

2017  
2018



CATALOG



QUILLEN  
COLLEGE *of* MEDICINE

EAST TENNESSEE STATE UNIVERSITY

**IMPORTANT NOTICE:**

**At the time of the original publication of this document (July, 2017) East Tennessee State University is in the process of transitioning from the governance of the Tennessee Board of Regents to our local, ETSU Board of Trustees. Therefore the user should be aware of the likelihood that certain policies, procedures, terms and conditions may change as the transition continues. As changes occur, the bulletin will be updated and both a notation of the date of change and a link to the revised policy will be included therein. Any questions regarding changes may be addressed to the Quillen College of Medicine Office of Admissions and Records at [sacom@etsu.edu](mailto:sacom@etsu.edu) or by phone at 423-439-2033.**

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 Class of 2018  
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# INTRODUCTION

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 catalog 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 report can be accessed online at <http://www.etsu.edu/dps>.

### **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).

Upon request, 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 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 or 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 governed by the ETSU Board of Trustees. 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 degree. 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. 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**

*Southern Association of Colleges and Schools Commission on Colleges*

East Tennessee State University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award baccalaureate, master's, education specialist and doctoral degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia, 30033-4097, telephone 404-679-4500 or <http://www.sacscoc.org> for questions about 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
- The Southern Conference

## **VISION STATEMENT**

Developing a world-class environment to enhance student success and improve the quality of life in the region and beyond.

## **MISSION AND VALUES**

East Tennessee State University provides a student-centered community of learning reflecting high standards and promoting a balance of liberal arts and professional preparation, and continuous improvement. The university conducts a wide array of educational and research programs and clinical services including a comprehensive Academic Health Sciences Center. Education is the university's highest priority, and the institution is committed to increasing the level of educational attainment in the state and region 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.

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.

# QCOM GENERAL INFORMATION

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 region.

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. The College of Medicine offers a core curriculum designed to help accomplish this mission. 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 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 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, a psychiatric hospital and a 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. 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*)

Niswonger Children's 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 critical thinking 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. Resources not available in the library can be readily 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 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 midnight; Saturday, 10:00 am to midnight; and Sunday, 1:00 pm to midnight. 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 health care community by providing graphic design and production in support of teaching, research, patient care, public service and promotional programs. Services include print, display and digital media; scientific posters; class notes; special project design; and high quality color copying.

### **GRADUATE MEDICAL EDUCATION (RESIDENCY PROGRAMS)**

The Quillen College of Medicine sponsors several residency and fellowship programs overseen by 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](http://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](mailto:cmeadean@etsu.edu). To view current program offerings, visit the website <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 Affairs and Student Services 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 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 Institutional Advancement at 423-439-6142 or email [qcomalumnisociety@etsu.edu](mailto: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 asterisk (\*\*) indicates the committees on which there are non-voting student members.

**Affiliation Partnership Council:** VA Director and representatives, vice president of health sciences colleges, deans and senior faculty members of the medical school affiliates 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.

**Administrative Council 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.

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

**Gender and Special Issues Committee\*:** 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 Graduate Medical Education, and the Associate

Dean for Student Services. 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 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.

**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. The evaluations identify strengths and weaknesses.

- 3.The evaluations are directed toward producing data useful in planning and effecting improvements.
- 4.The system is understood by all individuals involved.
- 5.Evaluations are uniform and give equal treatment to all involved.
- 6.Individual components of the system are compatible with each other as much as possible.
- 7.Evaluations are multifaceted and use information from all available sources.
8. It is designed to be as concise as possible in order to provide easily managed quantitative data.
9. It allows for much flexibility and freedom of responses compatible with the above goals.
10. 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 students 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 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 requires 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 does not 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 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 extracurricular 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 2018 entering class may submit competitive scores from any administration of the MCAT taken from January 2015 through September 2017.

Applicants are advised to prepare adequately and thoroughly for this examination and to structure an undergraduate curriculum that 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 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 accordance with specified 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**

**(Note: TBR regulations will be followed during the ETSU Board of Trustees transitional period.)**

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 <https://policies.tbr.edu/policies/policy-classifying-students-state-out-state-paying-college-or-university-fees-tuition>. 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 website 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 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.

## **SITUATIONAL JUDGMENT TEST**

All applicants progressing to the secondary application stage are required to take the computer-based designated Situational Judgment Test (SJT) called CASPer™, and report scores to Quillen.

CASPer™ (Computer-based Assessment for Sampling Personal Characteristics) is designed to evaluate core personal characteristics considered important for success in medical school and practice. It consists of a series of hypothetical, everyday situations presented through a variety of formats including text, animation or live-action video. Each situation relates to one or more personal characteristics. Examinees are asked how they would respond or behave in the situation portrayed.

Advanced registration is required. Specific information about registering for CASPer™ is found at [www.takecasper.com](http://www.takecasper.com). There is a total fee of \$20 which is not part of the QCOM application fee. It consists of a \$10 test fee + a \$10 distribution fee which is paid directly to the testing company upon

registration. These fees are waived for applicants eligible for the AAMC-FAP. Additional score reports may be forwarded to other schools requiring CASPer™ for \$10 each.

Early scheduling is advised and applicants should anticipate a four-week turnaround in score reporting. Applicants should schedule in sufficient time to allow for the reporting of results by the due date of their supplemental application information when requested. Scores from tests taken past the final November 2017 test date will not be accepted. Consideration for interviews will not occur until these scores are officially reported to us.

## **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 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 Services 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 Services 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 Services 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 Services 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 Services 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 Services 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 fact 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 arrangement with the Associate Deans for Student Services 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 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 no later than the third day of class, per TBR regulations.

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.

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 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 Services 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> (available October 1, 2017). 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 the Office of Student Services Financial Aid website. 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. Most loans (excluding Perkins Loans) first disbursed prior to July 1, 2006, have variable interest rates that are effective from July 1 of one year through June 30 of the following year. Because the student is borrowing funds from the federal government, no collateral is required. For any loans disbursement where the first disbursement is on or after October 1, 2016 and before October 1, 2017, the origination fee for a Direct Unsubsidized loan is 1.069% and for a Direct Grad Plus loan it is 4.276%. For any loans disbursement where the first disbursement is on or after October 1, 2017 and before October 1, 2018, the origination fee for a Direct Unsubsidized loan is 1.066% and for a Direct Grad Plus loan it is 4.264%

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, health insurance, premiums, 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 the website at [www.etsu.edu/com/sa/finaid](http://www.etsu.edu/com/sa/finaid).

**TUITION FEES AND OTHER EXPENSES**

(Subject to change at any time by the ETSU Board of Trustees)

<u>Application Fee</u> .....	\$50
<i>(Charged all applicants with the submission of requested supplementary information; send only if requested.)</i>	
<u>Class Reservation Deposit</u> <i>(applied to first semester tuition)</i> .....	\$100
<u>College of Medicine Tuition (2017-2018)</u> <i>(Additional fees required for summer term in the junior year)</i>	
<i>Tennessee Residents</i> .....	\$31,558
<i>Nonresidents</i> .....	\$64,322
<u>Books, Supplies, Journals and Instruments</u>	
<i>First-year (estimated)</i> .....	\$1,400
<i>Subsequent years</i> . .....	\$0-\$1,065
<u>Microscope Rental</u> ....	\$250
<u>Medical Bag and Instruments</u> .....	\$700
<u>Other Fees, Expenses</u>	
Transcripts .....	No charge
Health Insurance (estimated annual).....	\$2,300
I.D. Card Replacement Fee.....	(plus tax) \$10
Student Key Replacement Fee .....	\$10
College of Medicine Name Tag (replacement fee).....	(plus tax) \$10
Late Registration Fee .....	\$100
United States Medical Licensing Examination Fee <i>(Step I &amp; Step II, each)</i> .....	\$605
Other Required Fees (per semester) .....	\$2131





# 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 for solving 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 website.

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 Institutional Educational 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.

The M.D. degree is awarded by the ETSU Board of Trustees upon certification by the faculty of the university that the student has successfully completed all requirements.

### **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 (pre-clerkship phase) emphasize the foundational scientific information needed to become a competent physician and its clinical relevance while introducing early clinical skills. It is required that all students complete this phase of the curriculum within three (3) years of beginning the curriculum. The final two years (clinical phase) emphasize the application of the foundational material to the care of patients. It is also required that this phase of the curriculum be successfully completed within three (3) years of beginning the clinical phase of training. No more than a cumulative six (6) years is allowable or the completion of the entire curriculum. (Note the six-year completion requirement under the section above 'Requirements for the Degree Doctor of Medicine'.)

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 knowledge, 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

## 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

### **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 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
- 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 lifelong 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 SENIOR YEAR**

At the beginning of 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. Students may not participate in M4 away electives until competency has been demonstrated satisfactorily to OSCE director.

### **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
- 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
- Universal precaution techniques
- Urine clean catch
- Urine dipstick test
- Venipuncture for laboratory studies
- Wet mount

*\*Last reviewed June 2017*



# Typical Curriculum

Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16*	17	18	19	20	21	22	
M1 Fall	Doctoring I																						
		Embryology	Anatomy												Genetics								
		Biostatistics, EPID EBM												Cellular & Molecular Medicine									
		Lifespan Development															Physiology						
																	Cell & Tissue						
		Self-Directed Learning Block/Integrated Ground Rounds (IGR)																					

\*Fall Break Monday/Tuesday of Week 16

Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19**
M1 Spring	Doctoring I																		
	Cellular & Molecular Medicine																		
	Physiology																		
	Cell & Tissue																		
	Self-Directed Learning Block/Integrated Ground Rounds /**First Patient Case Presentations																		

\*Spring Break Week to be determined

Weeks	1	2	3	4	5	6	7	8	9	10*	11**	12	13	14	15	16	17	18	19	20
M2 Fall	Immunology				Microbiology															
		Clinical Neuroscience																		
	Medical Pathology I																			
	The Practice of Medicine																			
	Career Exploration II: One formal session and individual session with career advisor																			
	Self-Directed Learning Block/Integrated Ground Rounds (IGR)																			

\*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
M2 Spring	Microbiology																		
	Medical Pathology II																		
	Medical Pharmacology																		
	The Practice of Medicine																		
	Career Exploration II: One formal session and individual session with career advisor																		
	Intro to Clinical Psychiatry																		
	Self-Directed Learning Block/Integrated Ground Rounds (IGR)																		

\*Spring Break Week to be determined

Note: This schematic indicates general layout of course placement for Generalist Track. Course Semester/Exam Schedules are refined by Course Directors and published at: <http://www.etsu.edu/com/acadaffairs/studentinfo/education/mdcurriculum.php> 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)	(33 weeks of selectives)
Generalist and Rural Primary Care Track (RPCT) (All Students)	Internal Medicine (8 weeks)	12 weeks of selectives
	OB/GYN (6 weeks)	18 weeks of electives
	Pediatrics (6 weeks)	Keystone Course (3 weeks)
	Psychiatry (6 weeks)	
	Junior Electives (2 weeks)	
	Surgery (8 weeks)	
Generalist Track Only	Family Medicine (6 weeks)	Intensive Care (4 weeks)
	Community Medicine (6 weeks)	Inpatient Subinternship (4 weeks)
		Ambulatory Care (4 weeks)
Rural Primary Care Track Only	Rural Primary Care (12 weeks)	Rural Primary Care (4 weeks)
		Inpatient Subspecialty (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>
<u><i>Generalist (Traditional) &amp; Rural Primary Care Track</i></u>			
ANTY-1314	Medical Human Gross Anatomy and Embryology (Fall semester only)	144	11
BCHM-1315	Cellular and Molecular Medicine (both semesters)	136	11
CBIO-1312	Cell and Tissue Biology (both semesters)	90	7
CSKL-1350	Doctoring I: <i>Introduction to Physical Exam</i> <i>The Profession of Medicine</i> <i>Case-Oriented Learning</i> <i>Career Exploration</i> <i>Clinical Experiences</i> <i>Communication Skills for Health Professionals</i>	247	20
HGEN-1311	Genetics (Fall semester only)	38	3
MEDU-1312	Biostatistics and Epidemiology (Fall semester only)	18	1
PHSY-1312	Medical Physiology (both semesters)	106	10
PSYH-1312	Lifespan Development (Fall semester only)	12	1
<u><i>Rural Primary Care Track Only</i></u>			
IDMD-1940	Rural Health Research and Practice (Spring semester only)	45	3

