor, Pediatrics
- de Vargas, Cecilia, MD; 1961, Universidad de Los Andes, Bogota, Columbia, Assistant Professor, Neuropsychiatry
- **Didia, Silvia, MD**; 1989, University of Buenos Aires School of Medicine, Assistant Professor, Internal Medicine
- **Dougherty, Steve H., MD**; 1973, University of California-San Francisco, Professor, Surgery El Masri, Wafic, MD; 2001, American University of the Caribbean, Assistant Professor, Obstetrics and Gynecology
- Eraso, Luis H., MD; 1996, Colegio Mayour de Nuestra Senora del Rosario Universidad, Assistant Professor, Internal Medicine
- Fagan, Rona, RN, University of Miami, Faculty Associate, Orthopaedic Surgery
- Figueroa-Casas, Juan B., M.D., 1991, Universidad National del Rosario, Assistant Professor, Internal Medicine

- **Fleming, Rhonda, MD**; 1991, Universidad Central de Venezuela, Assistant Professor, Internal Medicine
- Gallardo, Mark, MD; 2001, Texas Tech University Health Sciences Center, Assistant Professor, Ophthalmology
- Garcia, Blanca, MD; 1998, Texas Tech University Health Sciences Center, Assistant Professor, Pediatrics
- Gaspar de Alba, Mario, MD; 2001, Universidad Autonoma de Guadalajara, Assistant Professor, Pediatrics
- **Giodarno, Frank, MD**; 1967, Creighton University School of Medicine, Associate Professor, Neurology
- Goldstein, Randy J., M.D., 1995, State University of New York at Buffalo School of Medicine, Clinical Assistant Professor, Emergency Medicine
- Gomez, Gilberto, MD; 2001, University of Texas Health Sciences Center, Instructor, Pediatrics
- Gonzalez-Sanchez, Jose L., MD; 1986, University of Puerto Rico, Associate Professor, Obstetrics and Gynecology and Associate Dean for Graduate Medical Education
- Gough, David C., MD; 1967, University of Kansas, Assistant Professor, Internal Medicine
- Greenberg, Harvey, MD; 1971, State University of New York Medical School-Buffalo, Associate Professor, Obstetrics and Gynecology
- Greene, Scott, MD; 1999, Texas Tech University Health Sciences Center, Assistant Professor, Emergency Medicine
- Greer, Veronica, MD; 1989, University of Texas Health Sciences Center at Houston, Assistant Professor, Emergency Medicine
- Gutierrez, Samuel C., MD, Faculty Associate, Emergency Medicine
- Hakim, Nawar, MD; 1992, American University of Beirut, Assistant Professor, Pathology
- Hanbali, Fadi, MD; 1992, American University of Beirut, Assistant Professor, Neurosurgery
- Hand, W. Lee, MD; 1962, Emory University School of Medicine, Professor, Internal Medicine
- Handal, Gilbert, MD; 1968, University of Chile, Professor, Pediatrics
- **Harrington, George D., MD**; 1983, University of New Mexico School of Medicine, Associate Professor, Orthopaedic Surgery
- **Haynes, John, MD**; 1980, University of Texas HSC at San Antonio, Associate Professor, Emergency Medicine
- Hernandez, German, MD; 1998, Harvard Medical School, Assistant Professor, Internal Medicine
- Hernandez, Arturo A., MD; 2000, Texas Tech University Health Sciences Center, Instructor, Pediatrics
- **Ho, Hoi, MD**; 1972, University of Saigon, Professor, Internal Medicine, Associate Dean for Faculty Development
- Horn, Kathryn, MD; 1984, Baylor College of Medicine, Associate Professor, Family Medicine and Associate Dean for Student Affairs
- **Hughes, Harold, MD**; 1986, University of Texas Medical Branch, Associate Professor, Internal Medicine
- Imagawa, Walter T., PhD; 1983, UC Berkeley, Associate Professor, Pathology
- Ipson, Merle, MD; 1988, Texas Tech University HSC School of Medicine, Assistant Professor, Pediatrics
- Islas, Arthur A., MD; 1998, Texas Tech University Health Sciences Center, Assistant Professor, Family and Community Medicine

