

2015
2016



CATALOG



QUILLEN
COLLEGE *of* MEDICINE

EAST TENNESSEE STATE UNIVERSITY

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INTRODUCTION

The Quillen College of Medicine at East Tennessee State University is a Tennessee Board of Regents institution. The Tennessee Board of Regents is the nation's sixth largest higher education system, governing 45 post-secondary educational institutions. The TBR system includes six universities, 13 two-year colleges, and 26 technology centers, providing programs to over 180,000 students in 90 of Tennessee's 95 counties. Public higher education in Tennessee is coordinated by the Tennessee Higher Education Commission and consists of two systems--the University of Tennessee campuses, governed by the University of Tennessee Board of Trustees, and the state universities, community colleges, and technology centers governed by the Tennessee Board of Regents. The General Assembly created the Commission in 1967 to achieve coordination and unity among the programs of Tennessee's public post-secondary institutions and to serve as a primary source of information concerning higher education in Tennessee.

Degree requirements for programs of study initiated under provisions of this catalog shall remain in effect for six years. Students not completing requirements within the six-year period may be required to meet subsequent criteria; it is further provided, however, that the six-year limitation may be extended for interruption by military service where enrollment is resumed immediately upon release from service.

The course offerings and requirements of ETSU are continually under examination and revision. This catalog presents the offerings and requirements in effect at the time of publication, but is no guarantee that they will not be changed or revoked. However, adequate and reasonable

notice will be given to students affected by any changes. This bulletin is not intended to state contractual terms and does not constitute a contract between the student and East Tennessee State University.

ETSU reserves the right to make changes as required in course offerings, curricula, academic policies, and other rules and regulations affecting students to be effective whenever determined by the institution. These changes will govern current and formerly enrolled students. Enrollment of all students is subject to these conditions.

ETSU provides the opportunity for students to increase their knowledge by offering programs of instruction in the various disciplines and programs through faculty who, in the opinion of ETSU, are qualified for teaching at the college level. The acquisition and retention of knowledge by any student are, however, contingent upon the student's desire and ability to learn while applying appropriate study techniques to any course or program. Thus, ETSU must necessarily limit representation of student preparedness in any field of study to that competency demonstrated at that specific point in time at which appropriate academic measurements were taken to certify course or program completion.

CAMPUS SECURITY REPORT

East Tennessee State University makes available to prospective students and employees the ETSU Security Information Report. This annual report includes campus crime statistics for the three most recent calendar years and various campus policies concerning law enforcement, the reporting of criminal activity, and crime prevention programs. The ETSU Security Information Report is available upon request from East Tennessee State University, Department of Public Safety, Box 70646, Johnson City, TN 37614-1702. The

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report can be accessed via the Internet at <http://www.etsu.edu/dps/safetysecurity/securityreport.aspx>.

STATEMENT OF NONDISCRIMINATION

East Tennessee State University is fully in accord with the belief that educational and employment opportunities should be available to all eligible persons without regard to age, gender, color, race, religion, national origin, disability, veteran status or sexual orientation. It is the intent of the university to comply fully with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other federal civil rights statutes. Inquiries and complaints alleging violation of this policy should be directed to the Dean of the Quillen College of Medicine or to the Vice President for Academic Affairs, ETSU.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

ETSU complies fully with the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended. FERPA affords students certain rights with respect to their education records. They are:

The right to inspect and review the student's education records within 45 days of the day the university receives a request for access. Students should submit to the registrar, dean, head of the academic department, or other appropriate official, written requests that identify the record(s) they wish to inspect. The university official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the university official to whom the request was submitted does not maintain the records, that official shall advise

the student of the correct official to whom the request should be addressed.

The right to request the amendment of the student's education records that the student believes are inaccurate or misleading. Students may ask the university to amend a record that they believe is inaccurate or misleading. They should write to the university official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading.

If the university decides not to amend the record as requested by the student, the university will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the university in an administrative, supervisory, academic, research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the university has contracted (such as an attorney, auditor, or collection agent); or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her task. A school official has a legitimate educational interest if the official needs to review an education record in

order to fulfill his or her professional responsibility.

Upon request, the university discloses education records without consent to officials of another school in which a student seeks or intends to enroll.

Personally identifiable information may also be released without the prior written consent of the student under one or more of the following conditions:

The university will notify a parent or legal guardian of a student who is younger than 21 and is found guilty of a university disciplinary violation governing the use or possession of alcohol or drugs. Notification will occur when the university alcohol or drug offense is in violation of any federal, state, or local law, or of any rule or policy of the institution, except as prohibited by the Family Educational Rights and Privacy Act (FERPA).

The university will disclose the final results of any disciplinary proceeding conducted by the university against a student who is an alleged perpetrator of any crime of violence (as that term is defined in section 16 of Title 18, United States Code) or a non-forcible sex offense, if the university determines as a result of disciplinary proceeding that the student committed a violation of the institution's rules or policies with respect to such crime or offense. The information shall include only the name of the student, the violations committed, and any sanction imposed by the university on the student. The university may include the name of any other student such as a victim or witness, only with the written consent of that student. The university will notify victims of sexual assault of

the outcome of any disciplinary proceeding against the alleged perpetrator.

The university will notify the alleged victim of any crime of violence or non-forcible sex offense (or if the victim is deceased, as a result of such crime or offense, to the next of kin) of the final results of any institutional disciplinary proceeding conducted against the alleged student perpetrator.

The right to file a complaint with the U.S. Department of Education concerning alleged failures by East Tennessee State University to comply with the requirements of FERPA.

The name and address of the office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

DIRECTORY INFORMATION

ETSU may release directory information including student names, addresses (e-mail, mailing, and campus box), major, and phone number. In addition, ETSU may release other directory information, defined as enrollment status, dates of attendance, classification, previous institution(s) attended, awards, honors, photographs, degrees conferred (including dates), hometown and residency placement information, and sports participation information. These items may be released to others on request without the express permission of the student.

If students prefer not to have these items released, they may fill out a form to prevent disclosure of this data. This form is available through the COM Registrar's Office. Such a request will remain in effect until the beginning of

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the next academic year or until withdrawn by the student. A new form for nondisclosure must be completed each academic year. A form submitted the last term a student enrolls would remain in effect until the student re-enrolls.

MISREPRESENTATION OF ACADEMIC CREDENTIALS

It is a Class A misdemeanor to misrepresent academic credentials. A person commits the offense of misrepresentation of academic credentials who, knowing that the statement is false and with the intent to secure employment at or admission to an institution of higher education

in Tennessee, represents, orally or in writing that such person has successfully completed the required coursework for and has been awarded one or more degrees of diplomas:

- from an accredited institution of higher education;
- from a particular institution of higher education; or
- in a particular field or specialty from an accredited institution of higher education.

ETSU GENERAL INFORMATION

East Tennessee State University is one of the principal institutions governed by the Tennessee Board of Regents. Since opening in 1911 as a two-year normal school educating teachers, ETSU has grown into a major, diversified university. It serves more than 13,000 students, many of them from the Tri-Cities Tennessee/Virginia region and surrounding areas. Students from all 50 states and from numerous other countries also attend ETSU.

ETSU is comprised of 11 colleges and schools: College of Arts and Sciences, College of Business and Technology, College of Clinical and Rehabilitative Health Sciences, Claudius G. Clemmer College of Education, Honors College, James. H. Quillen College of Medicine, College of Nursing, Bill Gatton College of Pharmacy, College of Public Health, School of Continuing Studies and Academic Outreach, and School of Graduate Studies.

ETSU nurtures an educational environment which respects individuality and stimulates creativity. It expands educational opportunities for all who desire and need university preparation while maintaining a setting conducive to intellectual curiosity and one that produces an enjoyable campus life.

The university is committed to the needs of all its students—from those who have emerging potential for university-level coursework to the gifted. ETSU also serves the region's citizens by providing a number of opportunities to continue lifelong learning.

ETSU has expanded to include baccalaureate degree programs in many fields and graduate programs leading to the master's degree, educational specialist degree, and doctorate. For undergraduates, the university offers broad

programming which embraces the philosophy of a liberal education for all with special programs providing a primary level of expertise in the arts and sciences disciplines and selected professional fields. Its master's studies provide advanced and increasingly specialized preparation in academic, technical, and professional fields that meet the needs of our student population and promote regional development. Doctoral programs are available in a number of fields.

The university offers all programs and degrees during its regular day schedule, and extensive evening programs and online course offerings are also provided. With a 350-acre main campus in Johnson City along with centers in Kingsport and Elizabethton, ETSU maintains a semester enrollment of more than 13,000 students and serves 5,000-10,000 persons annually through continuing education and extended service programs.

A statewide leader in transfer articulation, ETSU shares over 280 agreements with 15 state and regional colleges and universities, allowing students to transfer credit hours easily.

Affirming a commitment to the fundamental values of higher education, ETSU presents programs of study that promote curiosity, stimulate thought, encourage reflection and the free interchange of ideas, and foster a genuine desire for learning. Undergraduate and graduate education at ETSU broaden the students' view of the world and encourage students to participate actively in creating a responsible, ethical society.

Through scholarship, research, and creative activity, the ETSU faculty both critically review and add to humanity's knowledge and cultural achievements.

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Faculty and staff apply their knowledge and expertise in the service of the region and the world beyond.

Throughout its history, ETSU has played a vital role in meeting the health care needs of the region. Programs in health education, public and environmental health, and nursing, some dating from the institution's earliest days, have evolved into formal colleges. The expansion of ETSU's Division of Health Sciences in the 1980's created still greater opportunities to serve the region, state, and nation through the development of a comprehensive academic health sciences center in Northeast Tennessee. The creation of the College of Pharmacy in 2005 further enhanced this aspect of the university's mission, as did the 2007 division of the College of Public and Allied Health into the College of Public Health (the first of its kind in Tennessee) and the College of Clinical and Rehabilitative Health Sciences.

The university's vision of education, scholarship, and service extends into the future, as outlined in "Turning Toward 2011: A Report by the Commission on the Future of ETSU." The more than 100 faculty, staff, community leaders, alumni, and students who spent two years envisioning what ETSU might be like on the way to its centennial in 2011 described a university that continues to build alliances beyond its walls, exerting strong leadership in health care and health promotion, economic development, education, environmental concerns, crime and violence issues, and public administration. In doing so, ETSU seeks to balance the innovations of the 21st century with the need to preserve the human contact that has characterized education at ETSU since 1911.

ACCREDITATION

Commission on Colleges of the Southern Association of Colleges and Schools

East Tennessee State University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award baccalaureate, master's, specialist and doctoral degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia, 30033-4097, phone 404-679-4500, www.sacscoc.org, with any questions regarding the accreditation of East Tennessee State University.

MEMBERSHIPS

- The American Council on Education
- The American Association of State Colleges and Universities
- The Tennessee College Association
- The Council for Advancement and Support of Education
- The Council of Graduate Schools in the United States
- The Council of Southern Graduate Schools
- The Council on Undergraduate Research
- The Tennessee Conference of Graduate Schools
- Association of Academic Health Centers
- Oak Ridge Associated Universities
- Institute of International Education
- National Collegiate Athletic Association
- Atlantic Sun Conference

VALUES

ETSU pursues its mission through a student-centered community of learning reflecting high standards and promoting a balance of liberal arts and professional preparation, continuous improvement, and based on core values where:

PEOPLE come first, are treated with dignity and respect, and are encouraged to achieve their full potential;

RELATIONSHIPS are built on honesty, integrity, and trust;

DIVERSITY of people and thought is respected;

EXCELLENCE is achieved through teamwork, leadership, creativity, and a strong work ethic;

EFFICIENCY is achieved through wise use of human and financial resources; and

COMMITMENT to intellectual achievement is embraced.

VISION STATEMENT

To become the best regional university in the country.

MISSION STATEMENT/INSTITUTIONAL PURPOSE

East Tennessee State University prepares students to become productive, enlightened citizens who actively serve their communities and our world. Education is the university's highest priority, and the institution is committed to increasing the level of educational attainment in the state and region. The university conducts a wide array of educational and research programs and clinical services and is the only Academic

Health Sciences Center in the Tennessee Board of Regents System. Through research, creative activity and public service ETSU advances the cultural, intellectual and economic development of the region and the world.

ETSU endorses the value of liberal education and provides enriching experiences in honors education, student research and creative activity, study abroad, service learning, and community-based education.

ETSU honors and preserves the rich heritage of Southern Appalachia through distinctive education, research and service programs and is actively engaged in regional stewardship.

ETSU affirms the contribution of diverse people, cultures and thought to intellectual, social and economic development.

ETSU offers students a total university experience that includes cultural and artistic programs, diverse student activities, a variety of residential opportunities, and outstanding recreational and intercollegiate athletic programs.

ETSU awards degrees in over one hundred baccalaureate, masters and doctoral programs, including distinctive interdisciplinary programs and distance education offerings that serve students from the region and beyond.

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The Quillen College of Medicine is an active and integral part of the East Tennessee community. Quillen is a part of the East Tennessee State University Academic Health Center and is located on the grounds of the U.S. Veterans Affairs Medical Center, Mountain Home, immediately adjacent to the main ETSU campus. Additional instructional facilities are located throughout the Tri-Cities (Bristol, Kingsport, and Johnson City) and neighboring rural towns. The newest training location for the college is at the LeConte Medical Center in Sevierville. Through its diverse locations and resources the Quillen College of Medicine provides a rural community-based program with an emphasis on the education of primary care physicians. Through the clinics of ETSU Physicians and Associates, Quillen provides training to students and health care in nearly every general and specialty area to citizens of the state and area.

The Quillen College of Medicine is fully accredited by the Liaison Committee on Medical Education (LCME) and was created through the enactment of the Veterans Administration Medical Assistance and Health Training Act passed by the United States Congress in 1972. This act provided for the establishment of the ETSU medical school and several others throughout the United States in conjunction with existing Veterans Administration hospitals. The College of Medicine was officially established by the Tennessee General Assembly in March 1974, received its letter of provisional accreditation from the LCME in June 1977 and enrolled its first class of 24 students in August 1978. Full accreditation status was awarded in February 1982. The college was officially named the Quillen College of Medicine in honor of Tennessee's First District Representative, James H. (Jimmy) Quillen, who was highly instrumental in the establishment of

the school. The school currently boasts over 1,800 graduates, the majority of whom have remained in the state to practice in every field of medicine.

In keeping with its original mission to provide primary care physicians and medical care for the people in the surrounding region, the Quillen College of Medicine has developed the Rural Primary Care Track (RPCT). The RPCT was initiated through a grant provided by the W. K. Kellogg Foundation's Community Partnership Program to train medical, nursing, and allied health professions students in an interdisciplinary team approach. Centers are currently operating in Rogersville and Mountain City.

MISSION

The primary mission of the Quillen College of Medicine is to educate future physicians, especially those with an interest in primary care, to practice in underserved rural communities. In addition, the College is committed to excellence in biomedical research and is dedicated to the improvement of health care in Northeast Tennessee and the surrounding Appalachian Region. To achieve that goal, the College of Medicine offers a core curriculum that is equivalent or stronger than that offered by medical schools across the country. Added to that core curriculum are special experiences to prepare students for the unique challenges and rewards of practice in smaller rural communities, particularly in a primary care specialty. Our curriculum is delivered within a learning environment that maximizes individual faculty involvement aimed at enhancing the full professional development of our students. Graduates of the Quillen College of Medicine are noteworthy by their success nationally in securing residency positions in competitive programs

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within all specialties, with the majority selecting primary care disciplines. More importantly the College of Medicine is fulfilling its mission being consistently recognized as one of the top medical schools in the country for producing rural and primary care physicians.

GOALS

1. *Education:* Continue to strengthen the "student centered learning environment" that focuses on the overall professional development of students and residents.
2. *Research:* Continue to strengthen research productivity, especially clinical research.
3. *Clinical and Community Service:* Firmly integrate our academic values into the planning and implementation of clinical activities as we focus on meeting the needs of our patients and the communities we serve.
4. *Faculty and Staff Development:* Further strengthen the College's commitment to the success of our faculty and staff by investing in their professional development.
5. *Diversity:* Strengthen our recruitment and retention of a diverse complement of faculty, staff, and students so as to enrich our cultural environment, to strengthen our cultural competence, and to improve the care of our patients.

The Quillen College of Medicine endeavors to meet community and regional health needs by identification, creation, and execution of the necessary programs through utilization of its diverse resources. The college is a major health care provider for East Tennessee. In view of this responsibility, the college emphasizes primary care as the focus of medical practice and training programs. The primary care physician is defined

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as the physician of first and continuing contact, coordinating the entire care of the patient. Primary medical care is a function rather than a discipline. This care is provided by family physicians, general internists, general pediatricians, and obstetricians/gynecologists. In addition to meeting the clinical and service responsibilities, the college also supports a significant research endeavor.

The Quillen College of Medicine has an experienced and qualified faculty in the biological, behavioral, and clinical sciences. In addition to the full-time faculty, a number of practicing physicians in the community participate in the educational process as both part-time and volunteer faculty.

INSTRUCTIONAL FACILITIES

Quillen College of Medicine enjoys an expansive array of modern, state-of-the-art teaching facilities. Most pre-clinical academic coursework is provided in Stanton-Gerber Hall on the Veterans Administration campus. First occupied in 2002, this joint venture of the VA and the State of Tennessee provides over 180,000 square feet of teaching, laboratory and office space. Classrooms provide a pleasant learning environment and are equipped with modern teaching technology. Labs are modern and provide equipment appropriate to the teaching/research enterprise. Teaching labs include a simulation laboratory equipped with state-of-the-art simulators and a standardized patient laboratory. Small group and other academic experiences are provided in numerous other buildings and clinics on the grounds.

Clinical instruction is provided through the hospitals and clinics associated with Quillen. These include a number of modern hospitals throughout the Tri-Cities (listed below) and in our

rural teaching locations. In addition, on the VA campus is the Mountain Home VA Medical Center and directly across from Johnson City Medical Center on State of Franklin Road are the P.L. Robinson Clinical Education Building and the Clinical Education II Building. These modern facilities provide a broad patient base with exposure and training in both primary and tertiary care medicine. Specialized units include two level-one trauma centers, complete cardiac care, women's health units, neonatal and pediatric intensive care, cancer treatment and children's hospital. Nearly every area of modern medicine is practiced through our affiliated hospitals and additional experience is available at hospitals/health centers in our rural training locations. Always expanding, the Quillen College of Medicine currently enjoys a hospital patient base of over 2,000 teaching beds and outpatient clinical visits averaging over 189,000 per year.

Affiliated Hospitals

In Bristol, TN:

Bristol Regional Medical Center (*W*)

In Johnson City, TN:

James H. Quillen Veterans Affairs Medical Center
Johnson City Medical Center (*M*)
Woodridge Hospital (*M*)

In Kingsport, TN:

Holston Valley Medical Center (*W*)

In Sevierville, TN:

LeConte Medical Center (*C*)

Rural Primary Care Training Sites:

Hawkins County Hospital, Rogersville (*W*)
Johnson County Health Center, Mountain City (*M*)

M=Mountain States Health Alliance;
W=Wellmont Health System; C=Covenant Health

DEPARTMENT OF LEARNING RESOURCES

Medical Library

The Quillen College of Medicine Library supports students' health information literacy, evidence-based practice, and lifelong learning through an emphasis on mentoring students for improved information and research skills; providing access to selected resources for learning, research, and patient care; and facilitating interdisciplinary collaboration and outreach to improve health education and the health of the community.

The library provides access to numerous subscription information resources via the library website <http://www.etsu.edu/medlib/> and university library catalog. Most resources can be accessed remotely using a valid ETSU username and password. Additional print resources are available in the library facility. If a needed resource is not available, it can be obtained via Document Delivery/Interlibrary Loan for a minimal fee.

Library staff members are available for all levels of assistance including support for resource and remote access; help finding high-quality information; training for making literature searches more complete, targeted, and efficient; suggestions and assistance with medically-related mobile apps; recommended consumer health resources to share with patients; guidance on finding images for use while navigating copyright concerns; citation management and other software; locating specific known books, journals/articles, and other resources; and identifying helpful resources for a particular topic of study.

The library can also provide support for student volunteer/community outreach work, including guidance on high-quality consumer health resources, assistance with health literacy

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programs, and other general support and mentoring.

The library facility includes a computer lab, group study rooms, white boards, study carrels and tables, vending machines, copy/scanning equipment, conference/meeting room, print books/journals, and exercise room. The library provides free coffee during regular hours on the first floor. From spring to fall, the library's second floor porch is open for outdoor study.

Medical students with active campus ID cards have after hours card access to the library basement, which includes study rooms, study carrels and tables, vending machines, and an exercise (spin bike) room.

The library is located in VA Building 4 and is open Monday through Friday, 8:00 am to 12:00 am; Saturday, 10:00 am to 12:00 am; and Sunday, 1:00 pm to 12:00 am. For more information, contact the information desk at 423-439-6253.

Biomedical Communications

The Department of Biomedical Communications is located on the second floor of the Quillen College of Medicine Library, Building 4, on the grounds of the James H. Quillen Veterans Affairs Medical Center, Mountain Home. This department assists students, residents, faculty, staff, and others within the healthcare community by providing graphic design and production in support of teaching, research, patient care, public service and promotional programs. Services encompass print, display, and digital media; high quality color copying also available.

GRADUATE MEDICAL EDUCATION (RESIDENCY PROGRAMS)

The Quillen College of Medicine sponsors several residency and fellowship programs overseen by

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the Office of Graduate Medical Education. These programs are sponsored by the departments of the college and utilize the resources of the college and affiliated hospitals. All residency programs and fellowships are accredited by the Accreditation Council for Graduate Medical Education (www.acgme.org) and its designated Residency Review Committees (RRC). The College's institutional oversight of residency programs is conducted through the Graduate Medical Education Committee (GMEC) and the Associate Dean for Graduate Medical Education. The College of Medicine is affiliated with the James H. Quillen Veterans Affairs Medical Center, at Mountain Home, Tennessee, Johnson City Medical Center (Mountain States Health Alliance) and Woodridge Psychiatric Hospital in Johnson City, Wellmont Holston Valley Medical Center in Kingsport, and Wellmont Bristol Regional Medical Center in Bristol.

Accredited residencies are currently offered in Family Medicine, Internal Medicine, Obstetrics and Gynecology, Anatomic and Clinical Pathology, Pediatrics, Psychiatry, and General Surgery. Accredited fellowships are offered in Infectious Disease, Cardiovascular Disease, Gastroenterology, Medical Oncology, and Pulmonary Disease and Critical Care Medicine. In addition, an unaccredited Family Medicine fellowship in Rural Medicine is also available.

To obtain information on any of the residencies, contact the respective department chair or the Office of Graduate Medical Education at (423) 439-8023.

OFFICE OF CONTINUING MEDICAL EDUCATION

The Quillen College of Medicine is accredited by the Accreditation Council for Continuing Medical

Education (ACCME) to sponsor continuing medical education for physicians. The mission of the Office of CME is to provide quality educational programs to physicians and other health professionals in Northeast Tennessee, Southwest Virginia and contiguous areas. The office develops and sponsors educational activities that enhance the knowledge, skills, professional performance and relationships required by health professionals to serve patients, the public and their professions. To meet this mission, the Office strives to:

- Identify the educational needs of practicing health professionals in the region.
- Provide quality educational activities
- Optimize the expertise of university and community physicians
- Provide effective learning experiences through a variety of educational methods (grand rounds, specialty conferences, live and online educational activities, etc.)

The Office of CME is located in Building 2 on the grounds of the Veterans Affairs Medical Center, Mountain Home. For further information about the CME program at ETSU and its educational activities, please call 423-439-8081 or contact us at the Office of Continuing Medical Education, Quillen College of Medicine, ETSU, Box 70572, Johnson City, TN 37614, cmeadean@etsu.edu. To view current program offerings, visit the web site <http://www.etsu.edu/com/cme>.

ALUMNI ASSOCIATION

The Alumni section of the ETSU Office of University Advancement is the coordination point for the Quillen College of Medicine Alumni Society as part of the ETSU National Alumni Association.

College of Medicine alumni are invited and encouraged to participate in society activities which include alumni reunion weekends; local and regional alumni gatherings; and an alumni recognition program. In cooperation with the Office of Continuing Medical Education, the office promotes alumni participation in CME programs and hosts an annual CME event as a part of reunion activities. The Alumni Society also cooperates with the Offices of Academic and Student Affairs to encourage alumni volunteer opportunities as preceptors and mentors in support of current medical students. Charitable contributions to the ETSU Foundation by alumni and friends are requested and encouraged through the annual fund, capital giving opportunities, and estate gifts. Donors can choose from a menu of existing endowments and restricted funds or they may work with a development officer to establish new endowments and funds to benefit Quillen College of Medicine students, residents, faculty, and staff. The Partners in Medicine scholarship program provides an aggregate endowment to support student scholarships and the Alumni Society is partnering with medical students to enhance the new Student Study Center. The ETSU Foundation is a 501c(3) organization established to support the university. For assistance with a gift or information on Quillen Alumni Society programs, contact the Office of University Advancement at 423-439-4242 or email qcomalumnisociety@etsu.edu.

STANDING COMMITTEES

The standing committees of the Quillen College of Medicine are listed below with a brief description of each committee's function. An asterisk (*) indicates the committees on which there are voting student members and a double

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asterisk (**) indicates the committees on which there are non-voting student members.

Academic Partnership Council: Representatives of the VA hospital and dean's staff meet to consider matters related to the medical school-VA hospital affiliation.

Administrative Council: Meets at regular intervals to discuss matters of interest to the biomedical sciences and clinical science departments.

Admissions Committee*: Responsible for the selection of students for medical student status.

Committee on Women's and Gender Issues*: Serves as a resource in the Quillen College of Medicine for areas of interest involving women's and gender issues.

Continuing Medical Education Advisory Committee: The committee has an active role in planning and guiding the office of continuing medical education in future program ideas.

Criminal Background Administrative and Drug Screen Committee: This committee evaluates and determines an appropriate course of action if concerns are unresolved after the reviewing physician evaluates the results of all drug screens. The CBADSC is comprised of the Executive Associate Dean for Academic Affairs, Executive Associate Dean for Clinical Affairs, and the Associate Dean for Student Affairs. The CBADSC will be responsible for making recommendations to the Dean in all such matters.

Diversity Council: Serves as a college-wide resource that brings together expertise, experience and innovation to advance diversity and inclusion throughout the college. Members of the council are appointed by the Dean. The council's goals are to advise in the following areas: 1) Recruitment and retention/retention of

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students, faculty and staff; 2) Education and scholarship; 3) Demonstrate diversity as a core principle; 4) Community outreach and engagement.

Faculty Advisory Council: An elected committee of representatives from each medical school department (not including chairs) to recommend to the dean actions of interest to the medical faculty.

Financial Aid and Scholarship Committee*: Establishes the policies under which the student financial aid office functions, recommends students for financial aid, and recommends which students should receive scholarships and/or honor awards

Graduate Medical Education Committee: Residency program directors and peer-selected residents perform a periodic analysis of each residency training program.

Leadership Group: The dean meets with departmental chairs and dean's staff on a regular basis to discuss issues of importance to the medical school.

Learning Resources Advisory Committee*: Consults with the Associate Dean for Learning Resources on library policies and procedures.

Medical Student Education Committee*: Responsible for recommendations related to the quality of the medical student education program.

Promotion & Tenure Committee: The committee serves advisory to the dean for faculty promotion and tenure.

Student Promotions Committee:** Monitors progress of all students and recommends actions involving students who have academic deficiencies.

PROGRAM EVALUATION SYSTEM

The faculty of the Quillen College of Medicine believes it essential to have a multi-faceted system of evaluation to maintain its programs at a high level of quality. Elements of this system include the evaluation of faculty, courses, curriculum and the assessment of students. The faculty is also committed to the proposition that all professionals must be able to assess themselves in order to improve. Students should master the process of self-assessment which will benefit them during medical school and carry forward into their careers.

The evaluation system is directed toward the following goals:

1. All programs are systematically and effectively evaluated.
2. Use of well-defined standards and outcome measures to analyze and interpret evaluation data.
3. The evaluations identify strengths and weaknesses.

4. The evaluations are directed toward producing data useful in planning and effecting improvements.
5. The system is understood by all individuals involved.
6. Evaluations are uniform and give equal treatment to all involved.
7. Individual components of the system are compatible with each other as much as possible.
8. Evaluations are multifaceted and use information from all available sources.
9. It is designed to be as concise as possible in order to provide easily managed quantitative data.
10. It allows for much flexibility and freedom of responses compatible with the above goals.
11. It is an open system with easy access to those who have a legitimate need for such knowledge.

ADMISSIONS

Always keeping the university's values in mind, the Admissions Committee endeavors to select for admission those applicants who are believed to be best qualified, with an emphasis on those who demonstrate a desire and propensity for primary care medicine and an interest in rural health.

Admission to the Quillen College of Medicine is based on a competitive application process and decided by the Admissions Committee. Utilizing the holistic review concept, the committee evaluates applicants on demonstrations of the traits, characteristics and abilities thought to be important in a physician, and with special attention to those who give evidence that they are likely to further the successful mission of the school. A diverse group of students is sought for each class who can function individually as well as part of an effective team. Diverse thinking, background, and cultural sensitivity to allow for a harmonious atmosphere in the class as well as the clinics are valued.

All decisions regarding admission to Quillen are made by the Admissions Committee. The Admissions Committee is charged with and empowered to select all student for admission to the Quillen College of Medicine. The committee is appointed by the dean of medicine and has responsibility in all matters regarding admission. The committee is composed of a diverse group of individuals which includes medical school faculty (both basic science and clinical), undergraduate faculty from ETSU and other institutions, residents, community members and students. The committee is charged with the responsibility of evaluating the applications received through the American Medical College Application Service (AMCAS) and selecting

students most qualified for and who will most benefit from the program of medical education, and those believed to have potential for furthering the mission of the college. The committee functions without outside influence and has sole responsibility for determining and implementing institutional application process and admissions policy. Applicants are evaluated according to prevailing committee policy and practice, and particular care is given to see that equal opportunity is afforded all applicants.

Applications received by AMCAS undergo an evaluation process determined by the Admissions Committee and designed to allow for the selection of those thought to be the best qualified for and to most benefit from this program of medical education. No weights or particular values are assigned any of the elements evaluated and each application moves through the process on action of the committee under a process determined by them. Any applicant will move forward in the process unless the committee determines the application not to be competitive at the next level.

PREMEDICAL STUDIES

Premedical preparation should be in an area chosen strictly according to the interest of the individual student. No specific major or minor course of undergraduate study for entering students is either required or suggested. A well-rounded undergraduate education is highly desirable, and students are encouraged to pursue an undergraduate program of their choosing.

In addition to acquiring specific knowledge, the premedical student should acquire certain basic skills and aptitudes such as the abilities to:

- read with speed, comprehension, and retention;

- understand concepts and draw logical conclusions; adapt quickly to new and different circumstances;
- communicate effectively in all circumstances.

Demonstrations and evidence of these abilities are sought throughout the admissions process. These skills and abilities are essential in becoming a high-quality practicing physician and a self-directed, lifelong learner.

SELECTION CRITERIA

The Admissions Committee evaluates applicants on the basis of demonstrated academic achievement, MCAT scores, letters of recommendation, pertinent extra-curricular work and research experience, evidence of non-scholastic accomplishments and demonstrated motivation for the study and practice of medicine.

Criteria for admission are integrity, willingness and ability to assume responsibility, high scholastic achievement, maturity, intellectual curiosity, and sound motivation.

Quillen College of Medicine emphasizes and continues its commitment to increasing the number of qualified physicians from currently underrepresented minority groups and from disadvantaged backgrounds. The school actively promotes and encourages applicants from these groups.

Eligibility for admission shall be determined without regard to age, sex, color, race, religion, national origin, disability, or sexual orientation.

TECHNICAL STANDARDS FOR ADMISSION

Medical education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills and professional

attitudes and behavior. Medical school faculties have a responsibility to society to graduate the best possible physicians, and thus admission to medical school has been offered to those who present the highest qualifications for the study and practice of medicine. Graduates of medical school must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. The Admissions Committee of the Quillen College of Medicine acknowledges Section 504 of the 1973 Vocational Rehabilitation Act and the Americans with Disabilities Act of 1990 and asserts that the ability to meet certain essential technical standards with or without reasonable accommodations must be present in the prospective candidates. Disclosure of a disability is voluntary; however, applicants who want to request accommodations during the admissions process should contact the East Tennessee State University Office of Disability Services at 423-439-8346.

1. A candidate for the M.D. degree must have aptitude, abilities, and skills in five areas:

- Observation
- Communication
- Motor
- Conceptual, integrative and quantitative
- Behavioral and social

**Technological compensation can be made for some disabilities in certain areas but a candidate should be able to perform in an independent manner.*

2. 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

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exteroceptive sense (touch, pain, and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis, vibratory) and sufficient motor function to permit them to carry out the activities described in the section above. They must be able consistently, quickly, and accurately to integrate all information received by whatever senses employed, and they must have the intellectual ability to learn, integrate, analyze, and synthesize data.

The Admissions Committee considers any applicant demonstrating the ability to perform or learn to perform the skills listed. These skills and abilities are assessed during the interview and throughout the medical education process. Students are judged not only on their scholastic accomplishments, but also on their physical and emotional capacities to meet the full requirements of the school's curriculum, and graduate as skilled and effective practitioners of medicine.

REQUIREMENTS FOR ADMISSION

In concert with the changing environment of medical education in America, the 2015 MCAT will be totally new and will require significant background in the social and behavioral sciences in addition to the traditional background and building blocks of modern medical science. The Admissions Committee encourages applicants to stay abreast of changes which may affect them in their future pursuits and careers.

Quillen will no longer require the completion of any specific courses at the undergraduate level. Applicants are encouraged to pursue their own intellectual interests in completing a broadly based undergraduate education demonstrating scholastic rigor, analytic and critical thinking, an aptitude for understanding complex systems in human biology, and the ability to apply

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knowledge. Quillen welcomes applications from excellent students regardless of major or course of study. However, completion of a minimum of 90 semester hours of undergraduate courses at a regionally accredited U.S. college or university is required to be eligible for admission. Additionally, all applicants are required to submit scores from the Medical College Admissions Test (MCAT) from any administration within the previous two calendar years. Undergraduate GPA, strength of curriculum and scores on the MCAT will continue to be evaluated as important indicators of probable academic success. Competitive performance on the MCAT requires adequate preparation in the behavioral and social sciences, general biology, general and organic chemistry, biochemistry, algebraic and trigonometric quantitative skills, and physical science. Appropriate preparation is strongly advised and will be evaluated in the selection process. The ability to read and comprehend information at a rapid pace is of great value.

Applicants should demonstrate scientific curiosity and enthusiasm for life-long learning. The continuum of scientific discovery that impacts diagnostic and therapeutic practice requires that applicants have an adequate preparation in the pre-clinical sciences, particularly in biochemistry, bio-molecular mechanisms and genetics. In addition, the Admissions Committee looks for a broad educational foundation in the behavioral and social sciences, humanities, literature and the fine arts.

The committee also values extra-curricular experiences that provide insight into altruism, community service, leadership endeavors and activities reflecting an understanding of human behavior, ethics and cultural awareness.

The Admissions Committee continually evaluates applicants based on the holistic principle of seeking persons who are well-rounded and give promise of success not only in the curriculum, but to an even greater degree, in the practice of the profession they seek to enter. Value is placed on demonstrations of academic ability, wise preparation, demonstrated promise of success on required standardized exams, motivation for and understanding of the study and practice of medicine and demonstrations of personal characteristics thought necessary in a "good doctor."

Following the school's mission in rural and primary care medicine applicants are encouraged to know, through their own devices, the indicators most valued in selecting applicants to fulfill this mission.

COMPUTER SKILLS

Due to the ever-increasing presence of computers as tools in medicine, it is expected that applicants will demonstrate an ability to use them both in the academic and personal setting. For additional information please refer to "Computer Requirements" under Program Information.

ADVANCED PLACEMENT OR CLEP CREDIT

A student who has been awarded advanced placement credit, CLEP credit, or other nontraditional credit in required science courses by a regionally accredited college or university will have those credits honored provided such placement or credit has been followed by a more advanced course in the same discipline.

MEDICAL COLLEGE ADMISSION TEST (MCAT)

In an effort to obtain predictive information on our applicants, all applicants are required to report

scores from the Medical College Admission Test (MCAT) by the close of the current application period. Acceptable scores may not be more than two years old. To meet this requirement, applicants to the 2016 entering class may submit competitive scores from any administration of the MCAT taken from January 2013 through September 2015.

Applicants are advised to prepare adequately and thoroughly for this examination and to structure an undergraduate curriculum that will prepare them well for successfully writing this important examination. Applicants are encouraged to complete this examination early enough that if unforeseen or uncontrollable circumstances preclude the applicant's peak performance there would be time for a repeat prior to the application deadline. Scores earned after the close of the application period will not be considered.

Information regarding the Medical College Admission Test may be obtained from the applicant's premedical advisor or by contacting MCAT Testing at <http://www.aamc.org/students/applying/mcat/>.

EXPERIENCE

The Admissions Committee makes every effort to consider each applicant using a whole-person concept based on the merits demonstrated by the individual qualifications. While seriously considering the many important quantitative aspects presented by an applicant, the committee also looks for many other important considerations, such as motivation and experience. Each application is examined for evidence of an applicant's firsthand exposure to health care as an indication that the applicant is familiar with the realities of medicine as a career. The Admissions Committee seeks demonstrations that the applicant has made a

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serious and reasoned commitment to the attainment of goals commensurate with those of the institution and the profession. Those experiences demonstrating leadership, altruism, high achievement and dedication to service are particularly valued.

APPLICATION

The Quillen College of Medicine is a participant in the American Medical College Application Service (AMCAS) and enrolls one new class in July of each year. All applicants are required to complete an AMCAS application, available online at <http://www.aamc.org>. The application should be carefully completed according to the instructions provided by AMCAS and all applicants are encouraged to be as thorough and accurate as possible in its completion. The AMCAS code number for the ETSU College of Medicine is **TN 826**. The completed application, transcripts and application fee should be submitted directly to AMCAS between June 1 – November 15 of the year prior to which admission is sought. Applications submitted after the November 15 deadline will not be considered. A new application must be filed for each admission cycle.

Applications are accepted from both residents of the State of Tennessee and nonresidents who are U.S. or Canadian citizens or hold a U.S. Permanent Resident Visa. Nonresidents should carefully assess their chances for admission before applying to this state-supported institution (see "Nonresident Applicants").

Once the application is received at the Quillen College of Medicine, the applicant is notified by e-mail. E-mail is the primary form of communication with all applicants. Each application undergoes an initial screening and legal state of residence is determined in

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accordance with Tennessee Board of Regents guidelines. The application is then submitted to the Admissions Committee for preliminary consideration.

Applicants no longer deemed competitive for a position in the entering class at any time will be notified immediately.

RESIDENCY STATUS

The residency status (in-state or out-of-state) is initially determined for all students upon receipt of their application through AMCAS. This determination is made in compliance with Regulations for Classifying Students In-state and Out-of-state for the Purpose of Paying College or University Fees and Tuition, as well as for Admission Purposes as amended and prepared by the Board of Regents of the State University and Community College System of Tennessee. (A copy of these regulations is available online or in the Admissions Office upon request.) As stipulated by these regulations, applicants or students have the burden of proving that they have established domicile in the state of Tennessee. Such persons are entitled to provide all evidence pertaining to this matter to the institution. The institution will consider evidence submitted to it concerning such claim of domicile, but will not treat any particular type or item of such evidence as conclusive that domicile has or has not been established.

The Assistant Dean for Admissions and Records of the Quillen College of Medicine shall be responsible for initially classifying students "in-state" or "out-of-state." Students who believe their residency situation has changed should contact the Assistant Dean for Admissions and Records concerning the process of appeal. The assistant dean will make every effort on behalf of the student to see that the appeal is handled through

established university channels as expediently as possible. Regulations are subject to change by the Tennessee Board of Regents.

NONRESIDENT APPLICANTS

The Quillen College of Medicine is a state-supported school and provides a very heavy preference for state residents. Therefore, applications from persons other than residents of the State of Tennessee are not encouraged. Nonresidents should not apply. Interested applicants from the contiguous Appalachian region who desire a career in primary care medicine and well-qualified active service military or honorably separated veterans of U. S. military service may largely disregard the previous statement. Although still considered nonresidents, applicants from these groups demonstrating an interest in primary care medicine may be considered. Residency status for admissions and fee payment purposes is determined at the time of application according to regulations established by the Tennessee Board of Regents. A copy of the guidelines for determining residency can be found at <http://www.tbr.edu/policies/default.aspx?id=1532>. For additional information, contact the Admissions Office.

EARLY DECISION PROGRAM

The College of Medicine participates in the AMCAS Early Decision Program. Under the provisions of the program an applicant may initially apply to only one medical school. The application period for the Early Decision Program is June 1 - August 1 of the year prior to which admission is sought. Applicants participating in the Early Decision Program will be notified of the Admissions Committee's decision by October 1. See the AMCAS web site for details of this special program. Applicants considering Early Decision are strongly urged to consult with their

pre-professional advisor and/or other knowledgeable professionals before proceeding. Applicants not accepted during the early decision process may be deferred for consideration with regular candidates or consideration could be terminated. Please note that both early decision and regular decision applicants are held to the same high standards of admission; early decision applicants are not given preference over regular applicants.

SUPPLEMENTARY APPLICATION INFORMATION

Following initial review of the application, the applicant may be requested to submit supplementary application information. All correspondence with applicants will be by e-mail. A web link will be provided to selected applicants to allow access to all necessary forms and instructions. The requested information includes additional personal information, recommendations/evaluations, and payment of a \$50.00 supplementary application fee. This information, when requested, must be completed within 21 days of the date on which the applicant received the request.

Applicants should note that the committee no longer requires an evaluation from their pre-professional advisory committee, but recommends one if such a committee exists at the undergraduate institution. Institutions differ in the way they prepare pre-professional evaluations and if the applicant's school/advisor prepares a standard set of credentials these will be accepted in lieu of a committee evaluation. Otherwise, an applicant may provide a minimum of three evaluations from faculty members, advisors, or others who are most familiar with the applicant's academic abilities, leadership, problem-solving skills, altruism, communication skills or ability to

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function as a member of a team. We seek information from those who can confidently comment on the foregoing.

Additional letters may also be submitted (such as from an employer, mentor or physician) but should be kept to a minimum and should provide information not otherwise available to the committee. All evaluations to the Quillen College of Medicine must be submitted via AMCAS's centralized letter service which enables medical schools to receive all letters of recommendation/evaluation electronically.

A waiver of the application fee is available upon request to financially disadvantaged applicants who have received an AMCAS fee waiver. In addition, the supplemental application fee will be waived upon request for those serving in the US military or those separated under honorable circumstances.

INTERVIEW

After completion of the supplemental application, selected applicants are invited to visit Quillen for personal interviews with members of the Admissions Committee. Interviews are held by invitation only, and all related expenses are the sole responsibility of the applicant. Interview dates are scheduled directly with the applicant by the admissions office well in advance.

When the interview date is confirmed, information will be sent to the applicant regarding local overnight housing options. All accommodation arrangements are the responsibility of the applicant.

On the day of the interview, the applicant should expect to meet individually with two members of the Admissions Committee. Additionally, applicants will meet with admissions and financial

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services staff and with medical students conducting a luncheon tour of instructional and clinical facilities. Informal exposure to enrolled students is an important part of the day and applicants are urged to come prepared to ask questions.

Please note that not all applicants are interviewed and the invitation to interview does not guarantee or imply any specific action on the part of the Admissions Committee.

ADVANCED STANDING APPLICATIONS

Transfer applications to the Quillen College of Medicine are accepted from qualified students for admission to the second or third year of the curriculum on a space available basis. The selection of transfer students is rare and highly competitive. In order to qualify, an applicant must have met all requirements stated in this publication for a first-year applicant. In addition, applicants must have successfully completed a curriculum that is acceptable to the Admissions Committee and be in good standing with or eligible to return to their previous Liaison Committee on Medical Education (LCME) accredited medical school.

Preference for admission will be afforded to qualified residents of the State of Tennessee who are U.S. citizens, and to veterans of U.S. military service. Transfer applicants must have their scores from Step 1 of the USMLE officially reported to the College of Medicine, when available. In order to receive the M.D. degree from East Tennessee State University, a student must complete, at a minimum, the last two full years of study at this institution. Transfer students who are accepted are subject to all rules and regulations of the college and university.

Since transfer positions are only available on a limited basis, interested parties are urged to contact the Admissions Office concerning the availability of positions and deadlines for applications.

CLASS RESERVATION DEPOSIT

Upon notification of acceptance to the Quillen College of Medicine, the applicant will be required to pay a \$100 class reservation deposit fee. In keeping with the recommendations of the Association of American Medical Colleges, this fee is fully refundable if the class position is released prior to April 30. It is nonrefundable after that time. The deposit is applied to the student's first semester tuition and fees upon enrollment.

DEFERRED MATRICULATION

Accepted applicants may request deferred entrance into the College of Medicine for a period of one year. In order to request deferred matriculation, the applicant must forward a letter addressed to the Admissions Committee stating the request and explaining why a later admission is desired. The request will be approved provided it is received at least 30 days prior to the beginning of classes. Requests for deferred matriculation received less than 30 days before the beginning of classes will not be considered. Deferred applicants are required to apply as a deferred/delayed matriculant by August 1 in the following year.

REQUIREMENTS FOR ENTERING STUDENTS

All entering students must obtain a physical examination following their acceptance and prior to matriculation to medical school. Entering students also must provide documentation proving immunity to Rubeola (measles), Mumps, Rubella (German measles), Polio, Varicella

(chicken pox) and Hepatitis B. Evidence of immunity consists of a blood serum titer test. The results of the titer test must show date of test, the name and location of the lab, and a numeric value indicating the level of antibodies present. Students found not to be immune will be required to undergo additional vaccination and then be retested.

With documentation of the physical examination, entering students must also provide a copy of their immunization record showing that they have completed the primary vaccination series for Hepatitis B and Diphtheria-Pertussis-Tetanus, and that they have received a booster vaccination for Tetanus-Diphtheria within 10 years of the enrollment. Finally, entering students are required to provide documentation of a skin test (by the Mantoux method) for Tuberculosis (TB) following their acceptance to medical school. The documentation must include the results, date, and name and location of the facility where the results were read. A chest x-ray will be required for any student whose Tuberculosis skin test is positive, or for any student with a history of being positive. The results of the chest x-ray along with recommendations must be submitted.

All documentation must be submitted to the Office of Student Affairs by the specified deadline. Students who fail to comply with all of these requirements will not be allowed to enroll, and may have their offer of acceptance withdrawn.

In addition, all entering students are required to have adequate health and accident and disability income insurance. Please see "Insurance Requirements" in the Policies and Procedures section of this document.

Entering students are also required to submit a complete set of official transcripts. The student

will need to contact the appropriate office at each post-secondary school attended and have an official transcript forwarded directly to the Student Affairs office. Transcripts marked 'Issued to Student' cannot be accepted. Courses in which the student is enrolled during the summer prior to matriculation will have to be noted by letter and transcripts will need to be sent after the summer grade and/or degree is posted.

CRIMINAL BACKGROUND CHECKS

Quillen College of Medicine is committed to providing the public with well-trained physicians who possess the traits of high moral character and standards. Due to legislative and accreditation requirements, many facilities now require people working in their settings to submit to a Criminal Background Check (CBC). These institutions may also require medical students to complete a CBC before participating in any educational/patient care activities at their sites. In addition, many states require physicians to have CBCs for medical licensure.

Therefore, all conditionally accepted applicants will be subject to a Criminal Background Check provided by the AAMC prior to matriculation and such further checks as deemed appropriate by the college in the future. The purpose of this policy is to help ensure a safe environment for patients, employees, fellow students, visitors, and the general public.

The medical school application will include consent for the CBC. Conditionally accepted applicants are required to cooperate completely with the College, AAMC or other authorized/approved investigative agency in granting permission or authorization for the CBC to be completed in a timely manner. A letter from the college indicating a conditional acceptance will include notice of the requirement that a CBC be

completed prior to enrollment. All acceptance offers to the college are contingent on the finding of acceptable results of this check.

In order to successfully complete the CBC evaluations, additional information may be required of the applicant. The fee for the CBC may be included with the class reservation deposit should the university incur a fee for this service. All applicants are required to accurately respond to any related questions in the AMCAS or Quillen applications about felony and misdemeanor convictions and the official check will be run according to AAMC policy prior to admission. Applicants or students who fail to answer these questions truthfully and completely shall be subject to the immediate termination of an application, dismissal from enrollment, or other disciplinary action as determined. Subsequent to the pre-matriculation CBC, all accepted and enrolled students are required to disclose any criminal charges or events within five (5) working days of their occurrence. Failure to notify the Associate Dean for Student Affairs of such events may result in immediate dismissal.

The CBC will include a record of all arrests and convictions. A listing of the information checked and evaluated in the CBC is included below and may change from time to time. If the CBC evaluation identifies issues that may preclude a student's enrollment or participation in further academic activities, or relevant to training for or the practice of the profession of medicine, the case will be referred immediately to the Criminal Background Administrative Committee (CBAC) for evaluation and determination. The CBAC is comprised of the Executive Associate Dean for Academic Affairs, Executive Associate Dean for Clinical Affairs, and the

Associate Dean for Student Affairs who will be responsible for making recommendations to the Dean in all such matters. The CBAC may require additional information from the applicant or student.

All reasonable efforts will be made to ensure that results of CBCs are kept confidential. The Associate Dean of Student Affairs shall review all CBCs. If adverse information deemed to be relevant to the applicant's suitability as a medical student or physician is obtained through the CBC, the Associate Dean of Student Affairs will notify the applicant in writing and will refer the report to the CBAC. The CBAC will evaluate all information relative to the finding and make a recommendation regarding the individual's suitability for acceptance. The recommendation will be forwarded to the Dean of the College of Medicine for a final decision.

Reasonable efforts will be made to keep applicants and students informed of any changes in the policy. However, the College reserves the right, at its sole discretion, to amend, replace, and/or terminate this policy at any time.

The Quillen College of Medicine Criminal Background Investigation may include the following information:

Conviction and Conviction-Equivalent Adjudications can include, but are not limited to, the following criminal records dispositions: Accelerated Rehabilitative Disposition, Adjudication withheld, Alford plea, Appealed, Article 894, Bail/bond forfeiture, Conditional Discharge, Conditional Dismissal, Conditional Diversion, Conditional Release, Consolidated for judgment, Covered by pled to charge, Default judgment, Deferred Adjudication, Deferred Sentence, Fine/costs paid, First offender

program, Guilty, No contest, Nolo contendere, Plea in abeyance, Plea in absentia, Pled guilty, Prayer for judgment, Probation, Reduced, Supervision, Suspended execution of sentence, Suspended imposition of sentence, Work release program, and Sunshine Law. These disposition types are often, but not always, considered conviction and conviction-equivalent adjudications. Provider makes no assurances that the criminal dispositions included above are in fact convictions and/or conviction equivalents. End-user will consult competent legal counsel in the foregoing dispositions' use for determining eligibility for medical school.

Arrests without Final Adjudication can include, but are not limited to, the following criminal records dispositions: Adjourned, Case is pending, Continued, Extradited, Remanded, Transferred, and Dispositions that are not available. These disposition types are often, but not always, considered pending further adjudication. Provider makes no assurances that the criminal dispositions included above are in act arrests without final adjudication. End-User will consult competent legal counsel in the foregoing dispositions' use for determining eligibility for medical school.

REGISTRATION FOR CLASSES

Only regularly accepted and enrolled medical students in the Quillen College of Medicine are eligible to register for or enroll in any course, clerkship or curricular offering of the College. Students enrolled in the Quillen College of Medicine are registered for a pre-determined set of courses each semester by the Records section prior to the beginning of each term. Most courses during the basic science portion of the curriculum are offered once a year, and latitude within the curriculum is allowable only through special

QCOM GENERAL INFORMATION

arrangement with the Associate Dean for Student or Academic Affairs.

All College of Medicine students are required to pay tuition, fees, and other obligations to the university during a designated period at the beginning of each term. Students are not allowed to attend classes or any curricular session until all fees are paid in full. A late registration fee will be charged to students who have not cleared their obligations by the designated date. Registration for the third and fourth year is accomplished through a schedule that must be arranged and agreed upon between the student and the Academic Affairs Office. Fee payment to the university is as described above and must be completed within the specified period. All students should check their ETSU Goldlink account prior to the beginning of each term for fee payment information.

VETERANS PREFERENCE

Pursuant to the provisions of Public Law 92-541, as amended, priority for admission will be given to otherwise qualified veterans who, during their military service, acquired medical military occupation specialties and said veterans who

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served during the Vietnam era and are entitled to disability compensation under laws administered by the Department of Veterans Affairs. Qualified veterans whose discharge or release was for a disability incurred or aggravated in the line of duty will be given highest priority. For additional veterans information, please refer to "Veterans Affairs" in the Student Services, Organizations and Activities section.

RECONSIDERATION OF ADMISSIONS

COMMITTEE DECISIONS

The Admissions Committee makes every effort to consider all available information in making any admissions decision. It is the policy of the committee that it will not review or reconsider any admissions decision unless significant new information is brought to light which was not available at the time of the original decision. The Admissions Committee also solely reserves the right to determine the significance of any new information presented. Requests for reconsideration are rarely granted.

EXPENSES AND FINANCIAL AID

REGULATIONS GOVERNING FEE

PAYMENT

Students are required to make arrangements for payment of all university fees when they have been registered at the beginning of each semester.

The engagement of a room in the dormitory is for the full year, payable on a semester basis. However, if a student enters the residence hall after the semester begins, the charges are prorated for the remainder of the semester. The room reservation fee of \$100 is retained as a room breakage deposit for all living in the dormitories.

Students may not re-enroll, graduate, or receive a transcript of their records until all indebtedness to the university is settled.

A student's registration is not completed until the university receives payment for the current amount due the university. If payment is made with a check that is not honored (acknowledged bank errors excepted), a late fee will be charged when the student redeems the unpaid check. If the unpaid check is not redeemed within 10 days of return, the student may be withdrawn from classes.