**Second Year****FALL:**

<u><i>Generalist (Traditional) &amp; Rural Primary Care Track</i></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><i>Generalist (Traditional) Only</i></u>			
PRMD-2122	The Practice of Medicine (both semesters)	143	9
<u><i>Rural Primary Care Track Only</i></u>			
IDMD-2122	The Practice of Rural Medicine I	45	3
IDMD-2950	Rural Community Based Health Projects	45	3

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

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

**Third Year**

<i><u>Generalist (Traditional) &amp; Rural Primary Care Track</u></i>			
GMED-3000	Transitions to Clinical Clerkship	1 week	1
IMED-3003	Jr. Internal Medicine Clerkship	8 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	Junior Elective	2 weeks	12
SURG-3008	Jr. Surgery Clerkship	8 weeks	12
MEDU-3314	Career Explorations III	13 weeks	1
<i><u>Generalist (Traditional) Only</u></i>			
COMD-3001	Jr. Community Medicine Clerkship	6 weeks	12
FMED-3002	Family Medicine Clerkship	6 weeks	12
<i><u>Rural Primary Care Track Only</u></i>			
RPCT-3009	Jr. Rural Primary Care Clerkship	12 weeks	24

**Fourth Year**

<i><u>Generalist (Traditional) &amp; Rural Primary Care Track</u></i>			
GMED-4501	Keystone Course	3 weeks	6
Various	Electives (minimum)	18 weeks	32
<i><u>Generalist (Traditional) Only</u></i>			
Various	Selectives	12 weeks	32
<i><u>Rural Primary Care Track Only</u></i>			
RPCT-4310	RPCT Underserved Area Selective	4 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 principles of development of all organ systems, and the structure of the human body as it relates 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 predominantly in lecture and 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. Introduction to the microanatomy of the human body from the cellular level, to the organization of basic tissues, to the histology of the major organ systems. Material learned in this course is foundational for pathology. Students will be expected to become competent using diagnostic criteria to identify human tissues and organs at the light and electron microscopic level and are expected to relate normal structure to normal function. Learning modalities include lectures, video-podcasts, interactive slide sessions and independent student activity in the histology laboratory using microscope and glass slides as well as virtual microscopy.

#### **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. The pathophysiology and clinical presentations of allergies, organ transplant rejection, microbial infections, autoimmune disorders, and immunodeficiency diseases are emphasized. Students are expected to analyze data and use their reasoning skills to solve clinical and laboratory data-based problems in class, on quizzes, and during course examinations. Learning

activities include interactive lectures, flipped classroom, clinical case presentations, group discussions, and self-study of review questions.

**PHRM-2312. Medical Pharmacology (8 credit hours)**

Required of all second-year medical students. This course provides an introduction to drugs commonly used in medical practice including their mechanisms of action, pharmacokinetic properties, therapeutic usages, common adverse effects, and contraindications. In addition, personalized medicine, substance abuse and management of the poisoned patient are covered. Integration of the molecular processes of drugs to human diseases including inflammation, infection, cancer, neurological disorders, cardiovascular disease, and psychiatric disorders is stressed. Learning activities include interactive lectures, group discussions, patient simulations and clinical conferences. Students will be expected to critically analyze cases and propose/alter pharmacotherapy based upon the patient's presentation and current evidence-based medicine.

**PHSY-1312. Medical Physiology (10 credit hours)**

Required of all first-year medical students. Physiology is the foundational science of medicine, integrating body structures, including cells and tissues, with fundamental principles of chemistry and physics to understand normal body functions, from molecules to organ systems. Physiologic concepts emphasizing regulatory and compensatory mechanisms are introduced in lectures and readings, while clinical case presentations, problem-solving sessions, patient simulations and lab experiences foster development of the clinical reasoning skills essential to formulating differential diagnoses. Quizzes and exams assess student mastery of basic concepts and clinical judgement.

**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. Reid Blackwelder, Interim Chair

**FMED-3002. Junior Family Medicine Clerkship (12 credit hours)**

Required of all generalist track third-year medical students as an six-week rotation. All students will be assigned to either Bristol, Kingsport or Johnson City for their Family Medicine Clerkship. Students will be involved with outpatient activities at their assigned ETSU Family Medicine clinic and the inpatient service at the clinic's associated hospital: Bristol Regional Medical Center, Holston Valley Medical Center in Kingsport or Johnson City Medical Center. Each clinical site will develop their students' schedules for working in the clinic and in the hospital. All students will participate in a home visit arranged through the social worker at each clinic; make an EBM/PICO based presentation; complete a

behavior change assignment; and a participate in preventative medicine project during the clerkship. Clinical location assignments will be made at the discretion of the coordinator and faculty, according to clinic and hospital scheduling needs before the academic year starts and changes cannot be accommodated. Student requests based on a specific “hardship” such as illness, difficult childcare circumstances, or extenuating circumstances submitted by March 1 will be considered.

**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. Jeffrey A. Summers, Chair

**IMED-3003. Junior Internal Medicine Clerkship** (16 credit hours)

The Junior Internal Medicine Clerkship experience is 8 weeks of inpatient medicine. Each student will spend four weeks at two of our three affiliate hospital facilities: Veteran's Administration Medical Center, Johnson City Medical Center and Holston Valley Medical Center in Kingsport, as part of the inpatient team. During this four-week period students will admit and follow patients. Students will learn to take a complete history, conduct a thorough and accurate physical exam, take into consideration complex psycho-social issues, formulate a problem list, construct a relevant differential diagnosis, and along with the care team students will begin to manage the daily details of the care of patients.

Medical students will accompany the lead/senior resident to their continuity clinic one-half day per week for the entire 8-week clerkship. During this clinic time the student will see the patient with the resident and actively participate in the discussion with the resident and preceptor. The student will be required to write a complete history and physical or a SOAP note for each patient.

**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 (OBY)**

Dr. William Block, Chair

**OBY-3004. Junior Obstetrics/Gynecology Clerkship** (12 credit hours)

The OB/GYN Clerkship consists of a six week experience that will expose the student to the discipline of Obstetrics and Gynecology. During the six weeks of training, there are five (5) one-week rotations and one week of academic preparation for departmental testing and the nationally standardized NBME

exam. The five one-week rotations are: Night Float; Inpatient OB Service; Outpatient OB Service; Ambulatory Clinic Service; and Gynecology Surgery Service. Students will be arbitrarily assigned to the one-week rotations and all students will rotate through all rotations. The Obstetrical Services include low risk OB evaluation; high risk clinical OB experience including High Risk Diabetic Clinic; Labor and Delivery assignment; and Ultrasound exposure. The Gynecology Service will expose students to the subspecialties of the discipline including Urogynecology; Reproductive Endocrinology; and Gynecological Oncology. The student will experience both inpatient and outpatient care in these subspecialties. Students will be assigned to the Labor & Delivery floor of Johnson City Medical Center; the Outpatient Clinics at the Palma Robinson Clinical Education Building; as well as Holston Valley Medical Center or Johnson City Medical Center Operating Room Suite. Night Float Rotation will include four (4) call nights starting at 5:00 PM and lasting until 7:00 AM and one 24-hour shift on a weekend day.

**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)

The Department of Pediatrics utilizes the Niswonger Children's Hospital at Johnson City Medical Center for all inpatient experiences. Students are assigned arbitrarily to ward and nursery rotations at Niswonger, and ambulatory clinics at ETSU Physicians and Associates Pediatrics clinic, First Choice Pediatrics & Kingsport Pediatrics. All students have a ward, nursery, NICU and multiple ambulatory experiences (general pediatrics and specialty pediatrics) during their 6 week rotation.

**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, independent 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** (16 credit hours)

The Psychiatry Clerkship is a six week rotation that provides a general overview to the experiences and knowledge that will form the basis for students' clinical skills in psychiatric diagnosis and therapeutics. The majority of clinical training experiences are conducted at Woodridge Hospital (adult and child/adolescent inpatient services) and the Veterans Administration Medical Center. Additional training sites include the ETSU Psychiatry Clinic (outpatient).

**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)**

The Surgery Clerkship will be comprised of two, three-week rotations plus 2 weeks of elective time in a surgical subspecialty; focusing on experiences in both the General Surgery ambulatory and inpatient settings. All students will have either a three-week block at the VA Medical Center (VAMC), Holston Valley Medical Center (HVMC) in Kingsport, or the Johnson City Medical Center (JCMC). Hospital location assignments can be based on student requests, special needs, and/or space availability. Every attempt is made to assign each student to a specific surgery physician and/or surgery resident at each location that will facilitate feedback, both face-to-face and formally in writing. The student's time during their 24-hour call assignments may involve time spent with the Trauma/Critical Care Medicine services.

#### **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 interests or projects within the department or to accommodate special situations that may arise.

### **Section of Medical Education (MEDU)**

Dr. Jerald Mullersman, Professor, Department of Pathology

#### **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. With research in medical residency in mind, this course provides statistical methods beyond concepts of MEDU-1312. Alternatively, students also may pursue special interests or projects involving statistical methodology.

### **Interdepartmental/Interdisciplinary Course Offerings Generalist and Rural Primary Care Track:**

#### **DOCT-1350. Doctoring (20 credit hours)**

Doctoring I is a course designed to begin the process of transformation of the medical student into a physician. This course, which spans the first year of medical school, introduces clinical skills including

professionalism, communication, and physical examination performance. Students will develop the knowledge, skills, and attitudes appropriate to the level of first year students. Important issues related to professional standards, medical ethics, and social issues are also addressed. Through lectures by clinicians, small group activities and integrated grand rounds students begin to experience clinical problem solving and developing critical thinking skills. Students will learn in clinical settings both individually and in small groups with standardized patients and actual patients. Through course work and service learning activities students will work with inter-professional teams. Additionally students will begin the process of self-reflection as part of developing a professional identity and their future careers in medicine.

**HGEN-1311. Genetics** (3 credit hours)

Required of all first-year medical students. A presentation of basic concepts in cytogenetics, Mendelian genetics, population genetics, and genetic counseling so that students will be able to understand major genetic disorders likely to be seen by primary care physicians. Learning activities include video-podcasts, basic science and clinical lectures and team-based learning sessions for pedigree analysis, inheritance patterns and recurrence risks.

**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-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.

**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. Junior Elective** (12 credit hour)

The elective consists of one two-week elective within an 8 week block with Community Medicine. During each two week block the student will be assigned to work with a physician practicing in the specialty. The student will be involved in evaluating new patients, following established patients, and writing consultation notes. The student should observe and/or assist with procedures commonly performed and become familiar with the most commonly encountered diagnoses. Through reading and actual interpretation of results the student should understand the interpretation of diagnostic studies appropriate to the specialty.