- **Isuani, Hugo, MD**; 1967, Universidad Nacional del Cuyo, Clinical Assistant Professor, Radiology
- Jesurun, C. Antonio, MD; 1973, Baylor College of Medicine, Professor, Pediatrics
- Kalamegham, Ramaswami, PhD; 1981, Osmania University, Associate Professor, Pathology
- Kanlic, Enes M., MD; 1977, University of Belgrade, Associate Professor, Orthopaedic Surgery
- Khan, Amir M., MD, 1985, Army Medical College, Associate Professor, Internal Medicine
- **Kilgo, Robert W., MD**; 1994, University of New Mexico School of Medicine, Assistant Professor, Emergency Medicine
- Lacerte, Daniel, MD; 1987, Laval University, Assistant Professor, Neurosurgery
- Lakshmanaswamy, Rajikumar, PhD; Assistant Professor, Pathology
- Lalude, Salewa, MD; 1995, University of Lagos College of Medicine, Assistant Professor, Internal Medicine
- Law, Barbara C., MS: 1972, University of Colorado School of Medicine, Faculty Associate, Pediatrics
- Leiner, Marie A., PhD; 1976, Universidad Nacional Autonoma de Mexico, Research Assistant Professor, Pediatrics
- Levin, Garrett, MD; 1973, Universidad Autonoma de Guadalajara, Associate Professor, Pediatrics
- Levine, Johanan, MD; 1972, Albert Einstein College, Associate Professor, Pediatrics
- Lin, Steven, MD; 1991, Loyola Stritch School of Medicine, Instructor, Anesthesiology
- **Loflin, James R., MD**; 1986, University of Texas Medical Branch-Galveston, Associate Professor, Emergency Medicine
- Logvinoff, Martine-Marie, MD; 1969, Faculty of Medicine de Paris, Professor, Pediatrics
- **Lyn Hedi, MD**; 1994, Baylor College of Medicine, Assistant Professor, Obstetrics and Gynecology
- MacKay, John M., MD; 1984, Medical College of Ohio at Toledo, Assistant Professor, Emergency Medicine
- Malekzadeh, Farzad, MD; 2001, Ross University School of Medicine, Instructor, Anesthesiology
- Martin, Charmaine, MD; 2000, University of Texas Medical Branch, Assistant Professor, Family and Community Medicine
- Martinez-Lopez, Jorge I., MD; 1950, Louisiana State University, Professor, Internal Medicine Marwah, Rajendra K., MD; 1970, Maulane Azad Medical College, Clinical Associate Professor, Internal Medicine
- McClean, Susan, MD; 1988, Medical College of Virginia, Associate Professor, Surgery
- Medina, Irma, MD: 1984, Universidad Autonoma de CD Juarez, Assistant Professor, Pediatrics
- Meza, Armando D., MD; 1986, Universidad Autonoma de Cd. Juarez, Assistant Professor, Internal Medicine
- Miller, William, MD; 1966, Baylor School of Medicine, Clinical Associate Professor, Surgery
- Mohamed-Aly, Mohamed S., MD; 1988, Cairo University Faculty of Medicine, Assistant Professor, Internal Medicine
- Morales, Carmela P., MD; 1991, University of Texas Southwestern Medical School, Assistant Professor, Internal Medicine
- Moreu, Gil, DPM; 1991, Ohio College of Podiatric Medicine, Faculty Associate, Orthopaedic Surgery

- Mulla, Zuber, PhD,MPH; 2001, University of South Florida/College of Public Health, Associate Professor, Obstetrics and Gynecology
- Naylor, Anthony D., MD; 1976, Leeds Infirmary & University, Assistant Professor, Radiology
- Nelson, Brian K., MD; 1975, Baylor College of Medicine, Professor, Emergency Medicine
- Noriega, Oscar, MD; 1977, University of California-San Francisco, Associate Professor, Family and Community Medicine
- Nussey, Jennifer, OD; Faculty Associate, Ophthalmology
- Nutis, Dinorah J., MD; 1994, Universidad Autonoma de Cd. Juarez, Assistant Professor, Internal Medicine
- Nuwayhid, Bahij, MD; 1968, American University of Beirut School of Medicine, Professor & Regional Chair, Obstetrics and Gynecology
- Nwosu, Azikiwe C., MD; 1979, University of Nigeria, Associate Professor, Internal Medicine
- Ochoa, Jr., Robert R., MD; 1995, Universidad Autonoma de Guadalajara, Assistant Professor, Emergency Medicine
- Ombaba, Jackson, MD; 2000, University of Cincinnati, Assistant Professor, Surgery
- Ortega, Deborah Anne, MD; 1992, University of Texas Medical Branch Galveston, Academic Assistant Professor, Anesthesiology
- Pacheco, Hector, MD; 1991, University of California San Diego, Associate Professor, Orthopaedic Surgery
- Palafox, David, MD; 1980, Texas Tech University School of Medicine, Assistant Professor, Emergency Medicine
- **Pema, Kanchan M., MD**; 1978, University of Natal Medical School, Associate Professor, Internal Medicine
- **Perez, Ricardo, MD**; 1987, Autonomous National University of Mexico, Assistant Professor, Family and Community Medicine
- Pinzon, Guillermo, MD; 1959, National University of Columbia, Clinical Assistant Professor, Internal Medicine
- Pirela-Cruz, Miguel, MD; 1980, Temple University Medical School, Professor, Orthopaedic Surgery
- Plavsic, Branko, MD; 1972, University of Zagreb, Instructor of Radiology, Radiology
- **Poehlmann, Dwight S., MD**; 1988, University of Texas Southwestern Medical School, Assistant Professor, Obstetrics and Gynecology
- **Portugal, Betsy, MSN, CNM**; 2002, University of Texas at El Paso School of Nursing, Faculty Associate, Obstetrics and Gynecology
- **Postma, Robert, MD**; 1980, University of Texas HSC, Assistant Professor, Emergency Medicine
- **Powers, Christopher, MD**; 1998, Texas Tech University Health Sciences Center, Assistant Professor, Obstetrics and Gynecology
- Prieto-Jimenez, Carmen A., MD; 1989, University of Salvador, Assistant Professor, Pediatrics Ramirez, Therese, SNP; 1999, University of Texas at El Paso, Faculty Associate, Family and Community Medicine
- Ramos-Duran, Luis, MD; 1996, Universidad Autonoma de Chihuahua, Visiting Professor, Radiology
- Rhodes, Miller, MD; 1973, Meharry Medical College, Clinical Assistant Professor, Surgery
- **Rivera, Manuel, MD**; 1971, Universidad Autonoma de Guadalajara, Professor, Internal Medicine