Refund Policies

Refund policies for maintenance fees, out-of-state tuition, and debt service fees are outlined below.

Change of a student's status which may permit a refund

A refund may be given if there is a change in a full-time student's schedule which results in the reclassification to a part-time student or a change in a part-time student's schedule which results in a class load of fewer hours.

Situations which may permit a refund

A refund may be given after a student has dropped a course or courses or withdrawn from the institution, cancellation of a class by the institution, or death of the student.

Refund procedures

The refund amount for students not receiving Title IV aid is based upon the state policy listed below.

Refunds are defined as the portion of maintenance and/or tuition and university housing charges due as a rebate when a student withdraws. The amount of the refund is determined according to the schedule below.

For first- and second-year students, seventy-five percent of maintenance and other required fees will be refunded for drops or withdrawals within 14 calendar days beginning with and including the first official day of classes or within a proportioned period for short-term courses. Twenty-five percent of maintenance and other required fees will be refunded following the 14th calendar day through the expiration of one-fourth (twenty-five percent) of the time covered by the term. No refund will be made thereafter. These refund procedures are also applicable to dormitory rent. For third- and fourth-year students, refunds will be based on the portion of rotations completed during each semester.

One hundred percent of fees will be refunded for classes canceled by the institution. One hundred percent of fees will be refunded for drops or withdrawals prior to the first official day of classes for the regular academic terms and prior to the beginning of summer term. One hundred percent of fees will be refunded in case of a student's death.

QCOM GENERAL INFORMATION

Students who are suspended or expelled from the university or removed from university housing for disciplinary reasons are not eligible for any refund of university tuition, fees, or housing fees.

Return of Title IV Federal Student Aid

This requirement applies to the student ONLY if:

- 1.The student receives federal student aid, and
- 2.The student withdraws prior to completing sixty percent of the period for which the aid was provided.

Federal law requires federal aid recipients to "earn" the aid they receive by staying enrolled in college. Students who withdraw prior to completing 60 percent of the semester for which they received federal student aid may be required to return a portion or all of the aid they were awarded.

The law assumes that the student used the Title IV student aid to pay his/her institutional charges - tuition, fees, dorm room, and board. Thus, if the student withdraws prior to completing 60 percent of the semester for which he/she was awarded aid, a pro-rata amount of that aid must be returned to the federal government.

First, the University will restore to the appropriate federal fund source a proportional share of the institutional charges that the student paid. In general, the effect of this "return of Title IV aid" by the institution will be to reduce his/her outstanding loan balance. Second, if the amount returned by the university is not enough to repay the entire "unearned" amount of student aid according to the length of enrollment, he/she will be required to return portions of the federal student aid he/she received to pay non-institutional charges. Amounts that must be returned to federal aid sources, whether by the

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university or by the student, will first be applied to his/her federal loans. With respect to any amount the student owes after the university has returned its share, he/she will be permitted to repay loans based on the original terms of the loan agreement.

In the case of "unearned" portions of federal grants or scholarships, the student will be expected to pay fifty percent of the "unearned" portion immediately.

Any refund due to the student from the university for amounts he/she paid to cover institutional charges will first be applied to obligations to return "unearned" aid. Thus, portions of institutional refunds may be applied on the student's behalf to his/her outstanding Federal GradPlus, Federal Stafford or Federal Perkins loan or to the federal portions of his/her grant or scholarship and not actually refunded to the student. (This policy is based on 34 CFR, Section 668.22 of Title IV of the Higher Education Act of 1965, as amended.)

REFUND OF CLASS RESERVATION DEPOSIT

In accordance with the Association of American Medical Colleges (AAMC) guidelines, the \$100 class reservation deposit will be fully refunded with official notification from students wishing to relinquish their place in the entering class, provided that this notice is received in the Office of Student Affairs prior to April 30. No refund will be made for withdrawals received after April 30.

FINANCIAL AID

Through various financial aid programs, the Office of Financial Services makes every effort to enable any admitted medical student to attend the College of Medicine. The college supports the federal and state philosophy that the cost of an

education lies primarily with the student and the family to the extent they can pay. Over ninety percent of our students rely on financial assistance beyond that of their families to pay their educational costs. Eighty-seven percent rely upon loans using future earnings as collateral while seven percent use service-commitment scholarships.

As costs of a medical education rise sharply, it becomes imperative for students to explore every option to support their educational expenses. Applicants and returning students should investigate the possibility of obtaining financial help through private, religious, civic and fraternal organizations in addition to state or federal agencies. Anyone seeking information about financial assistance at Quillen may write to East Tennessee State University, Quillen College of Medicine, Office of Financial Services, Box 70580, Johnson City, Tennessee 37614-1708; or telephone during normal business hours at (423) 439-2035; or view information on our website at <http://www.etsu.edu/com/sa/comfinaid/>.

Regulations established by Higher Education Act of 1965, as amended, require the dissemination of certain information about financial aid to any student or prospective student who might request such information. In compliance with federal policy, the following information may be obtained from the Office of Financial Services:

1. Description of financial aid programs available to students
2. Statement of rights and responsibilities of students receiving aid
3. Cost of attending the institution (direct and indirect costs)

4. Refund policy (see Refund Policies also listed in this catalog)

Financial aid is awarded on the basis of demonstrated need, which is, the annual cost of attendance less an expected family contribution determined by the federal government. This figure is derived from the information given on the Free Application for Federal Student Aid (FAFSA). Students are awarded aid each year in the spring prior to the year for which support is sought. Each student is required to complete the financial aid process in order to be considered for aid.

To apply for federal financial aid:

1. Complete the Free Application for Federal Student Aid (FAFSA) online at <http://www.fafsa.ed.gov>. Be sure to use the College of Medicine school code E00171. There is no fee for this application.
2. If the application is chosen by the federal government for verification the student must submit copies of all W-2 form, an IRS transcript of the base year's income tax form, and the verification form sent by the Office of Financial Services.

To apply for institutional scholarships:

1. Applicants and currently enrolled students must complete the COM Institutional Scholarship Application (ISA) annually by visiting our website at <http://www.etsu.edu/com/sa/comfinaid/comscholarships/scholarshipapplication.aspx>. Click on Apply for Financial Aid; then, click on Step 3 and follow directions to submit the ISA electronically.
2. Also apply for federal student aid. Numerous Quillen institutional scholarships require that a

student have a demonstrated financial need. The FAFSA results are used to demonstrate a student's financial need in most cases.

Types of Financial Aid

Financial aid administered by the College of Medicine consists of private funds and federally sponsored programs. Other sources are private loans, grants and scholarship programs administered by outside agencies such as banks, hospitals, the Armed Services (Air Force, Navy, Army) and professional organizations. There are limited scholarships that are awarded by the Financial Aid/Scholarship Committee in the spring and summer to incoming students; the Admissions Committee awards five scholarships.

The majority of assistance is through various loan programs. Federal Unsubsidized Stafford Loans have an annual maximum amount of \$42,722 beginning on those loans disbursed on or after July 1, 2007. There is no interest subsidy and the interest accrues if not paid by the borrower. Loans disbursed prior to July 1, 2006, have a variable interest rate, changing every July 1st, not exceeding 8.25 percent. For loans disbursed on or after July 1, 2006, the interest rate is fixed at 5.84 percent annually. Because the student is borrowing funds from the federal government, no collateral is required. Beginning July 1, 2012, graduate and professional students are no longer eligible to borrow funds through the Federal Subsidized Stafford Loan. However, they are permitted to borrow an additional \$8500 in Federal Unsubsidized Stafford loans, which is reflected in the amount listed above.

The federal government also has a Federal Grad Plus Loan available. These loans have no interest subsidy and interest also accrues if not paid by the borrower. The interest rate is fixed at 6.84 percent annually. Students may borrow up

to the cost of attendance and must be credit worthy. These loans are regulated by the federal government and offer the same deferment, forbearance, consolidation and repayment options as the Federal Stafford Loan Program.

Cost of attendance includes only those expenses associated with the student. Students may only borrow up to the cost of attendance that includes tuition, fees, room, board, and transportation, personal and miscellaneous expenses. Student budgets are based on the expected educational expenses of the student and are rarely increased and require documentation of extenuating costs, such as childcare or medical expenses. A dependent care allowance can be added to the cost of attendance to cover the costs of daycare for dependent children. However, this results in a larger loan amount and increases aggregate student loan debt. Financial Services advises all applicants and students to explore all other sources for financial assistance early in the admissions process.

The Office of Financial Services of the College of Medicine is dedicated to providing financial resources in the most efficient and understanding manner. Applicants can request information by writing or calling the Quillen College of Medicine Office of Financial Services at 423-439-2035. Appointments are available Monday-Friday between 8:30 a.m. and 4:00 p.m. More information may be found on our website at www.etsu.edu/com/sa/finaid.

TUITION FEES AND OTHER EXPENSES

(Subject to change at any time by the Tennessee Board of Regents)

Application Fee\$50

(Charged all applicants with the submission of requested supplementary information; send only if requested.)

Class Reservation Deposit *(applied to first semester tuition)*.....\$100

College of Medicine Tuition (2015-2016) *(Additional fees required for summer term in the junior year)*

Tennessee Residents.....\$30,036

Nonresidents\$31,186

Books, Supplies, Journals and Instruments

First year (estimated)\$1,360

Subsequent years\$0-\$1,025

Microscope Rental\$250

Medical Bag and Instruments\$700

Other Fees, Expenses

TranscriptsNo charge

Health Insurance (estimated annual).....\$2,150

I.D. Card Replacement Fee..... (plus tax) \$10

Student Key Replacement Fee \$3-\$10

College of Medicine Name Tag (replacement fee).....(plus tax) \$10

Late Registration Fee \$100

United States Medical Licensing Examination Fee *(Step I & Step II, each)*.....\$590

Other Required Fees (per semester)\$1989

ACADEMIC DEGREES AND CURRICULA

COLLEGE OF MEDICINE DEGREES

The Quillen College of Medicine offers the Doctor of Medicine degree (M.D.), a combined Doctor of Medicine/Master of Public Health degree (M.D./M.P.H.), and the Doctor of Philosophy degree in Biomedical Science (Ph.D.).

The dual M.D./M.P.H. degree program is a five-year integrated program in partnership with the ETSU College of Public Health.

The Ph.D. is offered through the School of Graduate Studies. The courses and research leading to the Ph.D. are conducted under the auspices of the basic science faculty of the College of Medicine.

MD/MPH DUAL TRACK PROGRAM

Students in the Quillen College of Medicine can simultaneously pursue a master's degree from the ETSU College of Public Health in addition to their medical degree, a dual track designed to provide future physicians a broad perspective that could help solve health problems on a large scale. Students in this dual track, called the MD/MPH program, will devote one year to the master's program in public health before returning for a final year at the College of Medicine.

This is an ideal choice for physicians who want to pursue a career in academic medicine, public health, or public health leadership at the local, state or federal level. Students wishing to pursue this program must apply and be accepted to both the MD and MPH programs individually as prescribed by the individual units. To aid in this, agreement has been reached between the two colleges involved allowing an interested applicant to use the AMCAS application as the primary application for both programs. However, the completion of a graduate school application is also required. The School of Graduate Studies

will accept MCAT scores in lieu of the GRE for this combined program. Complete information on this process is available on the ETSU and College of Medicine web site.

On acceptance and enrollment, students will enroll simultaneously in both College of Medicine and College of Public Health courses for portions of their enrollment. Tuition will be charged at the medical school rate for the first three years of the program, at the graduate school rate for the fourth year of the program and again at the medical school rate for the fifth year. Students will receive credit for certain courses occurring in the medical curriculum for graduate school purposes and for certain courses taken under the graduate school for medical school purposes. Portions of the senior year of medical school will provide students latitude to complete field experience and electives pertaining to both degrees.

REQUIREMENTS FOR THE DEGREE

DOCTOR OF MEDICINE

The doctor of medicine degree is conferred upon students who have satisfactorily completed not less than the equivalent of four years of study in the medical sciences. All courses and clerkships, required and elective, must have been completed with a passing grade. In order to receive the degree, a minimum of the final two years of study must be completed as a student at the Quillen College of Medicine. Assessment of student performance is in both cognitive and noncognitive realms (see Student Assessment System). All students are required to take and pass Step 1 and Step 2, including the clinical skills ("CS") component, of the USMLE (see United States Medical Licensing Examination). Students are also required to complete an Objective Structured Clinical Examination (OSCE) to demonstrate clinical proficiency before promotion to the fourth

year. To receive the degree, the student must successfully complete all the requirements for the M.D. degree including accomplishment of Curriculum Objectives as outlined and prescribed in the current curriculum, by a date no later than six weeks after the conclusion of the required Keystone course in the spring of the sixth year following their first enrollment. All students should be aware that the allowable time period begins on the date of first enrollment and runs continuously for the entire period regardless of whether or not the student is physically present in the curriculum.

In addition to having met the prescribed scholarship requirements, students must have made satisfactory arrangements as to their financial obligations to qualify for graduation.

CURRICULUM FOR M.D. CANDIDATES

Curriculum information will continue to be revised as ongoing curriculum changes take place. These changes may be implemented for the period covered by this catalog.

The Quillen College of Medicine curriculum, typically occurring over four years, consists of science courses basic to medicine and courses in applied clinical medicine. The first two years of the curriculum emphasize the foundational scientific information needed to become a competent physician and its clinical relevance while introducing early clinical skills. The last two years emphasize the application of the foundational material to the care of patients. Clinical skills such as communications and physical examination are introduced in the first year and built upon with clinical experiences over the remainder of the curriculum. Beyond scientific knowledge the curriculum instills professional values in developing physicians. Throughout the curriculum efforts are made to

integrate and reinforce concepts. By the conclusion of the four year curriculum students will be well-prepared to begin the next stage of their training as resident physicians.

Institutional Educational Objectives

The curriculum is designed to assist students in gaining the fundamental information, attitudes, skills, and practice principles required to enter residency training while encouraging the lifelong acquisition of knowledge and skills needed to advance the practice of medicine. Consistent with this institutional purpose, the Medical Student Education Committee has adopted the following educational objectives.

1. Patient Care

Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

1.1 Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice

1.2 Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests

1.3 Organize and prioritize responsibilities to provide care that is safe, effective, and efficient

1.4 Interpret laboratory data, imaging studies, and other tests required for the area of practice

1.5 Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment

1.6 Develop and carry out patient management plans

1.7 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making

1.8 Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes

1.9 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health

1.10 Provide appropriate role modeling

1.11 Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications

2. Knowledge for Practice

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care

2.1 Demonstrate an investigatory and analytic approach to clinical situations

2.2 Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations

2.3 Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care

2.4 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations

2.5 Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care seeking, care compliance, and barriers to and attitudes toward care

2.6 Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices

3. Practice-Based Learning and Improvement

Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

3.1 Identify strengths, deficiencies, and limits in one's knowledge and expertise

3.2 Set learning and improvement goals

3.3 Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes

3.4 Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement

3.5 Incorporate feedback into daily practice

3.6 Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

3.7 Use information technology to optimize learning

3.8 Participate in the education of patients, families, students, trainees, peers, and other health professionals

3.9 Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care

3.10 Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes

4. Interpersonal and Communication Skills

Demonstrate interpersonal and communication skills that result in the effective exchange of

ACADEMIC DEGREES AND CURRICULA

information and collaboration with patients, their families, and health professionals

4.1 Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds

4.2 Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (see also 7.3)

4.3 Work effectively with others as a member or leader of a health care team or other professional group (see also 7.4)

4.4 Act in a consultative role to other health professionals

4.5 Maintain comprehensive, timely, and legible medical records

4.6 Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics

4.7 Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions

5. Professionalism

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles

5.1 Demonstrate compassion, integrity, and respect for others

5.2 Demonstrate responsiveness to patient needs that supersedes self-interest

5.3 Demonstrate respect for patient privacy and autonomy

5.4 Demonstrate accountability to patients, society, and the profession

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5.5 Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

5.6 Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations

6. Systems-Based Practice

Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

6.1 Work effectively in various health care delivery settings and systems relevant to one's clinical specialty

6.2 Coordinate patient care within the health care system relevant to one's clinical specialty

6.3 Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care

6.4 Advocate for quality patient care and optimal patient care systems

6.5 Participate in identifying system errors and implementing potential systems solutions

6.6 Perform administrative and practice management responsibilities commensurate with one's role, abilities, and qualifications

7. Interprofessional Collaboration

Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care

7.1 Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust

7.2 Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served

7.3 Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations

7.4 Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable

8. Personal and Professional Development

Demonstrate the qualities required to sustain life-long personal and professional growth

8.1 Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors

8.2 Demonstrate healthy coping mechanisms to respond to stress

8.3 Manage conflict between personal and professional responsibilities

8.4 Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior

8.5 Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients

8.6 Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system

8.7 Demonstrate self-confidence that puts patients, families, and members of the health care team at ease

8.8 Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty

These objectives are achieved through course and clerkship offerings with specific goals and objectives as well as through involvement in an environment that continually demonstrates by example.

CLINICAL PROFICIENCY COMPETENCY FOR PROMOTION TO THE JUNIOR YEAR

Prior to beginning the third year of the curriculum, all students are required to take the Clinical Proficiency Competency Objective Structured Clinical Examination (OSCE). Students passing this examination will be deemed to have attained this competency. Students failing to demonstrate competency on this evaluation (typically scores less than two standard deviations below the mean in any domain of the examination) will require additional effort to meet this competency. The student will meet with the OSCE director to review areas in which they failed to demonstrate competency, including reviewing video of student performance, reviewing standardized patient checklists, and/or reviewing student-written work. Then the student will develop an individualized action plan to address the competency. The student should involve clinical faculty and clerkship directors in this plan during the third-year clerkships. This faculty contact in the third year is initiated by the student and not the OSCE director. The student will meet with the OSCE director at least three times in the third year to monitor progress toward meeting the competency, then repeat the OSCE evaluation near the end of the third year. Students failing to demonstrate competency at this point will need further evaluation and/or remediation prior to be promoted to the senior year.

REQUIRED CLINICAL SKILLS

All QCOM students are required to satisfactorily demonstrate (perform and interpret results) the following clinical skills as a requirement for graduation (must be completed by the end of the third year; can be accomplished on any clerkship):

- Arterial puncture
- Aseptic technique
- Bacterial culture
- EKG
- Foley catheter insertion
- Glucose test finger-stick
- GTA training
- Injections-intramuscular and subcutaneous
- KOH prep
- Nasogastric tube insertion
- Pap smear
- Prostate exam
- Spirometry
- Stool Guaic testing
- Suturing
- Tube Thoracostomy
- Urine clean catch
- Urine dipstick test
- Venipuncture for laboratory studies
- Wet mount

Typical Curriculum

First Year

Weeks	1	2	3	4	5	6	7	8	9	10	11	12*	13	14	15	16	17	18	19	20	21	
FALL	Medical Human Gross Anatomy & Embryology												Cellular & Molecular Medicine									
	Communication Skills for Health Professionals																					
	Introduction to Physical Exam Skills (IPES)**																		**			
	The Profession of Medicine: Patients, Physicians & Society																					
	Case Oriented Learning (COL)																					
	Career Exploration I: One formal session and panel discussion with Residency Program Directors																					

**Fall Break Thursday-Friday of Week 12*

***IPES Make-up OSCE (if needed) Week 20*

Weeks	1-7							8	9-15*							16-20*						
SPRING	Physiology							Preceptorship Week	Physiology							Biostatistics & Epidemiology						
	Cell & Tissue								Cell & Tissue							Lifespan Development						
	Longitudinal Preceptorship														Genetics							
	The Profession of Medicine							Preceptorship Week	The Profession of Medicine													
	Case Oriented Learning								Case Oriented Learning													
	Career Exploration I: Small group and individual session with career advisor																					

**Spring Break Thursday-Friday*

Second Year

Weeks	1	2	3	4	5	6	7	8	9	10*	11**	12	13	14	15	16	17	18	19	20
FALL	Immunology				Microbiology															
	Clinical Neuroscience																			
	Medical Pathology I																			
	The Practice of Medicine																			
	Career Exploration II: One formal session																			

**Clinical Preceptorship II: Week 10 **Fall Break Monday-Tuesday, Week 11*

Weeks	1	2	3	4	5	6	7	8	9	10*	11	12	13	14	15	16	17	18	19	
SPRING	Microbiology																			
	Medical Pathology II																			
	Medical Pharmacology																			
	The Practice of Medicine																			
	Career Exploration II: One formal session and panel discussion with Residency Program Directors																			
	Introduction to Clinical Psychiatry																			

**Spring Break Week 10*

This schematic indicates general layout of course placement for Generalist Track. Course Semester and Weekly schedules are refined by Course Directors and published at: <http://www.etsu.edu/com/acadaffairs/studentinfo/education/default.aspx>. For course daily schedules refer to the individual course syllabus / Desire to Learn (D2L). The Rural Primary Care Track schedule would include Thursday (M1) or Tuesday (M2) on location at Rogersville or Mountain City.

Typical Curriculum (continued)

	Third Year	Fourth Year
	(48 weeks)	(35 weeks of selectives)
Generalist and Rural Primary Care Track (RPCT) (All Students)	Internal Medicine (6 weeks)	12 weeks of selectives
	OB/GYN (6 weeks)	20 weeks of electives
	Pediatrics (6 weeks)	Keystone Course (3 weeks)
	Psychiatry (6 weeks)	
	Specialties (6 weeks)	
	Surgery (6 weeks)	
Generalist Track Only	Family Medicine (6 weeks)	Intensive Care (4 weeks)
	Community Medicine (6 weeks)	Internal Medicine (4 weeks)
		Ambulatory Care (4 weeks)
Rural Primary Care Track Only	Rural Primary Care (12 weeks)	Rural Primary Care (4 weeks)
		Internal Medicine (4 weeks)
		1 additional selective from the above groups (4 weeks)

Course Designations

First Year

<u>Course Number</u>	<u>Course Name</u>	<u>Contact Hours</u>	<u>Credit Hours</u>
FALL:			
<u>Generalist (Traditional) & Rural Primary Care Track</u>			
ANTY-1314	Medical Human Gross Anatomy and Embryology	144	11
BCHM-1315	Cellular and Molecular Medicine	136	11
CSHP-1321	Communication Skills for Health Professional	37	3
CSKL-1321	Introduction to the Physical Exam	37	3
MEDU-1314	Career Explorations I (both semesters)	13	1
PRMD-1121	The Profession of Medicine I: Patients, Physicians and Society	38	3
<u>Generalist (Traditional) Only</u>			
CAOL-1121	Case Oriented Learning I	24	2
<u>Rural Primary Care Track Only</u>			
IDMD-1921	Rural Case Oriented Learning and Preceptorship I	45	3
SPRING:			
<u>Generalist (Traditional) & Rural Primary Care Track</u>			
CBIO-1312	Cell and Tissue Biology	90	7
MEDU-1312	Biostatistics and Epidemiology	18	1
PHSY-1312	Medical Physiology	106	10
PRCP-1122	Clinical Preceptorship I	80	2
PSYH-1312	Lifespan Development	12	1
HGEN-1311	Genetics	38	3
PRMD-1122	The Profession of Medicine II: Patients, Physicians and Society	38	3
<u>Generalist (Traditional) Only</u>			
CAOL-1122	Case Oriented Learning II	29	3
<u>Rural Primary Care Track Only</u>			
IDMD-1922	Rural Case Oriented Learning and Preceptorship II	45	3
IDMD-1940	Rural Health Research and Practice	45	3

Second Year

FALL:			
<u>Generalist (Traditional) & Rural Primary Care Track</u>			
IMUN-2311	Immunology	27	2
MCRO-2311	Medical Microbiology (both semesters)	138	11
MEDU-2314	Career Explorations II (both semesters)	13	1
NEUR-2321	Clinical Neuroscience	94	6
PATH-2311	Medical Pathology I	72	6
PRCP-2121	Clinical Preceptorship II	40	2
<u>Generalist (Traditional) Only</u>			
PRMD-2122	The Practice of Medicine (both semesters)	143	9

Course Designations (continued)**Second Year (continued)**

<u>Course Number</u>	<u>Course Name</u>	<u>Contact Hours</u>	<u>Credit Hours</u>
<u>Rural Primary Care Track Only</u>			
IDMD-2122	The Practice of Rural Medicine I	45	3
IDMD-2950	Rural Community Based Health Projects	45	3
SPRING:	<u>Generalist (Traditional) & Rural Primary Care Track</u>		
PATH-2312	Medical Pathology II	46	4
PHRM-2312	Medical Pharmacology	80	8
PSYH-2312	Introduction to Clinical Psychiatry	52	3
<u>Rural Primary Care Track Only</u>			
IDMD-2123	The Practice of Rural Medicine II	90	6

Third YearGeneralist (Traditional) & Rural Primary Care Track

GMED-3000	Transitions to Clinical Clerkship	1 week	1
IMED-3003	Jr. Internal Medicine Clerkship	6 weeks	12
OBGY-3004	Obstetrics/Gynecology Clerkship	6 weeks	12
PEDS-3005	Pediatrics Clerkship	6 weeks	12
PSYH-3006	Psychiatry Clerkship	6 weeks	12
SPEC-3007	Specialty Clerkship	6 weeks	12
SURG-3008	Jr. Surgery Clerkship	6 weeks	12
MEDU-3314	Career Explorations III	13 weeks	1

Generalist (Traditional) Only

COMD-3001	Jr. Community Medicine Clerkship	6 weeks	12
FMED-3002	Family Medicine Clerkship	6 weeks	12

Rural Primary Care Track Only

RPCT-3009	Jr. Rural Primary Care Clerkship	12 weeks	24
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Fourth YearGeneralist (Traditional) & Rural Primary Care Track

GMED-4501	Keystone Course	3 weeks	6
Various	Electives (minimum)	16 weeks	32

Generalist (Traditional) Only

Various	Selectives	16 weeks	32
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Rural Primary Care Track Only

RPCT-4310	RPCT Underserved Area Selective	8 weeks	16
Various	Selectives	8 weeks	16

CURRICULAR COMPONENTS

Departmental Course Offerings Department of Biomedical Sciences (BIMS)

Dr. Theo Hagg, Chair

ANTY-1314. Medical Human Gross Anatomy and Embryology (11 credit hours)

Required of all first-year medical students, this offering deals with the structure of the human body and relates this structure to function. The course presents a three-dimensional analysis of the human body and includes several clinical experiences and a correlated study of radiological anatomy. (lecture, lab)

BCHM-1315. Cellular and Molecular Medicine (11 credit hours)

Required of all first-year medical students. This course is an introduction to basic biochemical concepts and principles and includes a description of the structure, function and metabolism of the molecules of life. Clinical presentations on diseases involving biochemical abnormalities serve to enrich the lecture material. An undergraduate course in biochemistry is strongly recommended as a preparation for this course.

CBIO-1312. Cell and Tissue Biology (7 credit hours)

Required of all first-year medical students. The structure-function relationships of human cells, tissues, and organ systems are described with an emphasis on the modern cell biological, biochemical and ultrastructural methods used to understand these close relationships. Material is presented in an integrated sequence for cell biology, basic tissue histology, organ histology, and endocrine/reproductive system histology. The unique modifications of the cell

membrane, the cytoskeleton, the various subcellular organelles, and the characteristic molecular content of these structures as they relate to specialized tissue functions are noted throughout the course with lecture, lab, and demonstrations. Topics for this course are closely aligned with those in the physiology course and include some integration sessions related to specific disease process.

MCRO-2311. Medical Microbiology (11 credit hours)

Required of all second-year medical students, this course examines the structure, genetics, metabolism, and physiology of microbial organisms through both lecture and lab. Additional topics of study include antibiotic action and resistance, immunological responses, and the principles of infectious disease as they relate to the major groups of microorganisms including bacteria, parasites (unicellular and multicellular), fungi (yeasts and molds), and viruses (including prions).

IMUN-2311. Immunology (2 credit hours)

Required of all second-year medical students. Introduction to the cellular and molecular basis of the innate and adaptive immune responses, including immune specificity, induction, and regulation of humoral and cell-mediated responses. The role of immune responses in allergy, organ rejection, microbial infection, autoimmunity and immunodeficiency is emphasized (lecture, clinical case presentations and group discussions).

PHRM-2312. Medical Pharmacology

(8 credit hours)

Required of all second-year medical students. This course provides instruction in drugs commonly used in medical practice including their classifications, mechanisms of actions, pharmacokinetic properties, therapeutic usages, common adverse effects, and contraindications. In addition, pharmacogenetics, drug interactions, and certain aspects of toxins and poisons encountered in medical practice are discussed through lectures, computer and human patient simulation, clinical conferences, videotapes, small group discussions, and optional web-based instruction.

PHSY-1312. Medical Physiology

(10 credit hours)

Required of all first-year medical students. Systematic study of the function of human organ systems emphasizing regulatory and compensatory mechanisms (lecture, case conferences and problem solving sessions).

ANTY-8900, BCHM-8900, MCRO-8900, PHRM-8900, PHSY-8900. Special Studies

(0-20 credit hours variable)

Course(s) available to enrolled medical students that may be assigned only with the approval of the dean or the executive associate dean of the college. Course(s) may be used to allow enrolled students to pursue special interests or projects within the department or to accommodate special situations that may arise.

Department of Family Medicine (FMED)

Dr. John P. Franko, Chair

FMED-3002. Junior Family Medicine Clerkship

(12 credit hours)

Required of all generalist track third-year medical students as a six-week rotation. Students will be assigned to one of the three family medicine programs located in Bristol, Johnson City, or Kingsport. The clerkship involves the student in the comprehensive practice of medicine unrestricted by age, sex, disease, organ system, or treatment modality. The goals are to encourage the development of the student's knowledge and skills in family medicine. The student will be involved in the diagnosis and management of undifferentiated problems both in the ambulatory and hospital setting. Students will become acquainted with the role of the family physician in prevention and treatment of disease. They will understand the importance of the family and the community in relation to the disease process. The student will develop further history-taking, physical examination, and communication skills. Students will see patients in a family medicine ambulatory care center, follow patients in hospital, attend rounds, and make case presentations. Student will also hone skills in interpreting EKG's and chest x-rays, as well as physical exam.

Students will be expected to attend a block of didactic sessions, make a home visit, do a behavior intervention and collaborate on an evidence based medicine presentation that will be presented to the Chair and a member of the faculty. Students will take a written exam, OSCE (objective structure clinical exam) and an advanced interviewing, standardized patient exam.

FMED-8900. Special Studies

(0-20 credit hours variable)

A course available to enrolled medical students, which may be assigned only with the approval of the dean or the executive associate dean of the college. This course may be used to allow enrolled students to pursue special interests or projects within the department or to accommodate special situations that may arise.

Department of Internal Medicine (IMED)

Dr. Charles Stuart, Interim Chair

IMED-3003. Junior Internal Medicine Clerkship

(12 credit hours)

Required of all third-year medical students as a six-week ward rotation. Students spend three weeks each in two of the three following hospitals: Veterans Administration Medical Center, Holston Valley Medical Center or Johnson City Medical Center. The exact location will depend on the period they are scheduled for this clerkship. The student will develop advanced clinical skills in history taking and physical exam; understand sensitivity and specificity of laboratory and imaging studies; learn to order diagnostic tests using a logical, cost effective approach; learn to present patients in a precise comprehensive manner; record a detailed history and physical exam, formulation of problem, assessment and plan--including diagnostic, therapeutic and education components; and to complete a written evaluation in a timely fashion. Each student's final grade is based on a composite evaluation of performance, resident and ward attending, and the student's performance on the NBME internal medicine subject examination.

IMED-8900. Special Studies

(0-20 credit hours variable)

A course available to enrolled medical students that may be assigned only with the approval of the dean or the executive associate dean of the college. This course may be used to allow enrolled students to pursue special interests or projects within the department or to accommodate special situations that may arise.

Department of Obstetrics/Gynecology (OBGY)

Dr. Hanns Haesslein, Interim Chair

OBGY-3004. Junior Obstetrics/Gynecology Clerkship

(12 credit hours)

Required of all generalist track third-year medical students as an six-week rotation. Students will be assigned time in both obstetric and gynecological services. They will work with patients in the prenatal outpatient department, examining women at various stages of pregnancy. Students will participate in a high-risk service. Many of these patients remain in the hospital for prolonged periods of time as their fetus' mature. Students will learn the fundamentals of labor and delivery by being assigned patients who enter the hospital for delivery. They will examine patients during labor and assist in their delivery under direct supervision. On the gynecological service, the student will be responsible for examination of both inpatients and outpatients. The student will take a history and must demonstrate competence in examination of the breasts, abdomen, and the performance of a pelvic examination. Assistance will be required in operations and with postoperative care. This clerkship is designed to permit each student to become familiar with women's health, including endocrine, reproductive, neoplastic and

preventive care issues. Inpatient service will include night call as well as ward rounds.

OBGY-8900. Special Studies

(0-20 credit hours variable)

A course available to enrolled medical students that may be assigned only with the approval of the dean or the executive associate dean of the college. This course may be used to allow enrolled students to pursue special interests or projects within the department or to accommodate special situations that may arise.

Department of Pathology (PATH)

Dr. John B. Schweitzer, Chair

PATH-2311. Medical Pathology I

(6 credit hours)

Required of all second-year medical students, others by permission. Introduction to the basic concepts of etiology and pathogenesis of disease, and their application to organ systems. (lecture, computer-assisted instruction)

PATH-2312. Medical Pathology II

(4 credit hours)

Required of all second-year medical students, others by permission. Continuation of Medical Pathology I (lecture, computer-assisted instruction).

PATH-8900. Special Studies

(0-20 credit hours variable)

A course available to enrolled medical students that may be assigned only with the approval of the dean or the executive associate dean of the college. This course may be used to allow enrolled students to pursue special interests or projects within the department or to accommodate special situations that may arise.

Department of Pediatrics (PEDS)

Dr. David Wood, Chair

PEDS-3005. Junior Pediatrics Clerkship

(12 credit hours)

Required of all third-year medical students as a six-week rotation. Students are assigned for two weeks each inpatient ward and clinic and for one week each newborn/nursery/NICU and specialty. In the clerkship role, the students will be responsible for complete studies of patients assigned to them, including histories, physical exams, laboratory studies and progress notes. Activities include daily teaching rounds, small group discussions, clinical conferences, lectures, and grand rounds.

PEDS-8900. Special Studies

(0-20 credit hours variable)

A course available to enrolled medical students that may be assigned only with approval of the dean or the executive associate dean of the college. This course may be used to allow enrolled students to pursue special interests or projects within the department or to accommodate special situations that may arise.

Department of Psychiatry and Behavioral Sciences (PSYH)

Dr. Karl Goodkin, Chair

PSYH-1312. Lifespan Development

(1 credit hour)

Required for all first-year medical students. Course covers physical, cognitive and psychosocial development at all stages of human lifespan development. Additional topics include social issues at various life stages (e.g., child abuse, elder abuse, partner violence, etc.) and theories of human behavior (personality and learning theory) pertinent to medicine. Course instructional methods include lecture, video, self-directed online modules and group discussions.

PSYH-2312. Introduction to Clinical Psychiatry

(3 credit hours)

Required for all second-year medical students. Course provides an introduction to the basic principles and practice of psychiatric assessment, diagnosis, and treatment. The course includes lectures, live and videotaped vignettes of patients, and small group activities aimed at mastery of the material. The course also looks at mind-body connections, the stress response, communication skills, crisis intervention, and identification and treatment of behavior-related health problems.

PSYH-3006. Junior Psychiatry Clerkship

(12 credit hours)

Required of all third-year medical students as a six-week rotation. Students will be provided with a balanced exposure to Adult Inpatient Psychiatry, Adult Inpatient Psych-ICU Psychiatry, and Child-Adolescent Inpatient Psychiatry. Exposures occur at the Veterans Affairs Medical Center and Woodridge Hospital. During the rotation the students will be responsible for the evaluation of patients with psychiatric disorders under the supervision of residents and faculty and will actively participate in treatment planning under the concept of a multidisciplinary treatment team approach. The faculty will provide didactic exercises as well as serving as proctors to the students in weekly scheduled meetings.

PSYH-8900. Special Studies

(0-20 credit hours variable)

A course available to enrolled medical students that may be assigned only with the approval of the dean or the executive associate dean of the college. This course may be used to allow enrolled students to pursue special interests or projects within the department or to accommodate special situations that may arise.

Department of Surgery (SURG)

Dr. I. William Browder, Chair

SURG-3008. Junior Surgery Clerkship

(12 credit hours)

A six-week rotation required of all third-year medical students. A series of case and patient presentations provides the framework for student learning of general surgery as well as providing the student guidance for independent reading/learning. Two quizzes are given during the six-week rotation to gauge the student's understanding of the didactic topics and assigned reading or online modules. Students are assigned to surgical residents and faculty "teams" for active participation in surgical patient care. This includes preoperative work-up, intraoperative assistance and postoperative care. Students spend six weeks on general surgery services divided among the Veterans Affairs Medical Center, Johnson City Medical Center, Holston Valley Medical Center and/or Bristol Regional Medical Center. Participation in call, case presentations, patient presentations, attendance at selected rounds, conferences and clinics are all required. The clerkship final grade is based on faculty assessments, participation in presentations, completion of required skill performance, completion of online modules, performance on departmental quizzes and end-of-course NBME score. There is an individual student midterm performance review with the clerkship director with input from the student and clerkship director.

SURG-8900. Special Studies

(0-20 credit hours variable)

A course available to enrolled medical students that may be assigned only by the chairman with the approval of the dean or the executive associate dean of the college. This course may be used to allow enrolled students to pursue special inter-

ests or projects within the department or to accommodate special situations that may arise.

Section of Medical Education (MEDU)

Dr. John Kalbfleisch, Professor, Director of the Division of Biometry / Medical Computing

MEDU-1312. Biostatistics and Epidemiology

(1 credit hour)

Required of all first-year medical students. Course content: medical and epidemiological study designs, statistical data analysis and interpretation, concepts of diagnostic testing, introduction to epidemiology, public health and vital statistics. Course presentations provide a foundation that allows students to better assimilate medical literature reports and research inquires.

MEDU-8900. Special Studies

(0-2 credit hours variable)

A course available to enrolled medical students that may be assigned only with the approval of the dean or the executive associate dean of the college. This course may be used to allow enrolled students to pursue special interests or projects within the section or to accommodate subject-matter interests beyond MEDU-1312.

Interdepartmental/Interdisciplinary Course Offerings

Generalist and Rural Primary Care Track:

HGEN-1311. Genetics (3 credit hours)

Required of all first-year medical students. An interdisciplinary assessment of gene structure and function utilizing concepts that are common to the disciplines of Developmental Biology, Biochemistry and Medical Genetics and provide a scientific basis for understanding the genetic basis for disease. The course will consist of lectures, clinical conferences and and optional student paper.

CSHP-1321 Communication Skills for Health

Professionals (3 credit hours)

Required of all first-year medical students. This interprofessional course addresses basic communication skills that are used by health professionals. The course focuses on data gathering skills, development of rapport, listening skills, and empathic and facilitative responses. Principles of interpersonal, family, group and interprofessional communication strategies are addressed. Students begin to address ways to reconcile differences in expectations between patients and health care providers.

CSKL-1321. Introduction to Physical Examination

(3 credit hours)

Required of all first-year medical students. Course teaches students the basic physical examination skills required to enter the clinical years of medical school and to provide a knowledge base and skill set for the learning of more complex clinical skills required in the more advanced stages of medical training as well as their medical careers. Didactic sessions, trained standardized patients, and clinical correlation sessions with physicians and their patients are used to teach physical examination skills. Students are expected to approach this course in a self-directed learning format with active participation expected.

MEDU-1314. Career Explorations I

(1 credit hour)

Required of all first-year medical students. Designed to begin students on the four-year process of evaluating possible career options. Students will participate in two required seminars (one in each semester), complete self-assessments to help identify interests, develop a curriculum vitae (CV), construct a preliminary list

of five specialties of interest, and complete a personal roadmap to residency.

MEDU-2314. Career Explorations II

(1 credit hour)

Required of all second-year medical students. Continues the career exploration process begun in Career Explorations I. Students will participate in two required seminars, update CV, and attend four career choice related sessions (includes lunch and learn sessions, student interest groups or other approved activities).

MEDU-3314. Career Explorations III

(1 credit hour)

Required of all third-year medical students. Continues the career exploration process begun in Career Explorations I and II. Students participate in required seminars throughout the year; establish a working relationship with a clinical career advisor; narrow list of specialty choices through planning fourth-year rotations and possible visiting elective sites; know key dates related to the residency application/match process and develop a rough draft of a budget for applying to residency.

NEUR-2321. Clinical Neuroscience

(6 credit hours)

Required of all second-year medical students. An extensive analysis of the morphological, physiological, and behavioral aspects of the human nervous system. Clinical conferences will be used to illustrate normal and abnormal mechanisms of neural function and structure (lecture, lab).

PRCP-1122. Clinical Preceptorship I

(2 credit hours)

Required of all first-year medical students during the spring semester. Program exposes students

to a full week of the role of the provider in the office, hospital, and community. Students are expected to spend each day of the provider's workweek from the beginning to the end of their workday in the office, on hospital rounds and /or any community activities the provider participates in. This program not only continues to reinforce the student's clinical use of knowledge but also exposes them to the overall role of a provider in the community. This week-long program is spent with a primary care provider (Family Practice, Internal Medicine, Pediatrics) in the immediate area or away from the College of Medicine at some other approved location.

PRCP-2121. Clinical Preceptorship II

(2 credit hours)

Required of all second-year medical students. Course further enhances the understanding of the role of the provider in the office, hospital, and community while continuing to reinforce their comprehension and application of skills they have learned in their courses, labs, and previous preceptorship experiences. This week-long course is spent with a primary care provider in Family Medicine, Internal Medicine, Pediatrics, or Obstetrics/Gynecology that can provide a clinical environment for the student either in the immediate area or away from the College of Medicine at some other approved location.

PRMD-1121. The Profession of Medicine I: Patients, Physicians and Society

(3 credit hours)

PRMD-1122. The Profession of Medicine II: Patients, Physicians and Society

(3 credit hours)

Required of all first-year medical students. Designed to develop the necessary foundation in medical ethics, professionalism and patient-centered care before students interact with

patients in the clinical setting. This course includes those aspects of medicine considered essential to develop necessary skills, behaviors and attitudes of a physician with a patient-centered focus, including an understanding of societal issues that impact health-care delivery. Employs a variety of learning methodologies to expose students to critical thinking, patient-centered care, health promotions and disease prevention, cultural issues relevant to practice of medicine (e.g., gender issues, health disparities, economic issues, medical errors/patient safety), and community service.

GMED-3000. Transitions to Clinical Clerkship

(1 credit hour)

Required of all third-year medical students the week prior to the first third-year clerkship. Intended to prepare students for clerkships, the course includes introductory lectures and workshops on topics addressed and reinforced in the third-year clinical clerkships. In addition, the course includes didactic presentations, simulation activities, and skill development workshops.

SPEC 3007. Specialties Clerkship

(12 credit hours)

Required of all students, the course is an integrated educational experience with learning objectives encompassing three separate clinical experiences. Students will spend two weeks each in internal medicine and surgery subspecialties and two weeks of elective time in one of over thirty different specialty options. Students will meet with the clerkship director in groups for discussions and student presentations. The final clerkship grade will be determined by the clerkship director based on student participation and assignments with input from the attending physicians.

GMED-4501. Keystone: Transition to Residency Course (6 credit hours)

Required of all fourth-year medical students. Course designed to bridge the gap between undergraduate and graduate medical education and ease the transition of the graduating medical student into residency training. The course is run on a continuing medical education (CME) model and includes lectures and workshops on topics not previously addressed in the four years of medical education (ex: medical jurisprudence), reinforces training already received (ex: hands-on workshops on orthopedic casting techniques), and introduces issues that will face the new resident physician (ex: breaking bad news to patients).

Generalist Track:

CAOL-1121. Case-Oriented Learning I

(2 credit hours)

Required of all first-semester generalist track first-year students. Students are introduced to clinical problem solving through problem based learning and facilitated small group discussions. While a major focus of Case-Oriented Learning is to integrate information learned from other basic science courses, issues such as the impact of illness on patients and families, the roles of physicians, and the dynamics of the doctor-patient relationship are also explored.

CAOL-1122. Case-Oriented Learning II

(3 credit hours)

Required of all second-semester generalist track first-year students, this is a continuation of Case-Oriented Learning I.

PRMD-2122. The Practice of Medicine

(9 credit hours)

The Practice of Medicine course is a yearlong course and part of the generalist track. The main

objective is the integration, review, and application of basic science pathophysiology through an introduction to clinical medicine. This occurs within the context of cardinal manifestations of disease. Students use their knowledge base to build differential diagnoses and learn advanced interviewing and physical exam skills. Additionally, students are introduced to evidence-based medicine and how to use the resources available to them. Basic interpretation of electrocardiograms, lab data, and diagnostic imaging studies are also presented. Standardized patients, small group attending physician sessions, and simulation lab workshops are used to facilitate the course. Students are expected to approach this course in a self-directed learning format with active participation expected.

COMD-3001. Community Medicine Clerkship

(12 credit hours)

Required of all generalist students, the course exposes students to multiple components of a health care system necessary to deliver care to a community. Part of the clerkship will be spent in clinical care settings working with health care professionals from a variety of specialties; the remainder of the clerkship will be spent in the community participating in a variety of experiences designed to create understanding of common health needs of the community. Each student will participate in a community project as well as a rural outreach health fair focusing on preventive services. Transportation, food, and housing for the health fairs will be provided. Clerkship assignments will include lectures, workshops, on-line modules, presentations and written reports.

INDP-8900.Special Studies

(0-20 credit hours variable)

A course available to enrolled medical students that may be assigned only with the approval of the dean or the executive associate dean of the college. This course may be used to allow enrolled students to pursue special interests or projects within the school or to accommodate special situations that may arise.

Rural Primary Care Track:

IDMD-1921. Rural Case-Oriented Learning and Preceptorship I (3 credit hours)

Students develop an understanding of their personal lifelong education process by addressing learning issues identified from encounters with rural communities, health professionals and patients. Students will explore issues of health and disease in context of their patients' lives, families and communities. Emphasis is placed on the case-oriented learning process using real patients in rural communities. The course is comprised of team building and clinical experiences, complemented with group discussion, review of clinical encounters and self-directed information acquisition. Topics correlate closely with material from the basic medical sciences curriculum.

IDMD-1922. Rural Case-Oriented Learning and Preceptorship II (3 credit hours)

A continuation of Rural Case Oriented Learning and Preceptorship I, this course continues to emphasize personal life-long education by addressing learning issues identified from rural community and clinical patient encounters. Students explore issues of health promotion and disease prevention. Emphasis is placed on the case-oriented learning process as well as disease

management in rural communities. The course includes clinical experiences coupled with focused evaluation of rural patients with common diseases. Clinical experiences are reviewed with peers and faculty through group discussion and self-directed information acquisition. Topics complement material covered in the basic medical sciences curriculum.

IDMD-1940. Rural Health Research and Practice (3 credit hours)

This course with is the first of a two semester series of courses which allows students to develop an understanding of the practical application of community-based and participatory research methodology and theory relevant to health sciences by developing proposals for community health projects and specific plans to assess achievement of objectives. Students develop an understanding of working relationships among health professionals and the community. Students will address issues associated with research involving human subjects and receive IRB Training. They attain knowledge and experience of data collection methods for research and evaluation purposes and develop data collection instrument(s) as necessary to analyze health status indicators using appropriate technology. The course includes an online component on theory and research methodologies using D2L and a community experience as part of assessment/research activity.

IDMD-2122. The Practice of Rural Medicine I (3 credit hours)

The Practice of Rural Medicine I is a concentrated experience occurring both at a selected rural site and on campus which familiarizes students with the community and provides a foundation for later coursework and clinical experience. The main

objective is the integration, review, and application of basic science pathophysiology through an introduction to clinical medicine with attention to the rural community. This occurs within the context of rural clinical and community experiences as well as case-oriented learning encounters. Students use their knowledge base to build differential diagnoses and learn advanced interviewing and physical exam skills. Additionally, students are introduced to evidence-based medicine and how to use the resources available to them. Basic interpretation of lab data and other diagnostic studies is also presented. Experiential learning activities include preparticipation physical examinations for community school students and Occupational Health Evaluations as well as community clinical preceptorship experiences. Rural community patients, standardized patients, small group attending physician sessions, and simulation lab workshops are used to facilitate the course. Students are expected to approach this course in a self-directed learning format with active participation expected.

IDMD-2123. The Practice of Rural Medicine II (6 credit hours)

A continuation of The Practice of Rural Medicine I, this concentrated experience builds on the fall semester's experiences with the community and provides a foundation for later coursework and clinical experience. Basic interpretation of electrocardiograms, lab data, and diagnostic imaging studies is also presented. Students receive experience in the human patient simulation laboratory through a series of exercises which allow students to receive recertification in BLS training and certification in ACLS. Rural community patients, standardized patients, small group attending physician sessions, and simulation lab workshops are used

to facilitate the course. Students are expected to approach this course in a self-directed learning format with active participation expected.

IDMD-2950. Rural Community-Based Health Projects (3 credit hours)

In this course students work in teams to develop a community-based health proposal in collaboration with their rural community partners. Through implementing and evaluating the proposed community-based project, students gain hands-on experience in using participatory methods to promote the health of a selected rural population. Students enhance their formal presentation skills through presenting the results of their community-based health project. This is a writing-intensive and oral-intensive course.

RPCT-3009. RPCT Primary Care Clerkship (24 credit hours)

Required of all third-year RPCT students. The students work in a primary care settings for twelve weeks. Students have responsibility to follow patients in one of several primary care sites. Students also follow patients in community non-ambulatory care settings, such as in the hospital or nursing home. The objectives of the rural clerkship are not limited to a particular discipline but include objectives from Family Medicine and Community Medicine Clerkships. The students learn the approach to the evaluation and management of common problems experienced by rural patients. In addition, students are responsible for completing a collaborative community project addressing local health problems, frequently based upon an idea generated from previous community-based coursework. The students will meet with community and faculty mentors to plan and organize this project and will take responsibility for implementing and evaluating the project. It is

valuable and convenient for students, whenever possible, to live in the community during this rural clerkship. Experiences include home visits, rural specialty clinics, hospice, rural mental health, public health and health fairs. Students are expected to present a primary care clinical presentation at the end of the course and a summary of their community project.

RPCT-4310. RPCT Selective in a Primary Care Specialty in an Underserved Area (8 credit hours)

This course provides an opportunity to explore the care of patients in underserved communities. The Selective may be an four (8) week clerkship and must focus on caring for patients in an underserved primary care setting where interdisciplinary collaboration is part of routine patient care. Students are expected to diagnose and manage patients at a level appropriate to a “sub-intern” under supervision of their instructors. Students acquire the ability to increase their competence in patient care in an underserved primary care setting by integrating patient management skills with the appropriate medical, diagnostic, assessment, and treatment plans to include individual and family meetings to communicate plans and to resolve differences concerning treatment plan, advance directives, surgical decisions, etc. During this rotation students develop an increasing awareness of the ethical dilemmas of patient care in underserved communities and develop personal understanding of how to deal with these dilemmas. Students may select experiences from numerous rural and international clinical locations.

IDMD-8900. Special Studies (0-20 credit hours variable)

A course available to enrolled medical students that may be assigned only with the approval of

the dean or the executive associate dean of the college. This course may be used to allow enrolled students to pursue special interests or projects within the school or to accommodate special situations that may arise.

ELECTIVE COURSE OFFERINGS

Four electives are available to students in all four years of the curriculum: The Healer's Art, Spanish, Nutrition and Interprofessional End-of-Life Care.

During the senior year, all generalist track students must enroll for 12 weeks in required selectives (subinternships) and 18 weeks in elective courses. RPCT students must enroll in 8 weeks required selectives (subinternships), 4 weeks required RPCT subinternship and 18 weeks in elective courses. In consultation with their advisors, students develop a proposed elective program based on the guidelines set forth by the faculty. This proposal is then submitted to Academic Affairs for review and scheduling. Any student requests for an exemption from established policies for scheduling the senior year are considered by the Senior Elective Committee which must approve the requested modifications to scheduling. A handbook of approved elective offerings is available for the students. Clinical electives are two or four weeks in duration. Some electives will be allowed at locations other than those listed in the catalog if approved in advance. With the approval of the student's advisor, the chair of the subject department, and the senior elective committee, students may take electives offered at any location, domestic or foreign. International electives are approved in accordance with ETSU institutional guidelines and are prohibited in

locations on the U.S. State Department travel warning list.

Advanced clerkships in most of the general and specialty areas of clinical medicine are offered to the students as electives. In addition, a student may elect to do research or advanced study in any of the clinical or basic science departments of the college. These courses, combined with the provisions for taking academic experiences in other colleges of the university or at other approved locations, make available a large variety of opportunities. Other course electives will be announced as available.

RURAL PRIMARY CARE TRACK (RPCT)

The Quillen College of Medicine offers a unique Rural Primary Care Track option. Limited to one-quarter of each entering medical school class, students must apply to participate in the Rural Track. Those students who are accepted have opportunities to work with patients and families early in their curriculum and gain experience in rural issues and community health more than in traditional medical school courses.

Medical students enroll in teams that study together over two years in one of two rural communities. The Mountain City, Johnson County site includes a family medicine center, nurse practitioner clinic, one of the country's first rural critical access hospitals, Johnson County Community Hospital, and other regional preceptor sites. The Rogersville, Hawkins County site includes family medicine and other primary care clinics and the Hawkins County Memorial Hospital. Both regional sites, each located one hour from campus, provide community and clinical experiences which are typical of this region's rural communities. University

vehicles are provided for student travel to the sites in the first two years.

The Rural Primary Care Track is designed for students who are considering practice in a rural community or as a primary care physician. The program places emphasis on learning core clinical and professional leadership skills in a rural community primary care setting. Students participate in all basic science courses on campus and learn communication skills, physical diagnosis, preventive medicine, public health, and epidemiology through early clinical community-based experiences. Students devote one day a week to these activities in a rural area during the first two years of the medical school curriculum. The instruction is student-oriented and experiential, involving limited didactic instruction supplemented with experience with patients and community-based activities. Medical students participate in community-based participatory research and community projects sections. During the third year Rural Track Clerkship students work one-on-one daily with primary care preceptors. An additional rural primary care experience is organized by the student during the fourth year with site selection made by the clerkship director and student. Many students have used this experience to enhance obstetrical skills, behavioral health and procedural skills in other rural locations in Tennessee, all across the country and internationally.