**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:**

**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. Junior Community Medicine Clerkship** (12 credit hours)

The Community Medicine Clerkship is designed to provide an opportunity to better understand community medicine and population health issues. This experience will expose students to how a smaller community addresses the healthcare needs of its citizens. Roughly half of the clerkship will be in the clinical care settings working with physicians and other health care professionals from a variety of specialties in both inpatient and outpatient settings. The other half will be spent in the community participating in a variety of experiences designed to create understanding of common health needs of the community, the impact of culture on health, health education, methods to reach underserved populations, and the nonclinical roles of physicians in the community. Each group of students will participate in a community project during the clerkship as well as a rural outreach health fair focused on delivering preventive services to rural underserved areas. This rotation is required for all students and will be conducted in Sevierville, Tennessee. Housing will be provided.

**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:**

The majority of first year RPCT course work is embedded in the Doctoring I course. RPCT student will participate in the Professionalism, Physical Exam Skills, and Career Exploration components of Doctoring I alongside Generalist track students. RPCT Students participate in the Communication Skills content area in small groups with other RPCT students and with rural faculty as small group facilitators. The Case Based Learning content area will be delivered primarily in rural community sites with RPCT faculty. While the same learning objectives will be addressed as for Generalist Track students, different cases will be used to reflect rural issues. These cases will involve actual patients from rural communities. Clinical and Community experiences will be in rural communities with rural physicians and other health care providers working in health care offices and with community organizations to address the health of patients and communities. Activities will include team building and clinical experiences, complemented with group discussion, review of clinical encounters and self-directed information acquisition.

**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)

In addition to the other required clerkships, Rural Primary Care Track Students are required to take this 12 week rural clerkship instead of both the Family Medicine and the Community Medicine Clerkships.

During this rotation students spend 12 weeks working in a rural primary care setting. The majority of this time occurs in one of the rural community partnership areas, either Mountain City or Rogersville. One week is devoted to a “health fair” community experiences with the generalist track students. There is an option to have from 2 – 4 weeks of rural clinical experience in another location where family medicine provides a high concentration of family oriented maternity care and gynecological care experiences. Students are responsible for following patients in one of several primary care sites, and for following patients in non-ambulatory care settings in the community, such as in the emergency room, EMS settings or nursing home. The objectives of the rural clerkship are congruent with those of the generalist Family Medicine and Community Medicine clerkships in the context of a rural setting. Additionally students are required to complete a community project. During this clerkship students learn the approach to the ambulatory diagnosis and management of common problems experienced by rural patients. Housing is provided.

**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**

Several 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 experiences 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 sixteen students in 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 in rural settings 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 students 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 students 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 students 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 third 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 the beginning of or very early in their fourth year in order to have the results of both available by early December. 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 website at [www.usmle.org](http://www.usmle.org).

Following successful completion of graduation requirements, a graduate must apply for licensure with a state's Board of Medical Examiners. Each state's requirements vary; some states include qualifying exam information with restrictions on the amount of time for passing STEP exams and/or limits on the number of repeats. For more information, see <https://www.fsmb.org/licensure/fcvs/state-requirements> and <http://www.fsmb.org/policy/contacts>.

**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.

# PROGRAM INFORMATION

**ACADEMIC CALENDAR 2017-2018** (Subject to Change)

**Pre-Clerkship**

<b>First Semester</b>	<b>First Year</b>	<b>Second Year</b>
Orientation Begins	July 17, 2017	n/a
White Coat Ceremony	July 21, 2017	n/a
Classes Begin	July 19, 2017	July 31, 2017
Holiday	September 4, 2017	September 4, 2017
Preceptorship Week	n/a	October 2-6, 2017
Fall Recess	October 30-31, 2017	October 9-10, 2017
Holiday	November 23-24, 2017	November 23-24, 2017
Classes End	December 15, 2017	December 8, 2017
Final Exams End	December 18, 2017	December 15, 2017
Winter Recess	December 19, 2017– January 1, 2018	December 16, 2017– January 1, 2018

**Second Semester**

Classes Begin	January 2, 2018	January 2, 2018
Holiday	January 15, 2018	January 15, 2018
Spring Recess	TBD	TBD
Classes End	May 3, 2018	May 1, 2018
Final Exams End	May 11, 2018	May 9, 2018

TBD=To be determined

NOTE: In the event of inclement weather, make-up sessions may be required on Saturdays.

**Clinical Sciences**

**Third Year**

Transition to Clinical Clerkships, June 17-24, 2017

**6-Week Clerkships**

**8-Week Clerkships**

Period 1	June 26-August 4, 2017	Period 1	June 26-August 18, 2017
Period 2	August 7-September 15, 2017	Period 2a	August 21-September 15, 2017

Fall Recess, September 18-22, 2017

Period 3	September 25-November 3, 2017	Period 2b	September 25-October 20, 2017
Period 4	November 6-December 15, 2017	Period 3	October 23-December 15, 2017

Winter Recess, December 18, 2017—January 1, 2018

Period 5	January 2-February 9, 2018	Period 4	January 2-February 23, 2018
Period 6	February 12-March 23, 2018	Period 5a	February 26-March 23, 2018

Spring Recess, March 26-30, 2018

Period 7	April 2-May 11, 2018	Period 5b	April 2-27, 2018
Period 8	May 14-June 22, 2018	Period 6	April 30-June 22, 2018

**Clinical Sciences (continued)****Fourth Year**

Block 1	A	June 26—July 7, 2017
	B	July 10—July 21, 2017
Block 2	A	July 24—August 4, 2017
	B	August 7—August 18, 2017
Block 3	A	August 21—September 1, 2017
	B	September 4—September 15, 2017

*Fall Recess, September 18-22, 2017*

Block 4	A	September 25—October 6, 2017
	B	October 9—20 2017
Block 5	A	October 23—November 3, 2017
	B	November 6—17, 2017
Block 6	A	November 20—December 1, 2017 ( <i>electives only</i> )
	B	December 4—15, 2017 ( <i>electives only</i> )

*Winter Recess, December 18, 2017—January 1, 2018*

Block 7	A	January 2—12, 2018
	B	January 15—26, 2018
Block 8	A	January 29—February 9, 2018
	B	February 12—23, 2018
Block 9	A	February 26—March 9, 2018
	B	March 12—23, 2018
Block 10		March 26—April 6, 2018 (2 weeks only)
Block 11	<i>Keystone Course</i>	April 9—27, 2018

*Graduation, May 4, 2018*

Block 12	A	April 30—May 11, 2018
	B	May 15—26, 2018

- Thirty-three weeks of educational activity required, including Keystone course.
- Blocks 1-11, including Keystone, consists of forty-one weeks.
- Students completing rotations after graduation date will have a hold placed on their diploma until all requirements are met.
- Those completing rotations beyond June 8 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 October.

## **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 consider departmental reports and all other information relative to student assessments. 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/ clerkship 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 graded; others are narrative assessments of student performance. 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 determination 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 is to continue in the curriculum with 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 course. If a student receives two or more D grades in the same academic period, the Student

Promotions Committee will require that the student repeat that 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 shall assign the 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 by the course director 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 Office of Academic Affairs and the Office of Student Services 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 a grade of 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 Executive Associate Dean for Academic and Faculty Affairs 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 progress of students throughout their medical school career and to identify those at risk of unsatisfactory performance; recommend to the faculty of the college the promotion of students from one academic year to the next; recommend for graduation to the faculty those students completing all established criteria of the M.D degree; and make recommendations to the Dean for actions which delay a student's progress.

All deliberations of the committee are strictly confidential. Actions of the committee will be communicated through official channels of the Executive Associate Dean's office or, in special instances, by means designated by the committee.

### **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, in consultation with the Executive Associate Dean for Academic Affairs, will identify another appropriate individual to serve.

In addition, the course directors of each first-year and second-year course will serve on the committee. 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 Services, the Associate Dean for Graduate Medical Education, the Associate Dean 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.

### **Scheduling and frequency of meetings**

Routine meetings will be scheduled throughout the year. Special meetings will be called by the chair when appropriate.

### **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 Student Promotions Committee who has provided health services of any type or has other conflicts of interest concerning a student will recuse themselves 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 recuse themselves from discussion of or decisions about the student's progress or advancement.

### **Agenda**

The Executive Associate Dean for Academic and Faculty Affairs (or designate) will be responsible for preparation of the agenda for regular and called meetings.

The agenda shall consist of a call for self-disclosure by any member of the Student Promotions Committee who has provided health services or has a conflict of interest concerning any student on the agenda; consideration of students' academic progress; promotion of students from one year to the next; and certification of students for graduation.

Specific students to be discussed are those whom course directors 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 Executive Associate Dean for Academic and Faculty Affairs for presentation to the committee. Any other student will be discussed at the request of a course director or course faculty.

### **The Student Promotions Committee will:**

#### *Advance students with satisfactory performance*

Promotion from one year to the next and certification for graduation is contingent on a positive action recommended by the Student Promotions Committee and approved by the faculty of the college. Students must meet all requirements for academic performance and professional behavior to be recommended for promotion or certification for graduation. 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 academics, personal characteristics and conduct.

*Review students who receive Incompletes and/or Withdrawals from a course*

The Student Promotions Committee will review students who receive an incomplete grade (I) in a course or withdraws (WP or WF) from a course. The Student Promotions Committee will consider the recommendation of the course director for satisfactory completion of the course and will monitor student s' progress, as appropriate.

*Review students with unsatisfactory performance*

Students who receive a failing grade (D or F) in any course will be reviewed by the Student Promotions Committee. The Student Promotions Committee will consider the recommendation of the course director for satisfactory completion of the course and will monitor students' progress as appropriate.

Students who are permitted by the Student Promotions Committee to continue in the curriculum after a receiving a failing grade and completing the prescribed remediation must complete the first two years of the curriculum within three years from the date of matriculation to be eligible for promotion to the third-year of the curriculum. Inability to complete the first two years of the curriculum within three years from the date of matriculation is sufficient justification for dismissal. Additionally, inability to complete all requirements for graduation within six years from the date of matriculation is sufficient justification for dismissal.

*Recommend students for dismissal*

Students with more than one deficiency, defined as a grade of D or F, at any given time will automatically be placed on academic probation and be recommended for dismissal.

The committee may, at any regular or extra called meeting, recommend dismissal for students with academic performance which does not meet institutional standards.

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.

Students may be recommended to the Dean for dismissed from the Quillen College of Medicine for non-academic reasons. The recommendation can be based on behavior that 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.

If there is a recommendation for dismissal, the student will be afforded the opportunity to request in writing a reconsideration hearing before the Student Promotions Committee within a period of 14 calendar days from the time of the original recommendation. The student will be offered the opportunity to appear and be allowed to bring a person to serve as an advocate. The hearing will be an informal procedure allowing the student the opportunity to provide information related to their performance and/or professional behavior which directly impacted their ability to successfully perform in the curriculum and their plan for future success.

Immediately following the hearing, the committee will decide upon a specific recommendation. If the prior decision to recommend dismissal of the student is upheld, the recommendation will be forwarded to the Dean.

*Recommend students to be placed on a leave of absence.*

A student may be recommended to be placed on a leave of absence for a maximum of one year when the committee feels the student's continued enrollment is not advisable due to resolvable circumstances. This recommendation will be explained to the student. If a student accepts, the recommendation will be forwarded to the Dean. If the student disagrees with the recommendation, the same procedure for a hearing will be followed.

*Recommend students to be placed on a reduced schedule.*

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 recommend the student be offered the opportunity for the reduced schedule. In this instance the student may or may not accept. If the student does accept, no further action is required. Established curricular progression time limits are still applicable.

*Consider remediation plans.*

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; or any other recommendation felt to be in the best interest of the student.

*Place students on academic probation.*

The committee also has authority in the placement of a student on academic probation.

*Make Recommendations to the Dean.*

The committee recommends to the Dean: 1) the placement of a student on a reduced schedule; 2) the requirement of a student to take a leave of absence; and 3) dismissal of the student from medical school; or disciplinary action for unethical and/or non-professional behavior.