Roberts, Jaqueline, RN; 2004, Ball State University, Faculty Associate, Emergency Medicine

Robinson, Arvin, MD; 1964, Medical College of Virginia, Professor, Radiology

Rodriguez, Arturo, MD; 1984, Universidad La Salle, Assistant Professor, Internal Medicine

Rodriguez, Fausto, MD; 1985, University of Juarez, Clinical Assistant Professor, Pathology

Rubio, Mara, LMSW-ACP; 1969, Tulane University School of Social Work, Instructor, Family and Community Medicine

Ruddock, Rebecca R., MA; 1992, University of Missouri-Columbia, Faculty Associate, Health Communications

Salloum, Hassan MD; 1982, Damascus USM Medical School, Associate Professor, Pediatrics

Salloum, Maha, MD; 1995, University of Tichreen, Instructor, Pediatrics

Saltzstein, Edward C., MD; 1957, Northwestern University Medical School, Professor, Surgery Sarmiento, Jorge L, MD; Visiting Professor, Radiology

**Schaake, Linda, BS**; 1978, University of Texas at El Paso, Faculty Associate, Health Communications

**Schabacker, Gary W., MD**; 1964, University of Illinois College of Medicine, Clinical Assistant Professor, Surgery

Schuster, Jeffrey, MD; 1982, University of Texas HSCS School of Medicine-San Antonio, Associate Professor, Pediatrics

Schydlower, Manuel, MD; 1971, University of New Mexico, Professor, Pediatrics, Associate Dean for Academic Affairs and Admissions

**Scragg, William H., MD**; 1957, New York Medical College, Professor, Obstetrics and Gynecology

Sebesta, Sean, MD; 2002, Texas Tech University Health Sciences Center, Assistant Professor, Family and Community Medicine

Serrato, Pedro, MD; 1996, University of Illinois, Instructor, Internal Medicine

Shirsat, Pratibha, MD; 1974, Bombay University, Associate Professor, Pediatrics

Shukla, Vani, MD; 1997, Jawahar Lal Nehru Medical College, Assistant Professor, Internal Medicine

Singh, Namrata, MD; 1989, Dayamand Medical College, Associate Professor, Pediatrics

Smith, Michael, MD; 1997, Texas Tech University Health Sciences Center, Assistant Professor, Emergency Medicine

**Spalding, Mary, MD**; 1977, University of Texas Medical Branch-Galveston, Associate Professor, Family and Community Medicine

**Spencer, Susan E., MD**; 1988, Baylor College of Medicine, Clinical Assistant Professor, Emergency Medicine

Spurbeck, William, MD; 1996, Texas Tech University Health Sciences Center, Clinical Assistant Professor, Surgery

**Stump, Robert F., MD, PhD**; 1998, University of Texas, Clinical Assistant Professor, Emergency Medicine

**Suarez-Martinez, Claudia, MD**; 1986, Universidad Autonoma de Nuevo Leon, Assistant Professor, Obstetrics and Gynecology

Sullivan, William R., MD; 1963, University of Kansas Medical Center, Associate Professor, Obstetrics and Gynecology

Suskind, Robert, MD; 1963, University of Pennsylvania, Professor, Pediatrics; Dean

Talamantes, Frank, PhD; University of California Berkeley, Professor, Pathology

Terreros, Daniel, MD, PhD; 1973, Colombia National University, Professor, Pathology

- **Thordarson, Gundmudar, PhD**; 1984, University of Reading-England, Associate Professor, Pathology
- **Tillmanns, Regine, MD**; 1992, University of Tublingen-Germany, Assistant Professor, Internal Medicine
- Ting, Stanislaud, MBBS; 1972, University Rangoon Institute, Clinical Professor, Pediatrics Tolouian, Ramin, MD; 1990, Shahib Beheshti University-Tehran Iran, Assistant Professor, Internal Medicine
- **Tyroch, Alan H., MD**; 1990, University of Texas HSC School of Medicine-Houston, Associate Professor, Surgery
- Veal, Richard, CRN; 1988, Texas Wesleyan College, Faculty Associate, Anesthesiology
- Vela, Oscar, MD; 2002, University of Texas Medical School of Houston, Instructor, Emergency Medicine
- Vera, Robert W., MD; 1981, University of Texas Southwestern Medical School, Assistant Professor, Obstetrics and Gynecology
- Villanos, Maria Theresa, MD; 1989, Lyceum NW-FQD Medical Foundation, Assistant Professor, Pediatrics
- Walls, Johnny, PA-C; 1990, University of Oklahoma, Faculty Associate, Family and Community Medicine
- Watts, Susan I., Ph.D., Research Assistant Professor, Pathology
- Wilcox, James A., DO; 1981, College of Osteopathic Medicine-Iowa, Professor, Psychiatry
- Wojciechowska, Joanna, MD; 1983, Medical Academy, Assistant Professor, Pediatrics
- **Zuckerman, Marc J., MD**; 1977, Tufts University School of Medicine, Professor, Internal Medicine