UNITED STATES MEDICAL LICENSING EXAMINATION (USMLE)

The United States Medical Licensing Examination® (USMLE®) is a three-step examination for medical licensure in the United States and is sponsored by the Federation of State Medical

Boards (FSMB) and the National Board of Medical Examiners® (NBME®).

The USMLE assesses a physician's ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills, that are important in health and disease and that constitute the basis of safe and effective patient care.

Step 1 assesses whether you understand and can apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease, and modes of therapy.

Step 2 assesses whether you can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision and includes emphasis on health promotion and disease prevention

Step 3 assesses whether you can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings. Step 3 is usually taken during residency.

All students are required to take USMLE Step 1 before the beginning of the third year curriculum. As a requirement for graduation, students must pass Step 1 and both components of USMLE Step 2, Clinical Knowledge (CK) and Clinical Skills (CS).

Students are responsible for the timely application and payment of all fees and expenses related to the examinations. Information and application forms are available online at <http://www.usmle.org>

Students are required to prepare for and complete the Step 1 exam prior to the beginning of the required Transitions to Clerkship course at the beginning of the junior year.

Exceptions to this requirement may occur. Based on a detailed review of prior academic performance by the Executive Associate Dean for Academic and Faculty Affairs (EAD), some students may be identified as eligible to delay taking the exam, preceded by a period of special studies preparation time. Eligible students who choose to delay taking the exam must submit a written request for the delay, accompanied by a study plan outline to the EAD for review and approval. Students approved for the delay will be required to submit periodic progress reports to the EAD. These students are expected to take Step 1 by the end of Period 1 of their junior year.

In the event any student fails USMLE Step 1 on their first attempt, the following principles will guide modifying the student's schedule to prepare for a successful retake of the exam and to complete at least two clerkship periods by the end of the fall semester.

1. Students already in a clerkship when they receive a failing score will generally be expected to complete the current clerkship before taking the next clerkship period off as special studies preparation time to prepare to retake the exam by the end of that clerkship period. No more than two clerkship periods in the fall semester may be permitted for special studies. These periods of special studies cannot to be taken consecutively.
2. For periods of special study students must submit a written study plan to the EAD for review and approval. Students will submit periodic progress reports.
3. Students without a passing score by the beginning of Period 5 may elect to continue with

up to two additional periods of special studies or begin a Leave of Absence until a passing score is achieved. Once a passing score is achieved students may resume their third year curriculum with the next available clerkship period.

4. All required third year clerkships must be completed before beginning clinical requirements of the fourth year.

Students are strongly encouraged to take both components of Step 2 prior to beginning of or very early in their fourth year. Both components of Step 2 must be passed before a student can graduate. The National Board of Medical Examiners (NBME) determines the passing score for each exam and sets rules for eligibility for each exam. This body also sets all policy regarding repeats of any step of the exam and the frequency of any repeats. Both passing scores and rules regarding repeats change occasionally and all students should be familiar with current policy. This information is available through the USMLE web site at www.usmle.org.

COMPREHENSIVE BASIC SCIENCE EXAM

The Comprehensive Basic Science Examination (CBSE) produced by the National Board of Medical Examiners will be administered to first- and second-year students as a means of both program evaluation and individual student assessment. All students will be required to take the CBSE at the end of the first and second years. Aggregate data will be used by the Medical Student Education Committee for program evaluation. Individual student data will be primarily used for student self-assessment. While results of this examination may be used to advise students regarding their personal progress in mastering foundational concepts and for USMLE Step 1 preparation, these results will not

be used for decisions related to grading or advancement in the curriculum.

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ACADEMIC CALENDAR 2015-2016 (Subject to Change)

Basic Sciences

First Semester	First Year	Second Year
Orientation Begins	Mon, July 20, 2015	n/a
White Coat Ceremony	Fri, July 24, 2015	n/a
Classes Begin	Wed, July 22, 2015	Mon, July 27, 2015
Holiday	Mon, September 7, 2015	Mon, September 7, 2015
Preceptorship Week	n/a	Mon-Fri, September 28-October 2, 2015
Fall Recess	Thu-Fri, October 8-9, 2015	Mon-Tue, October 5-6, 2015
Holiday	Thu-Fri, November 26-27, 2015	Thu-Fri, November 26-27, 2015
Classes End	Wed, December 16, 2015	Fri, December 4, 2015
Final Exams	n/a	Mon-Fri, December 7-11, 2015
Winter Recess	Thu-Sun, December 17, 2015– January 3, 2016	Sat-Sun, December 12, 2015– January 3, 2016

Second Semester

Classes Begin	Mon, January 4, 2016	Mon, January 4, 2016
Holiday	Mon, January 18, 2016	Mon, January 18, 2016
Preceptorship Week	Mon-Fri, February 22-26, 2016	n/a
Spring Recess	Wed-Tue, April 20-26, 2016	Mon-Fri, March 21-25, 2016
Classes End	Fri, May 27, 2016	Fri, May 6, 2016
Final Exams	n/a	Mon-Mon, May 9-16, 2016

Clinical Sciences

Third Year

Transition to Clinical Clerkships, Mon-Fri, June 22-26, 2015	
Student Clinician’s Ceremony, Fri, June 26, 2015	
Period 1	Mon, June 29—Fri, August 7, 2015
Period 2	Mon, August 10— Fri, September 18, 2015
Fall Recess, Mon-Fri, September 21-25, 2015	
Period 3	Mon, September 28 — Fri, November 6, 2015
Period 4	Mon, November 9— Fri, December 18, 2015
Winter Recess, Mon, December 21, 2015—Fri, January 1, 2016	
Period 5	Mon, January 4 — Fri, February 12, 2016
Period 6	Mon, February 15—Fri, March 25, 2016
Spring Recess, Mon-Fri, March 28-April 1, 2016	
Period 7	Mon, April 4—Fri, May 13, 2016
Period 8	Mon, May 16—Fri, June 24, 2016

Clinical Sciences (continued)**Fourth Year**

Block 1	A	Mon, June 29—Fri, July 10, 2015
	B	Mon, July 13—Fri, July 24, 2015
Block 2	A	Mon, July 27—Fri, August 7, 2015
	B	Mon, August 10—Fri, August 21, 2015
Block 3	A	Mon, August 24—Fri, September 4, 2015
	B	Mon, September 7—Fri, September 18, 2015

Fall Recess Mon-Fri, September 21-25, 2015

Block 4	A	Mon, September 28—Fri, October 9, 2015
	B	Mon, October 12—Fri, October 23, 2015
Block 5	A	Mon, October 26—Fri, November 6, 2015
	B	Mon, November 9—Fri, November 20, 2015
Block 6	A	Mon, November 23—Fri, December 4, 2015 (<i>no selectives, only electives</i>)
	B	Mon, December 7—Fri, December 18, 2015 (<i>no selectives, only electives</i>)

Winter Recess Mon, December 21, 2015—Fri, January 1, 2016

Block 7	A	Mon, January 4—Fri, January 15, 2016
	B	Mon, January 18—Fri, January 29, 2016
Block 8	A	Mon, February 1—Fri, February 12, 2016
	B	Mon, February 15—Fri, February 26, 2016
Block 9	A	Mon, February 29—Fri, March 11, 2016
	B	Mon, March 14—Fri, March 25, 2016
Block 10		Mon, March 28—Fri, April 8, 2016 (2 weeks only)
Block 11	<i>Keystone Course</i>	Mon, April 11—Fri, April 29, 2016

Graduation, Friday, May 6, 2016

Block 12	A	Mon, May 2—Fri, May 13, 2016
	B	Mon, May 16—Fri, May 27, 2016

M4 Schedule:

Thirty-three weeks of educational activity, including Keystone course.

Blocks 1-11, including Keystone, consists of forty-one weeks.

Those completing rotations beyond June 10 will be December graduates and not eligible to participate in the NRMP Match.

All students should sit for Step 2 CK and CS early in the year but no later than December.

STUDENT ASSESSMENT SYSTEM

Students are subject to continuous assessment in both cognitive and non-cognitive areas throughout the curriculum. The overall progress of the student is monitored by the Student Promotions Committee, which meets to receive and consider departmental reports and all other information relative to student evaluations. The faculty makes periodic progress reports both during and after the completion of various units of the curriculum. These periodic reports will be available to the students. Students are encouraged to discuss these periodic reports with appropriate course faculty.

At the conclusion of each course and clerkship, an assessment report is submitted by each course director to the Registrar's Office. These reports become the official institutional record of the student's performance and are the basis on which a transcript is generated. All students have access to their record. The manner of assessment is made known to the student body by the course and clerkship directors at the beginning of each course or clerkship. Some assessments are grades; others are narrative summaries of student performance. The reports of objective and subjective evaluations of performance are submitted to the Registrar's Office by the directors of clinical clerkships.

Throughout the curriculum, self-assessment and peer-evaluation are encouraged both formally and informally. Discussions between a student and faculty member or with small groups of students and faculty members are encouraged for the purpose of student self-assessment and feedback.

GRADING SYSTEM

The College of Medicine utilizes two grading systems to assign grades. The faculty in a majority of courses and clinical clerkships report achievement of the student by means of a five point (A, B, C, D, F) scale, with A representing excellent, B good, and C adequate. In other curricular offerings, achievement is reported on a P (pass), D, or F (fail) basis. The pass/fail grading system is utilized in the elective clinical clerkships and other courses throughout the curriculum as approved by the Medical Student Education Committee.

In both grading systems the D and F are failing grades. A grade of D indicates that in the judgment of the course faculty, an additional period of prescribed remediation (assuming no deficiencies in other courses), if successfully completed, will qualify a student for a grade of C*. Upon successful remediation, a C* must replace a D. An asterisk will be used on the transcript to indicate that the student required remediation to obtain the indicated grade. The F grade indicates that the performance of the student is such that only a complete repeat of the course, on approval of the course faculty and the Student Promotions Committee, will be accepted as remediation. Upon the advice of the Student Promotions Committee, any student who has one or more failing grades is subject to being dropped from registration.

Since all students must obtain a passing grade in all courses in the M.D. curriculum to receive the degree, remediation of failing grades is required if the student continues in the curriculum on permission of the Student Promotions Committee. In the case of a D grade, the course faculty will recommend to the committee the means by which the student might achieve a passing grade in the

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course. If a student receives two or more D grades in the same academic period, the Student Promotions Committee may require that the student repeat a part of the curriculum assuming that continuation in the curriculum is approved.

If the remediation for a D grade requires a new period of enrollment under requirement of the Student Promotions Committee, special procedures apply as outlined at the end of this section. If a grade of D is not successfully remediated in the time period allotted by the faculty and/or the Student Promotions Committee, a grade of F will be assigned.

A grade of F will remain permanently on the transcript. The remediated grade earned will be added to the transcript in the academic period in which it is obtained.

A grade of I (incomplete) may be given in cases wherein students, for an acceptable reason, have been unable to complete all of the required work in a course. An incomplete grade must be removed within twelve months after it has occurred or it will automatically be changed to F. If the student removes the incomplete within the time period, the instructor may assign any appropriate grade according to the quality of the work completed for the entire course.

If for some appropriate reason a course faculty wishes to insure that the performance of a student is discussed at a Student Promotions Committee meeting, a grade of R (review) may be assigned. Following the consideration by the Student Promotions Committee, the R will be changed to the appropriate grade. Under appropriate circumstances, with the approval of the course director, a student may officially audit

a course. In such instances the audit will be recorded in the permanent record.

A student may withdraw from a course up to one-quarter of the course duration with no penalty (no record of enrollment); between one-quarter and three-quarters of the course, the student may withdraw, receiving a WP (Withdrew passing) or WF (Withdrew failing) grade; and after three-quarters, the student may only withdraw under documented extenuating circumstances as approved by the course director, and the Offices of Academic and Student Affairs and will receive a WP or WF grade. Withdrawal during the last quarter under other circumstances will yield a recorded grade of F. Grade point values in all College of Medicine courses and clerkships will be assigned on the four point system for passing grades (A-4, B-3, C- 2).

The course directors will be responsible for determining the grades to be assigned to students. The distribution of the grades assigned will also be the responsibility of the course directors. In the instance in which a student receives F and successfully repeats the course, the grade point values assigned will be those of the grade earned upon remediation and the total credit hours attempted (originally failing attempt plus the repeat). Grades earned in a pass /fail course are not used in determination of the grade point average.

NOTE: On occasion the Student Promotions Committee, after an analysis of overall performance, may require that the student repeat (re-enroll in) all or a portion of the curriculum, including those courses in which the original grade was D. In this special instance the student's record will reflect the following policy:

a. Upon completion of the remediation, the original grade (D) will be covered on the official transcript with an asterisk. From this time the course entry will be ignored in all further quantitative computations including GPA and class rank.

b. The enrollment of the repeated course will be added to the transcript as appropriate in the subsequent enrollment period. The grade obtained by the student during the repeat course will be the grade recorded on the transcript.

c. Quality credits will be added as appropriate. (Quality credit does not apply in the instance of a P/D/F graded course).

CLASS RANKING

The College of Medicine maintains a class ranking for each student. This is based upon numeric course grades, (percentage out of 100 points) and not on the four-point GPA system.

STUDENT PROMOTIONS COMMITTEE

A Student Promotions Committee is appointed by the dean to serve in an advisory capacity to the dean and the faculty. The purpose of the committee is to review on a continuing basis the performance of each individual student including all cognitive and non-cognitive assessment that has been submitted.

Composition

The structure of the Student Promotions Committee shall include faculty, students and staff of the college as appointed by the Executive Associate Dean for Academic and Faculty Affairs who may serve as chair. Membership will include the clerkship directors from Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, Surgery and the Director of Rural Programs. Should the department chair of

any of these departments deem that the clerkship director's other responsibilities preclude them from fulfilling this function, the chair will identify another appropriate individual to serve in consultation with the Executive Associate Dean for Academic Affairs.

In addition, the course directors of each first-year and second-year course will serve. Of this number two each from both curricular years and from both semesters (eight total) will serve as voting members of the committee and the rest will serve ex-officio, without vote. Other ex-officio members will include the Executive Associate Dean for Academic and Faculty Affairs, the Associate Dean for Student Affairs, the Associate Dean for Graduate Medical Education, the Assistant Dean for Student Affairs and Director of Admissions and Records, the Associate Registrar, and Clinical Medical Education Coordinator. Other ex-officio members may be appointed as deemed appropriate by the Executive Associate Dean for Academic Affairs. One student will be elected from each medical school class and will serve without vote.

Requirements for quorum and adoptive action

A quorum for any regular or called meeting of the Student Promotions Committee shall be defined as more than half of the voting members. All actions of the committee will require a simple majority of those voting. Any member of the Promotions Committee who has provided health services or has other conflicts of interest concerning a student will recuse himself or herself from discussion of or decisions about the student's progress or advancement. Any member who is associated with a grade or course which has caused a student to be placed on the Student Promotions Committee agenda will

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recuse themselves from voting on any action taken regarding the student's progress or advancement.

Roles and responsibilities

Each student will be considered individually with emphasis upon quality of performance. The Student Promotions Committee may recommend continued pursuit of medical studies for any student who is presumed capable of completing the M.D. degree requirements within the time limits established herein. At appropriate intervals, the committee will review the progress of students throughout their medical school career. The committee will review the progress of all students at least once yearly.

The committee recommends to the faculty the promotion of a student from one year's study to the next and the certification of a student as qualified to graduate. The committee recommends to the Dean the placement of a student on a reduced schedule; the requirement of a student to take a leave of absence for diagnostic evaluation, medical intervention or personal reasons; dismissal of the student from medical school; or disciplinary action for unethical and/or non-professional behavior.

The committee has the authority to take action in the formulation of a remedial program. These programs may include, but are not limited to requiring a student to take a remedial make-up examination with or without a period of tutorial study; recommending or requiring a student to take a course at another institution acceptable to the faculty in whose course the deficiency occurred; requiring a student to be reexamined in a course; requiring a student to receive academic tutoring; or requiring a student to repeat all or part of a year's work.

The committee also has authority in the placement of student on academic probation; the review of petitions for return from a leave of absence for those students placed on such status by the committee; and any other action deemed appropriate for the individual student and not categorized above.

If the action contemplated is to remove a student from registration, place on a leave of absence, or assign on a reduced schedule, the student will be afforded an automatic hearing as below.

The Executive Associate Dean for Academic and Faculty Affairs (or designate) may serve as non-voting chair of the Student Promotions Committee. Responsibilities will include preparation of the agenda for regular and called meetings, written notification of committee action (s) to the affected student and verbal discussion of pertinent committee action(s) with the individual student to whom such actions apply.

All deliberations of the committee are strictly confidential. Actions of the committee are announced through official channels of the Dean's office or, in special instances, by means designated by the Committee.

Scheduling and frequency of meetings

Routine meetings will be scheduled throughout the year. Special meetings will be called by the chair when appropriate information has been transmitted that requires an extraordinary session.

Agenda

The agenda shall consist of the promotion of students from one year to the next, certification of students for graduation, and consideration of students' academic progress. In addition there shall be a call for self-disclosure by any member of the Promotions Committee who has provided

health services or has a conflict of interest concerning a student. Specific students to be discussed are those whom course faculties indicate have failed their course; are performing at less than satisfactory levels after an interim evaluation; have received an *R* grade or any grade other than *A*, *B*, *C*, or *P*; or have had one or more Professionalism Report forms submitted and determined by the EAD for presentation to the committee. Any other student will be discussed at the request of a course director or course faculty. An attempt is made to identify students in difficulty in concert with the goal of advising the student.

Advancement of students with satisfactory performance

Promotion from one year to the next and certification for graduation is contingent on a positive action recommended by the Promotions Committee and passed by faculty. Students must meet all requirements for academic performance and professional behavior to be promoted across the curriculum. For promotion from first-year to second-year, a student must obtain a passing grade in all required courses that comprise the freshman year curriculum of the medical school. For promotion from second-year to third-year, a student must have obtained a passing grade in all required courses that comprise the sophomore year curriculum of the medical school. For promotion from third-year to fourth-year, a student must have obtained a passing grade in all required courses that comprise the third year curriculum.

Students are required to have their USMLE scores officially reported to the school. The Promotions Committee will consider these test scores, along with the entire record, when developing recommendations related to an individual student's performance. (For

additional information, refer to the "United States Medical Licensing Examinations (USMLE)" section of this catalog.)

A student must pass Step 2 (Clinical Knowledge and Clinical Skills) of the United States Medical Licensing Examination in accordance with national standards in order to graduate. A student must have made appropriate arrangements to discharge all financial obligations to the university. A student admitted with advanced standing must have completed, at the minimum, the last two years of the curriculum at East Tennessee State University, Quillen College of Medicine.

Incompletes and Withdrawals

A student who receives an incomplete grade (*I*) in a course or withdraws (*WP* or *WF*) from a course is reviewed by the Student Promotions Committee. The Student Promotions Committee usually accepts the recommendation of the departmental faculty for satisfactory completion of the course and monitors a student who has received an *I*, *WP* or *WF* grade in a course, as appropriate.

Registered students with unsatisfactory performance

A student's failure to be eligible for promotion to the third-year of the curriculum within four years from the date of matriculation is sufficient justification for dismissal. A student's failure to complete all requirements for graduation within six years from the date of matriculation is sufficient justification for dismissal.

A deficiency is defined as a grade of *D* or *F*. When a student has one or more deficiencies, there is sufficient justification for dismissal. A student who has two deficiencies at any given time will automatically be placed on academic probation.

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When reporting a deficiency grade, the faculty responsible for that course will also submit a recommendation for removing the deficiency utilizing the Promotions Committee Recommendation Form. Based upon the faculty recommendation and a comprehensive evaluation review of the student's circumstances, the Student Promotions Committee will recommend the course of action and time requirement for removal of a *D* grade. If the student receives a *D* grade and is not successful in the approved course of action within one year, an *F* grade will be assigned. If a student has obtained an *F* grade and the Student Promotions Committee recommends continuation of medical studies, the student must remove the deficiency by repeating the course. If the plan of action includes repeating the course at another academic institution, the faculty responsible for the course in which the deficiency occurred will provide a list of approved courses.

A student who is performing unsatisfactorily and has received one deficiency grade or has a failing average in one or more courses will be under continuous academic review by the Student Promotions Committee. The purpose of Continuous Academic Review is to promote awareness of students who are at academic risk and to promote academic success. Continuous Academic Review may be removed by the Student Promotions Committee once the student's performance is satisfactory. In order to promote academic success, a student placed on Continuous Academic Review may be required to resign from committees and/or relinquish positions of leadership internal or external to the university.

Academic Probation occurs when a student simultaneously has more than one deficient grade

(*D* or *F*). A student that has been placed on Academic Probation by action of the Promotions Committee will maintain that status until removed by action of that committee. A student placed on academic probation will not be permitted to serve on committees or hold positions of leadership internal or external to the university.

All students may avail themselves of counseling, tutorial, and study skills services without referral. However, when students are presented as having difficulty at a Student Promotions Committee meeting, they often are urged to procure specific services and in some instances are directed to do so. If a student who is repeatedly urged to arrange tutoring, counseling, or study skills help does not do so and subsequently fails a course, this is made known to the Student Promotions Committee to assist in evaluation of the student's overall performance. Students who are directed to seek these referral services have a choice of intra- or extramural resources. Verification that the referral services have been utilized will be required. In addition, the committee may require such students have their counselor submit information and/or a recommendation to the committee relating to the student's academic program.

In the final analysis, students are judged on the basis of academic performance, regardless of whether or not they have acted upon the committee's recommendation that they avail themselves of opportunities for assistance. The faculty or director of each course defines the criteria for acceptable academic performance in the course offering. Assessment of academic performance may include (but is not necessarily limited to) measuring the student's knowledge, testing how the student applies such knowledge to specific problems, assessment of the judgment

a student employs in solving problems and assessing the quality of the student's psychomotor skills, ethical behavior and interpersonal relationships.

Students whose registration is discontinued

If in the opinion of the Student Promotions Committee, a student's academic performance does not meet institutional standards, the committee may, at any regular or extra called meeting, recommend dismissal. Students are subject to dismissal if they have one or more *F* grades at any time, fail a course while on academic probation, fail a course for a second time, fail to meet the requirements of remediation, or demonstrate other evidence of unsatisfactory performance, academic or otherwise.

A student may be dismissed from the Quillen College of Medicine for non-academic reasons. Graduation is predicated on the determination by the faculty, as recommended by the Student Promotions Committee, that a student is suitable for the practice of medicine in terms of personal characteristics and conduct. The Student Promotions Committee may recommend the Dean dismiss any student whose behavior is not in keeping with the standards of the medical profession, or when the student's conduct in the medical school is considered detrimental to the individual student, other students in the school, patients, or society in general. When requested, the Student Promotions Committee may evaluate cases of students whose professional behavior and/or ethics have been questioned by a faculty member or the Honor Council and make a recommendation for dismissal, if deemed appropriate.

If there is a recommendation that the student should be dismissed, the student will be afforded

a hearing before the Student Promotions Committee within a period of two weeks from the time of the original decision. The student will be offered the opportunity to appear personally and be allowed to bring any person for advice, counsel or to serve as an advocate. The hearing will be an informal procedure dealing with evidence of a student's performance and/or professional behavior and those factors applying directly to the student's ability to perform.

Immediately following the hearing, the Student Promotions Committee will decide upon a specific recommendation. If the decision is to dismiss the student, the recommendation will be forwarded to the Dean.

When a student's performance is such that continued registration should not occur but, in the opinion of the Student Promotions Committee, the student is judged to be capable of completing the M.D. degree requirements within the time limits presuming academic or non-academic problems are resolved, the committee may recommend that a student be placed on a leave of absence. This recommendation will be explained to the student. If a student accepts, the recommendation will be implemented. If the student disagrees with the recommendation, the same procedure for a hearing will be followed.

At the Dean's direction, a student may be placed on a leave of absence.

The Committee may recommend that a student be placed on a mandatory reduced schedule in order to assist with completing the curriculum. If the student disagrees with the recommendation, the same procedure for a hearing will be followed.

The Committee may also permissively recommend the student be offered the opportunity for the reduced schedule. In this

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instance the student may or may not accept. If the student does not accept, no further action is required.

Petition for readmission following leave of absence

A student may be placed on a leave of absence for a particular period of time with a specified date of expected re-enrollment. In such cases no further action need be taken at the time the student returns to medical studies. All other students who are on a leave of absence must receive approval of the Student Promotions Committee to return to medical studies.

Students placed on a leave of absence without a specified date of return, may maintain such status for a maximum of two years. In order to return to registration, the student must petition the Student Promotions Committee within the time period allowed. When petitioning to the Committee, the student must submit data that will support the contention that the problem that caused discontinuance of registration has been rectified. This also is required in instances wherein the student's departure from registration was in part or completely related to nonacademic problems.

Petitions for readmission may be considered at any regular or called meeting of the Student Promotions Committee. The time of readmission will be based upon what is most appropriate to the student's schedule. Preference will be given to students petitioning for return whose registration was discontinued for other than deficient academic performance. Readmission may be denied because all available positions are filled even if a student meets all other qualifications for readmission.

Appeal mechanisms for students

There are three appeal opportunities following the Committee's action. First, a student may appeal

to the Student Promotions Committee. When the action is within stipulated authority of the committee, a student may ask for a reconsideration of the action taken. The Student Promotions Committee Chair must receive the written request within 15 calendar days following the date the student was informed of the decision. If a student is not satisfied with the result of reconsideration by the Student Promotions Committee, the student may appeal the decision to the Dean of Medicine. Any written appeal of the Committee's recommendation must be submitted to the Dean of Medicine within 14 calendar days from the time the student is notified of the committee's recommendation. The Dean will review the Committee recommendation, the appeal, and other relevant information in reaching a decision. The Dean will then notify the student, the chair of the Student Promotions Committee, and other appropriate individuals regarding the decision. If the student believes that due process has not been afforded, a written appeal may be made to the Vice President for Health Affairs within two weeks of notification; otherwise, the decision of the Dean of the Quillen College of Medicine is final. Such an appeal, based upon denial of due process and specifically identifying the failure of the process, must be initiated in writing within two weeks from the time the Dean reports the decision to the appropriate individuals.

Right of student appearance at committee meetings

A student may request to appear personally before the committee in order to answer questions or expand the information available to the committee. The committee may request that a student be present to answer questions or provide information. A student appearing for any reason may be accompanied

by a person (or persons) of the student's choice to provide support and counsel.

This policy is recommended by the Student Promotions Committee to be approved by the faculty. Any amendments to this policy shall require the same procedure.

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The policies contained herein are provided to give a general understanding of the regulations governing East Tennessee State University and the Quillen College of Medicine. They are subject to revision at any time with little or no advance notification. The Quillen College of Medicine assumes no responsibility for errors in or misinterpretation of these policies. For more information on the official policies of ETSU and the Quillen College of Medicine contact the Office of Academic Affairs. Additional information concerning policies of ETSU may be found on the ETSU website.

STUDENT CONDUCT, RIGHTS, AND RESPONSIBILITIES

University students are citizens of the state, local, and national governments and of the academic community, and are, therefore, expected to conduct themselves as law-abiding members of each community at all times. Admission to an institution of higher education carries with it special privileges and imposes special responsibilities apart from those rights and duties enjoyed by non-students. In recognition of the special relationship that exists between the institution and the academic community which it seeks to serve, the Tennessee Board of Regents has authorized the president of the university to take such action as may be necessary to maintain campus conditions and preserve the integrity of the institution and its educational environment.

Pursuant to this authorization, the Tennessee Board of Regents has developed regulations that are intended to govern student conduct on the campus. In addition, students are subject to all national, state, and local laws and ordinances. If a student's violation of such laws or ordinances also adversely affects the institution's pursuit of its educational objectives, the institution may

enforce its own regulations regardless of any proceedings instituted by other authorities. Conversely, violation of any section of the Tennessee Board of Regents regulations or university rules may subject a student to disciplinary measures by the institution whether or not such conduct is simultaneously in violation of state, local, or national laws.

All students are expected to adhere to rules and regulations that have been developed by ETSU to govern student conduct while attending academic assignments in any location. Any violation of national, state, or local laws as well as violation of ETSU regulations will subject the medical student to disciplinary proceedings.

Any medical student who is convicted of a felony may be dismissed following a review of the matter through appropriate due process procedures. Any medical student whose continued presence on campus or on clinical rotations is believed by university officials to constitute an immediate threat to the physical safety and well-being of the student, other members of the university community, or patients or whose actions constitute a substantial disruption of college activities may be placed on interim suspension as outlined in the ETSU student disciplinary rules.

Any student who engages in the unauthorized or unsupervised practice of medicine, immoral activities, cheating on any educational assignment, misuse or defacing College of Medicine property, unethical or unprofessional activities, or behavior which interferes in any way with patient care or another student's ability to study and attend all curricular sessions may be dismissed from school following a review of the matter through appropriate due process procedures. Any activity, which adversely impacts patient care or the ability of any student to meet a

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responsibility in the educational program, shall be deemed an academic matter.

Any Quillen student who has any type of criminal charge brought against him or her is required to disclose this information to the Associate Dean of Student Affairs within five working days of the charge (see Criminal Background Checks section of this catalog).

TENNESSEE UNIFORM ADMINISTRATIVE PROCEDURES ACT

All cases involving violation of disciplinary rules or academic misconduct which may result in suspension or expulsion of a student are subject to the contested case provisions of the Tennessee Uniform Administrative Procedures Act (TUAPA). Such cases shall be processed in accordance with the uniform contested procedures adopted by the Board of Regents. The student may waive those procedures, after being advised of them in writing, and elect to have his or her case disposed of in accordance with the institutional procedures outlined below in the Student Honor System policy or the Student Promotions Committee Policy. Students opting to use these institutional procedures waive all hearing rights under TUAPA.

STUDENT HONOR SYSTEM

Medical students at the Quillen College of Medicine, as future physicians, are men and women of integrity. They will, in the future, hold the public trust and are therefore held to the highest standards of personal honor. They tell the truth and ensure that the full truth is known. They do not lie. They embrace fairness in all actions. They ensure that work submitted as their own is their own, and that assistance received from any source is authorized and properly documented. They do not cheat. They respect school and

public property as well as the personal property of others. They do not steal.

The honor code is designed to enable medical students at the Quillen College of Medicine to maintain their own highest ethical standards. It is loosely based upon those developed at United States service academies. It works only if the students understand and commit to it. The code is simple, yet its spirit is broad and covers all facets of a medical student's medical education. The code, as the minimum standard of honor for a medical student, forms the link to the high standards demanded of physicians in the practice of medicine.

Purpose

The honor code represents the minimum standard for medical students at the Quillen College of Medicine. Honor, personal integrity, and loyalty to the profession are fundamental characteristics essential to a successful physician. Medical students unable to conduct themselves in such a manner may not be fit to practice medicine and may jeopardize their privilege of becoming a member of the profession. The offenses of lying, cheating, and stealing are intolerable at the Quillen College of Medicine and may subject an offender to punishments up to and including dismissal.

Precepts

The following apply to all medical students at the Quillen College of Medicine. Medical students are presumed to be honorable men and women of the highest personal integrity and accept responsibility for their personal development as future physicians with adequate skills, knowledge, and professional integrity. A medical student's honesty, loyalty to the profession and to the Quillen College of Medicine will compel him or her to report any violation of the honor code.

The Honor Code

Medical students at the Quillen College of Medicine shall not lie, cheat, or steal.

Definitions**Lying**

To state an oral or written untruth with the intent to deceive. It is a lie to knowingly misrepresent a true situation or to deceive by withholding, omitting or subtly wording information in such a way as to leave an erroneous or false impression of the known true situation. Such misrepresentation may be either by word or by deed.

Cheating

To derive an unfair advantage by one's actions. To knowingly use unauthorized assistance in work submitted as one's own efforts or to knowingly submit another's work or ideas, claiming them as one's own by not giving proper reference to that work, i.e., plagiarism.

Plagiarism

Submission of another person's work as one's own. For example, the failure to provide proper documentation for all source material on reports, research papers, or any assignments submitted as original work constitutes plagiarism. Proper documentation shall be in the form of footnotes and an appropriate bibliography.

Assistance

Giving or receiving assistance is expressly allowed and encouraged on all homework, laboratory, and out-of-class assignments unless specifically prohibited by the instructor.

Stealing

Wrongfully taking, obtaining, or withholding personal, school, or public property or anything of value from the possession of the true owner with the intention of depriving the owner of its use or possession for any period of time. This includes

fraudulently obtaining services without payment (e.g., the unauthorized use of school telephones for long distance calls).

Amplification

The terms defined in this section and above shall be considered honor violations under the honor code of the Quillen College of Medicine. Specifically, the failure of a student to comply with any policy or regulation of the College of Medicine is by definition not in itself a violation of the honor code unless that act specifically violates a provision of the honor code. The failure of any student to properly report a known or suspected honor violation is in and of itself not a violation of the honor code. The responsibilities of persons witnessing or suspecting honor violations are discussed under *'Responsibilities upon learning of a possible honor offense'*.

To be guilty of lying, cheating, or stealing, an accused must be shown to have had the necessary state of mind. For a lie to have occurred, one must have intended to deceive. To have cheated, one must have intended to use unauthorized assistance, to represent another's work as one's own, or to otherwise gain an unfair advantage. To have stolen, one must have intended to deprive the owner without permission either temporarily or permanently of the use or possession of the property. A student need not intend to commit an honor violation per se, but only complete an act of lying, cheating, or stealing with the state of mind described.

It is a violation of the honor code to attempt to lie, cheat or steal or to solicit or assist another to lie, cheat or steal. An attempted offense is an act done with the intent to commit an offense under the honor code. The act must be more than mere preparation to commit an offense, but rather one must attempt to carry out or complete an act of

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lying, cheating or stealing. The specific intent required is that of the attempted offense-the accused need not intend to violate the honor code.

Solicitation consists of any statement, oral or written, or any other act or conduct intended as a serious request or advice to lie, cheat or steal. The solicited offense need not be attempted or committed. Aiding in the commission of an honor offense consists of assisting or encouraging the active perpetrator of an honor offense, and sharing the intent of that offender. The intent required is the same as for the active offender. Mere presence at the scene of an offense does not constitute an offense. Failure to prevent the commission of an offense is not an honor violation unless the noninterference was designed to operate and did operate as an encouragement to, or protection of, the active offender.

Applicability

The honor code contains guidelines that form the basis for a medical student's conduct in all places and under all conditions. Ideally they would apply off campus as strictly as they do in the classroom. Notwithstanding such, the honor code as an instrument of monitoring, investigating, and prosecuting medical student conduct shall be strictly limited to the following situations:

1. Any and all conduct occurring wholly or in part on the campus of East Tennessee State University or on the property of the Mountain Home Veterans Affairs campus and/or the Quillen College of Medicine.
2. Any and all conduct occurring while participating in an academic setting or affiliated program away from the Quillen College of Medicine as a student or representative of the Quillen College of Medicine. Examples of this include clerkships, "away" rotations, preceptorships, etc.

3. Any and all conduct occurring while participating in any activity sponsored by East Tennessee State University or the Quillen College of Medicine, regardless of physical location.

Note: While specifically not covered by the student honor system, unscrupulous student activities wholly unrelated to the Quillen College of Medicine, e.g., a felony arrest and conviction, may subject a student to disciplinary action at the discretion of the Dean of the Quillen College of Medicine. Such situations will specifically not involve the student honor system or the honor council.

Responsibilities upon learning of a possible honor offense

All members of the Quillen College of Medicine staff, faculty, and medical student body have the responsibility of being familiar with the precepts, purpose, definitions, and procedures of the honor code. Any individual, upon witnessing or learning of what may be a violation of the honor code, has the following options:

1. Immediately report the suspected violation in accordance with the Procedural Appendix.
2. Discuss the incident with the suspected offender and report the suspected violation in accordance with the Procedural Appendix.
3. Discuss the incident with the suspected offender and, if it appears that no violation was committed, take no further action.

Prior to selecting a course of action, the person learning of a possible violation normally should gather relevant facts and discuss them with the suspected offender. The responsibility for the proper course of action rests with the individual learning of the possible violation. To maintain

confidence in the fairness of our system, medical students, faculty, and staff must take one of the steps outlined above. Failure to do so, while not specifically a violation of the honor code, may result in disciplinary action at the discretion of the Dean of the Quillen College of Medicine. Any person who decides to report a possible honor offense should submit a written statement in accordance with the Procedural Appendix.

Amendments to the Honor Code

Students and full-time faculty members are encouraged to participate in the amendment process for the purpose of developing and maturing a successful honor code. Amendments to the honor code may be proposed by a petition signed by at least two-thirds (2/3) of the entire voting honor council or by a petition signed by at least ten percent (10%) of the Quillen College of Medicine full-time faculty. A referendum election shall be held within six (6) weeks after receipt of the petition and proposed amendments. Amendments to the honor code must be approved in a referendum election by at least two-thirds (2/3) of the students voting, provided that at least fifty percent (50%) of students have voted. Approved changes will take effect upon subsequent ratification of the amendments by at least two-thirds (2/3) of the full-time faculty voting providing that at least fifty percent (50%) of the full-time faculty have voted.

STUDENT HONOR SYSTEM PROCEDURAL APPENDIX

Student Acknowledgment and Publicity of the Honor System

As a precondition for matriculation in the Quillen College of Medicine, each student shall sign the following pledge: "While registered in the Quillen College of Medicine, I pledge to abide by the Honor Code set forth in the Student Honor

System." Each new student entering the Quillen College of Medicine will be informed as to personal obligations with respect to the Honor System and its functions. Orientation of the incoming freshman class shall be the responsibility of the Honor Council as a whole, with the sophomore members acting as coordinators. Upon matriculation into the medical school first-year class, all medical students are under the stipulations of the Honor System and are expected to abide by it during their entire course of study. A minimum of one training period shall be conducted on an annual basis, preferably near the beginning of each academic year, to discuss the honor code, its purpose, precepts, definitions, and procedures. Such training shall be the responsibility of the honor council chairman and will be conducted by members of the honor council. Training shall be available and mandatory for each class and highly encouraged for the faculty of the Quillen College of Medicine.

The Honor Council

In order to administer the Honor System, an Honor Council shall be formed. The council will be empowered with the following functions:

1. The council shall establish needed programs for the operation and maintenance of the Honor System.
2. The council shall act in an advisory capacity to students with regard to the interpretation of the Honor Code.
3. The council shall consider all reports of alleged violations of the Honor Code and determine whether further consideration is warranted.
4. The council shall act as a fact-finding board in hearing procedures of alleged violations of the Honor Code, as hereinafter specified.

5. The council shall act in an advisory capacity to the Dean of the Quillen College of Medicine in making recommendations with supporting documentation regarding any person found by the council to be in violation of the Honor Code.

6. While the council shall function to enforce the spirit and procedures of the Student Honor System, it is nevertheless a body which shall act to protect the rights of the students and, in this respect, shall be available to counsel students both individually and collectively.

Meetings shall be called by the Chair of the Honor Council when a suspected violation of the Honor Code is reported. The chair may also call meetings at any other times as deemed necessary. Whenever possible, the meeting shall be held in an appropriate room within the Quillen College of Medicine in the early evening on weekdays. A meeting must be called by the chair within seven days after requested by two or more members of the council. All meetings shall be conducted according to *Roberts Rules of Order, Newly Revised*. The presence of seven elected voting members shall constitute a quorum, provided that at least one representative from each of the four medical school classes (i.e., freshman, sophomore, junior and senior) is present among the attending members.

The council shall be comprised of thirteen members, of which twelve shall be duly elected voting members and one shall be a non-voting faculty advisor. The twelve voting members shall be elected representatives of the four medical school classes, with three representatives from each class. The non-voting faculty advisor shall be appointed by the Dean of the Quillen College of Medicine from a list of nominees supplied by the Faculty Advisory Council.

In the year in which the Student Honor System is adopted, the election of Honor Council representatives from each of the four medical school classes shall be conducted as soon as feasible. The presidents of the individual classes shall conduct elections during which Honor Council representatives shall be chosen as follows: the freshman, sophomore, and senior classes shall each elect three council members; the junior class shall elect four council members. The term of office for each representative shall be from the date of election until completion of elections during the forthcoming fall semester. After their election, the council representatives shall meet and select from among themselves by majority vote a Chair, a Vice-Chair, a Recorder, and a Chair-Elect. The Chair-Elect shall be elected from those representatives who are members of the freshman or sophomore class at the time of the election.

In all years subsequent to the year of adoption of the Student Honor System, elections of representatives of the freshman class shall be conducted with the election of other freshman class officers and representatives as soon as feasible after the commencement of fall semester. Election of rising second year representatives shall occur in the spring semester of the first year as part of the election of rising second year class officers and representatives. In the event of a change in representatives from the first to second year, the term of the outgoing first year representative shall end on July 1 between first and second year and the term of the incoming second year representative shall commence on July 1 between first and second year. The term of office of each representative of the sophomore class shall be from the date of election until graduation from the medical school. Elections will not be held in the junior and senior years, as repre-

sentation shall be considered ongoing through the sophomore appointments. In addition, a Chair, Vice-chair, and a Recorder shall be elected from the rising fourth year representatives by vote of the Honor Council in the spring, with each officer's term lasting until the election of new officers the following spring.

Should any member of the council resign, the class from which the member was elected shall select a replacement as soon as it is feasible. The election shall be conducted by the president of the appropriate class.

At the time of the election of representatives to the council, each class shall prepare a list of names of three persons who would serve as alternate council members. Should a situation arise wherein an insufficient number of elected representatives is available for council service, as might occur during a summer session, the Chair shall temporarily appoint, from among those students listed, an appropriate number to sit on the Honor Council. The Chair should attempt to appoint a new member to the council from the same class as that elected member who is unable to serve. After graduation of three senior class council members, the temporary appointments should come equally from the remaining three classes.

The chair of the council has the following duties:

1. Meet with the other members of the council as early in the school year as possible and explain in detail the function of the council and duties of its members.
2. Meet with the officers of each class to explain the Student Honor System.

3. Arrange a time and place for meetings to be held and notify the other members of the council and the faculty advisor of such meetings.

4. Take charge of and conduct all meetings and hearings with as much dispatch as possible.

5. Ascertain that adequate minutes of the meetings are recorded and that all minutes, correspondence, and any formal statements received by the council are kept in proper order.

6. Oversee responsibilities for communications between the council and the dean or the administration of the Quillen College of Medicine and report to the other members of the council any resulting matters of importance.

7. Perform any additional duties common to the Office of Chair not heretofore listed.

The vice-chair of the council has the following duties:

1. Assume all of the duties of the Chair in the Chair's absence.
2. Assume all of the duties of the Recorder in the Recorder's absence.

The recorder of the council has the following duties:

1. Record adequate minutes of every meeting.
2. Record by audiotape those portions of a hearing as hereinafter specified.
3. Take charge of and record the receipt of all correspondence, written statements, and other official papers received by the council.
4. Secure, file, and maintain in proper order in a special, locked Honor Council file in the Office of Student Affairs any council minutes, official papers or recordings, as well as any documents

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or evidence presented during a violation hearing as hereinafter provided. (Access to this special Honor Council file shall require prior Honor Council approval.)

5. In the absence of both the Chair and Vice-Chair, the Recorder shall assume all the duties of the Chair. Should such a situation occur, the Chair-Elect shall act as Recorder for the council.

Violations of the Honor Code and Hearing Procedure

A student who has reason to believe that a breach of the Honor Code has been committed is expected to report the incident to the Honor Council within two weeks. This report shall be in writing and signed by the person(s) and witness(es) making the report. The report should name the alleged violator(s) and witnesses and state in as much detail as possible the place, date, time, circumstances, and other pertinent factors of the alleged offense. The report should be sealed in an envelope and given to any Honor Council member. Faculty and staff may also report suspected violations of the Honor Code to the council as stated above. Any council member receiving a report of a suspected violation of the Honor Code shall deliver it to the Chair of the council as soon as is feasible.

The Chair shall call a meeting of the council no later than seven days after receipt of a written report of a suspected violation. This meeting shall be scheduled to convene as soon as feasible. The report will be presented at the meeting by the Chair or other informed member of the council and the council will then vote to proceed according to one of the following courses of action:

1. The report does not constitute a breach of the Student Honor System; therefore, no further action should be taken by the council; or,

2. A hearing on the report will be held by the council; or,

3. Further investigation of the report is needed before appropriate action can be taken. After the investigation has been conducted according to procedures hereinafter set forth, the findings of the investigation shall be presented to the council. The council will then vote to proceed according to one of the aforementioned courses of action.

When voting on the proper course of action, a simple majority vote of those council members present at the meeting will control. Members of an investigating committee (defined below) may vote as to which course of action to follow and will be counted toward a quorum.

Committee Supporting Student Health (CSSH)

The Committee Supporting Student Health (CSSH) has been established by the Medical Student Government Association of the Quillen College of Medicine to assist medical students who have a substance abuse problem. Any suspected problem of substance abuse or report of such should be made directly to the CSSH. Should the Honor Council receive a report alleging substance abuse on the part of a medical student, the council shall transmit information regarding said allegation to the CSSH. After transmission of the information, the Honor Council will take no further action unless the student has otherwise violated the Honor Code.

Hearing Procedure

Whenever the council decides that further investigation is required before it can act, or wherein the council decides that a hearing on a report is appropriate, the chair will appoint a committee of two members of the council to investigate the report and present their findings to the council. In the event of a hearing

on the report, the investigating committee shall present evidence to the council at the hearing. The investigating committee shall not be present when the council considers their response to the evidence presented.

Wherein the council has voted to conduct a hearing, the accused shall be given the following information in writing:

1. A list of the charge(s) against the accused, specifying the section(s) of the Honor Code violated.
2. A copy of the Student Honor System that includes the accused's procedural rights.
3. A list of the members of the Honor Council.
4. The date of the hearing on the alleged violation(s) which shall be no sooner than ten days after the above listed information is given to the accused. If the accused desires additional time in which to prepare a defense, a written petition may be submitted to the chair and, if warranted, a reasonable postponement of the hearing shall be granted.

The hearing will be private unless the accused requests an open hearing. Deliberations of the council on findings or recommendations shall be closed to all persons except members of the council. When a private hearing is conducted, it shall be closed to all persons except members of the council; the accused with an advisor, if asked to attend by the accused; witnesses, while testifying; and other persons may be admitted by agreement of the accused and the council.

After being given written notification of the alleged violation(s) and hearing date, the accused has the right to be informed of the prosecutorial evidence. Additionally, the right to a copy of any written

statements relevant to the case will be given. The accused does not have the right, prior to the actual hearing, to know the names of persons who have furnished written statements. Therefore, the names of such persons will be deleted from the copy of any written statements provided the accused.

The accused has the right to be faced by any witness who has given a statement relevant to the case at the hearing and to produce witnesses (including no more than two character witnesses), introduce documentation, and offer personal testimony. The accused also has the right to be accompanied by a non-participant self-chosen advisor.

The accused has the right to be heard or to remain silent in regard to the charges brought. If the accused elects to offer testimony as to a specific alleged act of misconduct, then the right to remain silent as to that specific act is waived and all questions pertaining to that alleged act must be answered truthfully.

The accused has the right to challenge, on the grounds of prejudice, any member of the council sitting on the case. If such a challenge is made, the council shall deliberate to determine whether cause exists to remove the challenged member. Only council members shall be present during said deliberations. By a majority vote of the members of the council (excluding the members being challenged), the challenged members shall be excused from the case. The accused has the additional right to excuse without cause two council members sitting on the case. In such an event, the accused is not required to state a specific objection as to why a specific council member is excused. If the accused excuses council members without cause and, as a result, the number of council members sitting on a case

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is reduced below the number required for a quorum (seven), the case may nevertheless proceed through hearing and verdict. In such a case the accused will be deemed to have waived the right of having a quorum.

The accused has the right to challenge any conduct during the proceeding that may prejudice any personal rights. A majority vote of the council will sustain the accused's challenge. If the council decides that a right of the accused has been prejudiced, the council will take appropriate actions to rectify same.

Any member of the Honor Council related by birth or marriage to the accused or accuser shall be disqualified from participation in that hearing, with the exception that such a council member may be a witness in the hearing.

Any member of the Honor Council who has a personal interest in the outcome of the hearing may be voluntarily disqualified from participation in that hearing. Should the council be informed that a member has such a personal interest and yet said member does not self-disqualify, the council shall deliberate in private to determine whether cause exists to excuse that member from participation. Only council members shall be present during said deliberations. By a majority vote of the council (excluding the member being reviewed), the council member shall be excused from the case.

All hearing proceedings, except deliberations of the council on findings and recommendations and council deliberations regarding excusing council members from sitting on a case, shall be recorded on audio tape by the council Recorder. This tape recording shall serve as the official record of the hearing. The Honor Council

procedure follows all related state laws and TBR record retention policies.

The accused should be present during all proceedings except deliberations of the council as heretofore specified. However, any part or all of the hearing may be conducted in the absence of the accused if the accused voluntarily fails to appear for the hearing or the accused willfully obstructs the progress of the hearing to such a degree that the council decides it is necessary to bar the accused from the hearing.

The accused shall be permitted to examine all evidence in the case. No evidence or testimony may be considered by the council unless such evidence or testimony has been presented in the presence of the accused or in accordance with the statements of the previous paragraph.

In the exercise of sound discretion, the Chair may reschedule a hearing date at any time prior to or after the commencement of a hearing. All parties should strive to be prepared to proceed on appointed hearing dates and avoid unnecessary delay and rescheduling. The request to reschedule the hearing may originate from any participating party or council member.

Hearing proceedings shall be conducted by the Chair or the council under the following guidelines:

1. The council shall be called to order by the Chair.
2. The Recorder shall call a roll of the council. A quorum of seven voting members shall be required before the hearing can proceed.
3. The Chair shall read the original violation report to the council.

4. The Chair shall ask the accused for a plea statement. In the case of a guilty plea, the council will dispense with full hearing on the evidence and will deliberate as to the appropriate recommendation. In this regard, the council may ask the investigation committee to make a statement of what they believe the evidence in the case would have shown. The accused shall be provided the opportunity to address the council. In the case of a not guilty plea, the council will proceed with a full hearing.

5. After entry of a plea, the accused shall be given the opportunity to remove the council members sitting on the case by the challenge procedures detailed above.

6. The case investigators shall be asked to present all witnesses and information gathered pertaining to the case. Students called before the council are to be notified personally prior to the hearing time. They shall be called individually and questioned in a dignified manner showing respect for the person being questioned. Questions will be allowed from the Chair, members of the council, the investigators, and the accused in an orderly fashion. All questions relating to procedure shall be decided by the Chair. Prior to the questioning of a student, it shall be ascertained that the student is familiar with the rules of the Honor System. In the case wherein a student is handicapped in performing any Quillen College of Medicine responsibilities because of personal attendance at a hearing, the council may recommend to the authorities involved that appropriate amends be made.

7. After the case investigators have presented all of their witnesses and evidence, the accused shall then be asked to present any evidence and/or witnesses pertinent to the defense.

Questioning shall follow a format similar to that described above.

8. After the presentation of evidence by the accused, the investigators and the accused may make a closing statement to the council. The length of closing statements should be determined by the Chair after consulting the investigators and the accused.

9. After hearing the evidence and summations offered by the parties, the council shall consider its verdict in closed session. Only council members (excluding members of the investigating committee) shall be present during this closed session. The council shall choose one of the following verdicts and all council members must vote.

a. Verdict 1: No significant violation of the Honor Code has occurred. A report of the council's findings shall be sent in writing to the dean for the purpose of excluding any attempt to recharge the accused through alternative disciplinary procedures. The Chair shall inform the dean of the verdict and recommend that no disciplinary action of any kind be taken and that no mention whatsoever of the council's proceedings appear in the record of the accused individual. The council may make suggestions to the individual(s) regarding future conduct with respect to the Honor System.

b. Verdict 2: A violation of the Honor Code has occurred to the severity that this verdict should be accompanied by a recommendation that the dean take such disciplinary action as deemed necessary, up to and including an informal reprimand, and that action exceeding an informal reprimand would not be suitable. No

mention whatsoever of the proceedings should appear on the record of the accused individual.

c. Verdict 3: A violation of the Honor Code has occurred to the severity that this verdict should be accompanied by a recommendation that the dean take such disciplinary action as deemed appropriate, up to and including a formal reprimand, that action exceeding a formal reprimand would not be suitable, and that the verdict and resolutions of the council be affixed to the permanent record of the accused individual.

d. Verdict 4: A violation of the Honor Code has occurred to the severity that this verdict should be accompanied by a recommendation that the dean take such disciplinary action as deemed appropriate, up to and including expulsion from the Quillen College of Medicine, and that the verdict and resolution of the council be affixed to the permanent record of the accused individual.

e. In reaching a verdict the council shall proceed as follows:

i. First consider Verdict 4. If support for Verdict 4 is unanimous, Verdict 4 is returned; if not, it fails.

ii. If Verdict 4 fails, next consider Verdict 3. If three-fourths of the council support Verdict 3, Verdict 3 is returned; if not, it fails.

iii. If Verdict 3 fails, next consider Verdict 2. If the majority of the council supports Verdict 2, Verdict 2 is returned.

iv. If Verdicts 4, 3, and 2 fail, then Verdict 1 shall be returned.

10. The accused or any witness may be recalled by the council before the verdict is reached. At that point the hearing must be reconvened.

11. Following its vote, the council shall recall the accused for the purpose of personal notification of the verdict and recommendation. The accused shall also be informed, except as heretofore provided under Verdict 1, that the verdict and recommendation will be delivered to the dean within seven days.

12. The chair shall thereafter prepare a written report of the council's findings, verdict, and recommendation. Said report shall be signed by all members of the council who participated in the hearing. Should a member of the council who has dissented from the verdict of the council wish to submit a dissenting opinion, such dissenting opinion should be attached to the Chair's report. Except as heretofore provided under Verdict 1, the report shall be presented to the Dean of the Quillen College of Medicine within seven days after the hearing has been concluded.