*Hear Student Requests for Reconsideration to Committee Actions*

A student may request a reconsideration hearing by the Student Promotions Committee for action taken when the action is within stipulated authority of the committee delaying a student's progress in the curriculum. The Student Promotions Committee Chair must receive the written request for reconsideration of the action taken within 14 calendar days following the date the student was informed of the decision.

*Inform Students of Appeal Process*

If a student is not satisfied with the result of the reconsideration hearing by the Student Promotions Committee, the student may appeal the decision to the Dean of Medicine. A 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 specifically identifying the failure of the process, may be made to the Vice President for Health Affairs. Such an appeal must be initiated in writing within 14 calendar days from the time the Dean reports the decision to the appropriate individuals, otherwise, the decision of the Dean of the Quillen College of Medicine is final.

# POLICIES AND PROCEDURES

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 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 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 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 Services 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. The Honor Code : Medical Students at Quillen College of Medicine shall not lie, cheat, or steal.

#### **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 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.

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.

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 representation 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 Services any council minutes, official papers or recordings, as well as any documents 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 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 ETSU 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, 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.

- 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.

Additional rights include:

- 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.
- 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 Services 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. ETSU administrative office closures do not necessitate student time off. Additional call may be required for time away for other approved educational activities.

*Annual Leave:* Request for time off from a required clerkship for vacation/special event will not be granted. Three scheduled breaks are included in the academic calendar.

*Medical Leave:* Students are expected to seek necessary health care to maintain their physical and mental well-being. Examples of necessary health care include preventive health services, visits for acute illness, ongoing care for chronic illnesses, physical therapy, and counseling and psychological services. Consistent with their rights under University policies and the law, students have a right to privacy when seeking care.

For planned absences related to healthcare, students must contact the clerkship director or clerkship coordinator and preceptor or patient care team leader in advance to coordinate time away from the clerkship. Students need not disclose the specific type of healthcare that is being sought. A student's decision to seek healthcare during a clerkship should have no impact on their performance evaluation. Planned absences are limited to two total days.

Unanticipated absences for illness or emergency must be communicated to the clerkship director or clerkship coordinator and preceptor or patient care team leader as promptly as possible. Absences of greater than 2 days requires a note from the student's personal healthcare provider with make-up of missed activities/experiences at the discretion of the Clerkship Director.

*Education Leave:* Time off from a required clerkship to attend a conference will NOT be approved by the Clerkship Director. Time off from a required clerkship of up to 3 days (inclusive of travel time) MAY be granted by the Clerkship Director for a student to:

- 1) attend a conference if the student is presenting research at a conference and a written request form is submitted and approved at least 6 weeks prior to the conference. The conference agenda, the conference flyer or letter of invitation documenting presentation must be submitted with the written request.
- 2) attend a conference as an elected institutional representative for a regional or national organization. A written request form must be submitted and approved at least 6 weeks prior to the conference.
- 3) take Step 2 CS exam if written request form is submitted and approved at least 6 weeks prior to the exam date.

Make-up of missed activities/experiences is at the discretion of the clerkship director.

Leave on the first day of the rotation (Clerkship orientation) and the last day of the rotation will NOT be approved. Clerkship Directors may also identify clerkship specific days, when leave will not be granted (i.e. health fair week in Community Medicine).

Clerkships begin on Monday morning (occasionally Tuesday morning, if Monday was a holiday) and continues until 4:30 PM the last Friday of the rotation, including weekends. A leave request must also be submitted for weekend days, unless the clerkship specifies there are no expectations of student participation in required educational activities, such as, but not limited to call or hospital rounds on weekends.

Students are expected to follow the work schedule of the ambulatory or inpatient site they are assigned. ETSU holidays do not apply to these sites. The only holiday time that is automatically granted is for Thanksgiving. Students will be released from their clerkship at 8 pm the day before Thanksgiving and must return by 8 am the day after. Students always have the weekend off between clerkships.

Students who will miss more than 20% of the total duration of a clerkship – for any reason – will receive an Incomplete and must make-up the missed time within one year or the Incomplete will convert to an F, per university and COM policy.

### **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.

*Medical Leave:* Students are expected to seek necessary health care to maintain their physical and mental well-being. Examples of necessary health care include preventive health services, visits for acute illness, ongoing care for chronic illnesses, physical therapy, and counseling and psychological services. Consistent with their rights under University policies and the law, students have a right to privacy when seeking care.

For planned absences related to healthcare, students must contact the course director or senior clerkship coordinator and preceptors or patient care team leader in advance to coordinate time away from the course. Students need not disclose the specific type of healthcare that is being sought. A student's decision to seek healthcare during a clerkship should have no impact on their performance evaluation. Planned absences are limited to two total days.

Unanticipated absences for illness or emergency must be communicated to the course director or senior clerkship coordinator and preceptor or patient care team leader as promptly as possible. Absences of greater than two days requires a note form the student's personal healthcare provider with make-up of missed activities/experiences at the discretion of the course director.

## **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 Services 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 Services has a relatively wide authority of inquiry, including investigating student complaints against instructors, but has no decision-making authority. The Office of Student Services 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 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. 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, 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 uploaded to myRecordTracker.com. Uploaded 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 Services, 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, 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 healthservices 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 school 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. The 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 Services, Room C223, Stanton-Gerber Hall, phone 423-439-2019.

## **STUDENT DRUG SCREENING POLICY**

ETSU is a drug free campus. Hospitals and other clinical facilities require medical students (as well as employees) to have drug screens to work or train in their facilities. It is the policy of the Quillen College of Medicine to require a ten-panel urine drug screen of all students prior to matriculation and at least yearly thereafter at random intervals with one being around the beginning of the third year of medical school. In the case of away electives arranged by the student, the student will be responsible for determining the requirements of the away facility. If a drug screen is required by the host institution for an away experience, the student must contact the Associate Dean for Student Affairs who will arrange for an immediate screening.

Once a student is notified of the requirement to have a drug screen through a message sent to their university email address, the student will have three working days (72 hours) to submit a specimen to the approved provider. Drug screens will be arranged through the College of Medicine approved provider at the request of the Associate Dean for Student Affairs. 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. 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 situations, including for suspicion of inappropriate drug use.

If the approved provider reports a drug screen as clear, no further action is needed. If the approved provider reports the drug screen as other than clear, the initial step in the evaluation will be to require that the student immediately provide official documentation of all current prescriptions. This information, along with the results of the drug screen, will be reviewed by a qualified physician determined by the College. 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.

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. 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. Note: This policy in no way interferes with the authority of the College of Medicine to require an immediate test in cases in which there is reasonable suspicion that a student is impaired, nor does it in any way infringe on the College of Medicine's authority to take immediate action up to and including expulsion for work-site impairment.

### **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 Services. Students are ultimately responsible for the costs related to evaluation and treatment of such exposures. 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 Services 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 legal 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 a federal law which protects the health information of individuals. This information is called Protected Health Information (PHI). Medical students will routinely be exposed to PHI during clinical rotations. As part of their orientation to medical school, students will receive HIPAA training, with subsequent annual training. 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 internal to the College of Medicine and among students for educational purposes is not a HIPAA violation, though care should be taken to protect patient privacy. 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 or contact ETSU HIPAA Compliance Office for guidance.

Examples of HIPAA Violations include the following:

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; 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; disclosure or abusive use of PHI; tampering with or unauthorized destruction of information; unauthorized delivery of PHI to any third party. These examples represent varying levels of severity.

Review and disciplinary actions for HIPAA violations can range from verbal counseling through dismissal from medical school based on the severity of the violation. Each violation is evaluated on a case by case basis. Suspected violations should be reported to the Executive Associate Dean for Academic Affairs immediately. The HIPAA Compliance Officer will be consulted for a recommendation prior to consideration by the Student Promotions Committee which will make an action recommenda-

tion. 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 recommendations of the committee and the HIPAA Compliance Officer.

## **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.

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 Services, 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 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-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 Services, 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 the Student Honor Code.

This policy will help promote a positive environment for learning in the Quillen College of 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 Services and the Affirmative Action Officer in the Office of Equity and Diversity.

### **TUITION AND FEE COLLECTION**

All students enrolled at the Quillen College of Medicine are required to pay tuition and fees at the beginning of each academic period before attending any class, clerkship or curricular session. 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. Third-year students pay tuition prior to beginning clerkships in June and January. Fourth-year students pay tuition prior to beginning elective or selectives in June and January.

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. 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.

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 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 based 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 Services 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. 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.

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 first and second 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, Instagram, 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 their 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.

In 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/its/policies/acceptable-use.aspx>. 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 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 Services 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 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 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) 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**

#### **Less than two years old**

**Processor:** Dual or quad core processor 1.66GHZ

**Memory:** 4 GB

**Hard drive:** 64 GB

**DVD drive:** DVD Rom or burner drive

**Wireless Network Card:** 802.11 N

**Video Card:** Integrated Graphics that can support resolution of 1024 x 768

**Multimedia:** Sound Card

**Network Connection:** 10/100 Base Ethernet Wired Connection for testing

**Operating System:** Windows 7 or higher

**Browser:** Firefox 51, Chrome 56 or higher

**Application Suite Software:** Microsoft Office free for students

**Mac Users:** NO Macbook Pro or Chrome Books allowed; MacBook and MacBook Air allowed; must be less than two years old; must also buy an adapter to connect to a wired network

### **Student Computer Usage During Electronically Administered Quizzes/Exams**

Each student is required to have a properly equipped and functioning laptop computer which meets current college of medicine standards present for all electronically administered exams and quizzes. Currently, iPads and some other portable devices are not compatible with the Quillen testing environment and may not be used. The College provides some limited assistance to students who are experiencing problems with this requirement and students who experience such problems are encouraged to contact the IT Manager (in the Academic Affairs Office) at least one day in advance of the scheduled quiz/exam for resolution.

It is understood that unanticipated technical issues may not be resolved and that last minute issues may arise. Students experiencing last minute technical issues must bring their laptop to the quiz/examination session and present it to the IT Manager for evaluation and assistance.

Students may be provided a temporary loan of a laptop for quiz/exam purposes under the following circumstances only:

1. The problem brought to the IT manager at least one day before the exam was not resolvable
2. They present a malfunctioning laptop to the IT Manager immediately prior to the exam or,
3. Experience technical problems during the administration of the exam.

Failure to comply with this policy may result in significant consequences related to both the grade assigned and professionalism assessment. A professionalism report form may be filed for any student who does not comply with the above conditions exam.

### **NBME Examination Policy**

For those courses utilizing NBME end of course exams:

1. NBME End of course exams will be administered the last day of the course. Specific time and location information will be provided by each course.
2. Students must bring a laptop computer with Ethernet capability and related cables for the exam. The exam cannot be taken wirelessly.
3. No food or drinks of any type are permitted in the exam area.
4. Books, all electronic devices, including cell phones, and other personal items, including baseball caps, are not permitted in the exam area. These items should be left at home, in lockers or cars.
5. Examinations will be proctored by staff and/or faculty from the department responsible for administering the examination.
6. Students will be required to sign in. ETSU ID cards are required.
7. Students may leave the room to attend to personal needs. They may not remove any items from the exam room and may not talk with classmates while out of the room.

### **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 <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 Services 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](mailto: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](http://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**

In 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 Services, 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 four subcommittees and ongoing compliance with LCME accreditation and curriculum standards. Local administration of National Board of Medical Examiners examinations is supervised by this office. Additional support includes faculty recruitment and development, staff support for electives and interdisciplinary courses, and assessment of the curriculum through analysis of student evaluation and feedback regarding courses and faculty. Students are provided assistance through educational consultations, counseling interventions and outside referrals.

### **OFFICE OF STUDENT SERVICES**

The Office of Student Services is a multifaceted, service-oriented organization comprised of two sections: Financial Services and 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 Services 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.