# STATEMENT OF EQUAL OPPORTUNITY

The El Paso School of Medicine is committed to a policy of equal opportunity. The El Paso School of Medicine will not discriminate on the basis of race, color, sex, age, religion, sexual orientation, national origin or physical handicap.

All inquiries and correspondence concerning admission to the School of Medicine should be addressed to:

Office of Admissions El Paso School of Medicine Texas Tech University Health Sciences Center 4800 Alberta Avenue El Paso, TX 79905 Phone: (915) 545-xxxx - Admissions Or (915) 545-6600 - Student Affairs

# TEXAS TECH UNIVERSITY SYSTEM

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L. Frederick Francis, Chairman J. Frank Miller, Vice Chairman

#### Members

Term Expires January 31, 2007

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L. Frederick Francis

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Term Expires January 31, 2009

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# TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

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Bernhard Mittemeyer, M.D., President (Interim)

Rial Rolfe, Ph.D., Executive Vice President for Academic Affairs (Acting) Elmo Cavin, Executive Vice President for Finance and Administration Patti Paterson, M.D., M.P.H., Vice President for Rural and Community Health German R. Nunez, Ph.D., Vice President for Diversity and Multicultural Affairs

Rial Rolfe, Ph.D., Associate Vice President for Academic Affairs

#### STANDARDS OF BEHAVIOR IN THE LEARNING ENVIRONMENT

The medical learning environment should facilitate students' adoption of the professional and collegial attitudes necessary for effective, caring and compassionate health care. The development and nurturing of these attitudes is enhanced and, indeed, is based on the presence of mutual respect between teacher and learner. Characteristic of this respect is the expectation that all participants in the educational program assume their responsibilities in a manner that enriches the quality of the learning process.

While these goals are primary to a school's educational mission, it must be acknowledged that the social and behavioral diversity of students, faculty, residents, and staff, combined with the intensity of the interactions between them, will, from time to time, lead to alleged, perceived or real incidents of inappropriate behavior or mistreatment of individuals. Examples of mistreatment may include but are not limited to sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, sexual orientation, physical disability or age; humiliation, psychological or physical punishment and the use of grading and other forms of assessment in a punitive manner.

The occurrence, either intentional or unintentional, of such incidents results in a disruption of the spirit of learning and a breach in the integrity and trust between teacher and learner. Further, TTUHSC has a policy of zero tolerance for any type of discrimination or harassment. A student who feels that s/he has been the object of inappropriate behavior on the part of a faculty member, a resident, a staff person, or other student, shall report such behavior in a timely fashion to the Associate Dean for Student Affairs.

There are mechanisms in place that address inappropriate behavior by faculty, residents, and staff. Likewise, the El Paso School of Medicine has adopted a Code of Personal/ Professional and Academic Conduct that governs the behavior of medical students. The purpose of this Code is to reaffirm the importance of appropriate professional behavior on the part of students and to establish guidelines for dealing with inappropriate behavior.

When an incident is reported, the Associate Dean for Student Affairs will coordinate with the student as his/her advocate to ensure that the appropriate policies and procedures of the Health Sciences Center and the El Paso School of Medicine are invoked in the student's behalf (see Policy on Student-Faculty Disputes). The procedures of the Code of Personal/Professional and Academic Conduct will also be followed as necessary in this process.

# POLICY FOR ADDRESSING ALLEGATIONS OF INAPPROPRIATE BEHAVIOR OF FACULTY TOWARD STUDENTS

It is the policy of The Texas Tech University Health Sciences Center El Paso School of Medicine to affirm the right of its students to a prompt and fair resolution of a complaint or grievance involving allegations of inappropriate behavior by faculty toward students. The Office of Student Affairs will administer the School's policies regarding student grievances and will insure that due process is afforded to all concerned.

#### **Procedures**

#### Early Resolution

- 1. Prior to filing a request for a hearing, the student must attempt to resolve the issue with the individuals(s) involved.
- 2. If not satisfied with the outcome of (1) above, the student must contact the appropriate Department Chair. The Department Chair will investigate the complaint, attempt to reconcile differences, and find an acceptable solution. The Department Chair will provide a written statement of his/her recommendation to all parties, who will then have ten working days to respond. Every effort should be made to resolve the issue without going beyond this level.
- 3. If the grievance is against the Department Chair, the student should contact the Office of Student Affairs, which will attempt to facilitate resolution before proceeding with a hearing, as described below.