13. The council's Recorder shall be responsible for securing, filing, and maintaining all documents and/or written evidence presented to the council at the hearing and, wherein appropriate, any physical evidence presented to the council. When the accused graduates from the Quillen College of Medicine, all such documents, written evidence, and physical evidence (wherein appropriate) shall be removed from the Honor Council's files and destroyed, with the exception that said evidence shall not be removed or destroyed while the accused's case is still pending before any administrative body of the Quillen College of Medicine, East Tennessee State University, the

Tennessee Board of Regents, or while ongoing civil or criminal litigation is pending.

If an accused leaves the Quillen College of Medicine prior to the resolution of the case by the council, the Chair shall prepare a written letter to the dean indicating the nature of the alleged violation(s) and that said case has not been resolved by the council due to the accused's departure from school. This letter shall be placed in the accused's permanent record. Should the accused be permitted to return to the Quillen College of Medicine, the dean may require the accused to appear before the council and resolve the pending case. Should the council thereafter determine that Verdict 1 or Verdict 2 is an appropriate resolution of the case, the dean may remove the aforementioned Chair's letter from the student's permanent record. The president of the university is authorized, in his or her discretion, to subsequently convert any sanction imposed by the dean to a lesser sanction, or to rescind any previous sanction, in appropriate cases.

Procedure for Amendments to the Appendix

Students and full-time faculty are encouraged to participate in the amendment process in order to develop a successful Honor System. Amendments to the Honor System Procedural Appendix may be proposed by a petition signed by two-thirds of the entire voting Honor Council, by a petition signed by ten percent of the medical students or by a petition signed by ten percent of the Quillen College of Medicine full-time faculty. A referendum election will be held within six weeks after receipt of the proposed amendment. Amendments to the Procedural Appendix must be approved by one-half of the students voting, provided that at least fifty percent of the students have voted. Proposed amendments will take effect upon their

subsequent ratification by one-half of the full-time faculty voting, provided that at least fifty percent of the faculty eligible to vote have done so.

This policy is promulgated pursuant to, and in compliance with, TBR Rule 0240-02-03-.03 Academic and Classroom Misconduct and TBR Rule 0240-02-03-.06 Disciplinary Procedures and Due Process. To the extent that a conflict exists between these policies and TBR rule, policy and/or applicable law(s), the TBR rule, policy and/or law will control. Adopted by TBR: 12/8/11; effective 1/29/12.

STUDENT'S BILL OF RIGHTS

Students, along with faculty, staff, and administrators are all members of the East Tennessee State University community. Inherent with such membership is the responsibility to conduct oneself reasonably to maintain a civil community that respects the rights of all individuals. The student has certain rights guaranteed by the Federal and State Constitutions or statutorily created legislation including:

- Freedom of inquiry, freedom of speech, and freedom of expression that is respectful or sensitive to the rights of individuals.
- The right to peaceably assemble, in accordance with federal, state, local, and ETSU regulations.
- Religious freedom and a clear division of church and state.
- Freedom from unreasonable search and/or seizure of person, or personal property.
- Freedom from discrimination or harassment on the basis of gender, age, race, color, religion, national origin, or other protected status.

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- The right to privacy, including the maintenance of confidential records in accordance with provisions of the Family Educational Rights and Privacy Act of 1974 and 1975, qualified by the Tennessee Open Records Law.
- The right to due process.

The Tennessee Board of Regents grants additional rights including:

- The right to due process in disciplinary procedures of the university, including written notification of charges, an explanation of procedures, and a hearing before an appropriate administrator or committee.
- The right to expeditious review of disciplinary sanctions upon appeal.
- The right to participate in the decision-making process of the university through the Student Government Association, other student governance organizations, and membership on university standing and advisory committees.
- The right to affiliate with officially registered student organizations if the membership requirements of those organizations have been met, and the right to seek to establish, through official procedures, additional student organizations of one's choosing.

East Tennessee State University acknowledges that students have a legitimate expectation that:

- Classes meet as scheduled, and begin and adjourn on time.
- Course requirements are clearly specified.
- The instructor is prepared for class and possesses both oral and written communications skills.

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- Paper project grades and test results are received in a timely manner.
- Information about progress in coursework is provided.
- The instructor is qualified to teach the subject matter.

Additionally, students have the right to expect:

- Accurate information concerning institutional services, regulations, policies, and procedures, in published form.
- Representation in the university governance system.
- Sound and accurate academic advice, information regarding courses required for graduation, and their schedule sequence.
- Reasonable notice of any changes in academic requirements or programs and assurance that such changes will not be made in a way that unduly impedes the academic progress of the student already enrolled.
- Flexibility in course scheduling (by dropping and adding) or withdrawing within university guidelines.
- Information about the various types of financial assistance available.
- Freedom to evaluate courses, programs and services, and provide input to appropriate segments of the campus administration.

ADVANCED PLACEMENT

Advanced placement in a specific course(s) will be determined upon the recommendation of the course director and departmental chair to the Executive Associate Dean for Academic and Faculty Affairs. Enrolled medical students who

believe they qualify for advanced placement in a course(s) should make formal application through the Office of Academic Affairs. If awarding of advanced placement is approved, credit will be recorded on the student's academic record using the grade of "P". The credit hours for the course will be recorded on record under the heading "earned hours" and will not be used in the computation of the quality point average.

COMPLAINT POLICY AND PROCEDURE

East Tennessee State University is committed to maintaining a learning environment that promotes student academic excellence and personal development. Various departments on campus have written procedures that allow students to appeal actions taken by the department that directly affect the student. Students who wish to appeal a specific decision should contact the appropriate department and request an appeal form. Students should contact the Office of Student Affairs if they have concerns or complaints about policies, procedures, or personnel; their academic advisement or other academic issues, including an action based upon academic policies, procedures, or deadlines; or the offices of Admissions, Records, Financial Services, or Student Support Services.

Student complaints concerning sexual, racial, disability, and other harassment should be filed with the Director of Equal Employment Opportunity/Affirmative Action. When the charge of harassment is by one student against another student, the complaint should be filed with the Associate Dean of Student Affairs.

In every instance, the appropriate individual will investigate the complaint, seek an equitable solution, and respond to the student in a timely manner.

CLASS ATTENDANCE POLICY

It is expected that a student will attend classes regularly. Each department within the university has the right to set an attendance policy. Departmental class attendance policy is subject to approval by the Dean. At the beginning of each course, faculty must provide a written statement governing attendance policy for the course so that all students will be fully informed of their attendance responsibilities, including penalties which may be imposed for failing to meet these responsibilities. It is the student's responsibility to know the policy.

Absences Due to Emergency, Special Circumstances or Illness

In the case of emergency (e.g., death in the family or illness), absence from the class may be excused. In such cases it is the responsibility of the student to explain the situation to the faculty member as soon as possible. The faculty member may request verification of the emergency situation or illness from the student. Students confined at home or in a hospital for an extended period of time shall notify the faculty member from whose class they will be absent so that arrangements can be made for completion of assignments, if feasible.

Appeal of the Faculty Member's Decision

If the student has evidence that a faculty member has not excused an absence that should have been excused within the guidelines stated above, the student can appeal the decision of the faculty member to the chair of the department and/or dean.

STUDENT ABSENCES

Third-Year Attendance Policy

During junior clerkships there is no annual leave or time off. Students will work the schedule of the location they are assigned to during the clerkship.

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ETSU administrative office closures do not necessitate student time off. Additional call may be required for time away for other approved educational activities. All requests for absence from the clerkship rotation for justifiable circumstances must be requested at least one week in advance utilizing the Request for Permission to be Absent form.

Fourth-Year Attendance Policy

While students may vary in the amount of time needed to develop competency in an area, the more time a student spends in the clinical setting the greater their exposure to a range of clinical conditions. Thus, student attendance and participation in the scheduled rotation is expected. Attendance is one measure of professionalism.

Students may request to be absent from their assigned rotation as outlined below.

Electives

Students may be permitted to miss up to twenty-five percent of an elective rotation (five days for a four-week rotation; two and a half days for a two-week rotation) for residency interview purposes or up to two days for purposes other than residency interview for justifiable circumstances provided a request is submitted at least one week in advance. These requests must include the Request for Permission to be Absent form and supporting documentation of the scheduled interview or other request and must be approved by the instructor.

Students requesting to miss more than twenty-five percent of a rotation will be required to make up time missed; have an alternative activity assigned by the instructor to make up for the time missed; or withdraw from the rotation. However,

this must occur at least two weeks in advance of the elective start date.

This policy is not to be construed to mean that a student is entitled to take up to twenty-five percent of a rotation off for any reason.

Selectives

On selective rotations students may request up to two days off for justifiable circumstances. Requests must be submitted at least one week in advance utilizing the Request for Permissions to be Absent form. Time missed for an excused absence is not required to be made up. These guidelines may apply to other circumstances (illness, personal issues) on a case by case basis. The instructor may assign an alternative activity to make up for the time missed which was not approved in advance.

WITHDRAWAL

Before withdrawing (resigning) from medical school, any student should seek and consider the thoughtful and informed advice of others in whom they trust. Faculty members should be consulted and the Offices of Student Affairs and Academic Affairs are available to assist in any way possible. Students who wish to withdraw (resign) from the College of Medicine may do so at any time. The student is to inform the dean in writing of the reason(s) for the withdrawal. Applications of students seeking readmission under these circumstances will be considered by the Admissions Committee.

LEAVE OF ABSENCE

A leave of absence from curricula in the College of Medicine may be granted by the administration for medical or personal reasons, or in the instance of emergencies. Leaves of absence are limited to a maximum of two years and do not change the time limit for graduation except by

specific action of the Promotions Committee. A leave of absence under any other condition may be granted by the dean.

GRADE APPEAL PROCESS

Basis for appeal

A student may appeal a course grade if there is evidence that the grade was assigned in a malicious, capricious, erroneous, or arbitrary manner. The following steps provide a guideline for the appeals process. All persons concerned with this process should make every attempt to adhere to the approximate time schedule outlined in the following description of the appeals process. No appeal will be considered later than one year following the date the grade was assigned.

Appeal to the faculty member for review of the assigned grade

Within three weeks after the beginning of the next term, excluding summer school, the student should discuss the assigned grade with the faculty member. If it is found that the assigned grade is incorrect in the judgment of the faculty member, the appropriate change will be made. At this point the matter is concluded. If the faculty member is no longer with the university, the student should confer with the departmental chair who will then make every effort to receive written input concerning the grade from the former faculty member. If this is not possible, the student may appeal the grade as described below. The departmental chair will represent the interests of the faculty member who issued the grade.

Appeal to the departmental chair

If the question of the assigned grade cannot be resolved between the student and the faculty member, the student may appeal in writing to the chair of the department in which the course was

taught. If at all possible, the written appeal to the chair should be made by the end of the fourth week of the term. The student should include all known information relating to the appeal. After receiving such an appeal from the student, the chair shall review with the faculty member the substance of the student's appeal and seek to determine its validity.

If the chair determines that the assigned grade is inappropriate, the chair should recommend to the faculty member that the grade be changed. The faculty member may or may not concur with the recommendation.

The chair will notify the student in writing, usually within ten days of the appeal, whether or not the assigned grade will be changed. If the grade is changed to the student's satisfaction, the matter is concluded. If the grade will not be changed, the chair will also advise the student of the right of appeal to the dean of the college within which the grade was assigned.

If the grade will not be changed, copies of all written communication mentioned above should be sent by the chair to the dean.

Appeal to the college dean

If the grade is not changed to the satisfaction of the student at the departmental level, the student may appeal the assigned grade in writing to the Dean of the Quillen College of Medicine. The appeal shall be prepared in writing by the student in consultation with the Executive Associate Dean for Academic and Faculty Affairs of the Quillen College of Medicine. The Dean of the Quillen College of Medicine may follow one of two procedures. The dean may discuss the case with the student, the faculty member, the chair of the department in which the course was taught, and

the Executive Associate Dean for Academic and Faculty Affairs of the Quillen College of Medicine.

Following these discussions, the Dean of the Quillen College of Medicine may make a recommendation to the faculty member, the student, and the departmental chair. If this results in an acceptable solution to all parties, the matter is concluded. If not, the appeal will be forwarded to the Student Promotions Committee, which will serve as the hearing body. The dean may appoint the Student Promotions Committee as a hearing body upon receiving the initial appeal.

The Student Promotions Committee will submit to the Dean of the Quillen College of Medicine a written report containing a recommendation for a specific course of action regarding the student's grade appeal. If the committee cannot reach a conclusion, the written report will be submitted to the dean, with the reason why the committee failed to reach a decision.

The Dean of the Quillen College of Medicine will then recommend a solution that may or may not contain some or all of the recommendations of the Student Promotions Committee. This decision will be relayed in writing to the student. In the absence of further appeal, the opinion rendered by the Dean becomes final.

Appeal to the Vice President for Health Affairs

If either the student or the faculty member believes that due process has not been afforded, a written appeal may be made to the Vice President for Health Affairs; otherwise, the decision of the Dean of the Quillen College of Medicine is final. Such an appeal, based upon denial of due process and specifically identifying the failure of the process, must be initiated in writing within two weeks from the time the dean reports the decision to the appropriate individuals.

ACADEMIC GRIEVANCE PROCEDURES

Students who believe they have been mistreated on an academic matter are entitled to an independent review of the alleged offense followed by corrective action, if appropriate. This procedure does not apply to instances in which a student has been recommended for suspension or dismissal. A student's appeal process in the latter instances is described in the grade appeal process, evaluation system, and Student Promotions Committee policies and procedures. The guidelines are applicable only in those cases wherein there is a perceived academic impropriety arising from an action taken by (a) an individual instructor, (b) a department, or (c) a committee charged to administer academic policies or criteria of a particular school or department. They do not pertain to complaints expressing dissatisfaction with a university policy of general application to all students.

The grievance procedures are as follows:

- 1.The student should first discuss the perceived offense, orally or in writing, with the individual(s) most closely responsible. If no resolution results, the student should then consult with the relevant departmental chair. In those cases wherein there is no departmental chair, consultation should then be with an individual or a representative of the regulatory committee charged by the faculty with administering that school's academic policies. Every effort should be made to resolve the issue at this informal level, without the complaint attaining the status of a formal grievance.
- 2.If informal means of resolution prove inadequate, the student should set forth in writing the substance of the alleged offense, the grounds on which the student is basing the complaint and the efforts taken to date to

resolve the matter; this document then should be submitted to the dean (or designee) for adjudication. It is at this point that the complaint becomes a formal grievance. A grievance should be filed in a timely fashion, i.e., before the end of the semester or clinical period following the semester or clinical period in which the alleged offense occurred or should reasonably have been discovered.

3. Upon receipt of the student's written grievance, the dean (or designee) will initiate a timely and independent investigation into the matter (typically to be completed within thirty days). The investigator may request a written response to the issue raised in the grievance from the pertinent faculty, staff member(s) or departmental chair. The grievant will be given an opportunity to comment in writing on the response(s). Upon completion of the investigation, the dean (or designee) will prepare and transmit to both the grievant and the pertinent academic personnel written findings and dispositive recommendations that the dean has authority to implement.

4. If the grievant or the party against whom the grievance was lodged disagrees with the dean's recommendations, either on substantive or procedural grounds, an appeal may be made in writing to the faculty of the Quillen College of Medicine. The written appeal must specify the substantive bases on which such appeal is being made (i.e., the appeal must be made on grounds other than general dissatisfaction with the recommended disposition) and must be directed to the issues in the grievance as filed, not to new issues. No more than thirty days should elapse between receipt of the recommendations submitted by the dean and the written appeal to the faculty.

5. Upon receipt of the appeal and by a process chosen by the faculty, a timely independent review of the grievance (normally to be completed within thirty days) will be conducted. Upon completion, the faculty shall remit to all appropriate parties written findings and dispositive recommendations that will be final and binding on the parties to the grievance within the jurisdiction of the Quillen College of Medicine.

The review of a grievance and/or appeal undertaken by a grievance officer(s) normally shall be limited to the following considerations: (a) were the proper facts and criteria brought to bear on the decision (or, conversely, were improper or extraneous criteria brought to bear on the decision); (b) were there any procedural irregularities that substantially affected the outcome; and (c) given proper facts, criteria, and procedure, was the decision one which a person in the position of the decision-maker might reasonably have made?

Students should be aware that the Associate Dean for Student Affairs has a relatively wide authority of inquiry, including investigating student complaints against instructors, but has no decision-making authority. The Office of Student Affairs is available to all students to discuss any troublesome matter of university concern and frequently helps expedite resolution of such matters.

GRADUATION/COMMENCEMENT

The M.D. degree is awarded after completion of all degree requirements and upon recommendation of the Student Promotions Committee and approval of the Quillen College of Medicine faculty. The Quillen College of Medicine Commencement ceremony is held in the spring of each year. The ceremony consists of the

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recognizing of student awards and honors, bestowing of the doctoral hoods, awarding of the M.D. degrees, and the administration of the Oath of Hippocrates. An address by a speaker recommended by the graduating class to the Dean of the College of Medicine may also be included. A reception hosted by the Dean of the Quillen College of Medicine for the graduating class, their families, faculty and other invited guests follows the Commencement ceremony.

Attendance at the Commencement ceremony is required. Petitions for graduation in absentia must be submitted in writing to the Executive Associate Dean for Academic and Faculty Affairs.

It is the policy of East Tennessee State University that only students who have met degree requirements will be permitted to participate in graduation ceremonies. All Quillen students are expected to attend and participate in the graduation ceremony appropriate to the date they complete their degree requirements. Students who finish requirements for the degree after the regularly scheduled graduation date and prior to the next regularly scheduled enrollment period for the college, may be permitted to participate in the graduation exercise without receiving a diploma.

The only students who will be permitted to “walk” (participate in the commencement ceremony without receiving a diploma) are those who will complete all requirements for the degree prior to the beginning of the next regularly scheduled enrollment period. To participate in the May commencement, all requirements must be completed by June 30th. In December, the requirements must be completed before the beginning of Spring Semester. If an additional period of enrollment is required, the student will participate in the next regularly scheduled graduation exercise.

To receive permission to participate in the graduation exercises (“walk”) under these special conditions the student must seek permission through the Executive Associate Dean for Academic and Faculty Affairs at least one week prior. For those graduating “off schedule” the Quillen College of Medicine diploma will be ordered once all requirements are met and will be forwarded to the graduate by the Registrar’s Office. The date of graduation on the diploma will reflect the date on which all requirements were successfully completed.

STUDENT HEALTH REQUIREMENTS

All entering students are required to provide documentation of current immunizations for Diphtheria, Pertusis, Tetanus, Polio, Measles, Mumps, Rubella (MMR), Hepatitis B and Varicella prior to their initial enrollment. Additionally, students are required to provide evidence of immunity to Hepatitis B by obtaining a blood serum titer following completion of the Hepatitis B vaccination series. Students whose Hepatitis B titer is negative will be required to repeat the vaccination series and obtain an additional titer. Entering students are also required to have on record the results of a recently completed physical examination, as well as the results of a Tuberculosis (TB) skin test taken prior to initial registration. If the TB skin test is positive, the student must also provide documentation of treatment or management. Students whose TB skin test results are negative are required to have the TB skin test performed annually.

All documentation should be submitted to the Office of Student Affairs. Documentation of the hepatitis titer must include a copy of the laboratory report indicating a numerical value for the surface antibody.

Students who are unable to comply with the requirements due to extenuating circumstances should contact the Office of Student Affairs, which will determine the appropriate action.

These requirements are based on standards established by the federal Occupational Safety and Health Administration for health care workers, as well as the CDC; as a result they surpass those normally required of college students.

SENSITIVE HEALTH SERVICES FOR STUDENTS

Medical students commonly seek health care from faculty members and resident physicians due to proximity, convenience, comfort, and confidence.

If a student elects to establish a provider relationship with a faculty member or resident which involves sensitive health services, that health care provider is precluded from any evaluation role for that student (irrespective of the wishes of the medical student) because of dual-relationship and conflict of interest issues. Faculty members and resident physicians who provide such services to students will not participate in performing academic assessments for grading purposes nor in decisions regarding promotions for such students.

Students seeking mental health services will be encouraged to make use of Professional and Academic Resources Center (PARC) House resources. Services provided in this setting are at no charge to the student and are provided by health professionals who are not involved in student education or assessment.

In instances of pre-existing doctor–patient/student relationships, the physician must discuss with the student the potential for a dual relationship and

inform the student that he/she will recuse him or herself from any situation in which an evaluation is required.

While the focus of this policy relates to conflicts of interest resulting from the provision of health services to medical students, other types of conflicts of interest may exist. In such situations faculty members will also recuse themselves from participating in performing academic assessments for grading purposes and in decisions regarding promotions for such students.

All medical school evaluation forms will include an attestation in the form of a required check box that the evaluator has not provided health services and that no other conflicts of interest exist.

Student Promotion Committee meetings will call for declaration of such conflicts of interest and recusal from decision making at the onset of each meeting.

INSURANCE REQUIREMENTS

Health and Disability

All medical students are required to have adequate health and accident, and disability income insurance as a condition of enrollment. In the absence of an individual policy, students will be required to purchase health insurance through a Tennessee Board of Regents sponsored group plan, and disability income insurance through the College of Medicine endorsed group plan.

Professional Liability

The College of Medicine provides professional liability insurance (often referred to as malpractice insurance) for students. Liability insurance protects students from claims of negligence that may arise while participating in educational

activities that are a part of the medical education program. T

situations, including for suspicion of inappropriate drug use.

he coverage does not extend to activities that are outside of the degree of program. Students with questions regarding this coverage should contact the Office of Student Affairs, Room C223, Stanton-Gerber Hall, phone (423) 439-2019.

If the drug screen identifies issues that may negatively impact a student's participation in further academic activities, the initial step in the evaluation will be to require the student provide official documentation of all current prescriptions. This information, along with the results of the drug screen, will be reviewed by a qualified physician. If this physician determines that no further action/explanation is needed, then the results of the drug screen may be provided to the hospital(s) requiring it so that they can make a determination of their willingness to allow the student into their facilities.

STUDENT DRUG SCREENING POLICY

Many hospitals and other clinical facilities now require medical students (as well as employees) to have drug screens to work or train in their facilities. It is the current policy of the Quillen College of Medicine to require a ten-panel urine drug screen of all students prior to beginning the third year of medical school. As student clinical activities are incorporated into the curriculum over time, some hospitals or other clinical facilities are likely to require current drug screens so that they may need to be repeated at different intervals during other phases of their education. Quillen students will be notified by the administration of the requirements of the clinical facility. In the case of away electives arranged by the student, the student will be responsible for determining the requirements of the facility. All drug screens completed must be officially reported to the Quillen College of Medicine as a condition of continued enrollment. The results of all drug screens will be deemed medical information by the College and will be maintained as such.

If concerns are unresolved after the reviewing physician evaluates the results of all drug screens, the case will be referred immediately to the Criminal Background Administrative and Drug Screen Committee (CBADSC) for evaluation and determination of an appropriate course of action. The CBADSC is comprised of the Executive Associate Dean for Academic Affairs, Associate Dean for Graduate Medical Education, and the Associate Dean for Student Affairs. The CBADSC will be responsible for making recommendations to the Dean in all such matters. The CBADSC may require additional information from the student.

The required drug screen will be performed by a Quillen-approved provider of this service. All expenses for the test will be the responsibility of the student. The current standard is the ten-panel urine drug screen. The college may require additional or further tests as deemed appropriate by the college in the future for various

Upon proper notification and release by the student, drug screen results may be provided to hospitals or other institutions as required for student participation.

Should the results of drug screens preclude a student from being able to complete the clinical rotations required in the curriculum, the student is subject to dismissal or other administrative action.

HEALTH RISK OF EXPOSURE TO BLOODBORNE PATHOGENS

Since medical students have the privilege of caring for patients who are ill, they assume the risk of all health care workers being exposed to communicable diseases. Although all precautions are taken to minimize this risk, (e.g. immunizations required for admission to medical school), it cannot be totally eliminated. If exposure to potential bloodborne pathogens occurs (e.g. through a needle-stick), the student must immediately fulfill all responsibilities required by the facility in which the exposure occurred. This will frequently involve medical testing and treatment for the student that may include some financial obligation by the student. The student must submit appropriate incident reports to the facility where exposure occurred and to the Office of Student Affairs. Students are required to file a claim with their health insurance provider for charges stemming from post-exposure management. Financial assistance is available to help students pay for charges associated with the initial testing that are in excess of insurance payments. Students should contact the Office of Student Affairs for help in arranging such assistance. This stipulation holds for all such accidents that may occur while students are fulfilling educational responsibilities.

PERSONAL APPEARANCE

Dress Code

It is the consensus of the faculty and administration of the Quillen College of Medicine that students should maintain a neat, clean personal appearance and dress in a professional manner at all times. Since students are intimately involved with patients and members of the health care team, wearing reasonable clothing and avoiding extremes of dress is imperative. Inappropriate attire can interfere with one's ability

to carry out specific functions as a medical student. Thus, it is important that all involved as members of the health care team do everything in their power to ease the discomforts of illness and hospitalization. Uncleanliness or improper attire might provoke uneasiness or negative feelings in patients. The physician in practice has the right to decide what specific appearance facilitates the accomplishment of the task, but while attending the Quillen College of Medicine, the task is best accomplished by a reasonable degree of conformity.

Student ID Badge

During orientation a clip-on identification badge bearing the photograph and name of each student will be provided without charge. Students are required to wear the name badge at all times. All College of Medicine students are required to conspicuously display this ID badge when they are in the hospitals or clinics of the college. This badge remains the property of the Quillen College of Medicine and must be surrendered upon termination of enrollment. If this badge is lost or stolen, the student is requested to immediately notify the I.D. Office in the D.P. Culp Center, 439-4286. A replacement fee will be charged. Also, all students must obtain a permanent East Tennessee State University ID card in order to have full access to all university facilities and services. This card will not only provide students identification, but will also allow students to create a debit card account for convenient use in the university bookstore, comptroller's office, health clinic, food services, vending machines, laundry facilities, Center for Physical Activity and controlled access to residence halls and other facilities. IDs will be issued during orientation or at the ID office during the term.

MEDICAL STUDENT DUTY HOURS

Medical student assignments, including the nature and content of activities and the number of duty hours required, must be determined by the educational value of the assignment. All assignments must provide meaningful educational value. Excessive work hours and fatigue can impact medical student learning just as it impacts patient care.

Duty hours consist of hours required in hospital or clinic/office, in didactic education (lectures, conferences, etc.), and in any mandatory educational activity. Medical student duty hours should not exceed an average of eighty hours per week. At home call and student study at home is not included in duty hours determinations.

In-house night call is permitted under the conditions that it is a valuable educational experience and facilitates being a member of a health care team. Adequate rest facilities should be available in the hospital and call should occur no more frequently than once every week. Call will not precede the day of an exam or quiz.

If the student feels fatigued after the call, he/she is to be excused for an appropriate length of time from rounds, classes, etc. Any didactic materials should be made available to the student. It is the responsibility of the student to effectively communicate with team members regarding his/her need for a period of post-call rest. The student should not leave normal student responsibilities without such communication.

Hours of in-house call count toward 80 hours total.

Students are to log their duty hours at least on a weekly basis into New Innovations for documentation purposes. Duty hour compliance

will be monitored by Academic Affairs on a periodic basis. Students who feel they are consistently expected to work more than 80 hours per week should notify the clerkship director. If the issue is not resolved the student should contact the Executive Associate Dean for Academic Affairs.

HIPAA TRAINING, VIOLATIONS AND DISCIPLINARY ACTION

The Health Insurance Portability and Accountability Act (HIPAA) is federal legislation which protects the health information of individuals. Medical students will routinely be exposed to Protected Health Information (PHI) during clinical rotations.

As part of their orientation to medical school, students will receive HIPAA training which will be periodically updated. HIPAA violations can result in significant federal penalties for both individuals and organizations. Quillen College of Medicine regards HIPAA violations as serious offenses.

Discussion of patient cases in educational conferences and among students for educational purposes is not a HIPAA violation. However, if such PHI was disseminated beyond these settings, it would likely be a HIPAA violation. Use of PHI in research requires approval of the Institutional Review Board (IRB). Medical students who do not know if a particular use of PHI is appropriate should ask their supervisor.

Examples of HIPAA Violations include the following:

- Level I: Unauthorized copying of medical records; leaving PHI in a public area; discussing PHI in a non-secure area; posting PHI on any social networking site.

- Level II: Removing medical records from a hospital or clinic without proper authority; unapproved accessing of PHI when the student is not involved in the care of the particular patient; intentionally assisting another person in gaining unauthorized access to PHI; inappropriate sharing of ID/Password with another person.
- Level III: Disclosure or abusive use of PHI; tampering with or unauthorized destruction of information; unauthorized delivery of PHI to any third party.

Review and minimum disciplinary actions include verbal counseling; written warning/reprimand in student's permanent file and retraining; suspension; failing grade in the course/clerkship; immediate dismissal.

Violations should be reported to the Executive Associate Dean for Academic Affairs immediately for consideration by the Student Promotions Committee which will make an action recommendation. The student may appeal the recommendation of the Student Promotions Committee to the Dean. Final determination will be made by the Dean based on the committee's recommendation.

MISTREATMENT PREVENTION

Quillen College of Medicine has a responsibility to foster the development of professional and collegial attitudes needed to provide caring and compassionate health care by all members of the Quillen College of Medicine community, including medical students, graduate students, resident physicians, faculty, and other staff who participate in the educational process. An atmosphere of mutual respect and collegiality is essential to nurture these attitudes and promote an effective learning environment. The diversity of members

of the academic community combined with the intensity of interactions that occur in the health care setting may lead to incidents of mistreatment.

The policy on mistreatment prevention has three main components.

1. A statement of Quillen College of Medicine standards of behavior with regard to mistreatment, including: a definition of mistreatment; examples of types of mistreatment; persons who may be the object or perpetrator of mistreatment; and the purpose of the policy on mistreatment.
2. A plan for the ongoing education of the Quillen College of Medicine community concerning these standards of behavior and the process by which they are upheld.
3. A description of the Quillen College of Medicine process for responding to allegations of mistreatment.

NOTE: Accusations of racial or gender discrimination or harassment are not handled under this policy, but rather by the ETSU Affirmative Action Officer. Similarly, disputes about grades are handled under the Quillen College of Medicine Academic Grievance Procedures and Grade Appeal Process.

Mistreatment in the learning environment

Mistreatment, a form of professional misconduct, is defined as improper use or handling of an individual(s). It may cause the subject to become more cynical about the medical profession, may interfere with the learning process, may cause talented individuals to abandon medical training, and may promote an atmosphere in which abuse is accepted and perpetuated in medical training.

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Examples of inappropriate and unacceptable behavior include harmful, injurious, or offensive conduct; verbal attacks; insults or unjustifiably harsh language in speaking to or about a person; public belittling or humiliation; threats of physical harm; physical attacks (e.g., hitting, slapping, or kicking a person); requiring performance of personal services (e.g., shopping, baby sitting); threatening with a lower grade or poor evaluation for reasons other than course/clinical performance; sexual harassment; discrimination on the basis of race, gender, sexual orientation, religion, ethnic background, age, or physical disability; intentional neglect or lack of communication; taking credit for another individual's work; disregard for student safety; or any other behavior that is contrary to the spirit of learning and/or violates the trust between the teacher and learner.

Ongoing education to prevent mistreatment

To promote an environment respectful of all individuals, the Quillen College of Medicine will provide ongoing education to students, residents, fellows, faculty, and other staff that emphasizes the importance of professional and collegial attitudes and behavior. The materials and methods for providing this education will be the responsibility of the faculty in consultation with the Associate Dean for Student Affairs, the Associate Dean for Clinical Affairs and the Office of Equity and Diversity.

Education of the Quillen College of Medicine community concerning mistreatment serves to promote a positive learning environment. This is characterized by attitudes of mutual respect and collegiality. Education will alert all members of the Quillen College of Medicine community to expected standards of behavior. Education will also inform persons who believe they have been

mistreated of the avenues for redress and will inform all concerned parties of the policies and processes for responding to allegations of mistreatment.

The methods for the specific groups are described below, subject to annual review and revision by the Grievance Council.

Medical Students

- a. The policy will be included in the Catalog.
- b. The topic will be addressed at all orientations.
- c. Each department is encouraged to include this topic in the course policies for each preclinical course and each clinical rotation.

Resident Physicians and Fellows

- a. The policy will be included in the Resident Handbook.
- b. The topic will be addressed at the annual resident physician orientation.
- c. The clinical department chairs are encouraged to ensure all their fellows and residents are cognizant of the policy.

Faculty and Graduate Students

- a. An informative written message will be sent each year from the Dean's Office to all departmental chairs.
- b. The dean will direct the chairs to convey the information to all faculty and graduate students within their respective departments.
- c. They will also direct the course directors, clerkship directors, and program directors to convey this information to all adjunct faculty who participate in the teaching process in order to ensure that all faculty are cognizant of the policy.

Nursing and Other Clinical/Support Staff

An informative written message will be sent each year from the Dean's Office to the Chief Executive Officer at each training site to explain the policy and to request its distribution to all staff interacting with COM trainees.

Process for responding to allegations of mistreatment

When an allegation of mistreatment occurs, the parties directly involved should try to resolve the matter informally. Methods to resolve the issue informally may include: direct discussion between parties, involvement of course/clerkship directors, or departmental chairs. If this informal approach is unsuccessful, a more structured process is available within the Quillen College of Medicine for resolving the matter prior to filing a complaint within the larger university system.

This process is designed to be fair to both the accuser and the accused. It is also designed to be impartial, effective, and unlikely to result in retaliation for the accuser.

Evidence and memories tend to deteriorate with time, therefore, complaints should be introduced without delay. Whenever possible, this should be initiated within a four-month period of the incident.

Requests for a delay in these proceedings shall be at the discretion of the Grievance Officer.

The Grievance Officer

The position of Grievance Officer has been established to help resolve conflicts by mediating between the conflicting parties and striving for reconciliation. Either the accuser or the accused may contact the Grievance Officer to seek assistance in resolving the conflict. Both parties will be encouraged to resolve the problem between themselves, but will also have the Grievance Officer available as a facilitator of this

process. To achieve neutrality, the officer is chosen from the non-teaching faculty in the Quillen College of Medicine and is appointed to this position by the Dean of the Quillen College of Medicine. The Grievance Officer is accountable to the dean concerning advocacy issues.

The Conflict Resolution Committee

If a reasonable effort by the Grievance Officer does not yield a solution, upon request of either party, he/she will convene a conflict resolution committee.

The purposes of the committee include ascertaining the facts to the extent feasible, mediating between the parties, and striving for resolution.

The committee will assess the evidence as objectively as possible, be fair in its deliberations, and protect the rights of both parties.

The dean will appoint an ad hoc conflict resolution committee in consultation with faculty and the appropriate dean. The Grievance Officer is not a member of the committee; however, the officer is present at committee meetings and may be called upon to break a tie vote.

The committee will select its own chair to preside over deliberations and will select a recorder.

Duties of the recorder shall be: 1) to record adequate minutes of every meeting; 2) to record by audio tape those portions of a hearing as hereinafter specified; 3) to take charge of and record the receipt of all correspondence, written statements, and other official papers received by the council; and, 4) to secure, file, and maintain in proper order in a special lock box in the office of the Grievance Officer.

The committee becomes involved in a given case only after the Grievance Officer has made

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reasonable efforts to resolve it. When the selected committee hears a case, the Grievance Officer, accuser, and the accused are present. The committee chair is responsible for notifying the parties concerning the time and place of the committee meeting. The proceedings begin with the Grievance Officer presenting the case. Both the accuser and accused have an opportunity to speak and to bring witnesses to speak.

The committee recorder shall record all hearing proceedings, except deliberations of the committee on findings and recommendations and committee deliberations regarding excusing committee members from sitting on a case. This record shall serve as the official documentation of the hearing.

The order of speakers is the accuser and the witnesses for the accuser followed by the the accused and the witnesses for the accused.

The accused has the right to be present whenever the Grievance Officer, the accuser, or any witnesses are making statements. Similarly, the accuser has the right to be present during statements by the Grievance Officer, the accused, or any witnesses.

Witnesses will be present only when they are called to give information. After speaking, they will be asked to leave and will not speak to each other prior to or during the proceedings. Both the accused and the accuser can be harmed by breaches of confidentiality. Thus, all who are involved in the process of responding to allegations must maintain confidentiality.

All individuals involved in the process should know and understand the need for confidentiality. The accuser and accused are not allowed to bring lawyers to committee meetings as advocates,

advisors, or observers, nor may they bring any other persons, except witnesses. This process is intramural and is designed to avoid complaints being filed outside the university, if possible.

When the committee convenes deliberations, the dean will be notified.

Outcomes of Committee Deliberations

The committee's record of deliberations summarizing their findings will be sent to the Executive Associate Dean for Academic and Faculty Affairs, who will then decide what action to take. The Executive Associate Dean (or designate) will advise the accused and accuser concerning the final disposition of the matter.

Decisions about a letter being forwarded to the Dean should be made on a case-by-case basis. It is a matter of judgment by the committee based on the degree of offensiveness of the behavior and the strength of evidence that the behavior actually occurred. It is possible that the committee might become aware of a history of recurring mistreatment behavior by a given individual. In such a situation, a letter might be warranted even if each occurrence of mistreatment would not be regarded as serious enough to justify a letter if considered individually.

If the conflicting parties resolve the matter satisfactorily between themselves, the committee has the option to decide that a letter is not warranted. However, if the offense is serious or recurring, a letter might be deemed appropriate even if the conflicting parties have reached a resolution. In exceptional circumstances it may be appropriate for the Grievance Officer to inform the Dean concerning a complaint before the council meets.

Additional Committee Responsibilities

If the Grievance Officer decides that the committee should be involved in resolving a case, the accused does not have the right to prevent the committee from meeting. A function of the committee is to decide whether the matter should be brought to the attention of the Dean. It is in the interests of the accused to meet with the committee to resolve the matter without involvement of the Dean. If the accused refuses to attend the committee meeting, the committee will still meet to decide if a letter should be sent to the Dean. If a committee member is approached by someone who believes that mistreatment has occurred, the committee member will refer the individual to the Grievance Officer.

The Grievance Officer maintains essential records.

Protections

Those who are accused of mistreatment will be informed that retaliation is regarded as a form of mistreatment and will not be tolerated. Accusations that retaliation has occurred will be handled in the same manner as accusations concerning other forms of mistreatment, using the Grievance Officer and committee if needed. If the committee finds that retaliation has occurred, a letter will be sent to the Dean.

All reasonable action will be taken to ensure that the complainant and those providing information on behalf of the complainant or supporting the complainant in other ways will suffer no retaliation as a result of their activities in regard to the process.

A complainant or witness found to have been intentionally dishonest or malicious in making the allegations may be subject to disciplinary action.

In the event the allegations are not substantiated, all reasonable steps will be taken to restore the reputation of the accused as deemed appropriate by the committee.

Relation to other university policies

This policy outlines an additional process for responding to complaints of mistreatment and is subordinate to the formal policies of East Tennessee State University and Quillen College of Medicine.

- PPP-26 ETSU Policy Statement on a Drug-Free Campus
- PPP-27 ETSU Employee Grievance/Complaint Procedures
- PPP-31 Grievance Procedures for the Resolution of Sexual Harassment Charges at ETSU
- PPP-40 Affirmative Action Complaints
- PPP-45 Americans with Disabilities Act
- PPP-80 Discrimination and Harassment

Student Conduct

In addition to this informal avenue, which is coordinated by the Grievance Officer, complaints concerning sexual harassment may be submitted to one of the designated contact persons for the Quillen College of Medicine, the Associate Dean for Student Affairs, or to the Affirmative Action Officer for the university. Similarly, complaints concerning discrimination may be submitted to the Affirmative Action Officer.

Allegations of student misconduct may be addressed according to the Student Conduct Policy and the Student Honor Code.

This policy will help promote a positive environment for learning in the Quillen College of

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Medicine, and will affirm the importance of collegiality and respect for others.

SEXUAL HARASSMENT

Sexual harassment is a category of mistreatment that is illegal according to federal law. East Tennessee State University desires to maintain an environment that is safe and supportive for students and employees and to reward performance solely on the basis of relevant criteria. Accordingly, the university will not tolerate sexual harassment of its students or employees.

The legal definition of sexual harassment:

Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic standing; or
2. Submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions affecting an individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive working or academic environment.

Procedure for students' who think they are being sexually harassed:

1. In circumstances in which the student believes their personal safety, job, or academic status will not be jeopardized, the student should communicate clearly to the offender that the behavior is not humorous or welcome and should cease immediately.

2. The student should keep a record of what happened and when it took place. Should there be any witnesses, the student should ask for their names to include in the documentation of the incident.
3. If the harassment continues, or if the student chooses not to confront the offender directly, the situation may be reported to the contact persons designated for the university.

Sexual harassment is always inappropriate regardless of whether it comes from a person in authority or a colleague. If a gesture or remark of a sexual or gender nature makes a student feel uncomfortable, threatened, intimidated, or pressured, it may be a sign that the student is experiencing sexual harassment.

Students should trust their instincts; do not remain silent; and do not blame themselves. Act quickly without delay to inform the abuser of unwelcome behavior or request advice from one of the contact persons listed below.

The contact persons designated for the Quillen College of Medicine are the Associate Dean for Student Affairs and the Affirmative Action Officer in the Office of Equity and Diversity.

TUITION AND FEE COLLECTION

The Tennessee Board of Regents requires that all students pay fees before attending any class, clerkship or curricular session. All students enrolled at the Quillen College of Medicine are required to pay tuition and fees at the beginning of each academic period. First- and second-year students will pay a semester's tuition during an announced period preceding each semester (generally August and January). Because of extended instruction during the third year, the fees for this year are higher than the

rest. Junior students pay tuition at the beginning of Periods 1 and 5 and senior students pay tuition at the beginning of Blocks 1 and 7.

Fee payment is accomplished through arrangement with the university Financial Services (2nd Floor, Dossett Hall) during a specified time at the beginning of each enrollment period. Payment may be completed online, by mail, credit card or in person. Fees are due and payable during regular business hours of the first three days of classes during each enrollment period. Any student who does not clear obligations and pay fees during this time will be assessed a late fee as mandated by university policy. A specific date is established for each enrollment period after which the university will not accept fees and, if proper arrangements have not been made by that date, the student will be removed from enrollment. All students are required to complete fee payment during each enrollment period. Before fee payment will be allowed, all holds and encumbrances must be cleared.

SATISFACTORY ACADEMIC PROGRESS

The Higher Education Amendments that govern Title IV Federal Financial Assistance Programs state a student shall be entitled to receive federal student assistance benefits only if that student is maintaining progress in the course of study he/she is pursuing, according to the standards and practices of the institution. Quillen College of Medicine's Policy of Satisfactory Academic Progress requires a student to complete the medical curriculum by meeting both a qualitative (grade requirement) and a quantitative (work completed) requirement as prescribed by the faculty and approved by the Tennessee Board of Regents. All students must complete the curriculum of each year and receive a grade of

"C" or better in all required courses before proceeding to the next year or graduating. Students also must complete the Commencement Objectives by the time of regular spring commencement during the sixth year following the first enrollment unless the date of first enrollment has been reset by action of the Promotions Committee.

The Student Promotions Committee makes the determination for Satisfactory Academic Progress. The committee is responsible for reviewing the progress of students at the end of each course or clerkship and at the end of an academic year. Continued enrollment, remedial work and/or repeat of one or more courses, must be approved by the Student Promotions Committee. The Quillen Office of Financial Services satisfactory academic progress standards mirrors the academic progress policies of the institution. A student who is found to not be making academic progress by the Student Promotions Committee is not eligible for federal financial aid. This rule may also apply to state, institutional, and private funds. The Director of Financial Services is notified of significant actions of the Student Promotions Committee for monitoring purposes to ensure compliance with Title IV regulations.

All Students

In general, the satisfactory academic progress policy above covers the qualitative measurements (GPA, courses completed, etc.) of a student's progress. There is also a quantitative measurement (time limit) for federal financial aid eligibility known as Pace of Progression. Students are allowed to receive aid for one and one-half times the normal length of their program. For example, if a full-time student's degree program takes eight semesters to complete, the

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maximum number of semesters a student can receive aid is for twelve semesters.

Incompletes, Withdrawals and Repeats

Incomplete grades must be removed by the end of twelve months following the month in which the grade was received. Failure of a student to remove the incomplete within the time allowed will result in the grade of F as a permanent grade. Aid will not be provided to a student who is only completing an incomplete grade. However, a student may receive aid for repeating a previously passed course only once with prior approval from the Student Promotions Committee.

Transfer Students

In rare occasions the Admissions Committee at Quillen may accept students who have attended another medical school. Transfer applicants must be 'in good standing' with, or eligible to return to their prior medical school. When admitted, their academic progress will be evaluated solely on work at Quillen.

Appeal Procedure

Since the Quillen Office of Financial Service's satisfactory academic progress policies mirror the academic progression policies of the college, the Financial Aid appeal process is embedded into the college's appeal process. Meaning, a student who successfully appeals his/her academic progress at the college will automatically have his/her financial aid eligibility reinstated.

Services are available to help ensure a student's scholastic success; information about these services is available in the Student Affairs or Student Support Services offices.

HOLDS

A hold, blocking a student's further registration, forwarding of grades and transcripts or any school record, may be generated for a student at

any time. By Tennessee Board of Regents regulation a student may encounter a hold for any unfulfilled obligation to the institution. Generally, holds are generated once each semester and the most common causes are for unpaid parking fines, library fines, failure to return school property that has been borrowed or rented by the students, etc.

At the time of registration any student of the college who has been appropriately encumbered. A student who has received a hold will be contacted by the Registrar's Office and will not be allowed to complete a future registration or classes or receive a transcript until the hold has been released.

For questions, contact the Registrar's Office at (423) 439-2038.

MEDICAL INSTRUMENTS/SUPPLIES

Medical students are required to purchase diagnostic equipment during the first semester of their first year.

MICROSCOPES

Medical students are required to have a microscope in both their freshman and sophomore years at the College of Medicine. Students who own their own microscope must review the characteristics of their equipment with the course director of the Cell and Tissue Biology course in the Department of Biomedical Sciences to ensure that their equipment is satisfactory and acceptable. Students who do not own their own microscope may rent one, at a nominal charge, from the department. The current microscope rental fee is \$250 and will be added to their fee payment.

Rental microscopes are the sole responsibility of the individual during the course of the rental.

Students will be assigned a microscope on the first laboratory session day of the Cell and Tissue Biology course. All rental microscopes are to be returned to the Department of Biomedical Sciences as soon as possible after the end of classes in the second semester, and no later than final examination week. No grades, letters of recommendation, or transcripts will be released for any student until the microscope is returned, or the department is otherwise satisfied.

ELECTRONIC MAIL POLICY

As email has become an integral part of the academic process, confidential information about ETSU students is being transmitted, including evaluations, grades, and financial information. Faculty, staff, and students must recognize that although there is an expectation of privacy, unencrypted email is not a secure means of transmitting information. While this policy does not prohibit student information from being transmitted by email, caution must be exercised regarding the content of messages.

ETSU provides each student, faculty, and staff member with an official university-assigned email account. All official university communications will be sent to the university email address. Faculty, staff, and students may assume that official ETSU email is a valid communication mechanism. Therefore, the university has the right to send communications to students, faculty, and staff via email and the right to expect that those communications are received and read in a timely fashion. Since this is our primary method of communication, email should be checked at least daily. Although students may choose to forward university email to an external email account, he or she is responsible for all information, including attachments.

Note: Quillen College of Medicine students retain their ETSU email address after graduation.

SOCIAL NETWORKING GUIDELINES

The Quillen College of Medicine recommends that students exercise caution in using social networking sites such as Facebook, MySpace, and Twitter. Items that represent unprofessional behavior posted by students on such networking sites are not in the best interest of the university or Quillen College of Medicine and may result in disciplinary action up to and including termination.

Students are expected to exhibit a high degree of professionalism and personal integrity consistent with the pursuit of excellence in the conduct of his or her responsibilities. They must avoid identifying their connection to the university/QCOM if their online activities are inconsistent with university/QCOM values or could negatively impact the university's or College of Medicine's reputation.

If using social networking sites, students should use a personal e-mail address as their primary means of identification. Their university e-mail address should be used in accordance with university policy: <http://www.etsu.edu/oit/policies/acceptableuse.aspx#Intro>. Students who use these websites must be aware of the critical importance of privatizing their websites so that only trustworthy friends have access to the websites/applications.

In posting information on personal social networking sites, students must not present themselves as an official representative or spokesperson for the college of medicine, any affiliated hospital or clinic, or the university. Patient privacy must be maintained and confidential or proprietary information about the university or hospitals must not be shared online. Patient information is protected under the Health

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Insurance Portability and Accountability Act (HIPAA). Students have an ethical and legal obligation to safeguard protected health information and posting or e-mailing patient photographs is a violation of the HIPPA statute.

COMPUTER RESOURCES CODE OF ETHICS

All users of any institutionally maintained electronic data, data files, software, and networks are expected to handle the resource in a responsible and ethical manner. A user's interest ceases when it invades the right of personal and/or institutional privacy; results in the destruction of personal and/or institutional property; demonstrates a potential for loss, embarrassment, litigation to the individual and/or institution; or causes a limited resource to be used in a wasteful or careless manner.

All information processed through Computer Services is considered sensitive and/or confidential. The responsibility for the release or discussion of data is assigned to the official custodian of the data file(s). Access to information is based on a legitimate "need to know" and directly related to assigned duties. University electronically maintained data, data files, software, and networks will be used for authorized purposes only. Users are responsible for the security of the resources.

Any use of the resource deemed irresponsible or unethical will result in the immediate denial of use of the resource. The violation will be referred to the proper authorities for disciplinary and/or legal action including, but not limited to, restitution, restriction, reprimand, suspension, probation, expulsion, termination, and, if necessary, legal action. Appeals will be handled through due process channels already established for students and/or staff. Student violations will be referred to the Vice President for Student Affairs

and/or Vice President for Health Affairs; faculty violations will be referred to the Vice President for Academic Affairs and/or the Vice President for Health Affairs; staff violations will be referred to the Vice President for Administration and Development.

The following examples attempt to convey the intent of irresponsible and/or unethical use: violation of Federal/State copyright laws; violation of the Family Educational Rights and Privacy Act of 1974; use of the resource for obscene material; deliberate wasteful use of the resource, unauthorized altering of hardware, software, or data; piracy of data or software belonging to another person; or careless use of the resource which may result in the release of restricted information.

COMPUTER NETWORK AND INTERNET ACCESS: PRIVILEGES AND RESPONSIBILITIES

East Tennessee State University (ETSU) operates a wide-area network that interconnects local area networks in academic and administrative offices, student computer labs, and in the future dormitory rooms. The university maintains connections into the Tennessee Education Cooperative Network (TECnet), the Internet and the World Wide Web. Thus, the university's network is a part of the global network that provides access to information and information processing technologies. By having access to the university's network and its resources, students, faculty, and staff can communicate and collaborate among themselves and their counterparts throughout the world. This privilege carries with it responsibilities with which all users must comply.

Everyone within the ETSU community who uses networked computing and communications

facilities has the responsibility to use them in an ethical, professional and legal manner, and to abide by TECnet policies. Users should respect the privacy rights of others. ETSU's facilities and network access capabilities should never be used for purposes intended to incite crime. Communications that violate Tennessee, federal, or international law are not acceptable. For example, the use of ETSU's computer and network resources to threaten or harass others or the misrepresentation of one's identity in electronic communications for the purpose of illegal or unauthorized actions or activities will not be tolerated.

These statements concerning responsibility are not meant to be exhaustive. Any questionable use should be considered "not acceptable." Serious or repeated instances of abuse will be referred to the proper authority for disciplinary or legal action.

****WARNING**** Any person who knowingly brings on campus, has in their possession or distributes any virus without the authorization and written permission of the Division of Information Resources, will be considered to be in violation of the above and will be vigorously prosecuted. ****Campus**** is defined to include any property owned, leased, maintained or controlled by ETSU and includes any site or area where any system owned, leased, operated and/or maintained by ETSU is housed.

NOTICE TO USERS: It is the policy of East Tennessee State University to protect all institutional computing resources including, but not limited to, hardware and software, consisting of the actual equipment being supplied by the university as well as the programs and related materials used in conjunction therewith. In accordance with local, state, and federal law,

indiscriminate examination of individual user's files is not permitted, nonetheless as a means of maintaining the integrity and security of those aforementioned resources.

East Tennessee State University retains the right to inspect individual accounts and files stored on any system owned, maintained and/or leased by said university. While no prior authorization by individual users is required to inspect those files and accounts, the user is, by virtue of accepting the account offered by ETSU and "logging" on to its computing equipment, granting to the university prior unrestricted permission, subject to university policy, to review, examine and/or otherwise view, by any method at the sole discretion of the university and without any additional advance notice to said user, any account and/or file stored on university computer resources.

Should such a review take place, the user will be given notice, as a courtesy only, of the results of said review within a reasonable time after the review is completed. While use of university computing resources for personal use is strictly forbidden, should the user have materials for which he/she has any reasonable expectation of privacy or which the user considers to be confidential for any reason, the user should retain those materials on a disk which can be secured as would any other personal items or materials which one consider private in nature.

For such a policy to work, it is essential that users observe responsible and ethical behavior in the use of the resources. In an effort to assist the user community in effective use of the limited computer resources, it seems reasonable to highlight some specific responsibilities and types of behavior that represent abuse of a user's privilege. The examples do not constitute a

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complete list but are intended to convey the intent of the code.

Users should not damage or attempt to damage computer equipment or to modify or attempt to modify equipment so that it does not function as originally intended. It is equally wrong to damage or modify or attempt to damage or modify the software components: operating systems, compilers, utility routines, etc.

Users should not use or attempt to use an account without authorization from the owner of that account. Users have the responsibility of protecting their accounts through the proper use of passwords, but the fact that an account is unprotected does not imply permission for an unauthorized person to use it. Further, accounts are to be used only for the purposes for which they have been established. (Only the individual owner of an account is authorized to use that account. Providing passwords or in any way permitting or making it possible for anyone other than the authorized owner of the account to use computer resources is not authorized and may be a violation of Tennessee Law. Under this condition both the owner and the unauthorized user may be subject to legal action if determined to be appropriate by ETSU legal counsel.) Additionally, it is wrong to use a university-sponsored account for funded research, personal business, or consulting activities. There are special accounts for such purposes.