### **Support Services**

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).

The Office of Student Services coordinates 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 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 Services 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 Services or Academic Affairs.

Tutorial services for students having academic difficulty are available through Student Services. The Associate Dean for Student Services 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 Services 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 Services 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 Services. 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 Services 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 Services 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

Services, 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 Services 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 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 at 423-439-3333, as well as the Community Counseling Clinic at 423-439-7679. There are no charges for these services. The Community Counseling Clinic also provides services to dependents.

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.

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 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](http://www.gibill.va.gov). VR&E information can be found at [www.vba.va.gov/bln/vre/](http://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](mailto: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](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**

The Student Study Center, 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](http://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](http://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 March 1, for fall semester and October 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](mailto: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. See "Family Educational Rights and Privacy Act" for annual notice of compliance with this act .

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.

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**

**ETSU Board of Trustees**

Janet Ayers  
 Steven DeCarlo  
 David Golden  
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Scott Niswonger  
 James Powell  
 Ron Ramsey  
 Fred Alsop.....Faculty Trustee  
 Nathan Farnor.....Student Trustee

**ETSU Administration**

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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  
 B.J. King, Ed.D., CPA .....Interim Chief Financial Officer  
 Wilsie S. Bishop, D.P.A. ....Vice President for Health Affairs & Chief Operating Officer

**College of Medicine Administration**

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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 Services  
 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  
 Eileen Bailey, M.S. ....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. ....Associate Dean, Student Services; Director, Admissions and Records  
 J. Sue Taylor, M.A. ....Assistant Dean for Finance and Administration

**Department Chairs**

---

Theodoor Hagg, M.D., Ph.D. ....Biomedical Sciences  
 John P. Franko, M.D. ....Family Medicine  
 Charles A. Stuart, M.D. (Interim).....Internal Medicine  
 William A. Block, Jr., M.D., M.B.A. ....Obstetrics/Gynecology  
 John B. Schweitzer, M.D.....Pathology  
 David L. Wood, M.D., M.P.H.....Pediatrics  
 Karl Goodkin, M.D., Ph.D. ....Psychiatry & Behavioral Sciences  
 I. William Browder, M.D. ....Surgery



## FACULTY LISTING: EMERITUS

Ardell, Jeffrey (1998)  
Professor Emeritus, Biomedical Sciences  
B.A., 1975, Colorado College  
Ph.D., 1980, University of Washington

Assad, Norman (2005)  
Associate Professor Emeritus, Obstetrics and Gynecology  
M.D., 1966, University of Western Ontario

Bagnell, Philip C. (1991)  
Professor Emeritus, Pediatrics; Dean of Medicine Emeritus  
M.D., 1968, Dalhousie University, Nova Scotia

Baisden, Ronald H. (1978)  
Professor Emeritus, Biomedical Sciences  
B.S., 1968; Ph.D., 1973, University of Florida

Bennard, Bruce C. (1990)  
Professor Emeritus, Family Medicine  
B.A., 1967, University of Massachusetts  
M.Ed., 1972; 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

Chastain, David O. (2017)  
Professor Emeritus, Pediatrics  
B.A., 1973, University of Mississippi, Oxford  
B.S., 1975, University of Mississippi School of Medicine  
M.D., 1978, University of Mississippi School of Medicine

Chi, David S. (1980)  
Professor Emeritus, Internal Medicine  
B.S., 1965, National Chung Hsing University  
M.A., 1974; Ph.D., 1977, University of Texas

DeVoe, William M. (2016)  
Professor Emeritus, Pediatrics  
B.A., 1974, Miami University  
M.D., 1977, Ohio State University College of Medicine

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; 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

Kao, Race L. (2017)  
Professor Emeritus, Surgery  
B.S., 1965, National Taiwan University, Taiwan  
M.S., 1971, and Ph.D., 1972, University of Illinois

Kelley, Jim L. (1994)  
Professor Emeritus, Internal Medicine  
B.S., 1969, Southern Nazarene University  
Ph.D., 1973, University of Oklahoma

Kimbrough, Barbara O. (1980)  
Professor Emeritus, Surgery  
B.S., 1972, Iowa State University  
M.D., 1976, Mayo Medical School

Klopfenstein, Kathryn J. (2006)  
Professor Emeritus, Pediatrics  
B.S., 1974, Wright State University  
M.D., 1987, University of Arizona

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

McGowen, K. Ramsey (1986)  
 Professor Emeritus, Psychiatry  
 B.A., 1975, Auburn University  
 M.S., 1977, Auburn University  
 Ph.D., 1981, Auburn University

Miyamoto, Michael (1978)  
 Professor Emeritus, Pharmacology  
 B. A., 1966 and Ph.D., 1971  
 Northwestern University

Musich, Phillip (1980)  
 Professor Emeritus, Biomedical Sciences  
 B.S., 1968, Creighton University  
 Ph.D., 1973, University of Chicago

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; Ph.D., 1950,  
 University of Chicago

Rasch, Robert W. (1977)  
 Professor Emeritus, Physiology  
 B.S., 1950; M.D., 1951, Northwestern University  
 Ph.D., 1959, University of Chicago

Rice, Peter (1986)  
 Professor Emeritus, Pharmacology  
 B.S., 1976, Northwestern University  
 Ph.D., 1983, Ohio State University  
 Pharm.D., 2000, University of Kentucky

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

Schacht, Thomas (1984)  
 Professor Emeritus, Psychiatry  
 B.A., 1973, Connecticut College  
 Psy.D., 1980, Rutgers University

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

Smith, J. Kelly (1979)  
 Professor Emeritus, Internal Medicine  
 B.A., 1957, Cornell University  
 M.D., 1960, Cornell University Medical College

Tober-Meyer, Brunhilde  
 Professor Emeritus, Vivarium  
 D.V.M., 1964, Tierarzttliche Hochschule  
 M.S., 1973, State University of New York

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

Welt, Selman (2009)  
 Professor Emeritus, Obstetrics and Gynecology  
 B.S., 1968, College of William and Mary  
 M.D., 1972, University of North Carolina

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
- Aimua, Faith A. (2017)  
Assistant Professor, Psychiatry  
M.B.B.S., 2002, University of Benin
- 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
- Aziz, Saba W. (2017)  
Assistant Professor, Internal Medicine  
M.B.B.S., 2003, Jawaharlal Nehru Medical College
- Babcock, Brandon (2015)  
Assistant Professor, Pediatrics  
B.S., 2006, University of Virginia  
M.D., 2011, Virginia Commonwealth University School of  
Medicine
- 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
- Beaumont, Eric  
Associate Professor, Biomedical Sciences  
B.S., 1998, Ph.D., 2003  
University of Montreal
- Benfield, Jacob L. (2015)  
Assistant Professor, Internal Medicine  
B.S., 2003, East Tennessee State University  
M.S., 2004, East Tennessee State University  
M.D., 2008, Wake Forest University
- 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
- 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
- Block, Jr., William A., (2016)  
Professor, Obstetrics and Gynecology  
B.S., 1988, University of the South  
M.D., 1992, ETSU Quillen College of Medicine  
M.B.A., 2012, 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
- Bradshaw, Patrick C. (2015)  
Assistant Professor, Biomedical Sciences  
B.S., 1995, University of Illinois  
Ph.D., 2001, Ohio State 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

Brown, Russell W. (2015)  
 Professor, Biomedical Sciences  
 B.S., 1992, University of Oklahoma  
 M.S., 1995, University of Kentucky  
 Ph.D., 1998, University of Kentucky

Brummel, Mark K. (2008)  
 Assistant Professor, Family Medicine  
 B.S., 1999, Northern Illinois University  
 D.O., 2004, Chicago College of Osteopathic Medicine

Burns, J. Bracken (2015)  
 Professor, Surgery  
 B.A., 1993, University of Notre Dame  
 M.S., 1997, Ball State University  
 D.O., 2001 Lake Erie College of Medicine

Buselmeier, William (2016)  
 Assistant Professor, Family Medicine  
 B.S., 2009, Lipscomb University  
 M.D., 2013, ETSU Quillen College of Medicine

Carroll, Traci (2015)  
 Assistant Professor, Psychiatry  
 M.A., 1988, East Tennessee State University  
 Ph.D., 1992, Northwestern University  
 M.D., 2010, ETSU Quillen College of Medicine

Chakaborty, Kanisha (2010)  
 Clinical Instructor, Internal Medicine  
 M.D., 2003, Medical College Calcutta

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

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

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

Das, Debalina (2015)  
 Assistant Professor, Internal Medicine  
 M.D., 2003, Calcutta Medical College

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

Dodd, William (2015)  
 Assistant Professor, Pediatrics  
 B.E., 2003, Vanderbilt University  
 M.D., 2011, ETSU Quillen 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, Boston College  
 Ph.D., 1986, Boston College

**FACULTY: FULL-TIME**

Edwards-Silva, Racine (2016)  
Assistant Professor, Obstetrics and Gynecology  
B.A., 1988., University of Pennsylvania  
M.D., 1993, Hahnemann University School of Medicine

Elster, Allen W. (2016)  
Assistant Professor, Internal Medicine  
B.S., 2007, Duke University  
M.D., 2011, Wake Forest University SOM

Elgazzar, Mohamed (2011)  
Assistant Professor, Internal Medicine  
M.S., 1991, Tanta University, Egypt  
Ph.D., 2002, Kumamoto University

Evan, Frank (2016)  
Professor, Psychiatry  
B.S., 1972, Tufts University  
Ph.D., 1976, The American University

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  
M.S., 1976, Virginia Commonwealth University  
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

Ford, George A. (2015)  
Assistant Professor, Pediatrics  
B.A., 2005, University of Washington  
M.D., 2009, University of Washington School of Medicine  
M.A., 2015, Creighton University

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

**JAMES H. QUILLEN COLLEGE OF MEDICINE 2017-2018**

Gaba, Ashokkumar H. (2015)  
Assistant Professor, Internal Medicine  
M.B.B.S., 1997, B.J. Medical College

Gaba, Parveen (2015)  
Assistant Professor, Internal Medicine  
M.B.B.S., 1998, G.G.S. Medical College

Geraci, Stephen A. (2013)  
Professor and Chair, Internal Medicine  
B.S., 1978, Pennsylvania State University  
M.D., 1980, Jefferson Medical College

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-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

Gonzalez, Alexei (2015)  
Assistant Professor, Internal Medicine  
M.D., 2006, Anahuac University Medical School

Goodkin, Karl (2015)  
Professor and Chair, Psychiatry  
B.A., 1973, Williams College  
M.D., Ph.D., 1978, University of Miami

Green, John D. (2016)  
Assistant Professor, Obstetrics and Gynecology  
B.S., 1983, Milligan College  
M.D., 1995, ETSU Quillen College of Medicine

Ha, Tuanzhu (1992)  
Instructor, Surgery  
M.D., 1977, M.S., 1987, Nanging Medical College

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

Hajianpour, MJ (2015)  
Professor, Pediatrics  
M.D., 1975, University of Tehran  
Ph.D., 1983, Newcastle University

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

Hjerpe, Kent (2016)  
 Associate Professor, Obstetrics and Gynecology  
 B.S., 1985, University of Texas  
 M.D., 1989, University of Texas  
 Southwestern Medical School

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

Isaza, Luis C. (2017)  
 Assistant Professor, Psychiatry  
 B.S., B.A., 2002, Emmanuel College  
 M.D., 2007, Wake Forest University School of Medicine

Jaishanker, Gayatri (2008)  
 Associate Professor, Pediatrics  
 M.B.B.S., 1991, India  
 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

**FACULTY: FULL-TIME**

Johnson, David A. (1978)  
Professor, Biomedical Sciences  
Adjunct Faculty, Biological Sciences  
B.S., 1967, and Ph.D., 1973, Memphis State University