#### Filing a Hearing Request

- 1. If the student is not satisfied with the Department Chair's recommendation, s/he may file a request for a hearing by submitting a written request to the Office of Student Affairs. The hearing request must include a specific statement of the student's complaint, an explanation of what remedy the student seeks, and a copy of the Department Chair's recommended resolution.
- 2. If the student files a request for a hearing, the Student Hearing Committee as defined below must convene within 15 working days.

### Hearing Procedure

Upon receipt of a written request for a hearing, the Associate Dean of Student Affairs will appoint a Hearing Committee according to the following procedure:

1. Each party will propose in writing a list of four faculty members to serve on the Hearing Committee. The Office of Student Affairs will contact the faculty members from each list in order of preference to determine their willingness to serve. One faculty member from each list will then be selected. The two faculty members will then select a

- third faculty member and these individuals will comprise The Hearing Committee. This group will select a chair from among themselves.
- 2. The Office of Student Affairs will provide technical assistance and support to this committee.
- 3. As soon as the hearing is scheduled, a written notice will be sent to all involved parties. The notice will specify the time, place, and nature of the hearing, as well as a brief description of the grievance. The notice will also confirm the right of all involved parties to present witnesses and evidence and to be accompanied by counsel for advisory purposes only.
- 4. At least three days prior to the meeting, all parties will provide the chair of the Hearing Committee a list of the names of any witnesses or counsel who will attend the hearing. The student and the involved individuals(s) shall have access to all information to be considered by the Hearing Committee, including the names of all persons giving evidence.
- 5. The student and the involved parties shall attend the hearing and be offered an opportunity to state their positions, and present testimony and other evidence relevant to the case. The responsibility of establishing the validity of the grievance rests with the student.
- 6. The Hearing Committee Chair shall keep an audio taped record of the hearing, which shall include date, time and location of the hearing, names of those present, and any evidence (e.g., records, written testimony, duplicated materials) introduced.

#### Committee Decision

- 1. After completion of the hearing, the Hearing Committee shall meet in closed session and prepare written recommendations. Copies of the Hearing Committee Chair's report shall be forwarded to the involved parties.
- 2. The student may request a reconsideration of the case in instances where he or she is dissatisfied with the decision of the Student Hearing Committee. The appeal must be made, in writing, within five working days, to the Dean of the School of Medicine.

The Dean of the School of Medicine will review the grievance resolution and render a decision. The decision of the Dean is final.

# GRADING AND PROMOTIONS POLICIES & PROCEDURES

#### Introduction

The responsibility for evaluation of students rests with the faculty of the Texas Tech University Health Sciences Center El Paso School of Medicine. Faculty members have an obligation to the students, to the school, and to the larger society to award a passing grade only to those students who have demonstrated mastery of the bloc or clerkship material. In addition to evaluation of students' knowledge and skills, the faculty has the obligation to determine whether students' behavior or conduct is suitable for the practice of medicine. It is inappropriate to give a passing grade to a student when unacceptable behavior or conduct in the treatment and care of patients and/or in relationships with staff and peers have been established, even if grades on tests or other forms of evaluation have been satisfactory.

The faculty of the School of Medicine has the responsibility for recommending students for promotion and graduation. This responsibility is administered through the Grading and Promotions Committee that represents the faculty at large. Every attempt will be made to apply principles of fairness and due process when considering actions of the faculty or administration that might adversely affect the students. Comments, questions, and concerns should be directed to the Office of Student Affairs.

# Students covered by this policy

These grading and promotions policies apply to students enrolled in the modules and clerkships necessary to complete the requirements for the Doctor of Medicine degree in the TTUHSC El Paso School of Medicine.

# Responsibilities of the Grading and Promotions Committee

The Grading and Promotions Committee is appointed by the Academic Council and is charged with the responsibility to review and evaluate the academic and behavioral progress of each medical student enrolled at TTUHSC El Paso School of Medicine. The Committee includes a representative from each of the departments, centers, or institutes which has teaching responsibility. The Committee may establish subcommittees to consider grading and promotion issues for each year of the curriculum. The Committee determines the conditions for promotion, reinstatement, or dismissal for each student in accordance with the policies and procedures described herein. The Committee is charged with responsibility for formulation and modification of grading and promotions policies that are subject to approval by the Academic Council and referred to the Dean of the School of Medicine for final approval.

# Responsibilities of the Office of Medical Education

The Office of Medical Education is responsible for monitoring the progress of medical students during their course of study in order to

provide or refer students to the appropriate academic or personal counseling services, if applicable. It will provide staff support to the Grading and Promotions Committee and will maintain permanent minutes of Committee actions. The Associate Dean for Medical Education serves as advocate for due process for students.

# Responsibilities of the Dean

The Dean, as the Chief Academic Officer, has the final responsibility for actions taken regarding a student. The initial recommendation and subsequent action for each student are delegated to the Grading and Promotions Committee. However, the Dean is responsible for executing the appeals process in which a final decision is made.