Users should not use private files without authorization. Owners of such files should take precautions and use the security mechanisms available. However, the fact that a file is not protected does not make it right for anyone to access it, unless it is specifically designed as a public access file. It is equally wrong for anyone to change or delete a file that belongs to anyone

else without authorization. Violation of property rights and copyrights covering data, computer programs, and documentation is also wrong. In the event of accidental access of private files, confidentiality of those files must be maintained.

Any deliberate wasteful use of resources is irresponsible; it encroaches on others' use of facilities and deprives them of resources. Printing of large unnecessary listings and the playing of games solely for entertainment are examples of such abuse. Users are expected to be aware of the resources they are using and to make reasonable efforts to use these resources efficiently.

All state and federal copyright laws will be abided by at all times. Users must not copy any part of a copyrighted program or its documentation that would be in violation of the law or the licensing agreement without written and specific permissions of the copyright holder.

Serious or repeated instances of abuse of computer facilities and resources will be referred to the proper authorities for disciplinary or legal action including, but not limited to, restitution, restrictions, reprimand, suspension, probation, expulsion, or termination.

COMPUTER REQUIREMENTS

All entering medical students are required to have a portable computer (laptop/tablet) appropriately configured to be compatible with ETSU and the College of Medicine facilities. Information on acceptable hardware and software specifications is available below. Entering students wishing to purchase a computer on enrollment may have these costs considered as part of their required educational expense and therefore may be considered for financial aid purposes. NOTE: If you currently own a computer, it should meet the

specifications listed below. If it does not, you must either purchase upgrades for it (installation of which are your responsibility) or purchase a new computer. If you do not currently own a computer, please purchase one that meets the recommended specifications listed below. You may, of course, exceed these recommended specifications.

Configuration of these computers and their included hardware and software, as well as ongoing maintenance, is the responsibility of the student. The Quillen College of Medicine will provide instructions and limited assistance for configuring the computer for use on the campus network; however, any difficulties due to hardware defects are the responsibility of the student. The Quillen College of Medicine may at times require certain software programs to be installed on the computer. If the student is required to purchase the software on his or her own, it is the responsibility of the student to install the software (limited assistance from the College of Medicine may be available). If the software will be provided by the Quillen College of Medicine, full installation and assistance will be provided by the College.

Minimum Recommended Specifications

Processor: Dual or quad core processor 1.66GHZ

Memory: 4 GB

Hard drive: 250 GB

DVD drive: DVD Rom or burner drive

Wireless Network Card: 802.11 G

Video Card: Integrated Graphics that can support resolution of 1024 x 768

Multimedia: Sound Card

Network Connection: 10/100 Base Ethernet

Operating System: Windows 7 or higher

Browser: Microsoft Internet Explorer 9 or Firefox 9 or higher

Application Suite Software: Microsoft Office 2010 or Open Office 3

Student Computer Usage During Electronically Administered Quizzes/ Exams

Any student who experiences computer problems should meet with the IT Manager to attempt to resolve the problem in advance of a scheduled quiz/exam. It is understood that some technical issues may not be resolved and that last minute issues may arise. If a student experiences issues immediately prior to the quiz/exam, they should bring their laptop to the quiz/exam for examination by the IT Manager. Only those students who contact the IT Manager no later than the day prior to the quiz/exam for a known problem, or who present their malfunctioning laptop the day of the quiz/exam, or who experience technical issues during the quiz/exam will be provided a laptop for the quiz/exam by the College of Medicine.

Failure to adhere to this policy will result in consequences related to both the grade assigned and professionalism assessment. The student's quiz/exam score will be reduced by 10 points and a Professionalism Report form will be submitted for any student who requests use of a College of Medicine computer but had failed to contact the IT Manager prior to the quiz/exam day or to present their malfunctioning laptop the day of the quiz/exam.

TRAFFIC AND PARKING REGULATIONS

All students who operate any type of motorized vehicle on the grounds of ETSU and the VA campus are required to obtain and properly display appropriate parking identification decals as issued by ETSU. There is an annual fee for this permit, which may be obtained at the beginning of the academic year online at

POLICIES AND PROCEDURES

<http://www.etsu.edu/fa/fs/parking> or by visiting the Parking Services office, located at 908 W. Maple St. between the hours of 8:00 am-4:30 pm. To obtain a permit, students must provide their

E Number and license plate number. All campus visitors are required to obtain a temporary visitor permit either online or by visiting the Parking Services office.

Each student is provided with and should carefully read the brochure concerning traffic and parking regulations for both campuses. These brochures are updated as necessary and may be obtained from the Office of Student Affairs or at the Office of Public Safety on the ETSU campus. The Office of Public Safety is responsible for enforcing parking regulations. Students are urged to observe them.

As a general policy, persons operating motor vehicles on the Veterans Affairs campus are to park in designated areas. They should also refrain from parking in specified reserved spaces. There are specific rules and regulations for student parking at each of the affiliated hospitals. These will be explained during orientation to respective hospitals.

Anyone who park a privately-owned vehicle in such a manner as to block fire lanes, ambulance and wheel chair ramps, fire exits, fire hydrants, or in any way impede the normal flow of traffic will have their vehicle removed from the VA Medical Center grounds. Vehicles are towed at the owner's expense.

Most other common violations are easily avoided. The ETSU parking permit is a static cling decal that must be displayed in the back window on the driver's side. Those students with tinted windows will need to trade their permit for an adhesive permit that sticks on the outside of the back

window. Vehicles are not to be backed into parking spaces and must be headed into the closed end of the designated parking space. Students are not allowed to park in Faculty/Staff Reserved areas.

To avoid traffic, arrive for class early to allow time to find a parking space. Remember to remove your permit if you trade cars or are in an accident. Review the parking map to become familiar with ETSU parking locations (<http://www.etsu.edu/maps>).

All ETSU parking citations may be appealed online at <http://www.etsu.edu/fa/fs/parking> within thirty days of receiving the citation. The process for appeal of traffic or parking violations is outlined in the parking regulations and must be followed if the student regards the citation as unjust.

Please visit <http://www.etsu.edu/fa/fs/parking> or contact Parking Services at (423) 439-5650 or parking@etsu.edu for more information.

SMOKING AND TOBACCO USE POLICY

ETSU is a Tobacco-Free Campus with smoking and all other tobacco usage permitted only in private vehicles. This policy applies to all university buildings/grounds; ETSU-affiliated off-campus locations and clinics; any buildings owned, leased, or rented by ETSU in all other areas; and ETSU facilities located on the campus of the James H. Quillen Veterans Affairs Medical Center at Mountain Home. Tobacco use is also prohibited in all state vehicles. This tobacco-free policy is in effect 24 hours a day year-round.

For purposes of this policy, "tobacco use" means, but is not limited to, the personal use of any tobacco product, whether intended to be lit or not, which shall include smoking tobacco or other

substances that are lit and smoked, as well as the use of an electronic cigarette or any other device intended to simulate smoking and the use of smokeless tobacco, including snuff; chewing tobacco; smokeless pouches; any form of loose-leaf, smokeless tobacco; and the use of unlit cigarettes, cigars, and pipe tobacco. The policy can be viewed at www.etsu.edu/humanres/relations/PPP53.aspx

The university promotes a healthy, sanitary environment free from tobacco smoke and tobacco-related debris. The ETSU community acknowledges that long-term health hazards may accrue to people who use tobacco products or who are subjected to second-hand smoke. The failure to address the use of tobacco products on campus would constitute a violation of the Americans with Disabilities Act, the Vocational Rehabilitation Act and Tennessee law.

Understanding the addictive nature of tobacco products, ETSU will make every effort to assist those who may wish to stop using tobacco. The university offers current information about available resources via the Smoking Cessation Resources page.

It is the responsibility of all members of the ETSU community to comply with this Tobacco-Free Campus Policy. Violations of the policy will be dealt with in a manner that is consistent with university procedures. There shall be no reprisals against anyone reporting violations of this policy.

Violations to the tobacco free policy, particularly reoccurring violations, are to be reported to Public Safety at 423-439-4480.

Any violator of the policy who refuses to comply or who becomes abusive toward the responsible party will be handled by Public Safety.

INCLEMENT WEATHER

☰ those instances when weather conditions require a decision by the President of the university to authorize canceling classes, delaying the start of classes, or suspending selected activities, the ETSU Alert Page and WETS-FM (89.5 FM) will announce official university cancellation information. All students are to govern themselves according to the status as reported by this station for the university. Students and university personnel are discouraged from using ETSU 911 or 439-4480 emergency numbers for inquiries concerning weather or closure status of the university.

University physicians and family practice clinics will remain open except under extraordinary conditions. The decision to close clinics and cancel College of Medicine classes will be made by the President, or designee, upon a recommendation from the Dean of the Quillen College of Medicine through the Vice President for Health Affairs/COO.

Medical students and residents will report for clinical responsibilities as they are able. Students scheduled in various clerkships are not considered "essential personnel," since they do not have direct patient responsibilities; however, learning opportunities may be enhanced, given the limited hospital personnel available during such weather. Third- and fourth-year students are to contact their preceptor whenever classes are cancelled due to weather in order to gain direction regarding the role they might fill in their particular clerkship/elective assignment.

An inclement weather brochure that provides various closing statements and what it means for the university community can be viewed at <http://www.etsu.edu/humanres/relations/PPP28.aspx>.

**STUDENT SERVICES,
ORGANIZATIONS.
AND ACTIVITIES**

Regard for the student, as a person and provision of opportunities for participation in the co-curricular life of the university are basic commitments of East Tennessee State University. Dedicated, caring individuals strive to give the student a sense of belonging to ETSU. Student services include an orientation program, financial aid, housing, personal counseling, and advising to help plan a program of study. Student services are available to meet the special needs of all students including minority groups, students with disabilities, and those with specific health or academic problems.

Various student services are described below. Additional information about any of these services can be secured by contacting the Office of Student Affairs, 423-439-2019.

OFFICE OF ACADEMIC AFFAIRS

The Office of Academic Affairs, including its division, Section of Medical Education, is responsible for both faculty and curricular issues. Academic Affairs develops, manages, and coordinates the curriculum; sets yearly academic and course schedules; and sets student schedules for third- and fourth-year clinical rotations and electives. Curricular administrative support is provided through this office, including for the Medical Student Education Committee, its three subcommittees and ongoing compliance with LCME accreditation and curriculum standards. Additional support includes faculty recruitment and development, staff support for electives and interdisciplinary courses such as Career Explorations, and assessment of the curriculum through analysis of student evaluation and feedback of courses and faculty. Students are provided assistance through educational consultations, counseling interventions and outside referrals.

OFFICE OF STUDENT AFFAIRS

The Office of Student Affairs is a multifaceted, service-oriented organization comprised of two sections: Financial Services and Student Support Services. Activities in this department are provided to assist with student life issues, student interest groups, and outreach programs. Student services are available to meet the special needs of all students including minority groups, students with disabilities, and those with specific health or academic problems.

Student Affairs also serves as a point of contact for students in need of personal or professional counseling, and facilitates the referral of these students to appropriately trained individuals internal or external to the university community. This includes referrals to the Committee Supporting Student Health (CSSH) which assists students and residents who have been identified as suffering from a treatable dysfunction such as chemical dependency.

Financial Services

Financial Services manages all transactions involved in the awarding of financial aid to matriculated students and provides information to those interested in alternative sources for funding their medical education. Through various financial aid programs on the federal, state and university levels, the office makes every effort to enable any admitted medical student to attend. Once a student matriculates, the staff provides ongoing financial aid services, including financial aid and debt management counseling, and various financial management workshops.

Student Support Services

Student Support Services provides various programs and services designed to support and facilitate each student's successful and timely completion of the curriculum. These include an

Orientation to Medicine program for entering students; tutorial assistance for first- and second-year basic science courses; information pertaining to USMLE preparation courses, and required training programs in medical student mistreatment, sexual harassment, racial issues, difficult encounters, health safety and HIPAA (Health Insurance Portability and Accountability).

Student Support Services coordinates the student health, accident and malpractice insurance programs, student advising system, and the Careers Explorations Program. Also, the office oversees student compliance with enrollment policies, assists with the Big Sib/Little Sib peer support program, and provides off-campus housing information and referrals. In addition, Student Support Services provides support to and coordinates numerous activities for matriculated student organizations.

ADVISORS AND STUDENT ADVISORY SYSTEM

Recognizing that advisement needs vary a great deal among students, the Quillen College of Medicine Student Advisory System is designed to meet the needs of individual students.

In the first two years, students who require assistance generally have issues adjusting to the academic rigors of medical school. Advisement related to academic performance difficulties during this time occurs by referral to course directors. Direct involvement with course directors and faculty produces better outcomes for students than working through an assigned advisor. Most students find that having a specific advisor assigned at the beginning of medical school is not useful.

Faculty advisors are available to assist in any matter concerning the academic process.

Students may obtain a faculty advisor through either the Associate Dean for Student Affairs or the Executive Associate Dean for Academic and Faculty Affairs. Students having academic difficulty in more than one course will be assigned an individual academic advisor through either Student Affairs or Academic Affairs.

Tutorial services for students having academic difficulty are available through Student Affairs. The Associate Dean for Student Affairs serves as a student advocate in all matters. Staff members are available to advise and counsel students throughout the medical education process.

Advisement related to possible learning disorders will start with referral to the ADA Coordinator and Director of ETSU Office of Disability Services. The coordinator does not play a role in making promotion or evaluation decisions.

CAREERS IN MEDICINE PROGRAM

Careers in Medicine is a career-planning program designed to help students choose a medical specialty, and select and apply to a residency program. The program is a four-phase process presented over the continuum of the curriculum through the Career Explorations courses to guide students through the elements of career planning, including self-understanding, exploring a variety of medical careers and finally, choosing a specialty to meet career objectives.

REGISTRATION AND RELATED MATTERS

Students at Quillen generally follow a fixed curriculum as outlined in this catalog. Course registration is handled by the Registrar's Office for the first two years (basic science courses) and by the Office of Academic Affairs for the second two years (clinical courses). The first registration will be accomplished as part of the orientation

process. Quillen students need do nothing to complete registration other than to pay their required fees by the third day of the semester. Students can check their registration and registration status at any time through the university Goldlink system

Schedule changes and adjustments must be made with the approval of the Executive Associate Dean for Academic and Faculty Affairs and can only be accomplished through that office. The registrar will be notified of the altered schedule by memorandum from the Office of Academic Affairs and will make the appropriate changes in the student record.

COMMITTEE SUPPORTING STUDENT HEALTH

Emphasizing holistic care of self—mind, body and spirit—is an important aspect for students at Quillen College of Medicine. The Committee Supporting Student Health (CSSH) provides education to medical students on how to manage stress and to cope with the demands of medical school in non-self-destructive ways and hopes to identify students that are in crisis and intervene in such a way to resolve that crisis. The goal of this committee is to reduce the number of impaired physicians through education, positive peer pressure and providing access to any necessary resources. Any and all communication or dealings with the committee will be such that confidentiality will be maintained to the strictest level, fully protecting the rights of students and making every effort to assist that student so that he/she may continue his/her medical education.

Administration of CSSH

The administration of CSSH shall be vested in the committee. The committee shall be comprised of two student representatives from each of the four medical school classes, the Associate Dean for

Student Affairs and a faculty representative (appointed by the Dean of the College of Medicine).

Election of Class Representatives

Each entering class shall elect two of its members at the beginning of the fall semester, in September, after class elections have been held. This is to allow the class to have a chance to better get to know one another prior to nominating committee representatives. All class representatives shall serve on the committee throughout their four years in medical school, unless they resign or are removed from the committee. Representatives may be removed from the committee by majority vote of their medical school class or by the committee. Any vacancies on the council shall be filled as soon as possible.

Committee Officers and Members

The CSSH will hold an election each year for committee Chair. This person will be a student member of the committee. The duties of the Chair include: setting meeting dates, conducting meetings, helping coordinate student education and any other duties necessary to carry out the purpose of CSSH. The election of a Chair will be conducted in September after the freshman class representatives are elected to the committee.

The committee will also elect from among its members one person to act as Vice-Chair. The Vice-Chair will fulfill the duties of the Chair in those instances when the Chair is unavailable. The term of office for the Vice-Chair is one year.

The duties of the committee include:

- Providing education to students on care of self, substance abuse and any other areas that are

identified and are applicable to assisting students in maximizing their health.

- Supplying information to medical students regarding substance abuse and available treatment programs.
- Assisting students to gain access to counseling and providing information on the PARC program.
- Reviewing cases wherein student impairment is suspected.
- Participating in interventions wherein sufficient evidence of impairment to warrant such action exists.
- Monitoring the recovering student in order to ensure compliance with contractual agreement between the student and the College of Medicine. The contract should be designed to promote student participation in all required activities as to ensure successful recovery throughout the tenure at this institution.
- Acting as liaison with the Tennessee Medical Foundation and the College of Medicine faculty to facilitate the return of students from treatment in order to optimize successful recovery.
- Serving as an advocate for the recovering student wherein necessary.
- Act as a class contact person for emergencies, such as a death in the family, will inform professors on behalf of student.

Meetings of the Committee

The committee will meet at least every three months. The first meeting will be after selection of freshman class representatives. Additional meetings will be at the call of the Chair or

Associate Dean for Student Affairs as deemed necessary.

Procedures

The introduction to CSSH is to be done for the incoming class in the first month of class by student committee members. Lunch and Learns will be conducted monthly.

Procedure for impaired medical students

When a student is identified as potentially suffering from impairment, this information should be forwarded to the committee and the Associate Dean for Student Affairs. Information will be collected and reviewed by both of these parties. If the evidence appears to warrant intervention, a recommendation is made from the committee to the Dean of the College of Medicine. If the dean does not agree with the findings of the committee, all materials are turned over to the Associate Dean for Student Affairs and the issue is dropped.

If the Dean concurs with the recommendation of the committee, the committee according to the following guidelines organizes an intervention. Intervention teams consist primarily of committee members but may also include other individuals (e.g., family, classmates, concerned faculty and significant others). In addition, the team will include at least one of the committee advisors who will act as mediator. All members of the intervention team must be in total agreement with the need for professional evaluation and must agree to work in cooperation with the committee and its advisor to maximize success. The team will meet as needed to review the facts of the case, to establish the role each member of the team will play in the intervention and to prepare all members of the team to play their role effectively. All arrangements (e.g., scheduling a bed in a treatment facility, airline tickets, etc.) should be completed before the intervention takes

place. Successful intervention will be one in which the student agrees to professional evaluation and/or assistance.

If the student declines to follow the recommendation of the intervention team, the student's decision will be reported to the Dean by the committee with the recommendation that the student's fitness for medical studies and potential success in the medical profession is seriously compromised and that the dean should consider terminating that student's enrollment at this institution until compliance with the recommendation of the committee is achieved. If the recommendation of the committee is that the student be professionally evaluated, then both the committee and the student must abide by the findings of the evaluation team. The committee reserves the right to determine where the evaluation is to take place. If in the judgment of the evaluating professional it is determined that impairment does not exist, then all information regarding the case is submitted to the Associate Dean for Student Affairs and the case is dropped. If the evaluation team determines that treatment for impairment is warranted, the student must comply with the recommendation. Failure to do so will actuate the committee to consider the student not acting in good faith and to recommend that the Dean terminate enrollment until the student demonstrates compliance.

If a student enters and successfully completes treatment, the committee will facilitate return to school through advocacy with appropriate faculty and administrators. Compliance to aftercare programs and contractual agreements with either the school or the treatment facilities will be monitored. Any relapse will be immediately reported to the committee, Dean and Tennessee Medical Foundation representatives.

Recommendations from appropriate professionals will be solicited and acted upon in that event.

Should any impaired student voluntarily contact a committee member regarding treatment for alcohol or substance abuse, that committee member is to contact the Associate Dean for Student Affairs, who will arrange for the student's participation in the Tennessee Medical Foundation (TMF) Physicians Health Program.

Treatment Program

The TMF Physicians Health Program in cooperation with the Office of Student Affairs will coordinate treatment programs for impaired medical students.

Confidentiality

This committee must make every reasonable effort to protect the identity of the impaired student, any student suspected of being impaired and any persons who have reported an impaired student. Maintaining confidentiality is of the utmost importance since the success of CSSH depends on student trust and confidence; a breach of confidentiality would compromise the program and render it ineffective and powerless.

HEALTH CARE

Students enrolled in medical school accept responsibility for their own health care. As a condition of enrollment, students must have health insurance. East Tennessee State University and the Quillen College of Medicine do not accept responsibility for care if insurance coverage has lapsed or the student is uninsurable.

ETSU students, including medical students, may receive health care services from the Student Health Clinic in Roy Nicks Hall, room 160 on the main campus. The clinic is part of the College of Nursing Faculty Practice Network. The

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professional staff includes nurse practitioners, physicians, registered nurses, and a health educator. Services include management of acute, episodic illnesses and injuries; referrals for assistance in managing chronic disorders; immunizations; women's health program and assistance with family planning; men's health; allergy clinic for those receiving allergy injections; and patient education programs on a variety of topics. Nominal fees for laboratory services, medicines and supplies may be charged. For further information, please call 423-439-4225.

Medical students and their legal dependents may also receive health care services from the ETSU Family Medicine Associates or ETSU Physicians and Associates. Students will be charged for the office visit; however, any co-pay required by insurance will be waived. Students are responsible for all other charges associated with the visit including laboratory and X-ray services, and immunizations and supplies used in special procedures.

The medical school provides the opportunity for medical student and their family members to receive free counseling services that are completely confidential and separate from the general functioning of the medical school through the Professional and Academic Resource Center (PARC). Scheduling is very flexible in order to meet individual needs.

Counseling services for medical students are also available through the University Counseling Center located in the D. P. Culp Student Center on the ETSU campus (423-439-4841), as well as the Community Counseling Clinic (423-439-7679). There are no charges for these services. The Community Counseling Clinic also provides services to dependents.

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The Dental Hygiene Clinic of the Department of Dental Hygiene offers comprehensive preventive therapeutic procedures such as scaling and polishing teeth, pit and fissure sealants, nutritional counseling, periodontal therapy, patient education and exposing and developing radiographs. All treatment is performed, for a modest fee, by dental hygiene students under the supervision of the licensed dentist and dental hygiene faculty. Services are open to all students, university employees, and the general public. Appointments may be obtained by contacting the Dental Hygiene Clinic, located on the main campus in Lamb Hall, room 71; phone 423-439-4514.

The Speech-Language-Hearing Clinic, a component of the Department of Audiology and Speech-Language Pathology, provides professional speech-language pathology and audiology services to students, faculty, and the general public. The service is provided by speech-language pathology and audiology graduate students under the direct supervision of licensed Speech-Language Pathologists and Audiologists. The areas of service include speech and hearing evaluation, hearing aid evaluation, and treatment of speech and hearing disorders through therapy. Intervention may be available for deficits in articulation, phonology, language, voice, and fluency. The clinic is located in Room 204 of Lamb Hall. Please call 423-439-4355 for appointments or information.

All ETSU-affiliated health care facilities adhere to the Health Insurance Portability and Accountability Act (HIPAA). Students who have confidentiality concerns or highly sensitive health issues may seek care outside of the university system at their own expense.

Students should be aware of the policy on Sensitive Health Services for Students in the

Policies and Procedures section of this document. This policy prohibits those who have been involved in providing sensitive health services to students from participating in performing academic assessments for grading purposes and in decisions regarding promotions for those students.

PROFESSIONAL AND ACADEMIC RESOURCE CENTER (COUNSELING)

The Professional and Academic Resource Center (PARC) provides a broad spectrum of counseling services including individual, family, marriage, and group counseling for medical students and their immediate families. Services are coordinated and provided on a confidential basis at no cost by Mr. Phillip Steffey, M.Div., LCSW, who has no teaching or evaluative role with the students.

Respecting the students' need for privacy, every effort is made to protect the confidentiality needed for an effective therapeutic relationship. PARC counselors are under no obligation to report that students or their families are making use of PARC services. No information related to student counseling is kept other than in the counselor's private medical student files which are not kept with patient files. Nothing is recorded on the students' record regarding counseling. For further privacy, PARC is located in an unmarked single dwelling house in a residential neighborhood near the campus. If another counseling site is desired, an additional smaller office is maintained on campus.

Should a student need to see a psychiatrist for medication, assessment, or other issues, the school has an agreement with two psychiatrists to provide priority services for medical students. This allows students to establish a therapeutic relationship with a psychiatrist (when a different level of intervention is needed) who will not be

interacting with them as a teacher, attending, or preceptor. Initial assessment sessions are provided at no cost to the student. Counseling hours are quite flexible and appointments may be scheduled until early evening and on Saturdays to provide maximum accessibility to students. These services are offered through the Office of Academic Affairs. To contact PARC, please call (423) 232-0275. Mr. Steffey can be reached by pager at 423-854-0342 (24 hours a day). For additional information, please visit <http://www.etsu.edu/com/studentsvcs/parc.aspx>

DISABILITY SERVICES

In compliance with federal regulations outlined in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, it is the policy of East Tennessee State University to make accommodations, course substitutions, and other academic adjustments when necessary to ensure equal access for students with disabilities. While all students with disabilities are protected from discrimination, some students may not be eligible for all of the services coordinated by Disability Services. Classroom and testing accommodations are made on an individual case-by-case basis. Students who wish to request an accommodation or academic adjustment because of a disability must follow the established process for self-identification by completing the intake process with Disability Services.

During the intake process, students are informed of the policies and procedures surrounding the accommodation process, student responsibilities as well as ETSU responsibilities. Eligibility for classroom and testing accommodations and other support services coordinated by Disability Services is based on the review of student's documentation of disability.

STUDENT SERVICES, ORGANIZATIONS, AND ACTIVITIES

Intake applications are not complete until current documentation of disability has been received and reviewed by Disability Services. ETSU does not recognize individualized education plans (IEP) as documentation; however, information included in an IEP may be helpful when identifying the services a student may utilize while at ETSU.

In order to establish eligibility, the documentation provided must include:

- Statement of diagnosis, date of most recent evaluation, and when available, date of original diagnosis
- Description of diagnostic criteria and/or diagnostic tests used
- Description of the current impact of the disability in an academic environment
- Credentials of the diagnosing professional
- Documentation of attention deficit disorders should be no more than three years old, and the D.P. Culp Center for additional information and a brochure detailing all of the terms and conditions and services.
- Documentation of learning disabilities should be no more than five years old with results based on an adult measurement scale.

The diagnosing professional must have specific training and expertise in a field related to the type of disability being diagnosed. For example, a psychologist, psychiatrist, or educational examiner must make a learning disability diagnosis. Documentation not including the information outlined above or from a professional whose credentials are not generally indicative of expertise in the specific disability being diagnosed can not be used to establish

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eligibility for services. ETSU does not provide any type of learning disabilities evaluations; however, Disability Services maintains a list of professionals in private practice who can evaluate learning disabilities.

Disability Services is located on the third floor of the D.P. Culp Center, on J.L. Seehorn, Jr. Road 423-439-8346, (tdd) 423-439-8370.

VETERANS AFFAIRS AND EDUCATIONAL BENEFITS

The Quillen College of Medicine is an institution with initial funding provided under the Teague-Cranston Act. For this reason, veterans of active United States military service who qualify under the provisions of Public Law 92-541 and otherwise meet the requirements for admission are entitled to an admissions preference at this institution.

Veterans and other eligible persons, who are entitled to benefits under any veterans program, may obtain information and application for educational benefits from the ETSU Veterans Affairs Office. This office is located in Room 101, Burgin E. Dossett Hall on the main ETSU campus (423.439.6819, email, va@etsu.edu). Due to the complexity involved with educational benefits available to qualified veterans, the application for benefits under all VA programs is handled by the Veterans Affairs Office. Accepted and enrolled veterans who qualify for benefits are expected to work through this office. The office is staffed with knowledgeable persons of previous military service who provide excellent service to all veterans attending ETSU, including the College of Medicine. Students accepted to enroll at Quillen are encouraged to make contact with this office well in advance of their initial enrollment and carefully follow their directions in order to insure the timely receipt of appropriate benefits.

Veterans Affairs coordinates the delivery of military related educational benefit programs of the United Department of Veterans Affairs (USDVA), Department of Defense and State of Tennessee to eligible service members, veterans' and certain disabled veterans' dependents.

Veterans and other eligible persons, who are enrolled under the provisions of Title 38, are subject to all rules and regulations as set forth by the Department of Veterans Affairs. The veterans' advisor at ETSU has prepared a brochure that will explain such regulations in detail. Veterans or eligible persons attending the College of Medicine should obtain one of these brochures, study it carefully, and retain it for reference throughout their period of study at the university.

Benefit Programs

Primary entitlement programs administered by the Veteran's Affairs Office include the following:

- Montgomery GI Bill-Active Duty (MGIB-AD) Educational Assistance Program (Chapter 30, Title 38, United States Code)
- Post 9-11 GI Bill Educational Assistance Program (Chapter 33, Title 38, United States Code)
- Vocational Rehabilitation and Employment Program (VR&E) (Chapter 31, Title 38, USC)
- Reserve Educational Assistance Program (REAP) (Chapter 1607, Title 10, USC)
- Montgomery GI Bill-Selected Reserve (MGIB-SR) Educational Assistance Program (Chapter 1606, Title 10, USC)
- Survivors' and Dependents' (DEA) Educational Assistance Program (Chapter 35, Title 38, USC)

- Veterans' Work-Study Allowance Program (Chapters 30, 31, 33 and 35 of Title 38; Chapters 1606 and 1607 of Title 10, USC)
- Veterans' Tuition & Fee Deferment Program (49-7-104, Tennessee Code Annotated)

Information on the above federal programs, except VR&E and state programs, may be found at www.gibill.va.gov. VR&E information can be found at www.vba.va.gov/bln/vre/. For further information on state programs and other miscellaneous education benefit entitlements not listed above, contact the campus' Veterans Affairs office.

Points of Contact

The Veterans Affairs office can provide information, forms and general assistance to those applying for any of the above educational benefit programs. Official decisions on eligibility are made by the appropriate government office and not the Veterans Affairs office. Questions regarding USDVA applications/benefit payment status (except VR&E) should be directed to the Central Region Processing Office, United States Department of Veterans, P.O. Box 66830, Saint Louis, Missouri, 63166-6830; 888-GIBILL1 (442-4551). <https://www.gibill2.va.gov>. VR&E beneficiaries should contact Christi Hellard, Counselor/Case Manager, Vocational Rehabilitation & Employment, United States Department of Veterans Affairs, 412 North Cedar Bluff Road, Suite 416, Knoxville, Tennessee 37923-3605; phone 865-692-0711; fax: 865-692-0712; e-mail: christ.hellard2@va.gov.

Benefit Program Applications

Applicants for the MGIB-AD and REAP programs must provide a copy of their most recent Certificate of Release or Discharge from Active Duty [Department of Defense (DD) Form 214]. For MGIB-AD applicants, if claiming entitlement to

the “buy-up” program, provide a copy of the election form and evidence of the increased benefit contribution. New applicants for the MGIB-SR will need to provide a copy of their Selected Reserve Educational Assistance Program Notice of Basic Eligibility (DD Form 2384) available from their unit. If applying for the MGIB-AD, REAP or MGIB-SR and entitled to a college fund/“kicker” then supporting documentation should also be provided. New VR&E and DEA applicants should provide a copy of the disabled veterans’ “Disability Rating Decision.” Additionally, DEA applicants should provide a copy of their birth certificate to submit along with their application. Adoption orders and parents’ marriage license/certificate should be included if the dependent was legally adopted by the veteran. In response to a completed application, the USDVA will issue a “Certificate of Eligibility,” a copy of which should be provided to Veterans’ Affairs. If a beneficiary previously used benefits elsewhere, a change in program or place of training form must be completed.

Veteran’s Tuition & Fee Deferments

Beneficiaries who pay in-state tuition and fees, have remaining benefit entitlement, and such entitlement does not expire within the semester may request additional time in payment of tuition and fees under state law. Approval is contingent upon a beneficiary demonstrating benefits eligibility with sufficient entitlement to cover tuition and fees and no indebtedness to the USDVA. If a continuing student or one previously enrolled and utilized a veterans’ tuition and fee deferment, the student must have timely paid in full deferred tuition and fees to remain eligible for the deferment. Students who do not follow the conditions of a deferment will forfeit their eligibility for deferments in all future enrollments.

Military Registry Transcripts

New and transfer undergraduate student beneficiaries with military service must ensure an official military registry transcript is sent to Veterans’ Affairs and Undergraduate Admissions offices. University policy permits the award of academic credit only for formal military training and not skill levels attained/occupational experience. Army training with academic credit award recommendations is documented in an Army-American Council on Education Registry Transcript System (AARTS) transcript (further information available at <http://aarts.army.mil/order.htm>). Navy and Marine Corps training is contained in a Sailor-Marine American Council on Education Registry Transcript (SMART) (for further information or to order online go to <https://smart.navy.mil/smart/welcome.do>). Air Force veterans must submit an official transcript from the Community College of the Air Force (CCAF) (for further information or to make online requests go to <http://www.maxwell.af.mil/au/ccaf/transcripts.asp>). Students with formal Coast Guard training should submit an official copy of their Coast Guard Institute transcript, if available (request form available at http://www.uscg.mil/hq/cgi/Institute_Forms/1564.pdf). All forms to request transcripts are also available in the Veterans’ Affairs office.

Selected Reserves’ Tuition Assistance

Currently members in good standing with the Tennessee Air & Army National Guard and Army Reserve can receive tuition assistance subject to annual limits and available funding in addition to other benefit entitlements. Veterans’ Affairs can provide information and guidance on the process and procedures in applying for tuition assistance.

Military Mobilizations

We will allow an individual who has been mobilized to come back for 1 calendar year at the

same tuition rate as when they left as long as their mobilization was continuous from the time that they depart ETSU. We do not mark anything special on the transcript to indicate that this withdrawal was due to military service. A student may withdraw at any time during the semester for active military service and the student's academic record will be annotated as a withdrawal for military reasons. A copy of official military orders or other official supporting documentation must be submitted for review in advance of withdrawing. Depending on the nature/authority of the call to active duty, payments under certain federal benefit programs may be kept and entitlement used during the interrupted term restored to the beneficiary's entitlement. Tuition and fees may also be refunded under certain instances of active military duty. Students receiving financial aid should check with the Financial Aid Office for the handling of Title IV funds awarded. Students should contact any student loan lenders and inform them of their military status to avoid entering student loan repayment status and other possible adverse collection actions while serving on active-duty.

STUDENT STUDY CENTER

In the spring of 2012 a new, state-of-the-art Student Study Center was officially opened for use by the students. This facility, dedicated strictly for study purposes, is located directly behind Stanton-Gerber Hall. Funded by private donors and medical students through a self-imposed fee, the Student Study Center includes 26 study rooms of various sizes that accommodate from one to eight people, a kitchen and café area, an outdoor porch and a 1,000-square-foot terrace.

COMPUTER LABS

As noted in the Computer Requirements section of this catalog, all entering medical students are required to have a portable computer (laptop/tablet) appropriately configured to be compatible with ETSU and the College of Medicine facilities. To accommodate students during the basic science years, wireless Internet is available in Stanton-Gerber Hall. If needed, students also have access to a sixteen-station instructional computer lab and testing center, located in Stanton-Gerber Hall Room C017.

Elsewhere, on the first level of the Culp University Center on the main ETSU campus is an open-access computer lab open to all students enrolled at ETSU with a valid ID. The lab features 76 IBM/Compatible and five Macintosh PCs. The needs of students with disabilities are met with a computer specially equipped with screen magnification, adjustable workstations, and speech processing.

Three additional labs on the main ETSU campus are available in Sam Wilson 124, Warf Pickel 419, and Roger Stout 320.

A growing software library is available from a server attached to the campus local area network. When not in use as classrooms, computer labs are available for walk-in use by any registered student. The microlabs are staffed by microlab monitors (student workers) at all times. They are supervised by a lab manager. These monitors help users with common problems and keep the labs neat and secure.

LIBRARIES

In addition to the Medical Library (see Department of Learning Resources section of this catalog), medical students have access to the Sherrod Library on the main ETSU campus.

Containing the major learning resources that support the university's program of teaching and research, the Sherrod Library offers computer stations to any ETSU faculty, staff or student, and wireless access throughout the building. Study areas range from collaborative, technology-equipped spaces to the silent study for those who prefer quiet. The late night study, open 24 hours a day, is accessible with a student ID.

The collections include almost one million volumes, as well as hundreds of thousands of electronic books, journal articles, databases and streaming media. Materials in the collections can be found in the online catalog and are searchable through OneSearch, a state-of-the-art discovery interface.

MUSEUMS

The Museum at Mountain Home

The Museum at Mountain Home is located in the Clock Tower, Building 34, on the Veterans Affairs Medical Center(VAMC) campus. A joint project of the VAMC, Quillen College of Medicine, and ETSU, the Museum is managed by the College of Medicine's Department of Learning Resources. The mission of the Museum is to preserve and display artifacts and documents that chronicle the health care heritage of South Central Appalachia from the earliest practitioner to the present. Displays also illustrate life at the Mountain Home for Disabled Volunteer Soldiers during the early twentieth century. Other exhibits showcase military uniforms and artifacts that highlight the role of health care professionals during wartime. The Museum depends on donations and volunteers for support. Hours are Tuesdays and Thursdays from 9:00-11:00 AM and Wednesdays from 1:30-3:30 PM. For more information: 423-439-8069 or www.etsu.edu/com/museum.

B. Carroll Reece Memorial

A campus history project initiated in the late 1920's created a repository that ultimately emerged as the B. Carroll Reece Memorial Museum. Its initial collections were made up of art and artifacts that had been collected and housed by the Department of Art and Design and Sherrod Library. The Carroll Reece Museum was formally dedicated on October 10, 1965. It is a component of ETSU's Center for Appalachian Studies and Services and has been accredited by the American Association of Museums since 1972.

Students are encouraged to stop by, look around, enjoy regional fine art and history exhibitions and join in on special programs such as workshops, storytelling, musical performances, and receptions. Exhibits include annual quilt exhibitions, items from the permanent collections, contemporary art, and traveling displays. The museum is at the junction of Stout Drive and Gilbreath Circle on the East Tennessee State University campus. All events and admission are free to the public. Allow one hour minimum. Gallery hours are 9 a.m. until 4 p.m., Monday-Wednesday and Thursday, 9 a.m. until 7 p.m., closed holidays and the week of December 25. Phone: (423) 439-4392. www.etsu.edu/reese

BOOKSTORE

College of Medicine supplies and texts can be found at the Neebo Bookstore located at 824 West Walnut Street just off of the main ETSU campus. Regular business hours are 8:00 am until 4:30 pm, Monday through Friday, with extended hours at the beginning of each semester. The primary University Bookstore is located in the D. P. Culp University Center on the main ETSU campus. Both stores carry a supply of new and used textbooks, trade and reference

books, school and office supplies, ETSU clothing and gifts, computer supplies, gift certificates, diploma frames, and more.

STUDENT HOUSING AND COSTS

While most live off-campus, medical students will find that living in an on-campus apartment can be convenient, affordable, safe, and attractive. On-campus apartments are furnished and offer individual leases with the convenience of having all utilities included in the rent and paid on a semester basis to the university with no hook-up fees. Resident students have increased access to the libraries; computer labs; extracurricular activities; intercollegiate athletics; health facilities; intramural and recreation programs; other students; lectures; concerts; and other campus facilities, services, and programs.

An on-site Apartments Manager is available, as well as trained staff, to assist with the overall management and operation of the complexes; enforce rules and regulations; provide programs and activities; advise, counsel and refer students; assist in emergencies; report maintenance issues, and other assigned duties. Safety features are available, such as a night patrol, alarm system, shuttle service, and camera surveillance for recording purposes.

Buccaneer Ridge Apartments

There are two- and four-single-occupancy bedroom apartment units available to single upperclassmen and graduate/medical/pharmacy students. Each apartment contains a furnished living area, single bedrooms with double bed, closet, desk, and chest of drawers; kitchen facilities, including full-sized refrigerator, stove, microwave, and garbage disposal; washer and dryer; and two bathrooms. Each bedroom is provided with an alarm system; telephone, cable TV and data jack; and individual locks. Residents

enjoy a clubhouse with copier and fax availability; lounging pool; volleyball and basketball courts; and individual leases with no connection fees. Academic year and extended year leases which include summer are available; rent is payable by the semester and includes electricity, water, cable, telephone and data access.

Buccaneer Ridge Phase V: Family/Graduate Housing

A limited number of one-bedroom and private efficiency apartments are available for married or single parents or single graduate/medical/pharmacy students. Lease agreements are for a year; rent is payable by the semester and includes electricity, water, cable, telephone and data access.

Application Procedure

A completed application and a \$100 reservation/damage/cancellation deposit is required and accepted at any time. Apartment assignments are made according to the date of the application and deposit and availability. Early application, preferably before April 1, for fall semester and November 1 for spring semester is encouraged. Assignments for fall semester begin in April and mid-December for spring. On-campus students are able to retain their current apartment or sign for another apartment each semester/year.

For more information, visit the Department of Housing and Residence Life located in Room 108, Burgin E. Dossett Hall or contact at the following addresses:

P.O. Box 70723
East Tennessee State University
Johnson City, TN 37614-1710
Telephone (423) 439-4446
Fax: (423) 439-4690
Email: housing@etsu.edu
<http://www.etsu.edu/housing>

CENTER OF EXCELLENCE FOR EARLY CHILDHOOD LEARNING AND DEVELOPMENT

The Center of Excellence for Early Childhood Learning and Development operates the Child Study Center which offers two full-day, full-year programs to serve young children and their families. The Infant-Toddler programs serve children ages three months to three years while the Early Learning Program serves children ages three through five years of age. Students who are interested in enrolling their children in either of the programs can obtain more information by calling (423) 439-7555. Enrollment is on a limited basis. <http://child.etsu.edu>.

A child care program, Little Buccaneers Student Child Care Center, specifically designed to meet the needs of ETSU students, opened in June 1997. ETSU students can enroll their children for blocks of time each semester that would accommodate their child care needs while attending classes and during study times. This program is supported by the Student Activities Allocation Committee and ETSU. Information for this program can be obtained by calling 439-7549.

PUBLIC SAFETY

The Public Safety Building is located at the entrance of the university on University Parkway and has personnel on duty 24 hours a day for assistance. The emergency telephone number is 911. The public safety staff is composed of 21 state-certified sworn police officers that are also trained fire fighters. Public Safety is a full-service police department encompassing traffic and parking enforcement, uniformed patrol, criminal investigations, and crime prevention education. Public Safety also provides these services: an escort service, engravers, booster cables, and

battery booster packs. The non-emergency telephone numbers are 439-4480 for police services and 439-6900 for administrative services.

A traffic and parking regulation brochure has been prepared to inform and to protect all who use the campus roadways and parking areas. It is available in the Public Safety Building.

STUDENT ACTIVITIES

Medical students are afforded a wide array of cultural, educational, recreational, and athletic activities. The university and its facilities offer many levels of participation to the student. Once on campus, students of the College of Medicine can become involved in organizations and government within the college. Students are urged to serve on committees working closely with the faculty and to serve as officers in their respective classes.

UNIVERSITY CENTER, D. P. CULP

The D.P. Culp University Center is a modern architecturally designed student center conveniently located in the heart of campus. The specific purpose of the Culp Center is to serve students as an integral part of their educational life. The Culp University Center provides a wide variety of services, entertainment, and social activities for the campus community.

The Culp University Center houses five separate food service areas, the main bookstore, the post office, a mini-market, a computer lab, a variety of administrative offices, meeting rooms and conference facilities, a ballroom, and an auditorium/theater. For information regarding the use and reservation of these facilities, contact the Culp University Center office at (423) 439-4286.

Among the administrative offices housed within the building are the Counseling Center, Food Services, Center for Adult, Commuter, and Transfer Services (ACTS), and the Campus ID System Offices.

CAMPUS RECREATION

The department of Campus Recreation provides a wide range of physical activities and recreational sports for the entire ETSU community. Programs offered include personal training, aquatics, fitness, competitive intramural sports, non-credit instruction, outdoor adventure, and sports clubs. All programs operate out of the Basler Center for Physical Activity, a "state-of-the-art" indoor and outdoor complex designed for the exclusive recreational use of the ETSU student body and current employees. The CPA boasts a 15,000-square-foot weight room with cardiovascular stations, free weights, and weight machines. Indoor spaces also include basketball/soccer/volleyball courts, climbing wall, group exercise/martial arts studio, pool and racquetball/squash courts. There is a casual care service, equipment room, locker room, and personal training suite. Aerobic/group exercise classes are scheduled daily in the CPA's aerobics/martial arts studio. There is also a personal training service with fitness testing, exercise prescription, and supervised workouts.

Directly adjacent to the CPA is the Basler Challenge course with its towers, walls, and low elements. Also located beside the building are two lighted outdoor activity fields that can accommodate a range of team sports.

Varieties of team and individual intramural sports are scheduled each semester. Traditional fall team sports are flag football, soccer and volleyball. Spring team sports are basketball and softball. The four major leagues play four game

regular seasons plus playoffs and contest Men's A, Men's B, Women's, and Co-Rec divisions. Each year's individual sports include two road races and a golf tournament in the fall, and a bench press contest, racquetball and tennis in the spring.

Spouse and dependent memberships may be purchased at the equipment room. Such memberships are available only to the immediate family members of currently enrolled students and currently employed faculty and staff members. Dependents 16 and under must be accompanied by a parent at all times in the CPA. Memberships for dependents 18-21 may also be purchased and those adult users will be issued a picture ID. Access will not be made available to dependents 22 and over. For more information, call 439-7980 or go to the department office in the Basler Center for Physical Activity.

STUDENT GOVERNMENT ASSOCIATION

The Student Government Association (SGA) strives to represent the opinions of all university students on every aspect of campus academic and extracurricular life. Its members work closely with students, faculty, and administration to provide advice and information and a strong voice in the governance of the university. The SGA is located near the Center for Community Engagement, Learning, and Leadership on the lower level of the D.P. Culp University Center, phone (423) 439-4253.

ORGANIZATION OF STUDENT REPRESENTATIVES

Each medical school class functions autonomously with respect to class-related matters. As such, a student government association through the medical school does not exist. Instead, the Organization of Student Representatives (OSR) serves as a de facto

association. OSR serves as a liaison between the student body and administration, conducts activities that promote camaraderie across classes and serves as a change agent. Each class is represented on OSR through its president and two additional members-at-large. A full description of OSR can be found online at <http://www.etsu.edu/com/studentsvcs/lifeoutside/osr.aspx>

ALPHA OMEGA ALPHA HONOR MEDICAL SOCIETY

Alpha Omega Alpha is the national honor medical society. The Delta Chapter of Tennessee was established at the Quillen College of Medicine in 1985. Alpha Omega Alpha elects outstanding medical students, graduates, alumni, faculty, and honorary members to its ranks. Its purpose is to recognize and perpetuate excellence in the medical profession by promoting scholarship, encouraging high standards of character and conduct, and recognizing high attainment in medical science, practice, and related fields. Junior and senior medical students who are ranked among the top 25 percent of the class academically are invited to apply for election to AOA.

GOLD HUMANISM HONOR SOCIETY

Quillen College of Medicine's chapter of the Gold Humanism Honor Society (GHHS) honors senior medical students, residents, and faculty for demonstrated excellence in clinical care, leadership, compassion and dedication to service. The GHHS is dedicated to recognize, support and promote the values of humanism and professionalism in medicine. The Society is committed to working within and beyond medical education to inspire, nurture and sustain lifelong advocates and activists for patient-centered medical care. The GHHS is a steadfast advocate

for humanism through activities on campus and involvement with its membership. Election to membership in the GHHS is a significant honor, comparable to being selected to the Alpha Omega Alpha national honor society. Approximately 15 percent of the fourth-year class is elected to membership each year. A multi-step process involving peer nomination, clinical faculty nomination and evaluation by a selection committee is used to select students for Quillen's GHHS. Society membership also includes students and faculty receiving the Leonard Tow Humanism in Medicine Award and residents awarded the Gold Foundation Humanism and Excellence in Teaching Award. Quillen's Gold Humanism Honor Society chapter is made possible with a grant from The Arnold P. Gold Foundation. The Arnold P. Gold Foundation, a public, not-for-profit organization dedicated to fostering humanism in medicine, provides support for more than 45 GHHS chapters at schools of medicine.

PROFESSIONAL ORGANIZATIONS/ MEMBERSHIPS

- American Medical Association
- American Medical Student Association
- Christian Medical and Dental Association
- Committee Support Student Health
- Organization of Student Representatives
- Student National Medical Association

STUDENT ORGANIZATIONS

- Developing Leadership in Future Physicians
- Doctors Outside the Box
- Emergency Medicine Interest Group
- Family Medicine Interest Group
- Global Health Interest Group
- Internal Medicine Interest Group
- Military Medicine Interest Group
- Neurological Sciences Interest Group

- OB/GYN Interest Group
- Pediatrics Interest Group
- Psychiatry Student Interest Group
- Surgery Student Interest Group
- Student Women in Medicine
- Wilderness Medicine Interest Group
- Women's Health Student Interest Group

STUDENT ASSOCIATIONS

Medical Student Leadership Opportunities

- Class Officers
- Organization of Student Representatives
- Admissions Committee
- Committee on Gender and Special Issues
- Committee Supporting Student Health
- Financial Aid and Scholarship Committee
- Gold Humanism Honor Society
- Gold Humanism Honor Society Selection Committee
- Learning Resources Advisory Committee
- Medical Student Education Committee
- Student Promotions Committee
- Student Ambassadors

Medical Student Organizations

- AOA Honor Medical Society
- Gold Humanism Honor Society

CAMPUS MINISTRY OPPORTUNITIES

- 11:58 Ministries
- Alpha Omega
- Baptist Collegiate Ministry
- Campus Crusade for Christ
- Catholic Center at ETSU
- Chi Alpha Christian Fellowship
- Christian Student Fellowship
- Heritage
- Impact Christian Movement
- Lighthouse

- Lutheran Student Movement
- Muslim Student Association
- Net Impact
- Reformed University Fellowship
- Students Outreach Uplifting Lives (SOUL)
- The Way
- The Well
- Wesley Foundation
- Young Life - QUEST

COMMUNITY SERVICE

- Church Hill Free Medical Clinic
- Migrant Camp Clinics
- Remote Area Medical (RAM)
- Rural and Community Projects
- Tar Wars-Youth Tobacco-Free Education Program

STUDENT RECORDS

The Registrar's Office is the official collection and distribution point for all grades earned by students in the Quillen College of Medicine. Grades are usually obtained within a reasonable time after the completion of any course or clerkship or within five working days after receipt of board-subject examination scores. Grades are officially reported to students through the ETSU GoldLink system. To ensure the privacy of student records, no grades will be given over the telephone. Information regarding a student's grades will be made available, as time allows, upon personal inquiry in the Registrar's Office. No student may have access to the grade of any other student except on the written authorization of that person or as allowed by prevailing law. The Registrar's Office also handles in-school deferments for loan debt incurred prior to medical school. The school also utilizes the National Student Loan Clearinghouse for reporting enrollment. Guidelines of the Privacy Act (see Privacy of Students' Records) are followed in managing student records and grades. Personal records and grades of a student, on file in the Registrar's Office, are accessible for review by advisor(s).

PRIVACY OF STUDENTS' RECORDS

The privacy of student records is specified by the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment). The Quillen College of Medicine complies with this law and ensures students' access to their official academic and disciplinary records and prohibits the release of personally identifiable information, other than directory information without students' permission. Students may withhold directory information by notifying the Registrar's Office in writing within a reasonable time after the first day of class of the fall term (or subsequent term of the academic year if not enrolled for the fall term). A request for non-disclosure will be honored by the institution for only one academic year; therefore, authorization to withhold directory information must be filed annually as described above.

Official student records are maintained in the Registrar's Office and will be made available to the student, within a reasonable period of time, upon request.

Complaints regarding alleged violation of the student's right with regard to the privacy of records or access thereto should be addressed to the Dean of the Quillen College of Medicine, the Vice President for Academic Affairs, ETSU, or the Family Educational Rights and Privacy Act Office, Department of Health and Human Services, 330 Independence Avenue, SW, Washington, D.C. 20201. Annual notice of compliance with this act is located on page two of the current College of Medicine Catalog.

Student records are available to officials within the institution on a need-to-know basis. This includes the student's advisor, members of the dean's office, and others who, in order to carry out institutional functions, need such information.

DISSEMINATION OF INFORMATION

Information dissemination is a two-way exercise; it is imperative that students keep the college apprised of changes in name and/or address. The college primarily uses email for communicating with students. Students are urged to check their ETSU email daily. The ETSU email address is the address used by all COM offices. Students may forward this address to any other they choose.

It is a policy of the Registrar's Office to withhold name and address listings from persons outside the immediate university community. However, addresses are considered "directory information" and may as such be made available to outside individuals as provided by law. In addition, ETSU may release other directory information. Other directory information is defined as: enrollment status, dates of attendance, classification, previous institution(s) attended, awards, honors, photographs, degrees conferred (including dates), hometown, and residency placement information, and sports participation information.

If students prefer not to have these items released, they may fill out a form to prevent disclosure of this data. This form is available through the Registrar's Office and must be submitted no later than August 31. A new form for nondisclosure must be completed each academic year. A form submitted the last term a student enrolls will remain in effect until the student re-enrolls.

STUDENT RECORDS

Because student records are official legal documents, it is important that the full name appear accurately on each of these. The official student name is initially derived from the AMCAS application. Any student who has a change of name through marriage or legal action must report to the Registrar's Office in person to complete a change of name form and provide legal documentation of the change. Once this has been completed, all student records will be altered to indicate the new name and appropriate notification will be forwarded to all university offices.