Johnson, Kiana (2015)  
Assistant Professor, Pediatrics  
B.S., 2005, M.S., 2009, Ph.D., 2012, Purdue University  
M.P.H., 2015, University of Minnesota

Johnson, Leigh (2015)  
Assistant Professor, Family Medicine  
B.S., 2000, Dartmouth College  
M.D., 2006, ETSU Quillen College of Medicine

Johnson, Mary (2015)  
Assistant Professor, Pediatrics  
B.A., 1984, University of North Carolina  
M.D., 1991, Bowman Gray School of Medicine

Jones, Jodi P. (2015)  
Associate Professor, Family Medicine  
B.S., 1991, University of Pittsburgh  
M.S., 1996, Ph.D., 1998, Auburn University

Justice, Nathaniel A. (2015)  
Assistant Professor, Pediatrics  
B.S., 2001, M.B.A., 2003, Purdue University  
M.D., 2007, Indiana University School of Medicine

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

Kapila, Aaysha (2015)  
Assistant Professor, Internal Medicine  
M.B.B.S., 2009, Shri Guru Ram Rai  
Institute of Medical and Health Sciences

Kase, Gail Y. (2017)  
Associate Professor, Psychiatry  
M.D., 1994, Pennsylvania State University COM

Keely, Jr., John S. (2013)  
Assistant Professor, Surgery  
B.S., 2001, Valdosta State University  
M.D., 2006, Mercer University School of Medicine

Kendell, Steven F. (2016)  
Assistant Professor, Psychiatry  
A.B., 1990, University of California  
M.D., 1996, Boonshoft School of Medicine

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

**JAMES H. QUILLEN COLLEGE OF MEDICINE 2017-2018**

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 Services  
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

Laing, Brent D. (2016)  
Assistant Professor, Obstetrics and Gynecology  
B.S., 1976, Laurentian University  
M.D., 1979, McMaster University

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

Lawrence, Amy (2016)  
Assistant Professor, Family Medicine  
B.A., 2009, Purdue University  
M.D., 2013, Des Moines University  
College of Osteopathic Medicine

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

Linville, M. David, Jr., (2002)  
Associate Dean, Graduate Medical Education  
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

Los, Evan A. (2016)  
 Assistant Professor, Pediatrics  
 B.S., 2005, University of Puget Sound  
 M.D., 2010, Oregon Health and Science University

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

Ma, Zuchao (2015)  
 Assistant Professor/Research Assistant, Surgery  
 B.Sc., 1999, M.Sc., 2002, China Agricultural University  
 Ph.D., 2005, Chinese Academy of Sciences

Macariola, Demetrio (2007)  
 Assistant Professor, Pediatrics  
 B.S., 1985; M.D., 1990, Divine World University

Malkani, Anjali (2016)  
 Professor, Pediatrics  
 M.B.B.S., 1982, Calcutta National Medical College

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

McDonald, Douglas R. (2017)  
 Assistant Professor, Surgery  
 B.S., 2004, Hampden-Sydney College  
 M.D., 2008, Eastern Virginia Medical School

McGill, Richard S. (2017)  
 Assistant Professor, Pediatrics  
 B.S., 1989, Tennessee Technological University  
 D.O., 1995, West Virginia School of Osteopathic Medicine

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

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

Myers, James W. (1994)  
 Professor, Internal Medicine  
 B.S., 1981, East Tennessee State University  
 M.D., 1985, Wake Forest University

Nallala, Deepika R. (2017)  
 Assistant Professor, Internal Medicine  
 M.B.B.S., 2003, Gandhi Medical College

Ning, Shunbin  
 Assistant Professor, Internal Medicine  
 B.S., 1996; Ph.D., 2001, Wuhan University



**FACULTY: FULL-TIME**

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Associate Professor, Internal Medicine  
B.A., 1979, Carson Newman College  
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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

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

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

Polichnowski, Aaron J. (2016)  
Assistant Professor, Biomedical Sciences  
B.S., 1999, East Tennessee State University  
M.S., 2001, University of Wisconsin-Milwaukee  
Ph.D., 2009, Medical College of Wisconsin

**JAMES H. QUILLEN COLLEGE OF MEDICINE 2017-2018**

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

Ransom, Mark X. (2015)  
Assistant Professor, Obstetrics and Gynecology  
B.S., 1983, Seton Hall University  
M.D., 1987, UMDNJ – Rutgers Medical School

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

Rodriguez-Gil, Diego (2015)  
Assistant Professor, Biomedical Sciences  
B.S., 1996, Ph.D., 2004, School of Natural Sciences,  
Buenos Aires 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, University of Southampton  
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

Rush, Daniel (1996)  
Professor, Surgery  
A.B., 1971, Centre College of Kentucky  
M.D., 1976, University of Kentucky School of Medicine

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

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

Schmidt, Matrina (2016)  
Assistant Professor, Pathology  
B.S., 1993, Aquinas College  
M.D., 2001, Medical College of Ohio

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

Schweitzer, John W. (2015)  
Assistant Professor, Pediatrics  
B.A., 2005, Saint Louis University  
M.D., 2009, Saint Louis University School of Medicine

Shah, Darshan (2008)  
Associate Professor/Interim Vice Chair, Pediatrics  
B.S., 1985, Diwan Ballubhai Madhyamis School  
M.D., 1989, Smt. NHL Municipal Medical College

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

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

Singh, Sanjay K. (2015)  
Research Assistant Professor, Biomedical Sciences  
B.S., 1991, M.Sc., 1993, Purvanchal University  
Ph.D., 2002, Banaras Hindy 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

Spradling, Elnora N. (2015)  
Assistant Professor, Internal Medicine  
M.D., 1995, Danylo Halytsky Lviv State Medical 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

Stewart, Barbara A. (2015)  
Assistant Professor, Pediatrics  
B.S., 1983, Angelo State University  
M.D., 1989, University of Texas Health Science Center

Stockwell, Glenda F. (2004)  
Assistant Professor/Clinical Psychologist, Family Medicine  
B.S., 1979, Ph.D., 1987, Indiana State University  
M.S., 1980, Danville VA Medical Center

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

Summers, Jeffrey A. (2000)  
Professor, Internal Medicine  
B.S., 1979, Hobart College  
M.D., 1982, Ohio State University College of Medicine

**FACULTY: FULL-TIME**

Taylor, Lesli (2005)  
 Professor, Surgery  
 B.A., 1975, Boston University  
 M.D., 1981, Johns Hopkins School of Medicine

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

Tuell, Dawn S. (2004)  
 Associate Professor, Pediatrics  
 B.S., 1997, Emory University  
 M.D., 2001, ETSU Quillen College of Medicine

Turner, Elizabeth (2015)  
 Assistant Professor, Pediatrics  
 B.A., 1998, University of North Carolina  
 M.D., 2005, Wake Forest University School of Medicine

Urbin, 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

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  
 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

**JAMES H. QUILLEN COLLEGE OF MEDICINE 2017-2018**

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

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

Williams, Jackson H. (2016)  
 Assistant Professor, Pediatrics  
 B.A., 1998, Wake Forest University  
 M.D., 2002, University of Tennessee

Wilt, Andrew S. (2015)  
 Assistant Professor, Pediatrics  
 B.S., 2003, Bob Jones University  
 M.D., 2012, University of South Carolina School of Medicine

Wiltcher, Christopher A. (2017)  
 Assistant Professor, Obstetrics and Gynecology  
 B.S., 1983, University of Tennessee  
 B.A., 1986, University of Tennessee  
 M.D., 1991, ETSU Quillen College of Medicine

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

Xie, Qian (2016)  
 Assistant Professor, Biomedical Sciences  
 M.D., 1995, Shanghai Medical University  
 Ph.D., 2002, Fudan University Medical Center

Xixis, Kathryn (2015)

Assistant Professor, Pediatrics

B.A., 2005, University of North Carolina

M.D., 2010, The Brody School of Medicine

Yakubenko, Valentin (2015)

Assistant Professor, Biomedical Sciences

M.S., 1993, National University of Kiev

Ph.D., 1997, National Academy of Sciences of Ukraine

Yao, Zhi Qiang (2006)

Associate Professor, Internal Medicine

M.D., 1985; Ph.D., 1991

Fourth Military Medical University, China

Yarger, John (2016)

Assistant Professor, Surgery

B.A., 2005, Malone College

M.D., 2009, The University of Toledo College of Medicine

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

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
- Abrar, Ahmad (2015)  
Clinical Assistant Professor, Internal Medicine  
M.D., 1996, King Edward Medical College, Pakistan
- Aiken, Marc A. (1993)  
Clinical Professor, Surgery  
B.S., 1979, Mississippi State University  
M.D., 1988, University of Mississippi Medical Center
- Aimua, Faith A. (2017)  
Assistant Professor, Psychiatry  
M.B.B.S., 2002, University of Benin
- Alison, Harold (2004)  
Clinical Professor, Internal Medicine  
B.S., 1965, University of Tennessee, Knoxville  
M.D., 1969, University of Tennessee, Memphis
- Alworth, Robert A. (2015)  
Clinical Assistant Professor, Surgery  
B.A., 1978, M.S., 1978, Johns Hopkins University  
DPM, 1983, Pennsylvania College of Podiatric Medicine
- Amadio, Patricia B. (2015)  
Clinical Associate Professor, Medical Education  
B.A., 1983, Muhlenberg College, Allentown, PA.  
M.D., 1989, Jefferson Medical College, Philadelphia, PA
- 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
- Azam, Muhammad (2015)  
Clinical Assistant Professor, Pathology  
MBBS, 1991, Dow Medical College, University of Karachi
- Aziz, Saba W. (2017)  
Assistant Professor, Internal Medicine  
M.B.B.S., 2003, Jawaharlal Nehru Medical College
- 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
- 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
- Barteck, Katherine (2015)  
Clinical Assistant Professor,  
Psychiatry & Behavioral Sciences  
B.A., 2001, University of Michigan, Ann Arbor, MI  
M.A., 2005, Catholic University of America  
M.S., 2009, Loyola College in Maryland, Baltimore, MD  
PsyD, 2012, Loyola University in Maryland, Baltimore, MD
- Baumrucker, Steven (1992)  
Clinical Assistant Professor, Family Medicine  
M.D., 1986, University of North Carolina, Chapel Hill
- Beaver, Richard (1986)  
Clinical Professor, Surgery  
Director, Division of Orthopedic Surgery  
B.S., 1963, M.D., 1967, University of Tennessee
- Beckner, Thomas F. (2015)  
Clinical Assistant Professor, Section of Medical Education  
M.D., 1971, University of Tennessee, Memphis
- 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
- Bieber, Jeffrey (2015)  
Clinical Assistant Professor, Internal Medicine  
B.S., 1992, University of Tennessee-Knoxville  
M.D., 1998, ETSU Quillen College of 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
- Blankenship, Stephen B. (2016)  
Associate Professor, Academic Affairs  
B.S., 1999, University of Tennessee- Knoxville  
M.D., 2004, ETSU Quillen 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, Des Moines University  
 University of Osteopathic Medicine and Health Sciences

Bochis, Melania (2002)  
 Assistant Professor, Internal Medicine  
 B.S., 1992, University of West Florida  
 M.D., 1999, Quillen College of Medicine

Boles, Charles B. (2015)  
 Clinical Assistant Professor, Section of Medical Education  
 B.S., 1988, Murray State University, Murray, KY  
 M.D., 1992, University of Louisville School 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, ETSU 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

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

Bresowar, Kristin (2015)  
 Clinical Assistant Professor, Family Medicine  
 B.A., 2001, Kenyon College  
 M.D., 2008, ETSU Quillen College of Medicine