### 1. Committee Policies

- 1.1 The voting membership of the Grading and Promotions Committee is constituted only from TTUHSC El Paso School of Medicine full-time faculty. The Committee is comprised of representatives of all of the departments or other administrative units with teaching responsibilities. Members are elected by the Academic Council. At least six are faculty members from the pre-clinical departments and six are faculty members from the clinical departments.
- **1.2** Each year, one-third of the membership is elected to the Committee for a three-year term.
- **1.3** The Associate Dean for Medical Education and the Associate Dean for Student Affairs will serve as ex officio members.
- **1.4** The Chair is elected from the membership of the Committee as provided by the Faculty Bylaws.
- 1.5 Although the Grading and Promotions Committee normally meets at the end of each academic year to review the academic progress of each medical student, additional meetings are convened by the Chair as needed during the academic year.
- 1.6 The proceedings of all meetings are confidential in accordance with the Family Educational Rights and Privacy Act of 1974. The proceedings and recommendations of the Grading and Promotions Committee are privileged information. Committee members may not discuss particular cases or the outcome of its recommendations with anyone outside the Grading and Promotions Committee.
- 1.7 All Committee decisions requiring a vote are determined by a simple majority vote. Six members, other than the chair, are required for a quorum at a regular or called meeting. The Committee may delegate to the Chair and Chair-Elect the review of student academic performance and the application of the prescribed course of action as set forth by the policy. The Chair and Chair-Elect may, in urgent cases, consult with the Associate Dean for Medical Education regarding an

emergency leave of absence for a student in academic difficulty. The Chair, Chair-Elect, and Associate Dean will set the conditions for return from a leave of absence, with approval of the Dean.

### 2. Grading Policies

- 2.1 Students are assigned a grade at the completion of each course. For purposes of this policy, the term "course" includes the Scientific Principles of Medicine, clinical clerkships, and other clinical rotations which must be successfully completed for promotion and graduation. A grade, once recorded, cannot be changed without written approval of the College Master, Department Chair, and/or course/clerkship director.
  - 2.1.1 Students may petition departments on an individual basis to take an exam in a discipline in lieu of course work. Requests to do so will be reviewed at the departmental level for appropriateness. In order to request the opportunity to take an exam in lieu of a required course, the student must provide evidence of prior course work in that discipline which is comparable to that of the course in question. If such a request is granted, the department will establish the standard for passing the exam. If the department determines that the student has achieved a passing grade, the student's transcript will carry the notation CR (credit) for that course.
  - 2.1.2 Students may be required to remediate a failed NBME Subject Examination by repeating the NBME exam. Passing the exam on the second attempt will serve to remediate the incomplete grade, but the original final grade will not change. Students who receive a passing grade on an NBME Subject Exam may not repeat the exam in an attempt to improve a final grade.
- 2.2 Grades are recorded on the transcript as follows:
  - **2.2.1** Pass (Satisfactory, performance), Fail (Unsatisfactory performance).
  - 2.2.2 Credit (CR) for students who have fulfilled the equivalent of required medical courses at another school or as a graduate student at TTUHSC. This may require placement testing in addition to the prior course work experience. Transfer of credits toward the Doctor of Medicine degree is made by recommendation of the appropriate departmental chair(s) through The Office of Student Affairs.
  - 2.2.3 In Progress (PR) is recorded only when a student has been unable to complete the full course of study in the allocated time. It is not used as a substitute for an earned failing grade. The Office of Student Affairs will request reasons for the grade and for a description of the work remaining to be done.

- When a "PR" remains for one year without action on the part of the student, it will be changed to a failing grade.
- 2.2.4 Course credit is expressed in credit hours. The credit hours for each course are described elsewhere in the Student Handbook.

# 3. Documentation of Student Academic Performance

- **3.1** Grade reports for all courses are submitted to The Office of Medical Education as soon as possible after course examination grades are determined.
- 3.2 'The original signed official grade reports are forwarded to the HSC Registrar by the course/clerkship directors for placement on the official transcript. Copies of these grades reports are also forwarded to The Office of Medical Education.

# 4. Promotion Policies

- **4.1** Normal progression through the School of Medicine curriculum requires that a student demonstrate a consistently satisfactory level of performance. Course grades generally serve as indicators of performance. Students will be expected to complete the course and clerkship work of the medical school curriculum within four (4) years of the initial date of matriculation. This does not include time spent in course work for other degree programs.
  - The curriculum may be extended due to 1) a leave of absence, 2) academic difficulty requiring repetition of an academic year as per this policy, or 3) request for ecompression of the medical school curriculum related to an established disability as noted in the Standards for Curricular Completion. However, inability to complete the curriculum within six (6) years will result in review by the Grading and Promotions Committee, which may recommend dismissal.
- **4.2** The progress of each student in Years One and Two will be reviewed by the Grading and Promotions Committee. Prescribed courses of action and decisions by the Committee will be based on the cumulative performance of the student.