INFORMATION DISCLOSURE REQUIREMENTS

As a recipient of federal monies, an institution participating in certain federal programs has a responsibility to provide to students and applicants for admission certain information concerning the institution. The information dissemination requirements generally emanate from federal regulations and/or legislative actions. These requirements are not disclosed at length herein. However, more information may be acquired from the Office of Financial Services or from any college or university library. Information that is readily available includes the following:

1. Notice of nondiscrimination on the basis of race, color, national origin, gender or handicapping conditions.
2. Students' rights and responsibilities, costs, refund policy, curriculum, retention and those personnel who can provide the information.
3. The institution's available financial aid, methods by which the aid is distributed, application for aid requirements, rights and responsibilities of students receiving aid.
4. Program criteria, loan information, federal scholarship eligibility, and debt management.
5. Rights of students and non-students to student records information. For more information concerning students rights with respect to their educational records, please see the Family Educational Rights and Privacy Act (FERPA) available in the Registrar's Office.
6. Use of social security number.
7. Equal Credit Opportunity Act.

**ADMINISTRATIVE, FACULTY,
AND STUDENT LISTINGS**

ADMINISTRATIVE LISTING

Tennessee Board of Regents
The State University and Community College System of Tennessee

Honorable Bill HaslamNashville Governor of Tennessee, Chair (ex-officio)	Mr. John D. Stites, IICookeville
Honorable Candice McQueenNashville Commissioner of Education (ex-officio)	Mr. Greg DuckettMemphis
Honorable Julius JohnsonNashville Commissioner of Agriculture (ex-officio)	Ms. Emily J. ReynoldsNashville
Dr. Russ DeatonNashville Interim Executive Director (ex-officio) Tennessee Higher Education Commission	Ms. Leigh A. ShockeyMemphis
Ms. Danni B. VarlanKnoxville	Mrs. Fran F. MarcumTullahoma
Mr. Tom GriscomChattanooga	Mr. J. Parker SmithKingsport
	Mr. Howard W. RoddyChattanooga
	Mr. Robert P. ThomasNashville
	Ms. Barbara U. PrescottMemphis
	Ms. Dotye WebbFaculty Regent
	Ms. Rebecca ReevesStudent Regent

ETSU Administration

Brian E. Noland, Ph.D.	President
Bert C. Bach, Ph.D.	Provost & Vice President for Academic Affairs
Pamela Ritter, M.S.	Vice President for University Advancement & Foundation Chief Executive Officer
David D. Collins, Ed.D., CPA	Vice President for Finance and Administration
Wilsie S. Bishop, D.P.A.	Vice President for Health Affairs & Chief Operating Officer

College of Medicine Administration

Robert T. Means, Jr., M.D.	Dean
Kenneth E. Olive, M.D.	Executive Associate Dean, Academic and Faculty Affairs
Gregory L. Wilgocki, M.Acc., CPA	Executive Associate Dean, Vice President, Finance and Administration
T. Watson Jernigan, M.D.	Associate Dean, Clinical Affairs
Thomas E. Kwasigroch, Ph.D.	Associate Dean, Student Affairs
Rachel R. Walden, M.L.I.S.	Associate Dean, Learning Resources and Educational Technology
Mitchell E. Robinson, Ph.D.	Associate Dean, Graduate Studies
M. David Linville, M.D.	Associate Dean, Graduate Medical Education
Martha E. Whaley, M.S.L.S.	Interim Associate Dean, Continuing Medical Education
Theresa F. Lura, M.D.	Assistant Dean, Women in Medicine
Debra A. Shaw, B.S.W.	Assistant Dean, Graduate Medical Education
Edwin D. Taylor, M.A.	Assistant Dean for Admissions and Records
J. Sue Taylor, M.A.	Assistant Dean for Finance and Administration

Department Chairs

Theodoor Hagg, M.D., Ph.D.	Biomedical Sciences	David L. Wood, M.D., M.P.H.	Pediatrics
John P. Franko, M.D.	Family Medicine	Karl Goodkin, M.D., Ph.D.	Psychiatry & Behavioral Sciences
Charles A. Stuart, M.D. (Interim)	Internal Medicine	I. William Browder, M.D.	Surgery
Hans C. Haesslein, M.D. (Interim)	Obstetrics/Gynecology		
John B. Schweitzer, M.D.	Pathology		

FACULTY LISTING: EMERITUS

Bagnell, Philip C. (1991)
 Professor Emeritus, Pediatrics
 Dean of Medicine
 M.D., 1968, Dalhousie University, Nova Scotia

Baisden, Ronald H. (1978)
 Professor Emeritus, Biomedical Sciences
 B.S., 1968, and Ph.D., 1973, University of Florida

Bennard, Bruce C. (1990)
 Professor Emeritus, Family Medicine
 B.A., 1967, University of Massachusetts
 M.Ed., 1972, and Ph.D., 1989,
 University of North Carolina, Chapel Hill

Bonta, Bedford W. (1993)
 Professor Emeritus, Pediatrics
 A.B., 1965, Wesleyan University
 M.D., 1969, University of Pennsylvania School of Medicine

Champney, William S. (1982)
 Professor Emeritus, Biomedical Sciences
 Adjunct Faculty, Biological Sciences
 A.B., 1965, University of Rochester
 Ph.D., 1970, State University of New York at Buffalo

Chi, David S. (1980)
 Professor Emeritus, Internal Medicine
 B.S., 1965, National Chung Hsing University
 M.A., 1974, and Ph.D., 1977, University of Texas

Douglas, John E. (1980)
 Professor Emeritus, Internal Medicine
 B.A. 1959, Oberlin College
 M.D., 1963, Johns Hopkins University School of Medicine

Feierabend, Raymond H., Jr. (1982)
 Professor Emeritus, Family Medicine
 B.A., 1971, Amherst College
 M.D., 1975, Tulane University School of Medicine

Ferguson, Donald A., Jr. (1978)
 Professor Emeritus, Biomedical Sciences
 A.B., 1967, Clark University
 Ph.D., 1974, Syracuse University

Floyd, Michael R. (1989)
 Professor Emeritus, Family Medicine
 B.S., 1970, University of Georgia
 M.Ed., 1972, and Ed.D., 1982, Auburn University

Hancock, John (1977)
 Professor Emeritus, Pharmacology
 B.S., 1962 University of Missouri
 M.S., 1965; Ph.D., 1967; University of Texas

Herd, Kenneth (1978)
 Professor Emeritus, Pediatrics
 B.S., 1950, Rutgers University
 M.D., 1954, Cornell University Medical College

Hossler, Fred E. (1981)
 Professor Emeritus, Anatomy and Cell Biology
 B.S., 1963, Muhlenberg College
 M.S., 1965, Pennsylvania State University
 Ph.D., 1971, University of Colorado School of Medicine

Hougland, Margaret (1973)
 Professor Emeritus, Anatomy and Cell Biology
 B.S., 1961, Brigham Young University
 Ph.D., 1977, University of South Dakota

Kalwinsky, David K. (1990)
 Professor Emeritus, Pediatrics
 B.A., 1969, Temple University
 M.D., 1973, University of Pennsylvania School of Medicine

Lang, Forrest (1984)
 Professor Emeritus, Family Medicine
 B. A., 1967, University of Pennsylvania
 M.D., 1971, Hahnemann Medical College

Lowry, Kermit (1976)
 Professor Emeritus, Surgery
 B.A., 1955, University of Virginia
 M.D., 1959, Emory University School of Medicine

Miyamoto, Michael (1978)
 Professor Emeritus, Pharmacology
 B. A., 1966 and Ph.D., 1971
 Northwestern University

Nwosu, Uchenna (1990)
 Professor Emeritus, Obstetrics and Gynecology
 B.A., 1964 Harvard University
 M.D., 1968 Boston University

Rasch, Ellen M. (1978)
 Professor Emeritus, Anatomy and Cell Biology
 Adjunct Faculty, Biochemistry
 Ph.B., 1945, B.S., 1947, M.S., 1948,
 and Ph.D., 1950, University of Chicago

Rasch, Robert W. (1977)
 Professor Emeritus, Physiology
 B.S., 1950 and M.D., 1951, Northwestern University
 Ph.D., 1959, University of Chicago

Ridgeway, Nathan A. (1979)
 Professor Emeritus, Internal Medicine
 B.S., 1953, Furman University
 M.D., 1957, Duke University

Sarubbi, Felix (1987)
 Professor Emeritus, Internal Medicine
 Chief, Division of Infectious Disease
 Assistant Dean/Director of Medical Education
 B.S., 1965, Manhattan College
 M.D., 1969, New York University School of Medicine

Shephard, F. Mike (1977)
 Professor Emeritus, Pediatrics
 B.S., 1956; M.D., 1959; Vanderbilt University

Sinensky, Michael S. (1995)
 Professor Emeritus, Biochemistry & Molecular Biology
 Adjunct Faculty, Internal Medicine
 B.A., 1966, Columbia College
 Ph.D., 1972, Harvard University

Skalko, Richard G. (1977)
 Professor Emeritus, Anatomy and Cell Biology
 A.B., 1957, Providence College
 M.S., 1959, St. John's University
 Ph.D., 1963, University of Florida

Smith, J. Kelly (1979)
 Professor Emeritus, Internal Medicine
 B.A., 1957, Cornell University
 M.D., 1960, Cornell University Medical College

Turner, Barbara B. (1982)
 Professor Emeritus, Physiology
 B.A., 1967; M.A., 1970, Immaculate Heart College
 Ph.D., 1974, University of California

Vaught, James E. (1997)
 Professor Emeritus, Psychiatry
 B.S., 1957, Indiana State University
 D.D.S., 1961, Indiana University School of Medicine

Votaw, May L. (1978)
 Professor Emeritus, Internal Medicine
 A.B., 1952, Hope College
 M.D., 1956, University of Michigan

Wyrick, Priscilla (2000)
 Professor, Biomedical Sciences
 B.S., 1963, M.S., 1967, and Ph.D., 1971,
 University of North Carolina, Chapel Hill

Wilson, Jim L. (1995)
 Professor Emeritus, Family Medicine
 A.B., 1966, Washington University, St. Louis
 M.D., 1970, University of Missouri

Woodruff, Michael L. (1979)
 Professor Emeritus, Anatomy and Cell Biology
 Vice Provost for Research
 A.B., 1969, University of Michigan
 M.S., 1971; Ph.D., 1973, University of Florida

FACULTY LISTING: FULL-TIME

Abercrombie, Caroline L. (2010)
Assistant Professor, Biomedical Sciences
M.D., 2008, Mercer University School of Medicine

Acuff, Robert (2015)
Professor, Surgery
B.S., 1974, Louisiana State University
M.S., 1977; Ph.D., 1982, University of Tennessee

Adler, Christine M. (1991)
Clinical Assistant Professor,
Psychiatry and Internal Medicine
B.S., 1984, University of Santa Clara
Ph.D., 1989, State University of New York
M.D., 1990, Ohio State University

Agrawal, Alok (2002)
Professor, Biomedical Sciences
B.S., 1981, M.Sc., 1984, Banaras Hindu University, India
Ph.D., Visva Bharati University, India

Aiken, Todd (2007)
Assistant Professor, Pediatrics
B.A., 2000, Carson-Newman College
M.D., 2004, Quillen College of Medicine

Albalbissi, Kais (2008)
Assistant Professor, Internal Medicine
M.D., 2002, Jordan University

Alison, Judaun (1994)
Associate Professor, Surgery
B.A., 1985, University of Tennessee
M.D., 1989, ETSU Quillen College of Medicine

Anand, Rajani (1991)
Professor, Pediatrics
M.D., 1982, University of Mysore, India

Anderson, Daniel (2010)
Assistant Professor, Surgery
B.S., 2000, University of Nebraska
M.D., 2004, University of North Dakota

Assad, Norman A., (2005)
Associate Professor, Obstetrics and Gynecology
M.D., 1966, The University of Western Ontario

Auerbach, John (2015)
Professor, Psychiatry
A.B., 1980, Brown University
M.A., 1984; Ph.D., 1988, State University of New York

Avonda, Thomas R. (2006)
Assistant Professor, Family Medicine
M.D., 1993, Louisiana State University

Bailey, Beth (2003)
Associate Professor, Family Medicine
Director of Primary Care Research
B.S., 1988, University of Michigan, Flint
M.A., 1995, and Ph.D., 2001,
Wayne State University, Detroit, Michigan

Bajaj, Kailash (2015)
Assistant Professor, Internal Medicine
M.B.B.S., 2004, Kasturba Medical College
M.P.H., 2006, East Tennessee State University

Beatty, John (2013)
Assistant Professor, Surgery
B.S., 2001, Valdosta State University
M.D., 2006, Mercer University School of Medicine

Beaumont, Eric
Associate Professor, Biomedical Sciences
B.S., 1998, Ph.D., 2003
University of Montreal

Bharti, Des R. (1990)
Professor, Pediatrics
Adjunct Faculty, Obstetrics/Gynecology
M.B.B.S., 1973, J.N. Medical College, Aligarh University
M.B.A., 2000; M.P.H., 2004,
East Tennessee State University

Bharti, Gaurav (2012)
Assistant Professor, Surgery
B.S., 2002, East Tennessee State University
M.D., 2006, ETSU Quillen College of Medicine

Bird, Martha A. (2009)
Associate Professor, Psychiatry
B.M., 1979, University of Kentucky
M.D., 1982, University of Kentucky College of Medicine

Bishop, Thomas W. (2012)
Assistant Professor/Clinical Psychologist, Family Medicine
Psy.D., 1998, Wheaton College

Blackwelder, Reid (1992)
Professor, Family Medicine
Director of Medical Student Education
B.S., 1980, Haverford College
M.D., 1984, Emory University

Bockhorst, Peter (2003)
Assistant Professor, Family Medicine
Medical Director, Kingsport Family Medicine
B. A., 1996, University of New Mexico
D.O., 2001, Des Moines University

Borja, Neil (2015)
 Assistant Professor
 B.A., 1995, East Tennessee State University
 M.A., 2004, Yosan University of Chinese Medicine
 D.O., 2011, A.T. Still University School of Medicine, Arizona

Breuel, Kevin F. (1992)
 Associate Professor, Obstetrics and Gynecology
 Adjunct Faculty, Biomedical Sciences
 Clinical Associate Professor, Pathology
 B.S., 1982, Western Illinois University
 M.S., 1985, Clemson University
 Ph.D., 1991, West Virginia University

Browder, I. William (1990)
 Professor and Chair, Surgery
 B.S., 1967, M.D., 1971, Tulane University

Brown, Earl J. (1987)
 Professor, Pathology
 B.S., 1977, McNeese State University
 M.D., 1981, Louisiana State University School of Medicine

Brown, George (1994)
 Professor, Psychiatry
 Program Manager, Health Care Outcomes
 VA Central Office
 B.S., 1979, M.D., 1983, University of Rochester

Brummel, Mark K. (2008)
 Assistant Professor, Family Medicine
 B.S., 1999, Northern Illinois University
 D.O., 2004, Chicago College of Osteopathic Medicine

Byrd, Ryland P., Jr., (1995)
 Professor, Internal Medicine
 B.A., 1978, Wake Forest University
 M.D., 1985, University of Kentucky

Campbell, Sharon (2003)
 Assistant Professor, Biomedical Sciences
 B.S., 1992, East Tennessee State University
 Ph.D., 2000, ETSU Quillen College of Medicine

Caritt, Peggy Sue (2012)
 Assistant Professor, Family Medicine
 B.S., 2004, Shorter College of Georgia
 M.D., 2009, Medical College of Georgia

Chakaborty, Kanisha (2010)
 Clinical Instructor, Internal Medicine
 M.D., 2003, Medical College Calcutta

Chastain, David O. (2001)
 Professor, Pediatrics
 B.A., 1973, University of Mississippi, Oxford
 M.D., 1977, University of Mississippi School of Medicine

Chandraiah, Shambhavi (2015)
 Professor, Psychiatry
 B.S., 1978; M.D., 1980
 Memorial University of Newfoundland Medical School

Chatelain, Ryan (2009)
 Assistant Professor, Surgery
 B.S., 2002, University of Southern Mississippi
 D.P.M., 2006, Barry University

Chua, Balvin H.L. (1995)
 Professor, Quillen Chair of Excellence
 Adjunct Faculty, Biomedical Sciences
 B.S., 1969, National Taiwan University
 M.S., 1971, Ph.D., 1975, University of Wisconsin

Clarity, Gregory E. (1995)
 Associate Professor, Family Medicine
 Program Director, Bristol
 B.E., 1982, The Cooper Union
 M.D., 1993, Quillen College of Medicine

Click, Ivy (2013)
 Assistant Professor, Family Medicine
 B.S., 2001, M.A., 2005, Ed.D, 2013
 East Tennessee State University

Cline-Parhamovich, Karen (2009)
 Assistant Professor, Pathology
 B.G.S, 1996, Kent State University
 D.O., 2002, Ohio University
 College of Osteopathic Medicine

Cobble, A. Diane (1998)
 Professor, Surgery
 B.S., 1989, East Tennessee State University
 M.D., 1993, ETSU Quillen College of Medicine

Conner, Patricia (2011)
 Assistant Professor, Family Medicine
 Medical Director, Bristol
 B.A., 1973 and B.S.N., 1985
 University of Tennessee—Chattanooga
 M.D., 2005, ETSU Quillen College of Medicine

Cook, Cathleen (2013)
 Assistant Professor, Pediatrics
 B.S., 2003, University of Georgia-Athens
 M.D., 2007, Pennsylvania State University
 College of Medicine

Copeland, Rebecca J. (1992)
 Associate Professor, Internal Medicine
 B.S., 1976, M.A., 1978, East Tennessee State University
 M.D., 1982, University of Tennessee College of Medicine

Culp, John S. (1986)
 Associate Professor, Family Medicine, Bristol
 B.S., 1976, East Tennessee State University
 M.D., 1980, University of Alabama School of Medicine

FACULTY: FULL-TIME

Defoe, Dennis M. (1996)
Professor, Biomedical Sciences
B.A., 1974, University of Colorado, Boulder
Ph.D., 1981, University of California, Los Angeles

DeLucia, Anthony J. (1977)
Professor, Surgery; Adjunct Faculty, Environmental Health
B.A., 1970, Ph.D., 1974, University of California

Denham, James W. (2010)
Assistant Professor, Biomedical Sciences
M.D., 2002, Louisiana State University Medical School

DeVoe, William M. (1992)
Professor and Interim Chair, Pediatrics
Adjunct Faculty, Obstetrics and Gynecology
B.A., 1974, Miami University
M.D., 1977, Ohio State University College of Medicine

Duffourc, Michelle M. (1998)
Associate Professor, Biomedical Sciences
Adjunct Faculty, Internal Medicine
B.S., 1985, Ph.D., 1993, University of South Alabama

Eberhart, Anne H. (2003)
Associate Professor, Surgery
B.A., 1985, Converse College, Spartanburg, SC
M.D., 1999, ETSU Quillen College of Medicine

Ecay, Tom W. (1995)
Professor, Biomedical Sciences
B.S., 1980 and Ph.D., 1986, Boston College

Elgazzar, Mohamed (2011)
Assistant Professor, Internal Medicine
M.S., 1991, Tanta University, Egypt
Ph.D., 2002, Kumamoto University

Elliott, Harold (2011)
Associate Professor, Psychiatry
M.D., 1989, Medical University of South Carolina

Feit, Richard (2006)
Professor, Section of Medical Education
M.D., 1975, Albany Medical College, Union University

Ferslew, Kenneth E. (1982)
Professor, Biomedical Sciences
Clinical Assistant Professor, Pathology
B.S., 1975, and M.S., 1976, University of Florida
Ph.D., 1982, Louisiana State University School of Medicine

Finger, William (1997)
Professor, Psychiatry and Behavioral Sciences
B.A., 1983, University of Virginia
M.D., 1987, Ph.D., 1989, University of Missouri, Columbia

Florence, Joseph A. IV (2002)
Professor/Director of Rural Programs,
Family Medicine
B.A., 1974, Duke University

JAMES H. QUILLEN COLLEGE OF MEDICINE 2015-2016

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M.D., 1980, Medical College of Virginia

Floresguerra, Carlos A. (1994)
Professor, Surgery
Adjunct Faculty, Family Medicine
1975, Colegio Americano, Quito, Ecuador
M.D., 1982, Universidad Del Salvador Medical School,
Argentina

Fox, Beth A. (2003)
Associate Professor, Family Medicine
Director of Graduate Medical Education
B.S., 1978, M.P.H.A., 1991, University of Tennessee-
Knoxville
M.D., 1998, ETSU Quillen College of Medicine

Franko, John P. (2007)
Professor and Chair, Family Medicine
B.S., 1978, University of Notre Dame
M.D., 1982, University of Virginia

Garrett, William A. (2006)
Assistant Professor, Family Medicine
B.A., 1972, Washington and Lee University
M.A., 1978, B.S., 1980, East Tennessee State University
M.D., 1987, Medical University of South Carolina

Geraci, Stephen A. (2013)
Professor and Chair, Internal Medicine
B.S., 1978, Pennsylvania State University
M.D., 1980, Jefferson Medical College
Thomas Jefferson University

Gerayli, Fereshteh (2005)
Associate Professor, Family Medicine
M.D., 1981, University of Mashad School of Medicine

Gibson, Jennifer (2012)
Assistant Professor, Pediatrics
B.S., 2005, Clemson University
M.D., 2009 ETSU Quillen College of Medicine

Gilbert, Anna (2015)
Assistant Professor, Internal Medicine
B.S., 1995 East Tennessee State University
M.S., 1997 Eastern Virginia Medical School
M.D., 2002 ETSU Quillen College of Medicine

Gilbert-Green, Jacalyn Paige (2013)
Assistant Professor, Family Medicine
B.S., 2006, University of Virginia-Wise
D.O., 2010, Edward Via Virginia
College of Osteopathic Medicine

Ginn, David (1982)
Associate Professor, Internal Medicine
B.A., 1975, M.D., 1979, University of Minnesota

Goodkin, Karl (2015)
 Professor and Chair, Psychiatry
 B.A., 1973, Williams College
 M.D., Ph.D., 1978, University of Miami

Ha, Tuanzhu (1992)
 Instructor, Surgery
 M.D., 1977, M.S., 1987, Nanging Medical College

Haaser, Richard C. (1997)
 Assistant Professor, Psychiatry and Behavioral Sciences
 B.S., 1980, University of Notre Dame
 M.D., 1984, Tufts University School of Medicine

Hagg, Theo
 Professor, Chair, Biomedical Sciences
 B.S., University of Amsterdam
 M.S., M.D., University of Leiden
 Ph.D., University of California-San Diego

Hall, Jennifer (2011)
 Assistant Professor, Biomedical Sciences
 Ph.D., 2000, East Tennessee State University

Hamdy, Ronald C. (1985)
 Professor; Chair, Cecile Cox Quillen
 Chair of Excellence in Geriatrics and Gerontology
 Adjunct Faculty, Family Medicine
 Adjunct Faculty, Psychiatry/Division of Clinical Nutrition
 M.B.Ch.B., 1968, and D.M., 1971, University of Alexandria
 M.R.C.P., 1973, Royal College of Physicians, England

Hanley, Greg (2007)
 Clinical Assistant Professor, Biomedical Sciences
 D.V.M., 1993; Ph.D., 1998; University of Florida-Gainesville

Hansen, Dianne, M.D. (1995)
 Assistant Professor, Psychiatry and Behavioral Sciences
 B.A., 1981, University of California, Los Angeles
 M.D., 1985, University of California, San Diego

Hansen, Shannon (2015)
 Assistant Professor, Psychiatry
 B.A., 1997, East Tennessee State University
 M.D., 2008, ETSU Quillen College of Medicine

Harris, Erin (2005)
 Assistant Professor, Family Medicine
 B.S., 1997, Radford University
 M.D., 2004, ETSU Quillen College of Medicine

Harrison, Theresa (2006)
 Associate Professor, Biomedical Sciences
 B.S., 1973, Tufts University
 Ph.D., 1979, Harvard University

Hayman, J. Russell (2002)
 Associate Professor, Biomedical Sciences
 B.S., 1987, Mississippi College
 Ph.D., 1995, University of Mississippi School of Medicine

Haynes, Daniel F. (1994)
 Professor, Surgery
 B.A., 1981, University of Dallas
 M.D., 1985, Tulane University

Hecht, David (2015)
 Assistant Professor/Associate Dean for Veterans Affairs
 B.S., 1992, University of Virginia
 M.D., 1996, Robert Wood Johnson Medical School

Heiman, Diana (2012)
 Associate Professor, Family Medicine
 M.D., 1998, Case Western Reserve University
 School of Medicine

Hendrick, John P. (2004)
 Associate Professor, Psychiatry and Behavioral Sciences
 Chief of Psychiatry, Veterans Affairs Medical Center
 B.A., 1977, Pfeiffer University
 M.D., 1982, Medical College of Virginia

Herrell, Howard (2008)
 Assistant Professor, Obstetrics and Gynecology
 B.S., 2000, University of Tennessee-Knoxville
 M.D., 2004, ETSU Quillen College of Medicine

Hollinger, Shawn (2015)
 Assistant Professor, Pediatrics
 M.D., 2008 Saba University Netherlands Antilles

Holmes, Sheri L. (2005)
 Assistant Professor, Obstetrics and Gynecology
 B.S.N., 1989, East Tennessee State University
 M.D., 2001, ETSU Quillen College of Medicine

Holt, James D. (2001)
 Professor, Family Medicine
 Clinical Assistant Professor, Internal Medicine
 Program Director, Johnson City
 A.B., 1978, Princeton University
 M.D., 1982, University of Maryland School of Medicine

Hoover, Donald B. (1978)
 Professor, Biomedical Sciences
 B.S., 1972, Grove City College
 Ph.D., 1976, West Virginia University

Huffaker, R. Keith (2009)
 Assistant Professor, Obstetrics and Gynecology
 B.S., 1997, Tennessee Technological University
 M.D., 2002, ETSU Quillen College of Medicine
 M.B.A., 2011, University of Tennessee-Knoxville

Ibrahim, Lamis W.
 Assistant Professor, Internal Medicine
 M.B.B.S., 2003, Beirut Arab University

Jaishanker, Gayatri (2008)
 Associate Professor, Pediatrics
 M.B.B.S., 1991, India

FACULTY: FULL-TIME

Jaishanker, Devapiran (2008)
Associate Professor, Internal Medicine
M.B.B.S., 1991, Madras Medical College

Jernigan, T. Watson (2002)
Professor/Chair, Obstetrics and Gynecology
B.A., 1971, Denison University
M.D., 1975, West Virginia University
M.A., 2005, East Tennessee State University

Jia, Cuihong (2015)
Research Assistant Professor, Biomedical Sciences
B.S., 1991; M.S., 1994, Northeast Normal University
M.S., 2004; Ph.D., 2007, Loyola University

Johnson, David A. (1978)
Professor, Biomedical Sciences
Adjunct Faculty, Biological Sciences
B.S., 1967, and Ph.D., 1973, Memphis State University

Johnson, Leigh (2015)
Assistant Professor, Family Medicine
B.S., 2000, Dartmouth College
M.D., 2006, ETSU Quillen College of Medicine

Jones, Roger (2008)
Clinical Professor, Internal Medicine
B.A., 1973, Louisiana State University
M.D., 1977, Vanderbilt

Joyner, William L. (1989)
Professor, Biomedical Sciences
Adjunct Faculty, Internal Medicine
B.S., 1965, Davidson College
M.S.P.H., 1967, and Ph.D., 1971
University of North Carolina

Kalbfleisch, John H. (1988)
Professor, Section of Medical Education
Director, Division of Biometry and Medical Computing
Adjunct Faculty, Obstetrics/Gynecology
B.S., 1965, and M.A., 1966, Western Michigan University
Ph.D., 1970, University of Oklahoma

Kao, Race L. (1992)
Professor, Surgery
Chair, Carroll H. Long Chair of Excellence in
Surgical Research
Adjunct Faculty, Physiology
B.S., 1965, National Taiwan University, Taiwan
M.S., 1971, and Ph.D., 1972, University of Illinois

Kelly, Paul R. (2005)
Assistant Professor, Psychiatry and Behavioral Sciences
B.S., 1967, Medical College of Ohio
M.A., 1975, University of Northern Colorado
M.D., 1982, University of South Carolina, Columbia

JAMES H. QUILLEN COLLEGE OF MEDICINE 2015-2016

Kimbrough, Barbara O. (1980)
Professor, Surgery; Director, Division of Ophthalmology
B.S., 1972, Iowa State University
M.D., 1976, Mayo Medical School

Klopfenstein, Kathryn J. (2006)
Professor, Pediatrics
B.S., 1974, Wright State University
M.D., 1987, University of Arizona

Kostrzewa, Richard M. (1978)
Professor, Biomedical Sciences
B.S., 1965, and M.S., 1967,
Philadelphia College of Pharmacy and Science
Ph.D., 1971, University of Pennsylvania

Krishnan, K. (2004)
Associate Professor, Internal Medicine
M.B.B.S., 1979, University of Madras, India
M.D., 1984, Institute of Medical Education and Research,
Chandigarh, India

Kruppa, Michael (2007)
Assistant Professor, Biomedical Sciences
B.S., 1992, St. Mary's University, San Antonio
Ph.D., 2000, University of Texas Health Science Center

Kwasigroch, Thomas E. (1979)
Professor, Biomedical Sciences
Associate Dean for Student Affairs
Assistant Dean for Curriculum
Director, Anatomical Gift Program
Adjunct Professor, Department of Physical Therapy
B.S., 1967, Niagara University
Ph.D., 1976, University of Virginia

Laiwala, Rushiraj
Assistant Professor, Psychiatry and Behavioral Sciences
M.B.B.S., 2007 Government Medical College, India

Lasky, Tiffany (2006)
Associate Professor, Surgery
B.S., 1993, Grand Valley State University
M.S., 1995, Grand Valley State University
D.O., 2000, Michigan State University

Lavine, Steven J. (2014)
Professor, Chief of Cardiology, Internal Medicine
A.B., 1972, M.D., 1976, Temple University

Lee, Joseph, M.D., (2006)
Associate Professor, Surgery
B.A., 1994, Harvard University
M.D., 1998, Temple University School of Medicine

Leicht, Stuart S. (1984)
Professor, Internal Medicine
Chief, Division of Dermatology
B.A., 1974, State University of New York
M.D., 1978, Emory University School of Medicine

Li, Chuanfu (1997)
 Professor, Surgery
 Adjunct Faculty, Biomedical Sciences
 M.S., 1978, M.D., 1986, Nanjing Medical University

Li, Guangyu (2012)
 Assistant Professor, Internal Medicine
 1997, M.D., 2002, M.S., 2003, Ph.D.,
 Fourth Military Medical University, Xi'an, China

Linville, M. David, Jr., (2002)
 Associate Dean, Graduate Medical Education
 Associate Professor, Section of Medical Education
 Adjunct Faculty, Biomedical Sciences,
 Obstetrics/Gynecology, Physical Therapy
 (College of Public and Allied Health)
 B.S., 1995, University of Tennessee
 M.D., 2000, ETSU Quillen College of Medicine

Loyd, Stephen D. (2001)
 Clinical Associate Professor, Internal Medicine
 B.A., 1989, University of Tennessee, Knoxville
 M.D., 1999, ETSU Quillen College of Medicine

Lucas, Melinda A. (2007)
 Associate Professor, Pediatrics
 B.A., 1975, Maryville College
 M.S., 1976, University of Tennessee, Knoxville
 M.D., 1981, University of Tennessee

Lura, Theresa (1988)
 Associate Professor, Section of Medical Education
 B.S., 1980, Milligan College
 M.D., 1984, ETSU Quillen College of Medicine

Macariola, Demetrio (2007)
 Assistant Professor, Pediatrics
 B.S., 1985; M.D., 1990, Divine World University

Macmillan, Patrick J. (2009)
 Assistant Professor, Internal Medicine
 B.S., 1998, University of Southern Indiana
 M.D., 2004, Ross University School of Medicine

Masian, Nicole (2008)
 Assistant Professor, Pathology
 New York Medical College

McCarley, Jill (2015)
 Assistant Professor, Psychiatry
 B.S., 1995, University of Tennessee
 M.D., 1999, ETSU Quillen College of Medicine

McGowen, K. Ramsey (1986)
 Professor, Psychiatry
 B. A., 1975, Auburn University
 M.S., 1977, Auburn University
 Ph.D., 1981 Auburn University

McKenzie, Tamra (2013)
 Assistant Professor, Surgery
 B.S., 1997, Howard University
 M.D., 2001, University of Houston

Mehta, Jayantilal B. (1977)
 Professor, Internal Medicine
 Chief, Division of Preventive Medicine and Epidemiology
 M.S., 1963, University of Baroda, India
 M.B.B.S., 1969, Government Medical College, Baroda, India

Miller, Merry N. (1995)
 Professor, Psychiatry and Behavioral Sciences
 B.S., 1975, Southwestern at Memphis
 M.S., 1983, M.D., 1983, University of Tennessee, Memphis

Mills, Debra (2000)
 Professor, Pediatrics
 B.A., 1988, University of Tennessee, Knoxville
 M.D., 1993, ETSU Quillen College of Medicine

Modica, Louis
 Professor, Surgery
 B.A., 1974, Columbia College
 M.D., 1980, State University of New York College of Medicine

Monaco, Paul J. (1987)
 Professor, Biomedical Sciences
 B.A., 1974, Merrimack College
 M.S., 1977, and Ph.D., 1982, Marquette University

Moore, Jason B. (2002)
 Associate Professor, Family Medicine
 B.A., 1995, Miami University, Oxford, Ohio
 M.D., 1999, Ohio State University College of Medicine

Moore, Norman C. (2006)
 Professor, Psychiatry and Behavioral Sciences
 M.B.Ch.B., 1994, M.D., 1972, Queen's University, Belfast

Moorman, Jonathan P. (2001)
 Professor, Internal Medicine
 B.S., 1987, Loyola College, Baltimore
 M.D., 1991, Ph.D., 2003, University of Virginia

Moser, Michele R. (2006)
 Associate Professor
 Psychiatry and Behavioral Sciences
 B.A., 1983, Augustana College
 M.A. 1987, Ph.D., 1992, Miami University

Mullersman, Jerald (1986)
 Associate Professor, Pathology
 B.A., 1978, M.D./Ph.D., 1986, University of Florida

Musich, Phillip R. (1980)
 Professor, Biomedical Sciences
 Adjunct Faculty, Biological Sciences
 B.S., 1968, Creighton University
 Ph.D., 1973, University of Chicago

FACULTY: FULL-TIME

Myers, James W. (1994)
 Professor, Internal Medicine
 B.S., 1981, East Tennessee State University
 M.D., 1985, Wake Forest University

Ning, Shunbin
 Assistant Professor, Internal Medicine
 B.S., 1996; Ph.D., 2001, Wuhan University

Nunley-Gorman, Diana (1987)
 Associate Professor, Internal Medicine
 B.A., 1979, Carson Newman College
 M.D., 1983, ETSU Quillen College of Medicine

Olive, Kenneth E. (1989)
 Executive Associate Dean, Academic and Faculty Affairs
 Professor, Internal Medicine
 Adjunct Faculty, Obstetrics/Gynecology
 B.S., 1977, Duke University
 M.D., 1982, East Carolina University School of Medicine

Olsen, Martin E. (1992)
 Professor, Obstetrics and Gynecology
 Adjunct Faculty, Pediatrics
 B.S., 1981, Muskingum College
 M.D., 1985, Medical School of Ohio

Ordway, Gregory A. (2005)
 Professor, Biomedical Sciences
 Adjunct Faculty, Psychiatry
 B.S., 1980, Ph.D., 1985, Ohio State University

Ossorio, Miguel (1996)
 Associate Professor, Internal Medicine
 M.D., 1979, University of Centro Occidental, Venezuela

Ozment, Tammy (2009)
 Assistant Professor, Surgery
 B.S., 1994, Tennessee Technological University
 D.V.M., 1998, University of Tennessee
 Ph.D., 2006 East Tennessee State University

Pandian, Shantha (2001)
 Assistant Professor, Psychiatry and Behavioral Sciences
 M.D., 1994, Kasturba Medical College, India

Parks, Matt
 Clinical Assistant Professor, Internal Medicine
 B.S., 1996, East Tennessee State University
 M.S., 2001, ETSU Quillen College of Medicine

Patel, Paras (2008)
 Assistant Professor, Internal Medicine
 M.B.B.S., 1995, B.J. Medical College

Paul, Timir K. (2012)
 Assistant Professor, Internal Medicine
 M.B.B.S., 1997, Dhaka Medical College
 M.P.H., 2001, Ph.D., 2008
 School of Public Health and Tropical Medicine

JAMES H. QUILLEN COLLEGE OF MEDICINE 2015-2016

Paulsen, Leif
 Assistant Professor, Family Medicine
 B.S., 1999, Brigham Young University
 M.D., 2005, Medical College of Wisconsin

Pierce, Deidra (2012)
 Assistant Professor, Internal Medicine
 B.S., 1998, West Virginia University
 M.A., 2004, Seaton Hall University
 M.D., 2008, ETSU Quillen College of Medicine

Popescu, Marcela (2009)
 Assistant Professor, Pediatrics
 B.S.N., 1986, School of Public Health, Romania
 M.D., 1992, University of Medicine and Pharmacy, Romania

Ramu, Vijay (2010)
 Associate Professor, Internal Medicine
 M.B.B.S., 1993, Bangalore Medical College

Riley, Phillip Jay (2006)
 Associate Professor, Surgery
 B.S., 1989, and M.S., 1992, University of Florida
 M.S., 1995, and D.P.M., 1997, Barry University

Robinson, Mitchell E. (1985)
 Professor, Biomedical Sciences
 Associate Dean for Graduate Studies
 Adjunct Faculty, Biological Sciences
 B.S., 1976, University of North Carolina
 M.S., 1978, Western Carolina University
 Ph.D., 1983, Wake Forest University School of Medicine

Rogers, Mailien
 Clinical Assistant Professor, Internal Medicine
 B.S., 2001, East Tennessee State University
 D.O., 2006, West Virginia School of Osteopathic Medicine

Rose, Douglas J. (2002)
 Associate Professor, Family Medicine
 Director of Clinical Sciences
 B.S., 1990, Saint Francis University, Loretto, Pennsylvania
 M.D., 1995, Jefferson Medical College,
 Thomas Jefferson University

Rouse, Ann M. Gebka (2004)
 Assistant Professor, Obstetrics and Gynecology
 B.S., 1996, University of Miami College of Engineering
 M.D., 2000, University of Miami School of Medicine

Rowe, Brian P. (1981)
 Professor, Biomedical Sciences
 B.S., 1974, and Ph.D., 1977, University of Southampton

Rusinol, Antonio E. (1996)
 Associate Professor, Biomedical Sciences
 B.Sc., 1983, and Ph.D., 1990,
 National University of Tucuman

Sarkodie, Olga (2008)
 Assistant Professor, Obstetrics and Gynecology
 M.D., 1990, Minsk State Medical Institute
 Law, 1998, Academy of Administration
 Under the Council of Ministers of Belarus

Schacht, Thomas E. (1985)
 Professor, Psychiatry and Behavioral Sciences
 B.A., 1973, Connecticut College
 Psy.D., 1980, Rutgers University

Schambra, Uta B. (1993)
 Associate Professor, Biomedical Sciences
 B.S., 1960, Apothekerkammer, Germany
 M.S., 1965, Niedersachsischer Sozialminister, Germany
 Ph.D., 1988, UNC-Chapel Hill

Schetzina, Karen (2003)
 Associate Professor, Pediatrics
 B.A., 1993, M.D., 1997, and M.P.H., 2001,
 University of North Carolina, Chapel Hill

Scheuerman, Eugene
 Associate Professor, Pathology
 B.S., 1970; M.D., 1973, University of Memphis

Schoborg, Robert V. (1994)
 Professor, Biomedical Sciences
 B.S., 1985, Oklahoma State University
 Ph.D., 1991, University of Missouri

Schweitzer, John B. (1999)
 Professor and Chair, Pathology
 B.S., 1974, M.D., 1978, Washington University

Shah, Darshan (2008)
 Associate Professor/Interim Vice Chair, Pediatrics
 B.S., 1985, Diwan Ballubhai Madhyamis School, Philippines
 M.D., 1989, Smt. NHL Municipal Medical College, India

Shah, Rupal (2012)
 Assistant Professor, Internal Medicine
 M.B.B.S., 1993, BJ Medical School

Shams, Wael E. (2004)
 Associate Professor, Internal Medicine
 M.B., Ch.B., 1991, and M.D., 2001,
 University of Alexandria, Egypt

Shurbaji, M. Salah (1990)
 Professor, Pathology
 B.S., 1979, M.S., 1981, M.D., 1984
 American University of Beirut, Lebanon

Siffring, Corydon (2006)
 Associate Professor, Surgery
 B.A., 1977, John Wesley College
 M.D., 1986, University of South Alabama

Singh, Krishna (2002)
 Professor, Biomedical Sciences
 Adjunct Assistant Professor, Internal Medicine
 B.S., 1980, Maharishi Dayanand University, Rohtak, India
 M.D., 1983, and Ph.D., 1987, Haryana Agril University
 Hisar, India

Sloan, Patrick (1979)
 Professor, Psychiatry
 Adjunct Faculty, Internal Medicine
 B.A., 1969, Fairmont State College
 M.S., 1976, and Ph.D., 1978, Ohio University

Smith, Steven M. (1998)
 Assistant Professor, Internal Medicine
 B.S., 1980 East Tennessee State University
 M.D., 1985 ETSU Quillen College of Medicine

Southerland, Elizabeth M. (1998)
 Assistant Professor, Biomedical Sciences
 D.V.M., 1987, University of Tennessee
 M.P.H., 2007, East Tennessee State University

Spencer, Ariel (2011)
 Assistant Professor, Surgery
 B.S., 1997, Pensacola Christian College
 M.D., 2011, Columbia University

Stanton, Paul (1985)
 President Emeritus
 Professor, Surgery
 B.A., 1965, Emory University
 M.D., 1969, Medical College of Georgia

Steffey, Phillip L. (1998)
 Instructor, Psychiatry
 B. A., 1983, Carson-Newman College
 M.Div., 1987, Southern Theological Seminary
 M.S.W., 1994, Eastern Carolina University

Stockwell, Glenda F. (2004)
 Assistant Professor/Clinical Psychologist, Family Medicine
 B.S., 1979, Ph.D., 1987, Indiana State University,
 Terre Haute
 M.S., 1980, Danville VA Medical Center, Danville, Illinois

Stoltz, Amanda (2013)
 Assistant Professor, Family Medicine
 B.S., 2001, King College
 M.D., 2005, ETSU Quillen College of Medicine

Stone, William L. (1989)
 Professor, Pediatrics
 B.S., 1966, M.S., 1968, Marshall University
 Ph.D., 1972 State University of New York

Stuart, Charles A. (2000)
 Professor/Vice Chair, Internal Medicine
 B.S., 1967, and M.D., 1971, State University of New York

FACULTY: FULL-TIME

Summers, Jeffrey A. (2000)
Professor, Internal Medicine
B.S., 1979, Hobart College
M.D., 1982, Ohio State University College of Medicine

Szebeni, Attila (2010)
Assistant Professor, Biomedical Sciences
M.S., 1975; M.D., 1978; Ph.D., 1981,
Medical University of Szeged

Szebeni, Katalin (2005)
Assistant Professor, Biomedical Sciences
M.D., 1978, Medical University of Szeged, Hungary

Taylor, Lesli (2005)
Professor, Surgery
B.A., 1975, Boston University
M.D., 1981, Johns Hopkins School of Medicine

Teixeira, Otto (2009)
Clinical Associate Professor, Pediatrics
M.D., 1964, Federal University of Bahia, Brazil

Testerman, George (1999)
Associate Professor, Surgery
Clinical Associate Professor, Family Medicine
B.S., 1975, Vanderbilt University
M.D., 1978, University of Tennessee College of Medicine

Thewke, Douglas P. (1996)
Associate Professor
Biomedical Sciences
M.Sc., 1990, Central University of Pondicherry
M.Phil., 1992, and Ph.D., 1995,
Central University of Hyderabad

Townsend, Thomas (1991)
Professor, Family Medicine
B.S., 1969, Hendrix College
M.D., 1973, University of Arkansas School of Medicine

Tudiver, Fraser G. (2001)
Professor, Family Medicine
Clinical Professor, Internal Medicine
B.S., 1968, McGill University
B.Med.Sc., 1971, and M.D., 1973
Memorial University of Newfoundland

Tuell, Dawn S. (2004)
Associate Professor, Pediatrics
B.S., 1997, Emory University
M.D., 2001, ETSU Quillen College of Medicine

Urbain, Timothy (2010)
Assistant Professor/Clinical Psychologist, Family Medicine
B.S., 1976, University of Illinois
A.A.S., 1978, Community College of the Air Force
M.Ed., 1980, University of Oklahoma
Ph.D., 1987, M.B.A., 1993, University of Illinois

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Vermette, Heidi S. (2008)
Assistant Professor, Psychiatry
B.S., 1993, Tarleton State University
M.D., 1997, Texas Tech University School of Medicine

Walden, Rachel
Associate Professor/Associate Dean for Learning Resources
B.A., 2000, Oberlin College
ALA, MLIS, 2006, University of Pittsburgh

Wallace, Richard L. (2000)
Professor, Medical Library and Learning Resources Assistant
Director
M.A., 1986, Columbia Graduate School of Bible and Missions
M.S.Div., 1990, Mid-America Baptist Theological Seminary
M.S.L.S., 1994, University of Tennessee
M.A.O.M., 1998, Tusculum College
Ed.D., 2007, M.P.H., 2014, East Tennessee State University

Walters, David N. (1989)
Professor, Surgery
Director, Division of General Surgery and Surgical Oncology
B.S., 1973, University of Wyoming
M.D., 1977, Medical College of Georgia

Wattad, Ahmad A. (1990)
Professor, Pediatrics
M.D., 1977, Padova University, Italy

Welt, Selman (2009)
Professor, Obstetrics and Gynecology
B.S., 1968, College of William and Mary
M.D., 1972, University of North Carolina

Whaley, Martha (2000)
Associate Professor, Learning Resources
Technical Services Coordinator/
History of Medicine Librarian
B.S., 1973, East Tennessee State University
M.L.S., 1974 Emory University

Williams, David L. (1991)
Professor, Surgery
Adjunct Faculty, Biomedical Sciences
B.S., 1974, Kentucky Wesleyan College
Ph.D., 1985, Tulane University

Wundergem, Robert (1978)
Professor, Biomedical Sciences
B.S., 1972, Calvin College
Ph.D., 1977, The Medical College of Wisconsin

Wood, David
Professor and Chair, Pediatrics
A.B., 1977, Harvard University
M.D., M.P.H., 1982, UCLA Schools of Medicine and Public
Health

Wooten, Daniel Jr. (1995)
 Professor, Surgery
 B.S., Lafayette College, Pennsylvania
 M.D., 1965, Meharry Medical College

Wright, Gary (2009)
 Associate Professor, Biomedical Sciences
 Ph.D. 1998, Marshall University, Huntington, WV

Yao, Zhi Qiang (2006)
 Associate Professor, Internal Medicine
 M.D., 1985; Ph.D., 1991
 Fourth Military Medical University, China

Yin, Deling (2003)
 Associate Professor, Internal Medicine
 Adjunct Faculty, Biomedical Sciences
 M.D., 1987, Taishan Medical College, Shandong
 Ph.D., 1995, Shanghai Medical University

Young, Mark F. (1992)
 Professor, Internal Medicine
 B.S., 1981, East Tennessee State University
 M.D., 1985, ETSU Quillen College of Medicine

Youngberg, George A. (1980)
 Professor, Pathology; Adjunct Faculty, Internal Medicine
 B.A., 1973, Lake Forest College
 M.D., 1977, Northwestern University Medical School

Youseff, Dima (2011)
 Assistant Professor, Internal Medicine
 B.S., 1998 and M.D., 2004
 Lebanese University

Zakaria, Wael N. (1994)
 Professor, Internal Medicine
 B.S., 1977, M.D., 1983, University of Jordan

Zhu, Meng-Yang
 Associate Professor, Biomedical Sciences
 M.D., 1977; M.S., 1982, Soochow University
 School of Medicine
 Ph.D., 1993, University of Saskatchewan

Zou, Yue (2001)
 Professor, Biomedical Sciences
 B.S., 1982, Chengdu University of Science and Technology
 M.S., 1985, Dalian Institute of Chemical Physics,
 Chinese Academy of Sciences
 PH.D., 1991, Clark University, Worcester, Massachusetts

Zouras, Wendy
 Clinical Assistant Professor, Psychiatry
 B.S., 1992, Loyola University
 M.S., 1996, University of Chicago
 M.D., 2000, Rush Medical College

Note: List includes VA faculty who are highly instrumental in College of Medicine teaching programs.