Breuel, Kevin E. (2015)  
 Professor, Pathology  
 B.S., 1982, Western Illinois University, Macomb, IL  
 M.S., 1985, Clemson University, Clemson, SC  
 Ph.D., 1991, West Virginia University, Morgantown, WV

Brooks, Peggy Sue (2015)  
 Clinical Assistant Professor, Family Medicine  
 B.S., 2004, Shorter College, Rome, GA  
 M.D., 2009, Medical College of Georgia School of Medicine,  
 Augusta, GA

Brooks, Sandra (1993)  
 Clinical Associate Professor, Pathology  
 M.D., 1988, ETSU Quillen College 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, Seth (2015)  
 Clinical Assistant Professor, Pediatrics  
 B.S., 2003, East Tennessee State University  
 M.D., 2008, ETSU, Quillen College of Medicine  
 MSCI., 2014, University of Louisville School of Medicine

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

Bunning, Jeffrey W. (2005)  
 Clinical Assistant Professor, Family Medicine  
 B.S., 1996, Ohio University  
 M.D., 2000, West Virginia University

Burijon, Brian G. (2011)  
 Clinical Assistant Professor, Section of Medical Education  
 B.S., 1983, James Madison University  
 M.S., 1984, Virginia Commonwealth University  
 M.D., 1994, Medical College of Virginia

Butler, Steven Craig (2015)  
 Clinical Assistant Professor, Internal Medicine  
 B.A., 1978, University of Chicago  
 M.D., 1982, University of Chicago  
 Pritzker School of Medicine

Byers, Jr., John Gordon (2015)  
 Clinical Assistant Professor, Internal Medicine  
 M.D., 1968, Medical College of Virginia, Richmond, VA

**FACULTY: PART-TIME/VOLUNTEER**

Byrd, David L. (2001)  
Clinical Assistant Professor, Family Medicine  
B.S., 1983, East Tennessee State University  
M.D., 1988, ETSU Quillen College of Medicine

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

Carter, Richard N. (2015)  
Clinical Assistant Professor, Surgery  
B.A., 2000- Brigham Young University  
D.O., 2005, Des Moines University  
College of Osteopathic Medicine

Carver, Mark (2011)  
Clinical Assistant Professor, Surgery  
M.D., 1990, University of Tennessee

Caudle, Scott O. (1986)  
Clinical Associate Professor, Surgery  
B.A., 1973, University of Tennessee  
M.D., 1977, University of Tennessee College of Medicine

Champney, Gregory (2012)  
Clinical Assistant Professor, Surgery  
B.S., 2000, Vanderbilt University  
M.D., 2005, ETSU Quillen College of Medicine

Chandley, Michelle J. (2016)  
Sr. Scientist/Project Director, Biomedical Sciences  
B.S., 1995, Mars Hill College  
Ph.D., 2008, East Tennessee State University

Chastain, Bryan D. (2015)  
Clinical Assistant Professor, Section of Medical Education  
B.S., 1981, University of Texas  
M.D., 1985, University of Texas Medical Branch

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

Clemons, Robert J. (2002)  
Clinical Associate Professor, Pediatrics  
B.S., 1994, University of Tennessee, Knoxville  
M.D., 1998, ETSU Quillen College of Medicine

**JAMES H. QUILLEN COLLEGE OF MEDICINE 2017-2018**

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, 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

Cornwell, Kevin (2008)  
Clinical Instructor, Internal Medicine  
M.D., 2003, East Tennessee State University

Corradina, Gregory (2014)  
Clinical Assistant Professor, Surgery  
B.S., 1971, George Mason University  
M.D., 2002, 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

Counts, Marc (2015)  
 B.S., 1979, J.D., 1982, University of Tennessee-Knoxville  
 M.D., 1998, ETSU Quillen College of Medicine

Cox, Alan L. (2011)  
 Clinical Assistant Professor, Section of Medical Education  
 M.D., 2009, Medical College of Georgia

Cress, Margaret L. (2002)  
 Clinical Instructor, Family Medicine  
 B.S., 1974, East Tennessee State University  
 M.A., 1999, Johnson Bible College, Knoxville, Tennessee

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  
 M.Ed., 1993, Oklahoma City University  
 Ph.D., 1997, State University of New York at Buffalo

Cutshall, Kenneth E. (1992)  
 Clinical Professor, Surgery  
 B.A., 1983, M.D., 1987, University of Tennessee

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

Davis, George H. (2015)  
 Clinical Professor, OB/GYN  
 B.S., 1974, -Southern Methodist University  
 D.O., 1978 – Texas College of Osteopathic Medicine

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

Denham, James W. (2015)  
 Assistant Professor, Section of Medical Education  
 B.S., 1998, Tulane University  
 M.D., 2002, Louisiana State University Medical School,  
 MBA., 2013, Auburn University

DeWitt, Nathan (2014)  
 Clinical Assistant Professor, Family Medicine  
 B.S., 2003, Middle Tennessee State University  
 M.D., 2008, University of Tennessee 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

Donovan, Mark L. (2014)  
 Clinical Associate Professor, Pediatrics  
 B.A., 1976- Taylor University  
 M.D., 1984, Medical College of Ohio

Dray, Chad (2009)  
 Clinical Assistant Professor  
 Obstetrics and Gynecology  
 B.S., 1999, Berry College  
 M.D., 2003, Mercer University School of Medicine

Duck, Dennis (2010)  
 Clinical Assistant Professor, Section of Medical Education  
 M.D., 1987, University of Tennessee-Memphis

Dulebohn, Scott (2008)  
 Clinical Assistant Professor, Surgery  
 B.A., 1983; M.D., 1989, University of Missouri

Eason, Martin P. (2015)  
 Clinical Associate Professor, Section of Medical Education  
 B.S., 1983, Arizona State University  
 M.D., 1987, University of Arizona College of Medicine  
 J.D., 2002, Brandeis School of Law, University of Louisville

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

Eishenawy, Yasmin (2015)  
 Clinical Assistant Professor, Pathology  
 B.S., 1998-Lyce De La Liberte  
 MBChB, 2004, Alexandria University Faculty of Medicine

El Abbassi, Adel (2010)  
 Clinical Instructor, Internal Medicine  
 M.D., 2001, Beirut Arab University

El Minaoui, Wael (2012)  
 Clinical Assistant Professor, Internal Medicine  
 M.B.B.S., 2003, Beirut Arab University



**FACULTY: PART-TIME/VOLUNTEER**

Elder, Robert F. (2015)  
Clinical Assistant Professor, OB/GYN  
B.S., 1980, University of Tennessee College of Pharmacy  
M.D., 1984, ETSU, Quillen College of Medicine

Elster, Allen W. (2016)  
Assistant Professor, Internal Medicine  
B.S., 2007, Duke University  
M.D., 2011, Wake Forest University School of Medicine

Ensley, Harry (1999)  
Clinical Associate Professor, Surgery  
M.D., 1976, Harvard University

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

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

Ferslew, Kenneth E. (2015)  
Clinical Professor, Pathology  
B.S., 1975, M.S., 1976, University of Florida  
D.P., 1982, Louisiana State University Medical Center

Fleenor, Michael R. (1993)  
Clinical Assistant Professor, Surgery  
B.S., 1975, Virginia Military Institute  
M.D., 1979, Medical College of Virginia

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

**JAMES H. QUILLEN COLLEGE OF MEDICINE 2017-2018**

Forrest, Terry (2004)  
Clinical Associate Professor, Internal Medicine  
B.S., 1977, St. Mary's College  
M.D., 1986, Indiana University School of Medicine

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

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

Gall, Stanley A. (Jr) (2015)  
Clinical Assistant Professor, Surgery  
B.S., 1983, A.B., 1987, M.D., 1987  
Duke University

Gertsen, Elena (2015)  
Clinical Assistant Professor, Pathology  
B.A., 1992-College 41-Saratov, Russia  
M.S., 1997-K. Fedin University, Saratov, Russia  
M.D., 2005-Universitaetsklinikum, Saratov, Russia  
Ph.D., 2006-Universitaetsklinikum Essen, Essen, Germany

Gill, Thomas (1996)  
Clinical Associate Professor, Pediatrics  
B.A, 1983, Rice University  
M.D., 1987, Baylor College of Medicine

Gilreath, Jesse (2011)  
Clinical Instructor, Family Medicine  
B.S., 2004, and M.S.W., 2006  
East Tennessee State University

Goan, Kari (2015)  
Clinical Instructor/Chief Resident, Family Medicine  
B.S., 2009, University of Tennessee  
D.O., 2013, DeBusk College of Osteopathic Medicine

Goen, Tracy (2011)  
 Clinical Instructor, Family Medicine  
 M.D., 1995, Texas A&M College of Medicine

Goenka, Puneet (2002)  
 Clinical Assistant Professor, Internal Medicine  
 M.B.B.S., 1988, GMC Medical College, India

Goldstein, Jack (2011)  
 Clinical Assistant Professor, Internal Medicine  
 M.D., 1984, St. Lucia Health Science University

Goss, James (2001)  
 Clinical Associate Professor, Surgery  
 B.S., 1979, George Washington University  
 M.D., 1992, Medical College of Virginia

Graham, M. Anthony (1999)  
 Clinical Associate Professor,  
 Psychiatry & Behavioral Sciences  
 B.A., 1978, University of Virginia  
 M.D. 1982, Medical College of Virginia

Greene, T.C. (1991)  
 Clinical Assistant Professor, Surgery  
 B.S., 1971, M.D., 1974, University of Tennessee

Greenfield, Tyler (2014)  
 Clinical Assistant Professor, Surgery  
 B.A., 1980, Baylor University  
 M.D., 1984, University of Texas

Griffith, Robert F. (2015)  
 Clinical Assistant Professor, Section of Medical Education  
 B.A., 1972, Colgate University  
 B.S., 1977, George Mason University  
 M.D., 1988, University of North Dakota School of Medicine

Grunstra, Bernard (1992)  
 Clinical Assistant Professor, Pediatrics  
 B.S., 1981, Oral Roberts University  
 M.D., 1985, University of Florida College of Medicine

Gwaltney, David N. (1985)  
 Clinical Professor, Surgery  
 B.A., 1974, Vanderbilt University  
 M.D., 1978, University of Arkansas School of Medicine

Hamdy, Ronald C. (2015)  
 Clinical Professor, Psychiatry & Behavioral Sciences  
 MBChB 1968-, Faculty of Medicine, University of Alexandria  
 D.M., 1971 Faculty of Medicine, University of Alexandria  
 M.R.C.P. 1973, Royal College of Physicians  
 M.R.C.S. & L.R.C.P.-1974, Royal College of Physicians

Halama, Scott (2009)  
 Assistant Professor, Internal Medicine  
 BS, 1987, Florida Atlantic Internal Medicine University  
 MD, 1991, Quillen College of Medicine

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

Hall, John Richard (2005)  
 Clinical Professor, Surgery  
 Clinical Associate Professor, Family Medicine  
 B.S., 1974, Stanford University, California  
 M.D., 1977, University of Arizona

Hallman, Jott (3012)  
 B.S., 1997, Virginia Polytechnic Institute  
 D.O., 2006, Nova Southeastern University

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

Harmon, Deana Lynn (2007)  
 Clinical Assistant Professor, Family Medicine  
 B.S., 1999, Marshall University  
 D.O., 2003, West Virginia School of Osteopathic Medicine

Harms, Stacy A. (2016)  
 Clinical Assistant Professor, Surgery  
 B.S., 2002, Wheaton College  
 M.D., 2008, University of Arkansas for Medical Sciences

Harris, Jennifer (2015)  
 Assistant Professor, Internal Medicine  
 B.S., 1993, Berry College  
 M.D., 1998, Medical College of Georgia