#### 4.2.1 General Issues

**4.2.1.1** The committee is not bound by categorical or arithmetic assessment of student performance but rather reviews each student in the context of his/her academic achievement and any other circumstances that may influence performance. If a student exhibits conduct or behavior inconsistent with a potential physician, a course or clerkship grade of Fail may be given. In that case, the student will be referred for disposition of the case under the Code of Personal/Professional and Academic Conduct.

- **4.2.1.2** For students who request and are granted a leave of absence after October 15 of the fall semester or March 1 of the spring semester, course averages up to the point of leave will be considered in the same way as final course grades for purposes of this policy. Exceptions to considering course averages in this manner must be requested in writing within five (5) business days of the leave being granted and will be considered on an individual basis.
- **4.2.2** Criteria for action by the Grading and Promotions Committee are as follows:

#### ACADEMIC CONDITION

#### **COURSE OF ACTION**

- All final grades of Pass for the year	<ul> <li>Advance to next academic year</li> </ul>
<ul> <li>One (1) or more final grades of Fail for the academic year</li> <li>Failure to pass USMLE Step 1, Step 2 Clinical Knowledge, and Step 2 Clinical Skills (CS) as specified in Section 9</li> <li>Inability to complete the curriculum within six (6) years</li> </ul>	<ul> <li>Review by the Grading and Promotions Committee</li> <li>Options include but are not limited to remediation, repetition of the academic year, or dismissal</li> </ul>

**4.2.2.1** For a module or clerkship being remediated, a transcript notation of "successfully remediated" will be attached to the original failing grade when successful remediation is accomplished.

Failure to successfully remediate a bloc in Years 1 and 2 according to departmental standards before the start of the next academic year will result in repetition of the entire year in which the failure occurred.

Any final course grades of Fail will be considered under Section 4.2.3 below.

4.2.3 Students who are repeating an academic year will take all courses required for other students in that academic year unless otherwise specified by the Grading and Promotions Committee. If a student has received a prior grade of Honors in a particular course, that course faculty has the option of requiring repetition of the course or substituting other work in that discipline.

If course faculty opt for the latter, that decision must be communicated in writing to the Grading and Promotions Committee and a grade will be given for this work.

4.2.4 Final course grades will be reviewed at the end of each module in Years 1 and 2 and at the end of each clerkship in Year 3.

Students who receive any initial grades of Fail will then meet with the Grading and Promotions Committee to discuss their academic performance and possible actions by the committee.

- For deliberations not delegated to the Chair and Chair-Elect, the Committee will be convened.
- **4.2.5** If a student repeats an entire academic year, the new grades are recorded on the transcript in addition to the original ones.
- **4.2.6** Students who are required to repeat an academic year may not take courses from the next academic year during the period of repetition.
- **4.2.7** Students reviewed by the Grading and Promotions Committee will be notified in writing of the Committee's decision with any stipulations for continuation in the curriculum.
- **4.3** This section has been set aside for policies related to the clinical clerkships and clinical electives
- 4.4 The completion of the medical school curriculum within the above standards and the approval of overall performance by the Grading and Promotions Committee are required for graduation. The Grading and Promotions Committee will annually present to the Dean a list of candidates for receipt of the Doctor of Medicine Degree.

# 5. Notification of Students with Satisfactory Progress

- **5.1** The Office of Student Affairs will notify in writing both Year One and Year Two students regarding satisfactory progress and promotion to the next academic year
- **5.2** Students in Year Three and Year Four are evaluated on a continuous basis. Unless problems arise, students will proceed through the clinical curriculum with no formal notice of promotion.

# 6. Deliberation of Grading and Promotions Committee

- **6.1** Each student who has demonstrated unsatisfactory progress in the curriculum as defined by Sections 4.1 and 4.2 [of the Student Affairs Handbook] will be subject to the prescribed course of action as previously set forth in this policy.
  - If the student believes the prescribed course of action is not appropriate, the student has five (5) business days after written notification to request a hearing with the Grading and Promotions Committee. At a hearing, the student will be expected to explain why the prescribed course of action should not be implemented and to propose an alternative course of action to address the academic deficiencies. Following the hearing with the student, the Committee may then vote to uphold the prescribed course of action or to recommend an alternative course of action. With a quorum present, the committee action will be determined by a majority vote.
- 6.2 The Grading and Promotions Committee delegates to College Masters, Course Directors, and Clerkship Directors the responsibility of taking action. College Masters and Course Directors of courses within the first two years monitor the progress of students in that part of the curriculum. The Clerkship Directors monitor the progress of students through the clinical curriculum and prescribe appropriate remedial work or courses of action. The Associate Dean for Medical Education (or designee) will serve as the chair of committees of the Clerkship Directors. A quorum requires presence of five of the six clerkship directors.
- **6.3** Voting on individual students by the Grading and Promotions Committee shall be by secret ballot to be handled by the Committee Chair and then verified by the Chair Elect.
- 6.4 The recommendations and stipulations arising from the actions of the Committee will be communicated in writing by the Chair of the Grading and Promotions Committee to the student and the Dean. If a student appeals a decision by the Grading and Promotions Committee under Section 7 and 8, the Dean will await the outcome of the appeals process. If the student does not appeal the recommendation of the Grading and Promotions Committee, the Dean may affirm or amend the recommendation of the Committee. If the Committee recommendation is amended, the Dean will review this with the Chair of Grading and Promotions and the Associate Dean for Medical Education. The final decision will then be communicated in writing to the student.
- **6.5** Following the decision by the Dean, the Offices of Accounting Services, Financial Aid, and Registrar are to be notified in writing by The Office of Student Affairs of the dismissal of a student or repetition of a year.