FACULTY LISTING: PART-TIME/VOLUNTEER

Abkes, Bruce (2011)
Clinical Assistant Professor, Surgery
M.D., 1999, University of Iowa

Adada, Haytham (2011)
Clinical Assistant Professor, Internal Medicine
M.B.B.S., 2002, University of Pittsburgh

Adams, Joseph (2013)
Clinical Assistant Professor, Pediatrics
B.S., 2000, University of Georgia-Athens
M.D., 2004, Medical College of Georgia

Aiken, Marc A. (1993)
Clinical Professor, Surgery
B.S., 1979, Mississippi State University
M.D., 1988, University of Mississippi Medical Center

Alison, Harold (2004)
Clinical Professor, Internal Medicine
B.S., 1965, University of Tennessee, Knoxville
M.D., 1969, University of Tennessee, Memphis

Allen, William Paul (2000)
Clinical Associate Professor, Pediatrics
Biomedical Sciences
M.D., 1979, Medical University of South Carolina

Alwani, Anita (2009)
Assistant Professor, Internal Medicine
MBBS, 1990, Topiwala National Medical College, India

Anderson, Joy (2007)
Clinical Assistant Professor, Family Medicine
M.D., 2002, University of Texas

Armour, John Andrew
Clinical Assistant Professor
B.S., 1958, McGill University
M.D., 1963, University of Western Ontario Medical School
Ph.D., 1973, Loyola University Graduate School

Asmar, Phillip (2004)
Clinical Assistant Professor, Surgery
B.A., 1986, University of Texas
M.S., 1992, Emory University
M.D., 1996, Medical College of Georgia

Atia, Antwan (2010)
Clinical Instructor, Internal Medicine
M.D., 2001, Cairo University

Atyia, Atif (2010)
Clinical Assistant Professor, Section of Medical Education
M.D., 1982, University of Cairo

Baharestsani, Mona (2009)
Clinical Assistant Professor, Surgery
B.S.N., 1984, East Tennessee State University

M.S.N., 1986, Hunter College
Ph.D., 1993, Adelphi University

Banks, Jerry Burton II (2000)
Clinical Associate Professor, Family Medicine
B.A., 1985, Wake Forest University
M.S., 1988, Western Carolina University
M.D., 1992, East Carolina University School of Medicine

Barklow, Thomas A. (2011)
Clinical Assistant Professor, Pathology
M.D., 2003, Ross University School of Medicine

Barnes, Charles (2000)
Clinical Professor, Surgery
B.S., 1986, Furman University
M.D., 1990, University of Florida

Baron, Michael (1996)
Clinical Professor, Internal Medicine
B.A., 1967, Brooklyn College
M.D., 1971, State University of New York at Buffalo
School of Medicine and Biomedical Sciences

Bartee, Zeld Powers (1988)
Clinical Instructor, Family Medicine
B.S.W., 1986 and M.A., 1988 East Tennessee State University

Battle, J. Wayne, Jr. (2003)
Clinical Professor, Surgery
B.A., 1961, and M.D., 1965, University of North Carolina

Baumrucker, Steven (1992)
Clinical Assistant Professor, Family Medicine
M.D., 1986, University of North Carolina, Chapel Hill

Beasey, Matthew D. (2003)
Clinical Assistant Professor, Family Medicine
B.S., 1988, University of Kentucky School of Pharmacy
M.D., 1994, University of Kentucky School of Medicine

Beaver, Richard (1986)
Clinical Professor, Surgery
Director, Division of Orthopedic Surgery
B.S., 1963, M.D., 1967, University of Tennessee

Becker, Teresa A. (1992)
Clinical Instructor, Pediatrics
B.S.N., 1980, East Tennessee State University
M.S.N., 1995, University of Tennessee-Knoxville

Bennett, Donald (2013)
Clinical Assistant Professor, Surgery
B.A., 1975, St. Louis University
M.A., 1981, Johns Hopkins University
M.D., 1989, St. Louis University School of Medicine

Benson, Paul M. (2005)
Clinical Assistant Professor, Pediatrics
M.D., 1978, Tulane School of Medicine

Berry, Boyce M. (1978)
Clinical Professor, Pediatrics
B.S., 1962, Wofford College
M.D., 1966, Medical College of South Carolina

Bevins, Rachel (2012)
B.S., 2001, Cumberland College
D.O., 2007, Pikeville College of Osteopathic Medicine

Birkitt, Glen (2004)
Clinical Assistant Professor, Surgery
B.S., 1981, Emory & Henry College
M.D., 1985, Medical College of Virginia

Bischoff, Paul A. (1992)
Clinical Assistant Professor, Pediatrics
M.D., 1986, Baylor College of Medicine

Blanton, Robert (1998)
Clinical Professor, Surgery
Ph.D., 1985; M.D., 1989; Medical College of Virginia

Boccarossa, Gerry (2013)
Clinical Assistant Professor, Section of Medical Education
B.S., 1980, Fairfield University
D.O., 1985, University of Osteopathic Medicine and Health Sciences, Des Moines University

Bochis, Melania (2002)
Assistant Professor, Internal Medicine
B.S., 1992, University of West Florida
M.D., 1999, Quillen College of Medicine

Boggs, Bruce D. (2005)
Clinical Assistant Professor, Family Medicine
B.S., 1998, East Tennessee State University
M.D., 2003, ETSU Quillen College of Medicine

Bolick, Charles (2011)
Clinical Assistant Professor, Family Medicine
M.D., 1987, University of North Carolina-Chapel Hill

Bonfardin, Brian (1995)
Clinical Assistant Professor, Psychiatry & Behavioral Sciences
B.A., 1985, University of Tennessee, Knoxville
M.D., 1990, East Tennessee State University
Quillen College of Medicine

Borel, Terry C. (1986)
Clinical Assistant Professor, Psychiatry & Behavioral Sciences
B.A., 1975, M.D., 1978, Kansas University

Borthwick, Thomas R. (1981)
Clinical Professor, Internal Medicine

B.S., 1967, Pennsylvania State University
M.D., 1971, Jefferson Medical College

Bossaer, Larissa (2010)
Clinical Assistant Professor, Family Medicine
Pharm.D., 2007, Virginia Commonwealth School of Pharmacy

Bowling, Gretchen H. (2009)
Clinical Instructor, Family Medicine
M.D., 2007, Texas Tech University

Boyce, Robert (2012)
Clinical Assistant Professor, Surgery
M.D., 1996, Vanderbilt University

Boyle, J. William (2002)
Clinical Assistant Professor, Obstetrics and Gynecology
M.D., 1975, Loma Linda University

Bozeman, II, Charles H. (2008)
Clinical Assistant Professor, Family Medicine, Section of Medical Education
M.D., 1975, University of Tennessee School of Medicine

Bradley, M. Bart (2005)
Clinical Assistant Professor, Family Medicine
B.S., 1989, University of Notre Dame
M.D., 1993, Indiana University School of Medicine

Brantner, Jim (2002)
Clinical Assistant Professor, Surgery
B.S., 1967, U.S. Military Academy, West Point
M.S., 1969, California Institute of Technology
M.D., 1977, Emory University School of Medicine

Breeding, Larry Todd (2010)
Clinical Assistant Professor, Internal Medicine
M.D., 1992, Medical College of Virginia

Bridgforth, William A., Jr. (1980)
Clinical Assistant Professor, Pediatrics
B.S., 1970, East Tennessee State University
M.D., 1974, University of Tennessee College of Medicine

Brockmyre, Andrew P. (1996)
Clinical Assistant Professor, Family Medicine
B.S., 1989, M.D., 1994, Michigan State University

Brooks, Sandra (1993)
Clinical Associate Professor, Pathology
M.D., 1988, ETSU Quillen College of Medicine

Brotherton, Deanna R. (2000)
Clinical Assistant Professor, Family Medicine
B.S., 1994, East Tennessee State University
M.D., 1997, ETSU Quillen College of Medicine

Broyles, Lisa (2008)
Clinical Assistant Professor, Family Medicine

FACULTY: PART-TIME/VOLUNTEER

B.A., 2000, University of North Carolina-Chapel Hill
M.D., 2004, Brody School of Medicine

Brown, Janet (1987)
Clinical Associate Professor, Surgery
B.S., 1978, McNeese State University
M.D., 1982, Louisiana University School of Medicine

Brown, Joseph (2004)
Clinical Assistant Professor, Surgery
B.S., 1986, Wheeling, Jesuit College
M.D., 1990, University of Virginia

Brown, Paul G. (1995)
Clinical Assistant Professor, Family Medicine
B.S., 1978, Hampden Sydney College
M.D., 1982, Virginia Commonwealth University
Medical College of Virginia

Brown, Russ (2008)
Clinical Associate Professor, Biomedical Sciences
B.S., 1992, University of Oklahoma
M.A., 1995; Ph.D., 1998, University of Kentucky

Brown, Steve D. (2007)
Adjunct Assistant Professor, Psychiatry
B. A., 1973, University of Tulsa
M.S., 1980; Ph.D., 1984
Oklahoma State University

Buchanan, Jerry V. (1990)
Clinical Assistant Professor. Psychiatry &
Behavioral Sciences
B.A., 1973, University of North Carolina
M.S.W., 1975, University of Georgia
Ph.D., 1984, University of Southern Mississippi

Buie, Stephen E. (2006)
Clinical Assistant Professor, Psychiatry &
Behavioral Sciences
B.A., 1977, University of North Carolina
Ph.D., 1981, University of North Carolina

Bunning, Jeffrey W. (2005)
Clinical Assistant Professor, Family Medicine
B.S., 1996, Ohio University, Athens, Ohio
M.D, 2000, West Virginia University, Charleston

Burress, Jonathan (2008)
Assistant Professor, Internal Medicine
BS, 1991, Ohio Northern University
DO, 2000, West Virginia School of Osteopathic Medicine

Bush, Gary E. (2005)
Clinical Professor, Internal Medicine
B.S., 1979, University of Nebraska
M.D., 1984, American University of Caribbean

Byrd, David L. (2001)
Clinical Assistant Professor, Family Medicine

JAMES H. QUILLEN COLLEGE OF MEDICINE 2015-2016

B.S., 1983, East Tennessee State University
M.D., 1988, ETSU Quillen College of Medicine

Byrd, Jenny M. (2001)
Clinical Assistant Professor, Family Medicine
B.S., 1981, University of Tennessee, Knoxville
M.D., 1988, ETSU Quillen College of Medicine

Cabello, Olga Alicia (2006)
Associate Professor, Biomedical Sciences
B.A., 1985, Universidad Iberoamericana, A.C., Mexico, D.F.
M.D., 1987, Universidad Nacional Autonoma de Mexico,
Mexico, D.F.
Ph.D., 1994, Baylor College of Medicine, Houston, Texas

Calendine, Christopher L. (2000)
Clinical Assistant Professor, Pediatrics
B.S., 1993, Freed-Hardeman University
M.D., 1997, ETSU Quillen College of Medicine

Calhoun, McKenzie (2013)
Clinical Assistant Professor, Family Medicine
Pharm.D., 2011, East Tennessee State University
Gatton College of Pharmacy

Capparelli, Edward W. (1995)
Clinical Assistant Professor, Family Medicine
B.S., 1975, Massachusetts Institute of Technology
M.D., 1979, Mount Sinai School of Medicine

Carlsen, Jeffrey O. (2004)
Clinical Assistant Professor, Pediatrics
B.S., 1995, Idaho State University
M.D., 1999, University of Utah

Carr, Henry (2011)
Clinical Professor, Internal Medicine
M.D., 1967, Vanderbilt University

Carrillo, Amy (2009)
B.S., 1999, Eastern Kentucky University
D.O., 2004, Pikeville College of Osteopathic Medicine

Carver, Mark (2011)
Clinical Assistant Professor, Surgery
M.D., 1990, University of Tennessee

Castro, Sandra (2008)
Clinical Associate Professor, Pediatrics
B.S., 1979, University of Miami
M.D., 1984, Yale University Medical School

Caudle, Scott O. (1986)
Clinical Associate Professor, Surgery
B.A., 1973, University of Tennessee
M.D., 1977, University of Tennessee College of Medicine

Chakaborty, Ranjan (2006)
Adjunct Assistant Professor, Internal Medicine
B.S., 1979, Gujarat University, India

M.S., 1981, M.S. University, India
Ph.D., 1993, S.P. University, India

Chambers, Joe (1998)
Clinical Assistant Professor, Surgery
O.D., 1970, Southern College of Optometry

Champney, Gregory (2012)
Clinical Assistant Professor, Surgery
B.S., 2000, Vanderbilt University
M.D., 2005, ETSU Quillen College of Medicine

Chaudhary, Humera (2005)
Clinical Assistant Professor, Pathology
Premedical Education, 1979
Government College for Women
M.D., 1987, Fatima Jinnah Medical College for Women

Chisholm, Joel
Assistant Professor, Psychiatry and Behavioral Sciences
M.D., East Carolina Brody School of Medicine

Clark, Terrence P. (2001)
Clinical Associate Professor, Psychiatry
B.S., 1968, St. John's University
M.D., 1973 Baylor College of Medicine

Clayton, Buddy J. (1996)
Clinical Assistant Professor, Family Medicine
B.S., 1976, University of Nebraska
M.A., 1989, Webster University;
M.D., 1994, ETSU Quillen College of Medicine

Clemons, Annette (2003)
Adjunct Assistant Professor, Biomedical Sciences
B.S., 1990, M.S., 1993, Appalachian State University
Ph.D., 1998, East Tennessee State University

Clemons, Donald E. (2003)
Clinical Assistant Professor, Family Medicine
B.S., 1967, M.D., 1971, Louisiana State University

Clemons, Robert J. (2002)
Clinical Associate Professor, Pediatrics
B.S., 1994, University of Tennessee, Knoxville
M.D., 1998, ETSU Quillen College of Medicine

Cline, Jennifer Anderson (2009)
Clinical Assistant Professor, Family Medicine
M.D., 2004, University of Tennessee School of Medicine

Clough, John R. (2003)
Clinical Assistant Professor, Family Medicine
B.S., 1978, Andrews University,
M.D., 1982, Loma Linda University School of Medicine

Colburn, Kenneth L. (2003)
Clinical Assistant Professor, Family Medicine
B.A., 1977, Andrews University,
M.D., 1980, Loma Linda University School of Medicine

Cole, Charles (2007)
Associate Professor, Internal Medicine
BS, 1967, University of Tennessee
MD, 1970, University of Tennessee

Colinger, Jason A. (2004)
Clinical Instructor, Family Medicine
B.A., 1998, University of North Carolina, Asheville
D.O., 2003, Pikeville College
School of Osteopathic Medicine

Collins, Sidney (2012)
Clinical Assistant Professor, Surgery
B.S., 1997, University of Arkansas
M.D., 2002, University of Arkansas College of Medicine

Colvett, Kyle (1996)
Clinical Professor, Surgery
Clinical Associate Professor, Internal Medicine
B.S., 1988, Harding University
M.D., 1992, ETSU Quillen College of Medicine

Colyar, Lee Allen (1996)
Clinical Assistant Professor, Family Medicine
A.S., 1985, Motlow State Community College
B.S., 1987, Middle Tennessee State University
M.D., 1993, St. George University School of Medicine

Combs, Landon S. (2002)
Clinical Associate Professor, Pediatrics
B.S., 1990, East Tennessee State University
M.D., 1994, ETSU Quillen College of Medicine

Combs, Stephen P. (2002)
Clinical Professor, Pediatrics
Clinical Assistant Professor, Family Medicine
B.S., 1988, East Tennessee State University
M.D., 1992, ETSU Quillen College of Medicine

Conner, Patricia S. (2011)
Assistant Professor, Family Medicine
BSN, 1985, University of Tennessee
M.D., 2005, East Tennessee State University

Cook, Jerome (1993)
Clinical Assistant Professor, Psychiatry &
Behavioral Sciences
B.A., 1984, Davidson College
M.S., 1987, and Ph.D., 1992, Vanderbilt University

Cooperstein, Elizabeth (1999)
Clinical Assistant Professor, Family Medicine
B.S., 1992, Meredith College
M.D., 1997, ETSU Quillen College of Medicine

Cornwell, Kevin (2008)
Clinical Instructor, Internal Medicine
M.D., 2003, East Tennessee State University

Corradina, Gregory (2014)
Clinical Assistant Professor, Surgery

FACULTY: PART-TIME/VOLUNTEER

B.S., 1971, George Mason University
M.D., 1982, University of Virginia School of Medicine

Correll, Geoffrey (1999)
Clinical Assistant Professor, Family Medicine
B.A., 1990, Furman University,
M.D., 1994, University of South Carolina
School of Medicine

Costello, Patrick N. (2000)
Clinical Assistant Professor, Pathology
M.B., B.Ch., B.A.O., 1992, University College,
Dublin, Ireland

Cote, Rebekah J. (1998)
Clinical Assistant Professor, Family Medicine
B.A., 1991, Southwestern Adventist College
D.O., 1996, University of North Texas Health Center

Cox, Alan L. (2011)
Clinical Assistant Professor, Section of Medical Education
M.D., 2009, Medical College of Georgia

Coyle, Brent R. (2002)
Clinical Associate Professor, Psychiatry &
Behavioral Sciences
B.A., 1982, Concordia College
M.D., 1986, University of Minnesota Medical School

Craven, Bickley (1996)
Clinical Assistant Professor, Family Medicine
B.S., 1978, University of Tennessee
M.D., 1982, University of Tennessee College of Medicine

Crawford, Amylyn Lane (2003)
Clinical Assistant Professor, Family Medicine
B.G.S., 1996, M.D., 2001, East Tennessee State University
Quillen College of Medicine

Creekmore, Freddy (2008)
Clinical Associate Professor, Internal Medicine
BS, 1989, PharmD, 1990 University of Kentucky

Cress, Margaret L. (2002)
Clinical Instructor, Family Medicine
B.S., 1974, East Tennessee State University
M.A., 1999, Johnson Bible College, Knoxville, Tennessee

Cross, Brian (2010)
Clinical Assistant Professor, Family Medicine
Pharm.D., 2000, University of Tennessee-Memphis

Crowder, Brenda (1998)
Clinical Assistant Professor, Obstetrics and Gynecology
B.A., 1979, Depauw University
M.D., 1983, Indiana University

Culligan, Julie W. (2009)
Clinical Assistant Professor, Psychiatry
B.A., 1989, Washington and Jefferson College

JAMES H. QUILLEN COLLEGE OF MEDICINE 2015-2016

M.Ed., 1993, Oklahoma City University
Ph.D., 1997, State University of New York at Buffalo

Cunnington, Laura Ann (2011)
Clinical Assistant Professor, Family Medicine
M.D., 2004, University of Nevada School of Medicine

Cutshall, Kenneth E. (1992)
Clinical Professor, Surgery
B.A., 1983, M.D., 1987, University of Tennessee

D'Aprile-Lubrano, Joann W. (2000)
Associate Professor, Family Medicine
B.S., 1990, Mollow College, NY
M.S., 1986, S.U.N.Y. at Stony brook
D.O., 1997, Nova-Southeastern University of the
Health Sciences, Fort Lauderdale, Florida

Dale, Stephen (1980)
Clinical Professor, Surgery
B.A., 1973, Southern Illinois University
B.S., College of Podiatric Medicine

Dalle-Ave, Mark J. (2003)
Clinical Assistant Professor, Family Medicine
B.A., 1981, Indiana University
M.D., 1990, Escuela Autonoma de Ciencias Medcas
de Centro America

Darling, Ian (2004)
Clinical Assistant Professor, Surgery
B.S., 1985, McGill University Montreal Canada
M.D., 1989, ETSU Quillen College of Medicine

DaSilva, Marco (2006)
Clinical Assistant Professor, Family Medicine
M.D., 1979, Federal University of Rio Grande do Sul, Brazil

Davenport, James L. (2007)
Clinical Assistant Professor, Biomedical Sciences
B.S., 1998, East Tennessee State University
M.D., 2000, ETSU Quillen College of Medicine

Davenport, Mary Jo (2008)
Clinical Assistant Professor, Biomedical Sciences
B.S., 1973, University of Michigan
M.S., 1990, Vanderbilt University

Defluiter, Beth (2005)
Clinical Assistant Professor, Surgery
M.D., 2000, ETSU Quillen College of Medicine

Dengler, John M. (2002)
Clinical Assistant Professor, Psychiatry &
Behavioral Sciences, & Biomedical Sciences
Clinical Professor, Internal Medicine
B.S, 1982, Andrews University, Michigan
M.D., 1986, Michigan State University College of Medicine

Digby, Justin (2002)
Clinical Assistant Professor, Surgery

B.A., 1993, University of New Orleans
M.D., 1997, University of Oklahoma College of Medicine

Dillon, Harold 'Corky' III (2012)
Clinical Assistant Professor, Surgery
M.D., 1993, ETSU Quillen College of Medicine
M.B.A., 2011, East Tennessee State University

Dobbins, Dorothy C. (1990)
Adjunct Assistant Professor, Family Medicine
B.S.W., 1970, East Tennessee State University
M.S.W., 1974, University of Tennessee, Knoxville
Ph.D., 1987, Case Western Reserve University

Doherty, Mark (2013)
Clinical Assistant Professor, Surgery
B.S., 1978 University of Vermont
M.D., 1982, University of Vermont College of Medicine

Donowitz, Arlene (2008)
Clinical Assistant Professor, Internal Medicine
BS, 1976, University of Michigan Internal Medicine
MD, 1980, George Washington University
School of Medicine

Dray, Chad (2009)
Clinical Assistant Professor
Obstetrics and Gynecology
B.S., 1999, Berry College
M.D., 2003, Mercer University School of Medicine

Dray, Gregory J. (2005)
Clinical Assistant Professor, Psychiatry &
Behavioral Sciences
B.S., 1970, North Carolina State University
M.D., 1973, Ohio State University
M.A., 1998, Lenoir-Rhyne College of Medicine

Duck, Dennis (2010)
Clinical Assistant Professor, Section of Medical Education
M.D., 1987, University of Tennessee-Memphis

Duggal, Sonia (2008)
Clinical Instructor, Family Medicine
M.D., 2000, Indira Gandhi Medical College, India

Dula, Chris (2011)
Clinical Associate Professor, Family Medicine
Ph.D., 2003, Virginia Polytechnic Institute &
State University

Dulebohn, Scott (2008)
Clinical Assistant Professor, Surgery
B.A., 1983; M.D., 1989, University of Missouri

Earl, Peter C. (2009)
Clinical Assistant Professor, Family Medicine
M.D., 1984, University of Colorado Health Science Center

Easton, Brian T. (2011)
Clinical Assistant Professor, Family Medicine
M.D., 1997, University of Virginia

Ebeo, Celso (2007)
Clinical Assistant Professor, Internal Medicine
M.D., 1994, Cebu Institute of Medicine

Edenfield, Mark (2001)
Clinical Assistant Professor, Surgery
B.Ch.E., 1978, Georgia Institute of Technology
M.D., 1982, University of Tennessee

Ehrenfried, John (2000)
Clinical Professor, Surgery
B.S., 1987, M.D., 1991, University of Nebraska

El Abbassi, Adel (2010)
Clinical Instructor, Internal Medicine
M.D., 2001, Beirut Arab University

El Bazouni, Hadi (2006)
Assistant Professor, Internal Medicine
M.D., 2002, Lebanese University, Lebanon

El Minaoui, Wael (2012)
Clinical Assistant Professor, Internal Medicine
M.B.B.S., 2003, Beirut Arab University

Elliott, Lizanne (2014)
Clinical Instructor, Family Medicine
M.S.N., King College

Ensley, Harry (1999)
Clinical Associate Professor, Surgery
M.D., 1976, Harvard University

Estes, Michelle (2013)
Clinical Assistant Professor, Pediatrics
B.A., 1999, Carson Newman College
M.D., 2003, ETSU Quillen College of Medicine

Evans, James (1999)
Clinical Associate Professor, Surgery
B.S., 1978, Creighton University
M.D., 1983, St. Louis University School of Medicine

Falasca, Gerald F. (2012)
Clinical Assistant Professor, Section of Medical Education
M.D., 1984, New Jersey Medical School

Farmer, Margaret F. (1997)
Clinical Associate Professor, Pediatrics
A.B., 1982, Bryn Mawr College
M.A., 1984, University of Chicago
Ph.D., 1985, Duke University
M.D., 1991, University of North Carolina, Chapel Hill

Farrow, Jeff (2007)
Clinical Associate Professor, Internal Medicine

FACULTY: PART-TIME/VOLUNTEER

BS, 1981, Baylor University
MD, 1985, University of New Mexico

Fenley, John D. (1991)
Clinical Assistant Professor, Psychiatry
B.S., 1991, Christian Brothers College
M.D., 1987, ETSU Quillen College of Medicine

Fenyves, Jeffrey (2003)
Clinical Assistant Professor, Family Medicine
B.S., 1981, University of North Carolina, Chapel Hill
M.D., 1985, Bowman Gray/Wake Forest University

Fischer, Judith (1989)
Clinical Assistant Professor, Obstetrics/Gynecology
B.A., 1969, Southern Methodist University
M.D., 1975, University of Texas Health Sciences Center

Fisher, Sheldon H. (1990)
Clinical Assistant Professor, Obstetrics and Gynecology
B.B.A., 1972, Ohio University
D.O., 1981, Kansas City College of Osteopathic Medicine

Fitzpatrick, Samuel R. Jr. (2004)
Clinical Instructor, Family Medicine
B.S., 1993, East Tennessee State University
2002, American College of Acupuncture and
Oriental Medicine

Fleenor, Michael R. (1993)
Clinical Assistant Professor, Surgery
B.S., 1975, Virginia Military Institute
M.D., 1979, Medical College of Virginia

Fletcher, Andrew (2008)
Clinical Assistant Professor, Pathology
M.D., 2002, Mercer University School of Medicine

Fletcher, Teresa (2004)
Clinical Instructor, Psychiatry and Behavioral Sciences
B.A., 1977, University of Tennessee, Knoxville
M.A., 1993, East Tennessee State University

Flores, Emily (2009)
Clinical Assistant Professor, Family Medicine
Pharm. D., 2007 University of South Carolina

Floyd, Nathan (2011)
Clinical Assistant Professor, Surgery
M.D., 1999, ETSU Quillen College of Medicine

Foley, Charles (2006)
Clinical Assistant Professor, Surgery
B.S., 1985, M.D., 1996, University of Connecticut

Forrest, Terry (2004)
Clinical Associate Professor, Internal Medicine
B.S., 1977, St. Mary's College
M.D., 1986, Indiana University School of Medicine

JAMES H. QUILLEN COLLEGE OF MEDICINE 2015-2016

Fowler Scott R. (2001)
Clinical Assistant Professor, Family Medicine
B.A., 1981, Earlham College
M.D., 1989, Medical College of Georgia, Augusta

Fowler, Todd Alan (1993)
Clinical Assistant Professor, Family Medicine
B.S., 1983, Austin Peay State University
M.D., 1989, University of Texas Health Science Center

Francisco, Mary P. (1998)
Clinical Assistant Professor, Pediatrics
B.S., 1984, University of Georgia
M.D. 1988, ETSU Quillen College of Medicine

French, Jason (2010)
Clinical Instructor, Family Medicine
M.D., 2008, ETSU Quillen College of Medicine

Frizzell, Peter G. (2001)
Clinical Assistant Professor, Psychiatry
B.S., 1977, Milligan College
M.S., 1982, Radford University
M.D., 1991 ETSU Quillen College of Medicine

Fullager, Timothy (2014)
Clinical Assistant Professor, Surgery
B.A., 1982, St. Lawrence University
M.D., 1986, Medical College of Virginia

Furrow, Paige (2013)
Clinical Assistant Professor, Surgery
B.S., 1992, University of South Carolina
M.S., 1996, Virginia Polytechnic Institute
M.D., 2004, University of Virginia School of Medicine

Gaddy, Alcia (2008)
Clinical Instructor, Pediatrics
B.S.N., 1995, East Tennessee State University
M.S.N., 2000, Medical University of South Carolina

Gangadharan, Venkat (2010)
Clinical Instructor, Internal Medicine
M.B.B.S., 2004, Sri Ramachandra Medical University

Ganote, Charles (1989)
Professor, Pathology
B.S., 1960, University of Cincinnati
M.D., 1965, Vanderbilt University School of Medicine

Garcia, Maria (2007)
Clinical Assistant Professor, Internal Medicine
M.D., 1993, University of the East Ramon Magsaysay

Garrett, Arthur (2009)
Clinical Professor, Pediatrics
A.B., 1961, Alabama College
M.D., 1977, University of South Alabama

Garrison, Matthew (2012)
Clinical Assistant Professor, Pediatrics

Pharm.D., 2003, West Virginia School of Pharmacy
M.D., 2007, West Virginia School of Medicine

B.S., 1967, University of Richmond
M.D., 1971, Medical College of Virginia

George, Jennifer (2011)
Clinical Assistant Professor, Internal Medicine
M.D., 1998, Medical College of Georgia

Greene, T.C. (1991)
Clinical Assistant Professor, Surgery
B.S., 1971, M.D., 1974, University of Tennessee

Gibson, Mary Jane (2011)
Clinical Assistant Professor, Section of Medical Education
M.D., 1987 ETSU Quillen College of Medicine

Greenfield, Tyler (2014)
Clinical Assistant Professor, Surgery
B.A., 1980, Baylor University
M.D., 1984, University of Texas

Gill, Thomas (1996)
Clinical Associate Professor, Pediatrics
B.A., 1983, Rice University
M.D., 1987, Baylor College of Medicine

Griffin, Chad A. (2001)
Clinical Assistant Professor, Family Medicine
B.S., 1991, University of Tennessee, Knoxville
M.D., 1995, University of Tennessee, Memphis

Gilreath, Jesse (2011)
Clinical Instructor, Family Medicine
B.S., 2004, and M.S.W., 2006
East Tennessee State University

Griffith, Jay (2011)
Clinical Associate Professor, Psychiatry &
Behavioral Sciences
M.D., 1986, University of North Carolina-Chapel Hill

Goen, Tracy (2011)
Clinical Instructor, Family Medicine
M.D., 1995, Texas A&M College of Medicine

Grover, Bruce (2012)
Clinical Associate Professor, Internal Medicine
M.D., 1982, Medical College of Virginia

Goenka, Puneet (2002)
Clinical Assistant Professor, Internal Medicine
M.B.B.S., 1988, GMC Medical College, India

Grunstra, Bernard (1992)
Clinical Assistant Professor, Pediatrics
B.S., 1981, Oral Roberts University
M.D., 1985, University of Florida College of Medicine

Goldstein, Jack (2011)
Clinical Assistant Professor, Internal Medicine
M.D., 1984, St. Lucia Health Science University

Guzman, Luella (2011)
Clinical Assistant Professor, Pediatrics
B.S., 1984, The University of Houston—Clear Lake
M.D., 1993, UTMB-Gaveston School of Medicine

Gonzalez, George (2000)
Clinical Professor, Surgery
B.S., 1976, University of Southern Mississippi
M.D., 1980, University of Mississippi

Gwaltney, David N. (1985)
Clinical Professor, Surgery
B.A., 1974, Vanderbilt University
M.D., 1978, University of Arkansas School of Medicine

Goss, James (2001)
Clinical Associate Professor, Surgery
B.S., 1979, George Washington University
M.D., 1992, Medical College of Virginia

Halama, Scott (2009)
Assistant Professor, Internal Medicine
BS, 1987, Florida Atlantic Internal Medicine University
MD, 1991, Quillen College of Medicine

Graham, M. Anthony (1999)
Clinical Associate Professor,
Psychiatry & Behavioral Sciences
B.A., 1978, University of Virginia
M.D. 1982, Medical College of Virginia

Haley, Tony O. (1987)
Clinical Professor, Surgery
A.S., 1975, Young Harris Junior College
B.S., 1977, North Georgia College
M.D., 1982, Medical College of Georgia

Green, Douglass W. (1984)
Clinical Professor, Internal Medicine
B.S., 1975, University of Richmond
M.D., 1979, Medical College of Virginia

Hall, John Richard (2005)
Clinical Professor, Surgery
Clinical Associate Professor, Family Medicine
B.S., 1974, Stanford University, California
M.D., 1977, University of Arizona

Green, John A. (1984)
Clinical Professor, Internal Medicine
B.S., 1971, University of Richmond
M.D., 1975, Medical College of Virginia

Green, Thomas W., Jr. (1982)
Clinical Professor, Internal Medicine

Hallman, Jott (3012)
B.S., 1997, Virginia Polytechnic Institute
D.O., 2006, Nova Southeastern University

FACULTY: PART-TIME/VOLUNTEER

Hamati, Fawaz (2008)
Clinical Assistant Professor, Internal Medicine
BS, 1981, American University of Beirut
MD, 1985, American University of the Caribbean

Hamilos, David (2005)
Clinical Assistant Professor, Surgery
B.S., 1979, Illinois State University
M.S., 1983, Illinois College of Podiatric Medical School

Hanson, Wesley R. (1985)
Clinical Assistant Professor, Family Medicine
B.S., 1977, University of Wisconsin, Milwaukee
M.D., 1981, Medical College of Wisconsin

Harding, Robin
Clinical Assistant Professor, Section of Medical Education
M.D., 2009, ETSU Quillen College of Medicine

Harmon, Deana Lynn (2007)
Clinical Assistant Professor, Family Medicine
B.S., 1999, Marshall University
D.O., 2003, West Virginia School of Osteopathic Medicine

Harris, Robert (2009)
Clinical Professor, Surgery
B.S., 1983, West Point New York
M.D., 1987, University of Virginia School of Medicine

Harris, Wesley J. (1988)
Clinical Assistant Professor, Obstetrics and Gynecology
M.D., 1980, Southwestern Medical School

Hatch, Elaine (2012)
Clinical Assistant Professor, Section of Medical Education
M.D., 1988, ETSU Quillen College of Medicine

Hayel-Moghadam, Kamran (2010)
Clinical Assistant Professor, Psychiatry
M.D., 1996, Shar-e-Kord Faculty of Medicine, Iran

Haynes, Amy L. (2000)
Clinical Assistant Professor, Family Medicine
B.A., 1992, University of Tennessee, Chattanooga
M.D., 1999, ETSU Quillen College of Medicine

Hecht, David (2008)
Clinical Assistant Professor, Surgery
B.S., 1992, University of Virginia
M.D., 1996, Robert Wood Johnson Medical School

Hemphill, William (2006)
Adjunct Faculty, Obstetrics and Gynecology
B.S., 1981, University of Tennessee
M.D., 1992, East Tennessee State University

Henson, Donald (2003)
Clinical Assistant Professor, Psychiatry &
Behavioral Sciences
B.A., 1984, University of North Carolina, Asheville
M.D., 1988, East Tennessee State University

JAMES H. QUILLEN COLLEGE OF MEDICINE 2015-2016

Hereford, John (2002)
Clinical Professor, Obstetrics and Gynecology
M.D., 1979, University of Louisville

Herman, James (2005)
Clinical Assistant Professor, Surgery
B.S., 1987, and Ph.D., 1991, Colorado State University
M.D., 1993, University of Colorado School of Medicine

Highland, Robert (2011)
Clinical Assistant Professor, Section of Medical Education
M.D., 1990, University of Vermont

Hinshaw, Jacqueline M. (2005)
Clinical Instructor, Pediatrics
B.A., 1982, American University
B.S.N., 1986, Medical College of Virginia
M.S.N., 1992, East Tennessee State University

Hinton, Jeffrey (1998)
Clinical Assistant Professor, Obstetrics and Gynecology
B.A., 1979, Transylvania University
M.D., 1984, University of Kentucky

Hiremagalur, Shobha R. (2005)
Clinical Associate Professor, Family Medicine
M.B.B.S., 1985, Ghandi Medical College, Bhopal, MP, India

Hodge, Michael J. (1993)
Clinical Professor, Surgery
B.A., 1984, Vanderbilt University
M.D., 1988, University of Tennessee
College of Medicine

Hodshon, Courtney (2012)
B.S., 1999, Duke University
M.A., 2000, University of North Carolina
M.D., 2004 ETSU Quillen College of Medicine

Holbrook, John L. (1992)
Clinical Professor, Surgery
B.A., 1979, University of Virginia
M.D., 1983, Vanderbilt University Medical School

Hollandsworth, James (2011)
Clinical Assistant Professor, Section of Medical Education
M.D., 1990, West Virginia School of Medicine

Hopkins, Steven (2013)
Clinical Assistant Professor, Surgery
B.S., 1989, West Virginia University
M.D., 1993, West Virginia School of Medicine
M.S., 1999, University of Aleron

Hopland, Kenneth M. (2004)
Clinical Assistant Professor, Family Medicine
B.S., 1998, East Tennessee State University
M.D., 2002, ETSU Quillen College of Medicine

Horton, Deborah E. (2004)
Clinical Assistant Professor, Family Medicine

B.A., 1992, University of Louisville
 Masters, 1989, Southern Baptist Theological Seminary
 M.D., 1996, University of Louisville School of Medicine

Horton, Todd (2012)
 Clinical Assistant Professor, Surgery
 M.D., 1997, University of Southern California

Hoskere, Girendra (2008)
 Clinical Assistant Professor, Internal Medicine
 M.B.B.S., 1993 Kasturba Medical College

Hossler Fred E. (1981)
 Professor, Biomedical Sciences
 B.S., 1963, Muhlenberg College
 M.S., 1965, Pennsylvania State University
 Ph.D., 1971, University of Colorado School of Medicine

Houghton, Rodney (1998)
 Clinical Assistant Professor, Psychiatry &
 Behavioral Sciences
 Family Medicine
 B.S., 1971, Texas Tech University,
 M.D., 1976, University of Texas Health Science Center

Howell, Mark A. (1993)
 Clinical Associate Professor, Surgery
 M.D., 1979, University of Tennessee College of Medicine

Huddleston, Thomas L. (1993)
 Clinical Professor, Surgery
 M.D., 1984, University of Tennessee College of Medicine

Huddleston, W. Scott
 Clinical Assistant Professor,
 Psychiatry and Behavioral Sciences
 M.D., 2008 ETSU Quillen College of Medicine

Humston, Elizabeth Gordon (2013)
 Clinical Assistant Professor, Family Medicine
 B.S., 2004 Virginia Tech
 D.O., 2008 Edward Via Virginia
 College of Osteopathic Medicine

Hussey, Elizabeth (2012)
 Clinical Instructor, Pediatrics
 B.S.N., 1982, George Mason University
 M.N., 1994, Emory University

Hutchins, Christina R. (1993)
 Clinical Assistant Professor, Family Medicine
 B.S., 1984, East Tennessee State University
 M.D., 1990, University of Tennessee College of Medicine

Jain, Vinay (2007)
 Clinical Assistant Professor, Internal Medicine
 M.B.B.S., 1996, Maulan Azad Medical College, India

Jarjoura, Chadi (2011)
 Clinical Assistant Professor, Family Medicine
 M.D., 1992, St. Joseph University School of Medicine

Jeansonne, Susan (2011)
 Clinical Assistant Professor, Pediatrics
 M.D., 1999, LSU Health Sciences Center

Joffe, Raif (2010)
 Clinical Assistant Professor, Family Medicine
 M.S., 1980, Wayne State University
 M.P.H., 1982, University of Michigan
 D.O., 1987, Western University of Health Sciences

Jones, Aaron (2011)
 Clinical Instructor, Family Medicine
 D.O., 2009, Edward Via College of Osteopathic Medicine

Jones, David W. (1982)
 Clinical Associate Professor, Surgery
 B.S., 1967, Belmont College
 M.D., 1970, University of Tennessee College of Medicine

Kadam, Rajesh (2010)
 Clinical Assistant Professor, Psychiatry
 M.D., 1986, Seth G.S. Medical College and KEM Hospital

Kappa, Jeff (1991)
 Clinical Professor, Surgery
 B.A., 1978, and M.D., 1981, Duke University

Kauffman, William (2007)
 Clinical Associate Professor, Internal Medicine
 M.D., 1981, University of Kentucky

Kauzlarich, Michael (2002)
 Clinical Associate Professor, Family Medicine
 B.A., 1991 University of Iowa
 D.O., 1996, Des Moines University,
 College of Osteopathic Medicine

Keene, Melissa (2013)
 Clinical Assistant Professor, Pediatrics
 B.S., 2001, Virginia Polytechnic Institute
 M.D., 2005, Wake Forest University School of Medicine

Kembro, Ronald (2013)
 Clinical Assistant Professor, Surgery
 B.S., 2001, University of Central Florida
 D.O., 2005, Nova Southeastern
 College of Osteopathic Medicine

Kerley, Eric L. (2011)
 Clinical Assistant Professor, Section of Medical Education
 Ph.D., 1989, Texas A&M University
 M.D., 2001 ETSU Quillen College of Medicine

Kerrigan, James R. (2012)
 Clinical Professor, Pediatrics
 B.S., 1980, Penn State University-State College
 M.D., 1984, Pennsylvania State University
 College of Medicine—Hershey
 M.B.A./ 2009, University of North Carolina—Greensboro

FACULTY: PART-TIME/VOLUNTEER

Kimbrough, Stephen M. (1980)
Clinical Professor, Chief, Division of Neurology
Internal Medicine; Psychiatry and Behavioral Sciences;
Biomedical Sciences
B.S., 1972, Northwestern University
M.D., 1976, Mayo Medical School

King, J. Chad (1993)
Clinical Assistant Professor, Pathology
B.S., 1982, Virginia Military Institute
M.D., 1987, University of Virginia College of Medicine

Kirk, Richard (2008)
Clinical Instructor, Family Medicine
M.S.W., 1973, University of Arkansas

Kirschke, David (2003)
Clinical Assistant Professor, Internal Medicine
B.A., 1988, Boston College
M.D., 1996, University of Florida College of Medicine

Kitchens, Tammy L. (2009)
Clinical Assistant Professor, Psychiatry &
Behavioral Sciences
M.D., 1992, University of Kansas

Klosterman, Lance Alan (2011)
Clinical Assistant Professor, Internal Medicine
M.D., 1999, University of Cincinnati

Knapp, Renda K. (2011)
Clinical Assistant Professor, Family Medicine
M.D., 1996, University of South Florida School of Medicine

Knight, T.T., Jr. (1997)
Professor, Surgery
B.A., 1955, M.D., 1959, University of Louisville

Koella, Louis (2004)
Clinical Assistant Professor, Section of Medical Education
M.D., 1999, ETSU Quillen College of Medicine

Koeter, James
Clinical Assistant Professor, Section of Medical Education
B.S., 1997, Taylor University
M.D., 1981, Medical College of Wisconsin

Kolski, John, M.D. (2005)
Clinical Assistant Professor, Surgery
B.S., 1990, Loyola University
M.D., 1995, Southern Illinois University

Kramer, Andrew (2008)
Clinical Assistant Professor, Surgery
B.S., 1983, Dickinson College
D.O., 1987, New York College of Osteopathic Medicine

Krenk, Daniel (2009)
Clinical Assistant Professor, Surgery
B.S., 1994, Heidelberg College

JAMES H. QUILLEN COLLEGE OF MEDICINE 2015-2016

M.S., 1996, Medical College of Ohio
D.O., 2001, Lake Erie College of Osteopathic Medicine

Krozer-Hamati, Agnes (2007)
Clinical Associate Professor, Internal Medicine
BS, 1979, John Carroll University
MD, 1986, American University of the Caribbean

Kuriacose, Reena (2008)
Clinical Assistant Professor, Internal Medicine
M.D., 1992, Trichur Medical College

Lail, Sharon E. (1999)
Clinical Assistant Professor, Family Medicine
B.A., 1973, University of North Carolina
M.D., 1977, Medical College of Virginia

Lambert-Drwiega, April (2009)
Clinical Instructor, Internal Medicine
D.O., 2004, West Virginia Osteopathic School of Medicine

Lawson, Elizabeth A. (1986)
Clinical Associate Professor, Surgery
B.A., 1974, Denison University;
M.S., 1976, East Tennessee State University
M.D., 1980, University of Tennessee College of Medicine

Ledes, Christopher R. (2000)
Clinical Associate Professor, Pediatrics
B.A., 1989, University of Tennessee-Knoxville
M.D., 1995, ETSU Quillen College of Medicine

Levin, Barbara A. (1997)
Clinical Professor, Family Medicine
B.A., 1969, Stanford University
M.P.H., 1972, University of Texas-Houston
M.D., 1976, University of California School of Medicine

Lewis, Daniel S. (2008)
Clinical Assistant Professor, Family Medicine
M.D., 2004, ETSU Quillen College of Medicine

Lewis, Donald H. (1982)
Clinical Associate Professor, Pediatrics
B.S., 1975, University of Tennessee
M.D., 1979, University of Tennessee College of Medicine

Lewis, A. Evan (1998)
Professor, Internal Medicine
BS, 1972, University of Canterbury, New Zealand
MS, 1974, University of Canterbury
PhD, 1978, University of Auckland, New Zealand
MD, 1989, University of Miami Medical School

Lewis, Jeanne (2010)
Clinical Assistant Professor, Psychiatry
M.D., 2005, ETSU Quillen College of Medicine

Lewis, Samuel
Clinical Associate Professor, Obstetrics and Gynecology

B.A., 1979, University of Tennessee-Knoxville
M.D., 1983, University of Tennessee-Memphis

Lipman, Jonathan L. (2001)
Clinical Associate Professor, Psychiatry &
Behavioral Sciences
B.Sc., 1976, Hatfield Polytechnic, England
Ph.D., 1979, University of Wales
Institute of Science and Technology

Litton, John S. Jr. (2006)
Clinical Assistant Professor, Family Medicine
B.A., 1995, University of Virginia College at Wise
M.D., 2000, University of Virginia

Looney, Jeffrey (2007)
Clinical Assistant Professor, Family Medicine
B.S., 1988, Union University
M.D., 1998, University of Tennessee, Memphis

Lopez, Pablo (2011)
Clinical Instructor, Internal Medicine
M.D., 2003, The Pontifical Catholic University, Ecuador

Loria, Elvira L. (2001)
Clinical Assistant Professor, Internal Medicine
B.S., 1972, and M.D., 1976, University of Santo Thomas

Lorio, Morgan (2006)
Clinical Assistant Professor, Surgery
B.S., 1984, Louisiana State University
M.D., 1988, Louisiana State University Medical Center

Lowman, Douglas (1999)
Clinical Associate Professor, Surgery
M.D., 1972, University of South Carolina
Ph.D., 1977, Colorado State University

Lugo, Ralph (2006)
Adjunct Professor, Pediatrics
Pharm.D., 1991, University of North Carolina-Chapel Hill

Makres, Thomas D. (1981)
Clinical Associate Professor, Pediatrics
B.S., 1971, University of Richmond
M.D., 1974, University of Tennessee College of Medicine

Manginelli, Stephanie C. (1998)
Clinical Assistant Professor, Family Medicine
B.S., 1989, Queens College
M.D., 1993, ETSU Quillen College of Medicine

Mangraj, Sunanda (2010)
Clinical Instructor, Internal Medicine
M.B.B.S., 2001, Sawai Man Singh Medical School

Manock, Stephen (2011)
Clinical Assistant Professor, Family Medicine
M.D., 1988, University of Illinois

Marlar, Victor R. (2011)
Clinical Assistant Professor, Internal Medicine
M.D., 2005 University of MS

Marlow, Amy (2013)
Clinical Assistant Professor, Pediatrics
B.S., 1989, University of Florida—Gainesville
M.D., 1993, University of Florida Medical School

Martin, Christopher G. (1999)
Clinical Assistant Professor, Family Medicine
B.A., 1971, San Jose State University, California
M.D., 1976, University of California

Martin, Frederick A. (2003)
Clinical Assistant Professor, Family Medicine
B.S., 1983, East Tennessee State University
M.D., 1989, University of Tennessee College of Medicine

Martin, George R. (2009)
Clinical Assistant Professor, Psychiatry
B.S., 1971, University of South Carolina
M.D., 1974, Medical University of South Carolina
M.S., 1999, University of Alabama School of Medicine

Masini, Douglas E. (2006)
Clinical Assistant Professor, Internal Medicine
B.A., 1990, USNY Regents College
M.A., 1997, Tusculum College
Ed.D., 2001, East Tennessee State University

Massello, Thomas (2005)
Clinical Assistant Professor, Surgery
B.A., 1965, Harvard College
M.D., 1970, Boston University

Mathers, Lawrence J. (2004)
Clinical Assistant Professor, Family Medicine
B.S., 1995, and B.A., 1996, Carnegie Mellon University
M.D., 2000, University of Pittsburgh School of Medicine

Mattar, Costy (2008)
Clinical Assistant Professor, Internal Medicine
M.D., 2002, Lebanese University

Matthews, Mack R. III (2005)
Clinical Assistant Professor, Internal Medicine
B.S., 1972, University of Kentucky
M.D., 1976, University of Louisville

May, Andrew S. (2003)
Clinical Assistant Professor, Family Medicine
B.S., 1979, East Tennessee State University
M.D., 1983, University of Tennessee, Memphis, Tennessee

May, Angela (2005)
Clinical Professor, Internal Medicine
B.S., 1982, Southern Missionary College
M.D., 1986, ETSU Quillen College of Medicine

FACULTY: PART-TIME/VOLUNTEER

May, Joe (2006)
Clinical Assistant Professor, Internal Medicine
B.S., 1999, East Tennessee State University
M.D., 2003, ETSU Quillen College of Medicine

May, Grover (1998)
Clinical Associate Professor, Obstetrics and Gynecology
B.S., 1988, Southern College of Seventh Day Adventists
M.D., 1992, ETSU Quillen College of Medicine

McCarthy, Rosemary (2012)
B.S., 2000, Michigan State
D.O., 2005 Touro College of Osteopathic Medicine

McClintic, Eugene (2005)
Clinical Assistant Professor, Surgery
B.S., 1984, King College
M.D., 1988, University of Alabama

McCormick, William Andrew (2012)
Clinical Assistant Professor, Family Medicine
B.S., 2004, Lipscomb University
M.D., 2009, East Tennessee State University
Quillen College of Medicine

McDavid, Richard Keith (1996)
Clinical Assistant Professor, Section of Medicine
B.S., 1978, East Tennessee State University
M.D., 1993, Medical University of South Carolina

McDuffie, Everett E. (2007)
Clinical Assistant Professor, Psychiatry
A.S., 1986, Faulkner State Community College
B.A., 1990, University of Alabama
M.D., 2000, American University of the Caribbean

McGinnis, Thomas B. (1979)
Clinical Professor, Surgery
M.D., 1969, University of Arkansas College of Medicine

McGowan, W. Richard (1977)
Clinical Professor, Internal Medicine
M.D., 1969, University of Tennessee College of Medicine

McKinney, Bart (2011)
Clinical Assistant Professor, Surgery
M.D., 2003, ETSU Quillen College of Medicine

McKinney, Jason (2010)
Clinical Instructor, Internal Medicine
D.O., 2007, Virginia College of Osteopathic Medicine

McKinney, Lisa (2005)
Clinical Assistant Professor, Internal Medicine
B.S., 1991, University of Iowa
M.D., 1997, Des Moines School of Osteopathic Medicine

McLain, Scott D. (2004)
Clinical Assistant Professor, Family Medicine
B.S., 1996, Louisiana State University

JAMES H. QUILLEN COLLEGE OF MEDICINE 2015-2016

M.A., 1991, Point Loma University
M.D., 2000, American University of the Caribbean

McLaughlin, M. Dean (1993)
Clinical Assistant Professor, Family Medicine
M.D., 1985, UTESA School of Medicine, Santo Domingo

McPherson, Meagan
Clinical Assistant Professor,
Psychiatry and Behavioral Sciences
Psy.D., 2011, The Wright Institute

McQuain, Mark (2011)
Clinical Assistant Professor, Surgery
M.D., 1986, Ohio State University

McQueary, Jeffrey A. (2002)
Clinical Assistant Professor, Family Medicine; Surgery
B.S., 1998, Pacific Union College
M.D., 1992, Loma Linda University

McSharry, Roger J. (1997)
Clinical Professor, Internal Medicine
B.S., 1979, Massachusetts Institute of Technology
M.D., 1984, Tufts University School of Medicine

McVeigh, Randall (2004)
Clinical Assistant Professor, Surgery
B.S., 1986, M.D., 1990, University of Missouri

Melton, S. Hughes (2011)
Clinical Professor, Family Medicine
M.D., 1993, University of Virginia School of Medicine

Merrick, R. Daniel (2005)
Clinical Associate Professor, Internal Medicine
B.A., 1978, Eastern Kentucky University
M.S., 1981, M.D., 1985, University of Kentucky

Messerschmidt, William H. (1988)
Professor, Surgery
B.S., 1977, Pennsylvania State University
M.D., 1979, Jefferson Medical College

Messinger, Lindsay (2011)
Clinical Assistant Professor, Internal Medicine
M.D., 1991, Loma Linda University

Meyers, Cary (2008)
Clinical Assistant Professor, Surgery
B.A., 1984, University of Chicago
M.D., 1988, University of Chicago, School of Medicine

Michael, Gary E. (1995)
Clinical Assistant Professor, Family Medicine
M.D., 1987, Medical College of Pennsylvania

Miller, Nicole (2013)
Clinical Assistant Professor, Pediatrics
B.S., 1986, Virginia Commonwealth University
M.D., 1992, Medical College of Virginia

Mills, Ralph Lee (1996)
 Clinical Assistant Professor, Family Medicine
 B.S., 1980, King College
 M.D., 1995, ETSU Quillen College of Medicine

Misenar, Garik (2009)
 Clinical Assistant Professor, Surgery
 B.S., 1995, Belhaven College
 M.D., 2002, University of Mississippi School of Medicine

Mitchell, Christopher (2011)
 Clinical Assistant Professor, Family Medicine
 M.D., 1996, ETSU Quillen College of Medicine

Modica, Louis A. (1984)
 Clinical Professor, Surgery
 M.D., 1980 State University of New York
 College of Medicine

Mohler, Troy (2008)
 Clinical Instructor, Family Medicine
 M.D., 2005, University of Virginia School of Medicine

Moncier, Hal Martin (1995)
 Clinical Assistant Professor, Family Medicine
 M.D., 1989, ETSU Quillen College of Medicine

Montague, Charles (2004)
 Clinical Assistant Professor, Anesthesiology and Surgery
 B.A., 1989, Birmingham Southern College
 M.D., 1993, University of Alabama School of Medicine

Morgan, Calvin (2004)
 Clinical Professor, Surgery
 B.S. 1958, Davidson College
 M.D., 1962, Duke University School of Medicine

Mulroy, Maureen (2012)
 Clinical Assistant Professor, Pediatrics
 B.S., 1974, University of Connecticut
 M.S., 1977, North Dakota State University
 Ph.D., 1981, University of Maryland Institute of Child Study

Musil, C. Allen Jr.(2006)
 Clinical Assistant Professor, Pediatrics/Psychiatry
 B.S., 1987, Vanderbilt University
 M.D., 1992, ETSU Quillen College of Medicine

Naramore, G. Harold (2006)
 Clinical Assistant Professor, Psychiatry &
 Behavioral Sciences
 M.D., 1987, ETSU Quillen College of Medicine
 M.B.A., 2002; J.D., 2006, University of Tennessee

Naramore, Lee Ellen (2006)
 Clinical Assistant Professor, Psychiatry &
 Behavioral Sciences
 B.S., 1982, East Tennessee State University
 M.D., 1988, ETSU Quillen College of Medicine

Nauli, Andromeda (2011)
 Adjunct Assistant Professor, Internal Medicine
 Ph.D., 2010, University of Cincinnati

Nave, Nelle Lang (2002)
 Clinical Assistant Professor, Family Medicine
 M.D., 2001, ETSU Quillen College of Medicine

Nduku, Valentine (2014)
 Clinical Assistant Professor, Surgery
 B.S., 2002, Georgia State University
 D.O., 2007, Virginia College of Osteopathic Medicine

Neal, Marianne R. (2000)
 Clinical Associate Professor, Pediatrics
 B.A., 1987, University of Arkansas, Fayetteville;
 M.D., 1991, University of Arkansas for Medical Sciences

Nelson, James C. Jr., (2003)
 Clinical Assistant Professor, Family Medicine
 B.S., Tennessee Technological University,
 M.D., University of Santiago, Dominican Republic

Neumann, Joseph K. (1985)
 Clinical Associate Professor, Psychiatry &
 Behavioral Sciences
 Internal Medicine
 B.A., 1970, University of Maryland
 M.S., 1971, University of Idaho
 Ph.D., 1975, University of Missouri

Newhouse, Richard G. (2009)
 Clinical Assistant Professor, Psychiatry
 D.O., 1970, University of Osteopathic Medicine
 and Health Sciences

North, Stephen W. (2006)
 Clinical Assistant Professor, Family Medicine
 B.A., 1993, University of Wisconsin
 M.D., 2000, University of North Carolina

Northrop, Robert (2003)
 Clinical Associate Professor, Surgery
 B.A., 1992, University of Tennessee
 M.D., 1996, University of Tennessee

Nour, Souheil Abdel (2010)
 Clinical Instructor, Internal Medicine
 M.D., 2006 Lebanese University

Oakley, Jaime G. (2004)
 Clinical Assistant Professor, Family Medicine
 B.S., 1997, East Tennessee State University
 M.D., 2001, ETSU Quillen College of Medicine

Odle, Brian (2008)
 Clinical Assistant Professor, Internal Medicine
 BS, 1990, Middle Tennessee State University
 PharmD, 1994, University of Tennessee

FACULTY: PART-TIME/VOLUNTEER

Osterhus, David (2007)
Clinical Assistant Professor, Surgery
B.A., 1994, Harvard College
M.D., 1998, University of Cincinnati School of Medicine

Pack, Sheryl D. (2001)
Clinical Assistant Professor, Family Medicine
B.S., 1994, Ouachita Baptist University
M.D., 1998, University of Arkansas for Medical Sciences

Palatt, Victoria
Clinical Associate Professor, Biomedical Sciences
B.A., 1979 Pontificia Universinad Jakeriana
Ph.D., 1999, Florida International University
P.M.C., 2010, Duke University

Palmeri, Martin (2011)
Clinical Assistant Professor, Internal Medicine
M.D., 2004, East Carolina School of Medicine

Panus, Leslie W. (2002)
Clinical Professor, Internal Medicine
B.S., 1979, University of Alabama
M.D., 1983, University of South Alabama

Panus, Peter (1995)
Adjunct Professor, Biomedical Sciences
Ph.D., 1985, University of South Alabama-Mobile

Papas, Andreas (2010)
Clinical Professor, Pediatrics
Ph.D., 1973, University of Illinois

Parks, Eric D. (2012)
Clinical Assistant Professor, Family Medicine
M.D., 2005, ETSU Quillen College of Medicine

Parks, Matt (2004)
Clinical Assistant Professor, Internal Medicine
B.S., 1996, East Tennessee State University
M.D., 2001, ETSU Quillen College of Medicine

Paris, Claire (2009)
Clinical Assistant Professor, Internal Medicine
BA, 1994, North Carolina State University
MD, 1998, St. George's University School of Medicine

Parris, Jennifer (1996)
Clinical Instructor, Psychiatry & Behavioral Sciences
L.C.S.W., 1983, University of Tennessee, Nashville

Parveen, Talat (2010)
Clinical Associate Professor, Pathology
M.S., 1986, University of Illinois

Patel, Mayur (2008)
Clinical Instructor, Internal Medicine
M.B.B.S., 1999, PDM Medical College, India

Patel, Rakesh
Clinical Assistant Professor,

JAMES H. QUILLEN COLLEGE OF MEDICINE 2015-2016

Psychiatry and Behavioral Sciences
M.D., 2000, Medical University of Lublin, Poland
M.B.A., 2012, Milligan College

Patrick, Greogroy (2014)
Clinical Assistant Professor, Surgery
B.S., 1989, Vanderbilt University
M.D., 1993, University of Alabama School of Medicine

Patterson, Mark (2005)
Clinical Assistant Professor, Surgery
B.A., 1986, East Tennessee State University
M.D., 1990, ETSU Quillen College of Medicine

Patton, C. M. (1980)
Clinical Assistant Professor, Surgery
B.S., 1965, Middle Tennessee State University
M.D., 1966, University of Tennessee

Pearson, James M. (1981)
Clinical Professor, Pediatrics
B.S., 1973, East Tennessee State University
M.D., 1976, University of Tennessee College of Medicine

Peterson, Eric W. (1989)
Clinical Assistant Professor, Psychiatry & Behavioral Sciences
B.A., 1967, Washington and Jefferson College
M.D., 1971, Duke University Medical Center

Peterson, Steve (2005)
Clinical Assistant Professor, Surgery
B.S., 1983, University of Wisconsin
M.D., 1998, Medical University of South Carolina

Phillips, Paul A. (2009)
Clinical Instructor, Family Medicine
B.S.N., 1996, University of Virginia College at Wise
F.N.P., 2002, Old Dominion University
School of Nursing
D.O., 2007, Edward Via College of Osteopathic Medicine

Pickler, Eva (2004)
Clinical Assistant Professor, Obstetrics and Gynecology
B.S., 1986, North Carolina State University
M.B.A., 1994, University of North Carolina-Charlotte
M.D., 1998, Boston University School of Medicine

Plemmons, Rita (2011)
Clinical Assistant Professor, Family Medicine
M.D., 1992, University of North Carolina-Chapel Hill

Ponder, Michael A. (2005)
Clinical Assistant Professor, Internal Medicine
B.S., 1984, Mars Hill College
M.D., 1988, East Carolina University School of Medicine

Powers, Pius James A. (1994)
Clinical Assistant Professor, Family Medicine
M.D., 1978, Memorial University, Canada

Price, Luella (2011)
Clinical Assistant Professor, Pediatrics
M.D., 1993, UTMB-Galveston

Pryputriewicz, David (2013)
Clinical Assistant Professor, Surgery
B.S., 1995, East Tennessee State University
M.D., 2002, ETSU Quillen College of Medicine

Psychogios, Apostolos (2011)
Associate Professor, Pediatrics
M.D., 1982, University of Athens Medical School, Greece

Puhr, Dianna (2011)
Clinical Assistant Professor, Pediatrics
M.D., 2006, East Carolina University
Brody School of Medicine

Purdom, Laura D. (2008)
Clinical Instructor, Family Medicine
M.D., 2005, ETSU Quillen College of Medicine

Putnam, Adin T. II (2012)
Clinical Associate Professor, Surgery
M.D., 1986, University of Maryland School of Medicine

Qayum, Salman (2008)
Clinical Assistant Professor, Internal Medicine
MBBS, 1994, Khyber Medical College, Pakistan

Radford, James Michael (2003)
Clinical Assistant Professor, Psychiatry &
Behavioral Sciences
B.A., 1985, University of Tennessee, Chattanooga
M.D., 1990, ETSU Quillen College of Medicine

Rafalski, Matthew (2003)
Clinical Assistant Professor, Family Medicine
B.S., 1992, Monmouth College, West Long Branch,
New Jersey
M.D., 1996, Johns Hopkins School of Medicine

Ramsauer, Victoria (2008)
Clinical Assistant Professor, Internal Medicine
Ph.D., 1999, Florida International University

Razzak, Ammar
Clinical Assistant Professor, Section of Medical Education
M.D., 1993, Medical College of Georgia-Augusta

Reddick, Lovett (1981)
Clinical Assistant Professor, Surgery
A.B., 1966, Self Memorial Hospital
School of Medical Technology
M.D., 1970, Bowman Gray School of Medicine

Reddy, Chadradhar (2011)
Clinical Assistant Professor, Internal Medicine
M.B.B.S., 1999, Kunool Medical College

Reddy, Vedire V. (2009)
Clinical Instructor, Family Medicine
Ph.D., 1986, Bhavnagar University, India
M.D., 2006, Saba University School of Medicine

Reed, Richard K. (2011)
Clinical Assistant Professor, Section of Medical Education
M.D., 1974, University of Tennessee, Memphis

Reed, William II (2010)
Clinical Assistant Professor, Surgery
M.D., 1973, Tulane Medical School

Reid, Judith (2011)
Clinical Assistant Professor, Internal Medicine
M.D., 1971, Eckerd College

Reiff, Robert (2002)
Clinical Assistant Professor
Obstetrics and Gynecology
M.D., 1977, University of Tennessee

Rhea, W.G., Jr. (2006)
Clinical Professor, Surgery
B.A., 1955; M.D., 1958, Vanderbilt University

Rivers, Carole (1999)
Clinical Assistant Professor, Psychiatry &
Behavioral Sciences
B.S., 1988, Appalachian State University
M.D., 1992, East Carolina University

Robins, Guy (2008)
Clinical Assistant Professor, Family Medicine
M.D., 1990, University of Arizona, Tucson

Robbins, Sherry L. (2002)
Clinical Assistant Professor, Family Medicine
B.S., 1984, East Tennessee State University
M.D., 1991, ETSU Quillen College of Medicine

Robertson, Julie S. (2002)
Clinical Assistant Professor, Pathology
B.S., 1991 David Lipscomb University
M.D., 1997, University of Louisville, School of Medicine

Robertson, Trey (2001)
Clinical Associate Professor, Surgery
B.S., 1993, David Lipscomb University
M.D., 1997, University of Louisville School of Medicine

Rodriguez, Francisco (2011)
Clinical Assistant Professor, Psychiatry
M.D., 1988, Universidad Autonoma of Santo Domingo

Rogers, Mailien (2009)
Clinical Assistant Professor, Internal Medicine
D.O., 2006, West Virginia School of Osteopathic Medicine

Rose, Jennifer (2013)
Clinical Assistant Professor, Pediatrics

FACULTY: PART-TIME/VOLUNTEER

B.S., 2005, Davidson College
M.D., 2010, ETSU Quillen College of Medicine

Ross, C. Aaron (2010)
Clinical Instructor, Family Medicine
D.O., 2008, Pikeville College
School of Osteopathic Medicine

Rowell, Michael D. (1991)
Clinical Professor, Surgery
B.S., 1982, University of Cincinnati
M.D., 1986, Wright State University School of Medicine

Runnels, Clay (2002)
Clinical Assistant Professor, Obstetrics and Gynecology;
Internal Medicine; Pediatrics
B.S., 1993, Texas A&M University
M.D., 1997, University of Texas
Southwestern Medical School
M.B.A., 2006, Milligan College

Sabri, Safia (2002)
Clinical Assistant Professor, Psychiatry &
Behavioral Sciences
M.B.B.S., 1983, Fatima Jinnah Medical College, Pakistan

Sadik, A. R. (2008)
Assistant Professor, Internal Medicine
BA, 1955, Central Secondary School
M.B.B.S., 1963, Bagdad University Medical School

Sadler, Thomas W. (2011)
Clinical Assistant Professor, Section of Medical Education
Ph.D., 1976, University of Virginia

Saha, Tapasi (2008)
Assistant Professor, Internal Medicine
MBBS, 1988, Mymensingh Medical College, Bangladesh

Saleem, Atif (2011)
Clinical Instructor, Internal Medicine
M.D., 2002, King Edward Medical University

Samples, Donald
Clinical Assistant Professor, Section of Medical Education
B.B.A., 1980, Ed.D., East Tennessee State University

Samuel, Dennis C. Jr. (2002)
Clinical Assistant Professor, Family Medicine; Surgery
B.S., 1987, Washington and Lee University
M.D., 1996, Medical College of Virginia

Sandifer, Honora (2011)
Clinical Assistant Professor, Psychiatry
M.D., 1999, University of South Carolina
School of Medicine

Scharfstein, Benjamin (2002)
Clinical Associate Professor, Surgery
B.S., 1994, Vanderbilt University
M.D., 1998, Memphis College of Medicine

JAMES H. QUILLEN COLLEGE OF MEDICINE 2015-2016

Schmidt, Lawrence W. (1990)
Clinical Assistant Professor, Surgery, Biomedical Sciences
Clinical Associate Professor, Internal Medicine
B.S., 1971, St. Louis University
M.D., 1974, University of Tennessee College of Medicine

Schoondyke, Jeffrey (2006)
Clinical Assistant Professor, Internal Medicine
B.S., 1992, Northern Arizona University
MPH, 1995, University of Oklahoma
M.D., 1999, St. Georges University

Schubert, Robert L. III (1999)
Clinical Assistant Professor, Family Medicine
B.S., 1991, Denison University, Granville, Ohio
M.D., 1995, Medical College of Ohio, Toledo, Ohio

Scott, Thomas (2008)
Clinical Associate Professor, Surgery
B.A., 1975, M.D., 1978, University of Nebraska
M.P.H., 1985, Harvard College

Scruggs, Katherine L. (2001)
Clinical Assistant Professor, Family Medicine; Surgery
B.A., 1987, University of Virginia
M.D., 1992, Medical College of Virginia

Seeley, James E. (2011)
Clinical Assistant Professor, Family Medicine
M.D., 1976, Loma Linda University School of Medicine

Shahbazi, Nasser (1980)
Clinical Professor Surgery
M.D., 1948, University of Tehran College of Medicine, Iran

Sherman, Deborah D. (1993)
Clinical Associate Professor, Surgery
M.D., 1986, ETSU Quillen College of Medicine

Shine, James William (1996)
Clinical Associate Professor, Family Medicine
M.D., 1996, University of Alabama School of Medicine

Shine, Susanne Mayer (1997)
Clinical Assistant Professor, Family Medicine
M.D., 1987, University of Alabama School of Medicine

Shiple, James M. (2005)
Clinical Assistant Professor, Family Medicine
B.S., 1994, East Tennessee State University
M.D., 1998, ETSU Quillen College of Medicine

Short, John A. (1996)
Clinical Assistant Professor, Family Medicine
B.S., 1989, M.D., 1993, University of Tennessee

Sibley, David (1990)
Clinical Associate Professor, Pathology
B.A., 1980, M.D., 1984, University of Virginia

Sibley, Denise
Clinical Assistant Professor, Section of Medical Education
M.D., 1986, University of Virginia School of Medicine

Simpson, Bert R. (2004)
Clinical Assistant Professor, Psychiatry &
Behavioral Sciences
B.A., 1979, Grinnell College, Iowa
M.D., 1985, University of Kansas

Singh, Mahipal (2002)
Clinical Associate Professor, Biomedical Sciences
Ph.D., 1993, McGill University

Skelton, Barbara J. (1992)
Clinical Assistant Professor, Pediatrics
B.A., 1981, University of Tennessee at Chattanooga
M.D., 1985, ETSU Quillen College of Medicine

Smith, Bert J. (2011)
Clinical Assistant Professor, Pediatrics
M.D., 2004, ETSU Quillen College of Medicine

Smith, Davis (2001)
Adjunct Faculty, Psychiatry and Behavioral Sciences
B.A., 1977, Wake Forest University
M.A., 1991, Appalachian State University
Ph.D., 1995, University of Memphis

Smith, Eric (2012)
Clinical Assistant Professor, Family Medicine
B.S., 1981, and M.D., 1985, Baylor University

Smith, Stephen C. (2010)
Clinical Assistant Professor, Psychiatry
Psy.D., 2005, Wright State University

Smith, William (1991)
Clinical Assistant Professor, Surgery
B.S., 1978, Emory & Henry College
M.S., 1982, West Virginia School of Medicine

Smith, Terry W. (2011)
Clinical Assistant Professor, Family Medicine
M.D., 1983, University of Tennessee-Memphis

Snider, Ralph (2008)
Clinical Assistant Professor, Internal Medicine
BS, 1986, Andrew University
MD, 1990, Ohio State University

Snyder, Melissa (2013)
Clinical Assistant Professor, Pediatrics
B.S., 2005, East Tennessee State University
M.D., 2009, ETSU Quillen College of Medicine

Soike, David R. (1984)
Clinical Professor, Pathology
B.S., 1974, Valparaiso University
M.D., 1979, Medical College of Ohio

Stewart, David (2008)
Clinical Assistant Professor, Internal Medicine
PharmD, 2003, Campbell University School of Pharmacy

Stiltner, Lynetta L. (2005)
Clinical Instructor, Family Medicine
B.S., 1997, Pikeville College
D.O., 2003, Pikeville College of Osteopathic Medicine

Strickland, Katherine (2005)
Clinical Instructor, Pediatrics
B.S., 2000, M.P.H., 2002, Georgia Southern University
Ed.D., 2012 East Tennessee State University

Stone, Michael (2006)
Associate Professor/Director, Human Performance Lab,
Kinesiology, Leisure and Sports Sciences,
Biomedical Sciences
B.S., 1970, Florida Technological University
M.S., 1974, Tennessee Technological University
Ph.D., 1977, Florida State University

Stoss, Thomas D. (2011)
Clinical Assistant Professor, Psychiatry
M.D., 2006, University of Kentucky

Strange, E. Brad (2011)
Clinical Assistant Professor, Family Medicine,
Section of Medical Education
M.D., 1976, University of Tennessee-Memphis

Swarner, Orville W. (1994)
Clinical Associate Professor, Pediatrics
B.A., 1961, Southern College
M.D., 1965, Loma Linda University

Sweitzer, Donald E. (1993)
Clinical Assistant Professor, Surgery
A.S., 1974, Macon Junior College
B.S., 1978, Georgia College
M.D., 1983, Medical College of Georgia

Switalski, Remigiusz (2010)
Clinical Instructor, Family Medicine
M.D., 2005, Jagiellonian University, Poland

Talley-Horne, Jill (2002)
Clinical Assistant Professor, Obstetrics and Gynecology
B.S., 1987, East Tennessee State University
M.D., 1997, ETSU Quillen College of Medicine

Tate, Glenn E. (1996)
Clinical Assistant Professor, Family Medicine
M.D., 1981, University of Virginia School of Medicine

Taylor, Tamarro (2006)
Clinical Associate Professor, Internal Medicine
B.S., 1987, Virginia Commonwealth University
M.D., 1992, Medical College of Virginia

FACULTY: PART-TIME/VOLUNTEER

Taylor, Tedford, S. (2000)
Clinical Associate Professor, Pediatrics
B.S., 1971, East Tennessee State University
M.D., 1974, University of Tennessee
Center for Health Sciences

Tennison, Clifton (1999)
Clinical Professor, Psychiatry and Behavioral Sciences
B.A., 1971, Baylor University
M.D., 1979, Tulane University

Testerman, George (2001)
Clinical Associate Professor, Family Medicine
M.D., 1978, University of Tennessee School of Medicine

Thigpen, James C., Jr. (1996)
Clinical Associate Professor, Pediatrics
B.S., 1990, Medical University of South Carolina
Pharm.D., 1992, Medical University of South Carolina

Thomas, Cynthia (2014)
Clinical Assistant Professor, Pediatrics
B.S., 1996, Concord College
D.O., 2001, West Virginia School of Osteopathic Medicine
M.P.H., 2004, Rollins School of Public Health

Thur de Koos, Paul (1989)
Clinical Professor, Surgery
M.D., 1968, Universidad de Buenos Aires, Argentina

Toth, James ((2008)
Clinical Assistant Professor, Internal Medicine
BS, 1981, Youngstown State University
DO, 1989, West Virginia School of Osteopathic Medicine

Turnbull, James M. (1993)
Clinical Professor, Family Medicine
M.B.B.S., 1961, M.R.C.S., 1961, L.R.C.P., 1961
St. Mary's Hospital Medical School

Vashist, Amit
Clinical Assistant Professor,
Psychiatry and Behavioral Sciences
M.B.B.S., 2001, Government Medical College, India

Vaught, James E. (1996)
Professor Emeritus, Psychiatry
1957, B.S.; 1961, D.D.S., Indiana State University

Vavra, Michael (2011)
Clinical Assistant Professor, Internal Medicine
M.D., 2005, Wake Forest University

Velasco, Jose P. (2003)
Clinical Associate Professor, Family Medicine
B.S., 1981, and M.D., 1986
University of Santo Tomas, Philippines

Vermillion, Stanley (1977)
Clinical Professor, Internal Medicine
BA, 1960, MD, 1964, University of Kansas

JAMES H. QUILLEN COLLEGE OF MEDICINE 2015-2016

Villanueva, Brian (2014)
Clinical Assistant Professor, Surgery
B.A., 1994, Maryville College
M.D., 2004, ETSU Quillen College of Medicine

Vu, Duc Q. (2003)
Clinical Assistant Professor, Family Medicine
B.S., 1983, Purdue University
M.D., 1987, University of Texas Medical School

Walker, Elaine S. (1992)
Clinical Assistant Professor, Internal Medicine
B.S., 1979, North Dakota State University
Ph.D., 1982, University of North Carolina, Chapel Hill

Wallace, William J. (2004)
Clinical Assistant Professor, Family Medicine, Surgery
B.A., 1986, Florida Southern College, Lakeland
D.O., 1992, Kirksville College of Osteopathic Medicine

Walters, Kim (2008)
Clinical Instructor, Pediatrics
B.S.N., 1993, East Tennessee State University
M.S.N., 2002, University of Colorado

Warsy, Adil K. (2007)
Clinical Instructor, Internal Medicine
M.B.B.S., 1990, Liaquat Medical College, Pakistan

Warsy, Ambreen (2011)
Clinical Assistant Professor, Family Medicine
M.D., 1999, Karachi Medical and Dental College

Watson, D. Scott (1997)
Clinical Associate Professor, Surgery
M.D., 1983, University of Arkansas

Way, Brian (2008)
Clinical Assistant Professor, Family Medicine
D.O., 1997, Texas College of Osteopathic Medicine

Weigand, Clifford (2006)
Clinical Associate Professor, Internal Medicine
B.S., 1972, Ohio State University
M.D., 1975 Medical College of Ohio

Whaley, Nathaniel (2011)
Clinical Assistant Professor, Internal Medicine,
Biomedical Sciences
M.D., 2003, ETSU Quillen College of Medicine

Wheeler, Yurong (2008)
Clinical Assistant Professor, Pathology
M.S., M.D., 1996, Tianjin Medical University
Ph.D., 2003, Wake Forest University

Whitaker, Jack H. (2004)
Clinical Associate Professor, Internal Medicine
B.S., 1975, and M.S., 1982,
East Tennessee State University
M.D., 1989, ETSU Quillen College of Medicine

White, Sean (2006)
Clinical Assistant Professor, Obstetrics and Gynecology
B.S., 1987, M.D., 1991, East Carolina State University

Wigger, Mark (2008)
Clinical Assistant Professor, Internal Medicine
BA, 1978, University of Tennessee
MD, 1984, ETSU Quillen College of Medicine

Wiles, David (2014)
Clinical Assistant Professor, Surgery
B.S., 1986, Auburn University
M.D., 1991, Tulane University School of Medicine

Wilkinson, Mark J. (2005)
Clinical Assistant Professor, Pediatrics
B.S., 1989, Virginia Tech
M.D., 1993, University of Medicine and Dentistry
of New Jersey

Williams, Gary S. (1993)
Clinical Assistant Professor, Family Medicine
B.A., 1971, Clinch Valley College
M.D., 1979, Medical College of Virginia

Williams, James R. (1984)
Clinical Assistant Professor, Family Medicine
B.S., 1977, Virginia Polytechnic Institute and
State University
M.D., 1981, Virginia Commonwealth University

Williams, Marcus G. (1989)
Clinical Professor, Surgery
B.S., 1974, M.D., 1979, Howard University
College of Medicine

Willocks, Angela (2001)
Clinical Instructor, Pediatrics
B.S.N., 1994, M.S.N, 1999,
East Tennessee State University

Wilson, Stephen K. (1994)
Clinical Professor, Surgery
B.A., 1962, Williams College
M.D., 1966, University of Illinois

Winstead, Johnathan (2011)
Clinical Assistant Professor, Surgery
M.D., 2003, ETSU Quillen College of Medicine

Wireman, Jill (1996)
Clinical Associate Professor, Pediatrics
B.S., 1986, Duke University
M.D., 1990, University of Kentucky

Wisdom-Schepers, Jennifer (2010)
Clinical Assistant Professor, Psychiatry
M.D., 2003, ETSU Quillen College of Medicine

Wishart, Jill A. (2001)
Clinical Instructor, Family Medicine
B.A., 1984, State University of New York, Stonybrook
M.A., 1986, Yeshiva University, New York, NY

Woodard, Mark (2000)
Clinical Assistant Professor, Surgery
B.S., 1988, David Lipscomb University
M.D., 1992, ETSU Quillen College of Medicine

Xia, Xuefeng (2011)
Clinical Assistant Professor, Internal Medicine
M.D., 1987, Hengyang Medical College
Ph.D., 2002, Baylor College of Medicine

Yong, J. Nuri (1982)
Clinical Professor, Psychiatry and Behavioral Sciences
M.D., 1952, Seoul National University School of Medicine

Yoon, Richard (2013)
Clinical Assistant Professor, Surgery
B.S., 2001, University of Massachusetts
M.D., 2006, Texas Tech University School of Medicine

Zajonc, Tim (2004)
Clinical Assistant Professor, Surgery
B.A., 1991, Lamar University
M.D., 1995, University of Texas
Southwestern Medical School

Zaietta, Gabriel (2010)
Clinical Instructor, Internal Medicine
M.D., 1997 Universidad Nacional de Rosario

Zaza, Ahmed (2010)
Clinical Assistant Professor, Internal Medicine
M.D., 1988, Cairo University

Zepeda, Fernando (2004)
Clinical Assistant Professor, Anesthesiology and Surgery
B.A., 1989, Christian Brothers University
M.D., 1993, ETSU Quillen College of Medicine

CLASS OF 2014

HOMETOWN AND INITIAL POSTGRADUATE RESIDENCY POSITION

Albright, Austin LeBron
Rogersville, TN
Physical Medicine and Rehab
University of Virginia
Charlottesville, VA

Anand, Nikhil
Nashville, TN
Transitional Year
University of Tennessee, Chattanooga, TN
Ophthalmology
Emory University
Atlanta, GA

Armentrout, Daniel Paul
Jonesborough, TN
Pediatrics
East Tennessee State University
Johnson City, TN

Ashe, Samuel Micah
Greeneville, TN
Internal Medicine-Pediatrics
University of Kentucky Medical Center
Louisville, KY

Barcel, David Anthony
Johnson City, TN
Surgery-Orthopaedic
Medical University of South Carolina
Charleston, SC

Bennie, Laura Dawn
Nashville, TN
Pediatrics
Vanderbilt University
Nashville, TN

Brothers, Brittney Alanna
Murfreesboro, TN
Obstetrics/Gynecology
Texas Tech University
Odessa, TX

Childress, Courtney Lynn
Gainesboro, TN
Internal Medicine
St. Thomas Midtown Hospital
Nashville, TN

Colgrove, Nicole Juliette
Kingsport, TN
Otolaryngology
University of Kentucky
Lexington, KY

Coulter, Meredith Marie
Knoxville, TN
Obstetrics-Gynecology
University of Florida
Jacksonville, FL

Craig-Owens, Laura DeeAnne
Elizabethton, TN
Pathology
Vanderbilt University
Nashville, TN

Crook, Jeremy
Murfreesboro, TN
Emergency Medicine
University of Kentucky
Lexington, KY

Denton, Christine Victoria
Chattanooga, TN
Pediatrics
Florida State University
Tallahassee, FL

Desai, Anushri Vijay
Chattanooga, TN
Anesthesiology
Yale University
New Haven, CT

Dyer, Brandon Ray
Corryton, TN
Internal Medicine
University of Florida
Jacksonville, FL

Farmer, Travis Dalton
Knoxville, TN
Orthopaedic Surgery
Loma Linda University
Loma Linda, CA

Flynn, Nicholas Andrew
Maryville, TN
Internal Medicine
St. Thomas Midtown Hospital
Nashville, TN

Gentry, Jacqueline Carol
Collierville, TN
Family Medicine
University of Tennessee
Chattanooga, TN

Gilbert, Kurt Maurice
Cookeville, TN
Internal Medicine
University of Kentucky
Lexington, KY

Goodnight, Jonathan Paul
Taylorsville, NC
Family Medicine
East Tennessee State University
Johnson City, TN

Hoffman, Benjamin Mark
Knoxville, TN
Neurology
Wake Forest Baptist Medical Center
Winston-Salem, NC

Holmes, Merranda Dawn
McMinnville, TN
Internal Medicine-Pediatrics
University of Cincinnati
Cincinnati, OH

Holmgren, Lauren Ellyse
Franklin, TN
Pediatrics
University of Illinois
Chicago, Illinois

Hunt, Colette Renee
Johnson City, TN
Pediatrics
East Tennessee State University
Johnson City, TN

Hussein, Reem Adel
Knoxville, TN
Internal Medicine
University of Tennessee
Knoxville, TN

Irish, Vincent Nolan
Johnson City, TN
Diagnostic Radiology
Texas A & M—Scott & White
Temple, TX

Javer, Avani Vinod
Chattanooga, TN
Family Medicine
University of Tennessee
Knoxville, TN

Key, Logan Alyse
Franklin, TN
Pediatrics
University of Tennessee
Memphis, TN

Klimecki, Haley
Chattanooga, TN
Pediatrics
Wake Forest Baptist Medical Center
Winston-Salem, NC

Kreger, Michael
Pleasant View, TN
Anesthesiology
Vanderbilt University
Nashville, TN

Lauderback, Kari Sharyce Harper
Kingsport, TN
Psychiatry
Wright State University
Dayton, Oh

Liang, Chu
Nashville, TN
Neurological Surgery
Methodist Hospital
Houston, TX

Lwin, Kaleigh Khinemar
Nashville, TN
Internal Medicine
University of Kentucky
Lexington, KY

Maung, Ko Ko
Murfreesboro, TN
Internal Medicine
Dartmouth-Hitchcock Medical Center
Lebanon, NH

McCary, Sarah Elizabeth
Kingsport, TN
Internal Medicine
University of Colorado
Denver, CO

McLaren, Thomas Anthony
Chattanooga, TN
Diagnostic Radiology
Medical University of South Carolina
Charleston, SC

Miller, Melanie Kay
Johnson City, TN
Psychiatry
University of Virginia
Charlottesville, VA

Muecke, Matthew Robert
Knoxville, TN
Emergency Medicine
Case Western Reserve University
Cleveland, OH

Murphy, Shannon, Bernice
Murfreesboro, TN
Pathology
University of Kentucky
Lexington, KY

O'Connor, Sean Christian
Knoxville, TN
General Surgery
Wake Forest Baptist Medical Center
Winston-Salem, NC

Peiris, Emma Davidson
Johnson City, TN
Internal Medicine
Oregon Health and Science University
Portland, OR

Pierce, Allison Michelle
Kingsport, TN
Internal Medicine– Preliminary
East Tennessee State University
Johnson City, TN
Dermatology
University of Iowa
Iowa City, IA

Pourmorteza, Mohsen
Johnson City, TN
Internal Medicine
East Tennessee State University
Johnson City, TN

Rich, Whitney N.
Martin, TN
Obstetrics/Gynecology
East Tennessee State University
Johnson City, TN

Richards, Lukas Wade
Fall Branch, TN
Internal Medicine
Mayo School of
Graduate Medical Education
Rochester, MN

Robinson, Melissa Dunavant
Johnson City, TN
Family Medicine
East Tennessee State University
Johnson City, TN

Rochford, Laura Ellen
Knoxville, TN
Pediatrics-Medical Genetics
Cincinnati Children's Hospital
Cincinnati, OH

Rosenberger, Elizabeth Underwood
Ooltewah, TN
Ophthalmology
University of Tennessee
Memphis, TN

Ross, Whitney Trotter
Johnson City, TN
Obstetrics/Gynecology
Barnes-Jewish Hospital
St. Louis, MO

Sabri, Shahbaaz Abdullah
Johnson City, TN
East Tennessee State University
Orthopaedic Surgery
University of Tennessee
Chattanooga, TN

Samples, Tara Renae
Johnson City, TN
Internal Medicine
University of Tennessee
Knoxville, TN

Seaton, Brady Cole
Mosheim, TN
Diagnostic Radiology
University of Tennessee
Knoxville, TN

Shelton, Sarah Kathryn
Knoxville, TN
Obstetrics/Gynecology
University of Tennessee
Knoxville, TN

Sherman, Steven Donn
Loudon, TN
Emergency Medicine
Summa Health/NEOMED
Akron, OH

Smalley, Adam Robert
Johnson City, TN
Internal Medicine
Indiana University
Indianapolis, IN

Soto, Mario Augusto
Nashville, TN
Emergency Medicine
Georgia Regents University
Augusta, GA

Tanner, April Michelle
Knoxville, TN
Preliminary Surgery
Hershey Medical Center—Penn State
Hershey, PA

Turner, Angel Marie
Jonesborough, TN
Family Medicine
East Tennessee State University
Johnson City, TN

Walker, Mary Gaines
Knoxville, TN
Internal Medicine
Texas A & M—Scott & White
Temple, TX

Watson, Sean Joseph
Kingsport, TN
Family Medicine
East Tennessee State University
Johnson City, TN

Wellington, Jennifer Michelle
Clarksville, TN
Surgery
Walter Reed National
Military Medical Center
Bethesda, MD

Wheeler, Andrew Hunter
Jackson, TN
Emergency Medicine
University of Illinois
Peoria, IL

CLASS OF 2014

Whitaker, Austin Woodard
Old Hickory, TN
Pediatrics
Vanderbilt University
Nashville, TN

JAMES H. QUILLEN COLLEGE OF MEDICINE 2015-2016

White, Jessica Lauren
Franklin, TN
Family Medicine
Mountain Area Health Education Center
Asheville, NC

Wilson, Matthew James
Chattanooga, TN
Orthopaedic Surgery
Navy Medical Center
Portsmouth, VA

CLASS OF 2015

HOMETOWN AND INITIAL POSTGRADUATE RESIDENCY POSITION

Akoury, Tamer Johnson City, TN Emergency Medicine University of Tennessee Rutherford, TN	Cox, Conrad Bonothoe Knoxville, TN Pediatrics University of Tennessee Memphis, TN	Fox, Mallory Noell Carr Baxter, TN Obstetrics/Gynecology University of Florida Jacksonville, FL
Belcher, Victoria Lynnette Newport, TN Pediatrics University of South Carolina Greenville, SC	Crabtree, David Adam Pennington Gap, VA Psychiatry UC-San Diego Medical Center San Diego, CA	Gaddy, Jeremiah Daniel Asheville, NC Emergency Medicine Wake Forest Baptist Medical Center Winston-Salem, NC
Bickers, William Douglas Louisville, TN Anesthesiology University of Louisville Louisville, KY	Davis, Joshua Andrew Nashville, TN Family Medicine Martin Army Community Hospital Fort Benning, GA	Garner, Christopher Lee Nashville, TN Family Medicine East Tennessee State University Bristol, TN
Blanchard, Jeremy Jake Cleveland, TN Surgery-Preliminary University of Maryland Baltimore, MD	Deshmukh, Aneel Kiran Johnson City, TN Anesthesiology University of Florida Gainesville, FL	Gassie, Kelly Elizabeth Mt. Juliet, TN Neurological Surgery Mayo School of Graduate Medical Education Jacksonville, FL
Bradfield, Michael Jonathan Luke Nashville, TN Family Medicine North Colorado Medical Center Greeley, CO	Douglas, Bobby W Morristown, TN Medicine-Preliminary/Ophthalmology Texas A & M Scott & White Temple, TX	Gouge, Lindsey Brianne McAmis Elizabethton, TN Pediatrics University of South Carolina Greenville, SC
Brooks, Alicia M Kingsport, TN Family Medicine St. Louis University St. Louis, MO	Dunkerson, Kelsey Quinn Paris, TN Psychiatry Georgetown University Hospital Washington, DC	Guider, Will Perry Loudon, TN Pediatrics University of Louisville Louisville, KY
Brooks, Jeremy Earl Harrogate, TN Internal Medicine Barnes-Jewish Hospita St. Louis, MO	Ellison, Kathleen Elizabeth Chattanooga, TN Transitional Year University of Tennessee Chattanooga, TN Dermatology	Hale, Victoria Nicole University of Tennessee-Knoxville Pediatrics Nationwide Children's Hospital Columbus, OH
Buckles, Bonnie Katherine Kingsport, TN Pediatrics Wright Patterson Air Force Base, OH	Eslami, Arash Nashville, TN Pathology University of California San Francisco, CA	Harrell, Caleb Andrew Johnson City, TN Emergency Medicine University of Tennessee Chattanooga, TN
Clark, Anthony Ivins Knoxville, TN Transitional Year University of Hawaii Honolulu, HI Anesthesiology UC-San Diego Medical Center San Diego, CA	Farmer, Adam James Johnson City, TN Pediatrics East Tennessee State University Johnson City, TN	Haywood, Steven T. Henderson, TN Emergency Medicine University of Tennessee Chattanooga, TN

CLASS OF 2015**JAMES H. QUILLEN COLLEGE OF MEDICINE 2015-2016**

Hildebrand, Jon Caleb
Signal Mountain, TN
Transitional Year
University of Tennessee
Ophthalmology
Methodist Hospital
Memphis, TN

Hill, Elizabeth Joy
Germantown, TN
Transitional Year
Naval Medical Center
San Diego, CA

Hines, Thomas Keith
Cleveland, TN
Neurological Surgery
University of Kentucky
Lexington, KY

Hinkle, Connie Alissa Manz
Elizabethton, TN
Family Medicine
East Tennessee State University
Bristol, TN

Hodgson, William David
Elizabethton, TN
Physical Medicine and Rehabilitation
University of Virginia
Charlottesville, VA

Hopkins, Andrea Lynne
Bristol, TN
Family Medicine
East Tennessee State University
Johnson City, TN

Hornsby, Kristan Michelle
Johnson City, TN
Obstetrics/Gynecology
West Virginia University
Morgantown, WV

Hotz, Tazley Ann
Waverly, TN
Psychiatry
East Tennessee State University
Johnson City, TN

Keel, Jessica J.
Nashville, TN
Pediatrics
Children's National Medical Center
Washington, DC

Kidd, Charles Alexander
Fayetteville, TN
Medicine-Pediatrics
University of South Carolina
Greenville, SC

Lederer, Eric Thomas
Knoxville, TN
Emergency Medicine
University of Arizona
Tucson, AZ

Lee, David Uihwan
Nashville, TN
Internal Medicine
Brown University
Providence, RI

Lee, Eric
Nashville, TN
Anesthesiology
Vanderbilt University
Nashville, TN

Magallanes, Christian David
Cordova, TN
Emergency Medicine
Denver Health Medical Center
Denver, CO

McCartt, Bill Nance
Johnson City, TN
Psychiatry
Boston University
Boston, MA

McClintock, Alicia Nicole
Knoxville, TN
Obstetrics/Gynecology
Naval Medical Center
San Diego, CA

McLaren, Michael Paul
Poestenkill, NY
Family Medicine
Virginia Commonwealth University
Winchester, VA

Milam, Philip Burke
Nashville, TN
Medicine
University Hospitals
Columbia, MO

Miller, Jonathan Allen
Collegedale, TN
Transitional Year
University of Tennessee
Chattanooga, TN
Dermatology
Mayo School of
Graduate Medical Education
Rochester, MN

Mooney, Melissa Anne
Millington, TN
Internal Medicine
University of Tennessee
Memphis, TN

Munjal, Alexander Ramesh
Kingsport, TN
Psychiatry
University of Virginia
Charlottesville, VA

Price, Adam Bradley
Harrogate, TN
Internal Medicine
University of Tennessee
Knoxville, TN

Rairigh, Richard Scott
Johnson City, TN
Surgery
Vanderbilt University
Nashville, TN

Reeder, Callie Elizabeth Fox
Sweetwater, TN
Obstetrics/Gynecology
University of Tennessee
Knoxville, TN

Rich, Dexter Neal
Huntingdon, TN
Surgery
East Tennessee State University
Johnson City, TN

Riggs, McKayla Brienne
Kingsport, TN
Obstetrics/Gynecology
San Antonio Military Medical Center
San Antonio, TX

Roberts, Antonia Kristiina
Hendersonville, TN
Obstetrics/Gynecology
Naval Medical Center
San Diego, CA

Robinson, Brandi Rae
McMinnville, TN
Family Medicine
University of South Alabama
Mobile, AL

Shyam, Ragini
Santa Clara, CA
Pediatrics
Georgetown University Hospital
Washington, DC

Smith, Claire Madden
 Knoxville, TN
 Psychiatry
 Medical University of South Carolina
 Charleston, SC

Vasili, Yasasvi
 Memphis, TN
 Pediatrics
 Emory University
 Atlanta, GA

Waters, Brandon Lee
 Memphis, TN
 Neurology
 University of Cincinnati
 Cincinnati, OH

Strohl, Jacob Dylan
 Baltimore, MD
 Psychiatry
 East Tennessee State University
 Johnson City, TN

Vinsant, Charles Todd
 Knoxville, TN
 Emergency Medicine
 Ohio State University
 Columbus, OH

Wilder, Jeremy Lee
 Fletcher, NC
 Pediatrics
 West Virginia University
 Morgantown, WV

Tino, Coty Jo
 Johnson City, TN
 Family Medicine
 University of Florida
 Gainesville, FL

Wade, Erin Elizabeth
 Memphis, TN
 Pediatrics
 University of Louisville
 Louisville, KY

Wilson, Maritza
 Vallejo, CA
 Family Medicine
 UC-Davis Medical Center
 Sacramento, CA

Tipton, Philip Wade
 Lenoir City, TN
 Neurology
 Mayo School of
 Graduate Medical Education
 Jacksonville, FL

Wann, Daniel
 Hermitage, TN
 Internal Medicine
 Beth Israel Deaconess Medical Ctr
 Boston, MA

Winningham, John Robert
 Cookeville, TN
 Pediatrics
 University of South Carolina
 Greenville, SC

CLASS OF 2016 HOMETOWN AND PRIMARY UNDERGRADUATE INSTITUTION

Allison, Matthew
Rogersville, TN
East Tennessee State University

Davis, Nathan Grant
Newland, NC
Duke University

Kennedy, Elijah Bennett
Knoxville, TN
University of Tennessee-Knoxville

Allred, Jonathan Jacob
Jamestown, TN
Carson-Newman College

Del Conte, Adam Collins
Memphis, TN
Bradley University

Kilpatrick, Kara
Memphis, TN
The University of Alabama

Ashe, Stephen Aaron
Selmer, TN
East Tennessee State University

Fisher, James Ashton
Memphis, TN
Georgetown University

Kim, Jordan Lakota
Morristown, TN
University of Tennessee-Knoxville

Bailey, James Samuel
Clarksville, TN
East Tennessee State University

Fleenor, Jason Eric
Johnson City, TN
East Tennessee State University

Kimbrough, ErinMarie Olson
Johnson City, TN
University of Georgia

Bakeer, Faris Adam
Selmer, TN
Union University

Freeman, Vanessa Yvette
Knoxville, TN
University of Tennessee-Knoxville

Kinser, Stephen L
Johnson City, TN
Carson-Newman College

Baker, Brent Allen
Kingsport, TN
King College

Garren, Madeleine Valerie
Maynardville, TN
Vanderbilt University

Lott, Baillie Walker
Brentwood, TN
University of Houston

Boyd, Jonathan Bradford
Jackson, TN
Union University

Gibson, Andrew Lee
Maryville, TN
Florida Institute of Technology

Manson, Hicks Corey
Lookout Mountain, TN
Cornell University

Brehm, Caryn Elizabeth
Kingsport, TN
University of Tennessee-Knoxville

Gill, Christopher Jeffreys
Johnson City, TN
Baylor University

Matney, Brittany Leigh Funderburke
Rutherfordton, NC
University of North Carolina-Asheville

BuAbbud, John Claude
Nashville, TN
Trinity University

Hansen, Valerie Amanda
Chattanooga, TN
Univ. of North Carolina-Chapel Hill

Morris, Michael Douglas
Englewood, TN
Middle Tennessee State University

Carrera, Adam Lassiter
Clinton, TN
King College

Hensley, Rachel Michelle
Wise, VA
University of Virginia-Wise

Neblett, Michael Franklin
Vanleer, TN
East Tennessee State University

Cearlock, Benjamin Michael
Maryville, TN
University of Tennessee-Knoxville

Hill, Christopher Michael
Knoxville, TN
University of Tennessee-Knoxville

Ochsenbein, Sean William
Cookeville, TN
Tennessee Technological University

Cohee, Amy Suzanne Haldeman
Norfolk, VA
College of William & Mary

Isang, Imaobong
Chattanooga, TN
East Tennessee State University

Olive, Lorenzo Q.
Murfreesboro, TN
Middle Tennessee State University

Cooper, Maria
Sevierville, TN
University of Tennessee-Knoxville

Jackson, Tina L
Clinton, TN
University of Tennessee-Chattanooga

Page, Nathan Chad
McMinnville, TN
Lee University

Cross, Kelley Naraine
Bluff City, TN
East Tennessee State University

Johnson, Katie Lynn
Maryville, TN
University of Tennessee-Knoxville

Patel, Anuj Anil
Clinton, TN
East Tennessee State University

Pollock, David Evan
Chattanooga, TN
Univ. of North Carolina-Chapel Hill

Sharp Denney, Lindsey Ann
Mount Juliet, TN
Vanderbilt University

Wells, Tamie Carol Daniels
Blountville, TN
North Carolina State University

Powell III, Cornelius
Gray, TN
Jefferson College of Health Sciences

Shults, Russell
Newport, TN
Carson-Newman College

Williams, Dana Krystina
Bristol, TN
Virginia Polytechnic Institute

Pratt, Landon Matthew
Kingsport, TN
Appalachian State University

Standley, Steven Matthew
Nashville, TN
David Lipscomb University

Williams, Logan Andrew
Jackson, TN
Samford University

Ragan, Joshua Kane
Bluff City, TN
Carson-Newman College

Stanley, Luke Michael
Kingsport, TN
East Tennessee State University

Williams, Maranda Lynn
Johnson City, TN
East Tennessee State University

Reid, Christopher Raymond
Hendersonville, TN
Middle Tennessee State University

Starkweather, Kent
Cookeville, TN
Centre College

Woodall, Tyler Ross
Knoxville, TN
Freed-Hardeman University

Rinehart, Kent
Knoxville, TN
University of Tennessee-Knoxville

Stockton, Benjamin Scott
Knoxville, TN
Savannah College of Art and Design

Workman, Matthew Ryan
Cleveland, TN
Lee University

Roberson, Megan Taylor
Nashville, TN
University of Tennessee-Chattanooga

Stockwell, Michael David
Hendersonville, TN
East Tennessee State University

Zachary, Joseph Dessaix
Nashville, TN
David Lipscomb University

Rollston, Rebekah Lynn
Johnson City, TN
Milligan College

Tkachenko, Igor
Louisville, TN
University of Tennessee-Knoxville

Rose, Ashley Machel
Lexington, TN
University of Tennessee-Martin

Voorhees, Catherine Elizabeth
Nashville, TN
New York University

Schlactus, Leigh Rose
Knoxville, TN
University of Tennessee-Knoxville

Weaver, Kevin Wayne
Cordova, TN
United States Air Force Academy

CLASS OF 2017 HOMETOWN AND PRIMARY UNDERGRADUATE INSTITUTION

Allen, Lauren Maria
Kingsport, TN
University of South Carolina Columbia

Denney, James Elliott
Lebanon, TN
East Tennessee State University

Guinn, Ashley Danielle
Kingsport, TN
Lipscomb University

Arthur, Jessica Lynn
Lakemont, GA
Mercer University

Desvaristes, Roseline D
Johnson City, TN
University of Louisiana at Lafayette

Hewson, David Michael George
Kingsport, TN
East Tennessee State University

Bowman, Brooke Marie
Morrison, TN
Lipscomb University

Dycus, Megan Elizabeth
Cookeville, TN
East Tennessee State University

Hicks, Alexander Bryan
Bartlett, TN
Middle Tennessee State University

Bowman, Jennifer Nicole
Cleveland, TN
Carson-Newman College

Eggert, Melissa Joy
Knoxville, TN
University of Tennessee-Knoxville

Hicks, Katherine Dumont
Kingsport, TN
University of South Carolina Columbia

Brooks, William Clayton
White Pine, TN
University of Tennessee-Chattanooga

Farmer, Jeffery Brett
Murfreesboro, TN
Middle Tennessee State University

Hinshaw, Kaitlyn Dawn
Boone, NC
East Tennessee State University

Campbell, Aaron Daniel
Farragut, TN
University of Tennessee-Knoxville

Fields, Amanda Rose
Knoxville, TN
University of Tennessee-Knoxville

Ho, Jennifer Shang-yee
Knoxville, TN
University of Southern California

Campbell, Erik Albert
Brentwood, TN
Rhodes College

Floyd, Sarah Rogers
Kingsport, TN
Vanderbilt University

Jackson, Elizabeth Galland
Nashville, TN
Vanderbilt University

Caroland, Leigha Brooke
East Ridge, TN
Berry College

Forth, Alexandra Ann
Johnson City, TN
Butler University

Jagadish, Pooja Sona
Johnson City, TN
Vanderbilt University

Charumuka, Tawanda
Memphis, TN
University of Memphis

Foye, Liberty
Cleveland, TN
Belmont University

Johnston Jr., James Robert
Smyrna, TN
Campbell University

Christman, Seth Michael
Nashville, TN
The George Washington University
Columbian College of Arts & Sciences

Gagel, Justin Travis
Knoxville, TN
East Tennessee State University

Kolarik, Anicka Kathryn
Walland, TN
New York University

Colangione, David Joseph
McMinnville, TN
University of Tennessee-Chattanooga

Gibson, Richard Dale
Maryville, TN
University of Tennessee-Knoxville

Lawson, Casey LeAnn
Rogersville, TN
East Tennessee State University

Conway, Sara Elaine
Chattanooga, TN
Lee University

Gouger, Daniel Heath
Whiteside, TN
Middle Tennessee State University

Lawson, Wyeth A
Hendersonville, TN
East Tennessee State University

Cooper, Gregory James
Knoxville, TN
University of Tennessee-Knoxville

Gozmao, Liane Patricia
Franklin, TN
Union University

Lindsay, Faith Woods
Knoxville, TN
Butler University

Davis, Wade Thomas
Chattanooga, TN
Abilene Christian University

Grindstaff, Travis Brenten
Mountain City, TN
United States Air Force Academy

Liu, Wei-Ning Eddie
Algood, TN
Massachusetts Institute of Technology

Loftis, Peri Nichole
Cookeville, TN
East Tennessee State University

Saha, Anand
Memphis, TN
Emory University

Underdown, Mary Jane
Athens, TN
East Tennessee State University

Macmillan, Katherine Grace
Johnson City, TN
University of South Carolina Columbia

Schmitt, Christina Lynn
Cleveland, TN
University of Tennessee-Knoxville

Walker, Jessica Jarmile
Johnson City, TN
East Tennessee State University

Marnon, Sadie Kaitlin
Knoxville, TN
University of Tennessee-Knoxville

Seaver, Brandon Ryan
Blountville, TN
University of Tennessee-Knoxville

Weatherly, Leah McAlister
Nolensville, TN
Lipscomb University

Mart, Ryan Emil
Morristown, TN
East Tennessee State University

Shafer, Hayden Lee
Franklin, TN
University of Tennessee-Chattanooga

Whitehead, Jack Moore
Columbia, TN
University of Tennessee-Knoxville

McConnell, Grayson
Cleveland, TN
Lee University

Shoemaker, Phoebe Kelli
Jasper, TN
University of Tennessee-Chattanooga

Wienczkowski, Joshua Andrew
Murfreesboro, TN
Middle Tennessee State University

Morris, Christopher Martin
Nashville, TN
University of Kentucky

Smith, Victor Philip
Huntingdon, TN
University of Tennessee-Knoxville

Wykoff, Gregory Emerson
Johnson City, TN
East Tennessee State University

Owens, Kyle Spencer
Johnson City, TN
Auburn University

Snyder, Logan Forrest
Palmyra, TN
Austin Peay State University

Yatskyy, Yaroslav V
Laverne, TN
Middle Tennessee State University

Patsimas, Tatiana
Normandy, TN
Yale University

Strickler, Scott Michael
Kingsport, TN
University of Tennessee-Knoxville

Yeager, Jamie Marie
Knoxville, TN
Miami University

Potter, Travis
Knoxville, TN
University of Tennessee-Knoxville

Sumner, William Charles
Kingsport, TN
Clemson University

Yogesh, Niti Patel
Dresden, TN
Rhodes College

Proctor, Rebecca Erion
Knoxville, TN
The University of Alabama

Svalina, Gorica
Johnson City, TN
East Tennessee State University

Younkin, David Russell
Oak Ridge, TN
University of Tennessee-Knoxville

Raines, Kayla
Mount Juliet, TN
Lipscomb University

Teterina, Evgeniya
Knoxville, TN
University of Tennessee-Knoxville

Robey, Carrie Elizabeth
Smyrna, TN
Drake University

Tyson, Andrew Jacob
Cleveland, TN
Lee University

CLASS OF 2018

HOMETOWN AND PRIMARY UNDERGRADUATE INSTITUTION

Abernathy, James Elmer Morristown, TN Carson-Newman College	Burrichter, Kaitlyn Susan Brentwood, TN University of Florida	Hagaman, Daniel Heath Nashville, TN Vanderbilt University
Ahsen, Refayat Oak Ridge, TN Vanderbilt University	Caldwell, Hugh Robison Cleveland, TN University of Mississippi	Haynes, Jessica Denise Nashville, TN University of Southern California
Alison, Rachel Helen Piney Flats, TN Furman University	Cantrell, James Nathan Gatlinburg, TN University of Tennessee-Knoxville	Herring, Jordan Lee Nashville, TN Baylor University
Almassi, Benjamin Hermitage, TN Sewanee: The University of the South	Carle, David Alan Johnson City, TN East Tennessee State University	Hudson, Jared Allen Ooltewah, TN Ball State University
Angelone, Anthony John Jarrettsville, MD United States Naval Academy	Chaudhary, Sirmad Bashir Johnson City, TN East Tennessee State University	Humble, Stephen Stone Nashville, TN University of Minnesota-Twin Cities
Ankar, Alexander George Chattanooga, TN Emory University	Crosnoe, Lindsey Elizabeth Jackson, TN University of Tennessee-Knoxville	Hurst, LeighAnne Kristine Knoxville, TN University of Tennessee-Knoxville
Bailey, Taylor Nicole Murfreesboro, TN Lee University	DiPeri, Timothy Philip Franklin, TN East Tennessee State University	Kinser, Brent Lewis Greeneville, TN East Tennessee State University
Barcel, John August Johnson City, TN East Tennessee State University	Dorris, James Frank Chattanooga, TN University of Tennessee-Knoxville	Kirby, John Warren Sparta, TN Tennessee Technological University
Boden, Kyle Thomas Knoxville, TN Emory & Henry College	Easterday, Jason Donald Spring Hill, TN University of Tennessee-Chattanooga	Lee, Rebecca Kathleen Nashville, TN Vanderbilt University
Bontrager, Gordon Scott Kingsport, TN Florida State University	Eckelberry, Joshua Randall Cleveland, TN East Tennessee State University	Lloyd, Kelsey Lee Newport, TN Centre College
Bowers, Nathan Lewis Johnson City, TN East Tennessee State University	Fleenor, Jacob W Rogersville, TN University of Tennessee-Knoxville	Maier, Megan Elyse Franklin, TN University of Tennessee-Chattanooga
Brouner, Jennifer Michelle Chattanooga, TN University of Tennessee-Knoxville	Fleming, Daniel Ryan Atoka, TN Auburn University	Maples, Kristian Sevierville, TN University of Tennessee-Knoxville
Buck, James Kyle Kingsport, TN Middle Tennessee State University	Greer, Jeremy Payne Johnson City, TN Milligan College	McCall, Katelin Beth Greenfield, TN University of Tennessee-Martin
Buda, Morgan Christina Newport, TN Lincoln Memorial University	Groves, Benjamin Clarence Cookeville, TN Tennessee Technological University	McCarty, Omar Bradley Strawberry Plains, TN University of Tennessee-Knoxville

McHenry, Sara Elisha
 Jacksboro, TN
 Carson-Newman University

Reddick, Julie M
 Martin, TN
 University of Tennessee-Martin

Thati, Apoorwa
 Brentwood, TN
 Emory University

Mejia Sierra, Luis Alfredo
 Johnson City, TN
 East Tennessee State University

Roland, Rebecca Sue
 Franklin, TN
 Lipscomb University

Tongumpun, Tera Marie
 Memphis, TN
 The University of Memphis

Merical, Brandon Michael
 Knoxville, TN
 University of Tennessee-Knoxville

Rowe, James Andrew
 Gray, TN
 University of Tennessee-Knoxville

Waldron, Heather Kay
 Beechgrove, TN
 Middle Tennessee State University

Metzger, Adam Christopher
 Kingsport, TN
 Clemson University

Schultz, Abby Lauren
 Memphis, TN
 Cornell College

Weddle, John Braden
 Johnson City, TN
 East Tennessee State University

Minhas, Ahmed
 Memphis, TN
 Rhodes College

Schultz, Danielle Elizabeth
 Nashville, TN
 Lipscomb University

Wilhoit, Kenan Treh
 Greeneville, TN
 East Tennessee State University

Monroe, Lizzie LeeAnn
 Celina, TN
 Tennessee Technological University

Sheth, Parth Pradip
 Madisonville, TN
 Emory University

Wilkinson, John Riley
 Jefferson City, TN
 Carson-Newman University

Moulton, Marie Elise
 Johnson City, TN
 Miami University

Smith, Ryan Edwards
 Knoxville, TN
 University of Tennessee-Knoxville

Yu, Alex James
 Memphis, TN
 Rhodes College

Muller, Bradley James
 Cleveland, TN
 Lee University

Solomon, Jennifer
 Johnson City, TN
 Milligan College

Zimmer, Joshua Daniel
 Knoxville TN
 University of Tennessee-Knoxville

Paulus, Emily Marguerite
 Knoxville, TN
 The University of Alabama

Stannard, Tyler Joseph
 Franklin, TN
 University of Tennessee-Chattanooga

Pearson, Kylie Rae
 Knoxville, TN
 University of Georgia

Sterling, Brent
 Knoxville, TN
 University of Tennessee-Knoxville

Rahimi-Saber, Anahita
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