#### 7. Dismissal and Appeals Policies

- 7.1 A student shall be dismissed if the Grading and Promotions Committee determines that the student has not performed satisfactorily in academic pursuits, is not competent to pursue the assigned course of study, or has been deemed by the Grading and Promotions Committee, for just reason, unfit to continue the study of medicine. The student shall be notified in writing of the action of the Committee.
- 7.2 A student may appeal the recommendation of the Grading and Promotions Committee. This appeal must be made to the Dean of the School of Medicine within five (5) business days, must be in writing, and must cite grounds for the appeal. An appeal must be based on one of the following.
  - **7.2.1** Due process of grading and promotions policies and procedures was not followed.
  - **7.2.2** A policy or procedural error was committed which adversely affected the evaluation of the student's academic performance.
  - 7.2.3 The information concerning the student's academic performance that was considered by the Grading and Promotions Committee was not sufficient to justify the decision made by the Committee.

## 8. Appeals Procedure

- **8.1** A student shall appeal a decision by the Grading and Promotions Committee within five (5) business days of notification of the decision by submitting to the Dean through the Associate Dean for Medical Education a written notice of appeal containing a detailed basis for the request.
- **8.2** The Dean may issue the decision alone or may appoint an appeals committee comprised of three members of the senior faculty to determine whether a basis for appeal exists. The Associate Dean for Medical Education and the Chair of Grading and Promotions (or designee) will serve as ex officio members of the Committee.
- **8.3** The Appeals Committee will be convened by the Associate Dean for Medical Education within five (5) business days after appointment to consider the student's appeal.
- **8.4** The student shall notify the Associate Dean for Medical Education at least five (5) business days in advance if s/he is to be accompanied by an attorney or other representative. An attorney or representative may appear only in an advisory capacity and may not address the Committee. Should the student be accompanied by an attorney or representative, the School of Medicine shall be represented by the Office of General Counsel.

- **8.5** The student may present a statement to the Committee relative to the appeal. Collection of additional information to resolve the issue may be pursued. Both the Appeals Committee and student may call witnesses relevant to resolution of the appeal. Should information or witnesses be either repetitious or not relevant, the Committee shall take action to expedite the proceedings. At the conclusion of the hearing, the Committee shall forward its recommendation to the Dean. If the recommendation is not unanimous, a minority view will be appended.
- **8.6** Unless suspended for some justifiable reason, the student shall remain on the class roll and may pursue appropriate course work until the appeal is resolved.
- **8.7** The decision of the Dean is final. The student and the Chair of the Grading and Promotions Committee will be notified in writing by the Dean.

### 9. Policy Regarding USMLE Examinations

- 9.1 All students will be required to take the United States Medical Licensing Examination (USMLE) Step 1 at the end of Year Two and in sufficient time that the results will be available before the beginning of the third year of the curriculum. Excepted from this requirement are students who must remediate a Basic Science course immediately following Year Two. Such students will complete any remediation work /exam by June 15 following Year Two and take USMLE Step 1 by July 31 of Year Two.
- **9.2** All students who take the USMLE Step 1 during Year Two must achieve a passing score to begin the Year Three clerkship rotations in July of that year.
  - Passage of USMLE Step 2 and USMLE Step 2 CS is required for graduation.
- 9.4 Students who are unable to pass USMLE Step 1 on the second try after being retained for failure to pass during Year Two may request a leave of absence for the purpose of studying for and passing the USMLE Step 1 examination. If the individual achieves a passing score during that leave of absence s/he may be readmitted to the Year Three curriculum commencing during that academic year.
- 9.5 Inability to pass Step 1 within the one-year leave of absence will result in withdrawal from the curriculum as stated in the EPSOM Student Affairs Student Handbook under Student Leaves of Absence. Appeals regarding this issue will be handled as outlined in Sections 6, 7, and 8 of the Grading and Promotions policy.

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# 11. Procedure for Amending of Grading and Promotions Policies and Procedures.

A proposal to amend the policies and procedures may be submitted in writing to the Chair of the Grading and Promotions Committee by any person or group who believes a need for revision exists. The proposal shall be considered by the full committee for review and discussion. A two-thirds majority vote of members present will be required for approval of the proposed amendment. The proposed amendment shall then be submitted to the Executive Committee of the Faculty Council for review and approval. If approved, it shall be submitted to the Dean for final approval, rejection, or return to the committee for modification.

Clarification or non-substantive rewording of policy may be performed by the Grading and Promotions Committee. The clarification will be reviewed by the Office of General Counsel and copies forwarded to the Academic Council and to the Dean.