Harris, Wesley J. (1988)  
 Clinical Assistant Professor, Obstetrics and Gynecology  
 M.D., 1980, Southwestern Medical School

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

Hayel-Moghadam, Kamran (2010)  
 Clinical Assistant Professor, Psychiatry  
 M.D., 1996, Shar-e-Kord Faculty of Medicine, Iran

**FACULTY: PART-TIME/VOLUNTEER**

Haynes, Amy L. (2000)  
Clinical Assistant Professor, Family Medicine  
B.A., 1992, University of Tennessee, Chattanooga  
M.D., 1999, ETSU Quillen College of Medicine

Helton, Thomas J. (2015)  
Clinical Assistant Professor, Internal Medicine  
B.S., 1998, Alice Lloyd College  
D.O., 2002, University of Pikeville  
College of Osteopathic Medicine

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

Herriott, Samantha J. (2015)  
Clinical Assistant Professor/OB-GYN, Family Medicine  
B.S., 2006, Oakland University  
D.O., 2011, Michigan State University  
College of Osteopathic Medicine

Hicks, Joshua (2015)  
Clinical Assistant Professor, Family Medicine  
B.S., 2004, King College, Bristol, TN  
M.D., Wake Forest University School of Medicine

Highland, Robert (2011)  
Clinical Assistant Professor, Section of Medical Education  
M.D., 1990, University of Vermont

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

Hixson, Constance (2015)  
Assistant Professor, Family Medicine  
B.A., 1969, Duke University  
M.D., 1979, University of Utah Medicine

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

**JAMES H. QUILLEN COLLEGE OF MEDICINE 2017-2018**

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, 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

House, Jarrett (2016)  
Clinical Assistant Professor  
B.S., 2000, University of Florida  
M.D., 2004, University of Miami School of Medicine

Howell, Mark A. (1993)  
Clinical Associate Professor, Surgery  
M.D., 1979, University of Tennessee College of Medicine

Hubbard, Roger (2015)  
Clinical Professor, Pathology  
B.S., 1974, University of Tennessee-Knoxville  
M.S., 1978, University of Tennessee-Knoxville  
Ph.D., 1990, Medical University of South Carolina

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

Hussey, Elizabeth (2012)  
Clinical Instructor, Pediatrics  
B.S.N., 1982, George Mason University  
M.N., 1994, Emory University

Ingram, Stephen J. (2015)  
Clinical Instructor, Psychiatry & Behavioral Sciences  
B.S., 1976, University of Tennessee  
Center for Health Sciences

Isaza, Luis C. (2017)  
 Assistant Professor, Psychiatry  
 B.S., B.A., 2002, Emmanuel College  
 M.D., 2007, Wake Forest University School 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

Johnson, Gregory W. (2017)  
 Assistant Professor, Family Medicine  
 B.A., 1979, New College of Florida  
 M.D., 1990, Rush Medical College

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

Kase, Gail Y. (2017)  
 Associate Professor, Psychiatry  
 M.D., 1994, Pennsylvania State University  
 College of Medicine

Katras, Tony (2015)  
 Clinical Professor, Surgery  
 M.D., 1984, ETSU, Quillen College of Medicine

Keeley, John S. Jr. (2013)  
 B.S., 2001, Valdosta State University  
 M.D., 2006, Mercer University School of Medicine

Kendell, Steven F. (2016)  
 Assistant Professor, Psychiatry  
 A.B., 1990, University of California  
 M.D., 1996, Boonshoft School of Medicine

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

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

Knox, Benjamin D. (2015)  
 Clinical Assistant Professor, Surgery  
 A.B., 1981, Dartmouth College  
 M.D., 1985- Johns Hopkins University School of Medicine

Kramer, Andrew (2008)  
 Clinical Assistant Professor, Surgery  
 B.S., 1983, Dickinson College  
 D.O., 1987, New York College of Osteopathic Medicine

Kramer, Paul (2011)  
 Associate Professor, OB/GYN  
 B.A., 1986, Messiah College  
 M.D., 1990, Medical College of Virginia

Krenk, Daniel (2009)  
 Clinical Assistant Professor, Surgery  
 B.S., 1994, Heidelberg College  
 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

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

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

**FACULTY: PART-TIME/VOLUNTEER**

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

Litchfield, Jonathan (2015)  
Clinical Assistant Professor, Internal Medicine  
B.A., 2004, Franciscan University  
D.O., 2009, West Virginia School of Osteopathic Medicine

Long, Nicole (2015)  
Clinical Assistant Professor/OB-GYN, Family Medicine  
B.S., 2003 –West Virginia University  
D.O., 2007-West Virginia School of Osteopathic Medicine

Lorio, Morgan (2006)  
Clinical Assistant Professor, Surgery  
B.S., 1984, Louisiana State University  
M.D., 1988, Louisiana State University Medical Center

Los, Evan A. (2016)  
Assistant Professor, Pediatrics  
B.S., 2005, University of Puget Sound  
M.D., 2010, Oregon Health and Science University

Lowman, Douglas (1999)  
Clinical Associate Professor, Surgery  
M.D., 1972, University of South Carolina  
Ph.D., 1977, Colorado State University

Lurie, David Phillip (2015)  
Clinical Professor, Internal Medicine  
B.S., 1973, Carnegie-Mellon University  
M.D., 1976, Southern Illinois University of Medicine

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

Manock, Stephen (2011)  
Clinical Assistant Professor, Family Medicine  
M.D., 1988, University of Illinois

Mardini, Antoin (2015)  
Clinical Assistant Professor, Section of Medical Education  
B.S., University of Tennessee  
M.D., 1991, Spartan Health Science-Medical School

**JAMES H. QUILLEN COLLEGE OF MEDICINE 2017-2018**

Martin, Christopher G. (1999)  
Clinical Assistant Professor, Family Medicine  
B.A., 1971, San Jose State University, California  
M.D., 1976, University of California

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

Matthews, Mack R. III (2005)  
Clinical Assistant Professor, Internal Medicine  
B.S., 1972, University of Kentucky  
M.D., 1976, University of Louisville

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

McDonald, Douglas R. (2017)  
Assistant Professor, Surgery  
B.S., 2004, Hampden-Sydney College  
M.D., 2008, Eastern Virginia Medical School

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

McGill, Richard S. (2017)  
Assistant Professor, Pediatrics  
B.S., 1989 Tennessee Technological University  
D.O., 1995, West Virginia School of Osteopathic Medicine

McGinnis, Thomas B. (1979)  
Clinical Professor, Surgery  
M.D., 1969, University of Arkansas College of Medicine

McGowen, K. Ramsey (1986)  
Professor, Academic Affairs  
B.A., 1975; MS., 1977; Ph.D., 1981  
Auburn University

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

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

Messerschmidt, William H. (1988)  
 Professor, Surgery  
 B.S., 1977, Pennsylvania State University  
 M.D., 1979, Jefferson Medical College

Michael, Gary E. (1995)  
 Clinical Assistant Professor, Family Medicine  
 M.D., 1987, Medical College of Pennsylvania

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

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

Mungara, Charan (2014)  
 Clinical Assistant Professor, Surgery  
 MBBS, 2002, AIMS, Mysore University, B.G.  
 Nagara, Kamataka, India

Murthy, Ravindra (2015)  
 Clinical Assistant Professor, Internal Medicine  
 M.D., 1981, Kasturba Medical College

Musil, C. Allen Jr.(2006)  
 Clinical Assistant Professor, Pediatrics/Psychiatry  
 B.S., 1987, Vanderbilt University  
 M.D., 1992, ETSU Quillen College of Medicine

Nakhoul, Ibrahim (2015)  
 Clinical Assistant Professor, Family Medicine  
 B.S., 1994, American University of Beirut, Lebanon  
 M.D., 1999, American University of Beirut, Beirut, Lebanon

Nallala, Deepika R. (2017)  
 Assistant Professor, Internal Medicine  
 M.B.B.S., 2003, Gandhi Medical College

Nduku, Valentine (2014)  
 Clinical Assistant Professor, Surgery  
 B.S., 2002, Georgia State University  
 D.O., 2007, Virginia College of Osteopathic Medicine

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

Newman, Glenn A. (2015)  
 Clinical Assistant Professor, Section of Medical Education  
 M.D., 1982; University of Alabama, Tuscaloosa, AL

Northrop, Robert (2003)  
 Clinical Associate Professor, Surgery  
 B.A., 1992, University of Tennessee  
 M.D., 1996, University of Tennessee

Oakley, Jaime G. (2004)  
 Clinical Assistant Professor, Family Medicine  
 B.S., 1997, East Tennessee State University  
 M.D., 2001, ETSU Quillen College of Medicine

**FACULTY: PART-TIME/VOLUNTEER**

Odle, Brian (2008)  
Clinical Assistant Professor, Internal Medicine  
BS, 1990, Middle Tennessee State University  
PharmD, 1994, University of Tennessee

Oggero, Kelly S. (2015)  
Clinical Assistant Professor  
B.A., 1981, Texas A & M University  
M.D., 1985, University of Texas Medical School

O'Neal, Terrance J. (2015)  
Clinical Professor, Internal Medicine  
B.S., 1971, California Institute of Technology  
M.D., 1976, University of California-San Diego

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

Palau, Victoria (2015)  
Associate Professor, Biomedical Sciences  
B.A., 1979, Pontifica Universidad, Javeriana  
Ph.D., 1999, Florida International University, Miami, Florida

Panus, Leslie W. (2002)  
Clinical Professor, Internal Medicine  
B.S., 1979, University of Alabama  
M.D., 1983, University of South Alabama

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

Parveen, Talat (2010)  
Clinical Associate Professor, Pathology  
M.S., 1986, University of Illinois

Patel, Rakesh  
Clinical Assistant Professor,  
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

**JAMES H. QUILLEN COLLEGE OF MEDICINE 2017-2018**

Patterson, Mark (2005)  
Clinical Assistant Professor, Surgery  
B.A., 1986, East Tennessee State University  
M.D., 1990, ETSU Quillen College of Medicine

Payne, Christopher R. (2011)  
Assistant Professor, Internal Medicine  
B.A., 1991, New York University  
M.D., 1996, Columbia University  
College of Physicians and Surgeons

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

Pinell, Octavio J. (2015)  
Clinical Assistant Professor, OB/GYN  
B.S., 1978, Houston Baptist University  
M.D., 1982, Baylor College of Medicine

Plemmons, Rita (2011)  
Clinical Assistant Professor, Family Medicine  
M.D., 1992, University of North Carolina-Chapel Hill

Polichnowski, Aaron J. (2016)  
Assistant Professor, Biomedical Sciences  
B.S., 1999, East Tennessee State University  
M.S., 2001, University of Wisconsin-Milwaukee  
Ph.D., 2009, Medical College of Wisconsin

Poobalasingham, Sath (2015)  
Clinical Assistant Professor, Internal Medicine  
B.A., 1996, Rutgers, the State University of New Jersey  
M.D., 2001, St. George's University School of Medicine

Potter, Nicholas (2015)  
Clinical Professor, Pathology  
B.S., M.S., 1982, Bucknell University  
Ph.D., 1986, Duke University  
ABMG, 1993, University of Tennessee-Knoxville Medical Center

Powell, Melissa A. (2015)  
Clinical Associate Professor  
B.S., 1986, Eastern Kentucky University, Richmond, KY  
M.D., 1990, University of Kentucky, Lexington, KY

Powers, Pius James A. (1994)  
Clinical Assistant Professor, Family Medicine  
M.D., 1978, Memorial University, Canada

Pryputriewicz, David (2013)  
Clinical Assistant Professor, Surgery  
B.S., 1995, East Tennessee State University  
M.D., 2002, ETSU Quillen College of Medicine

Puhr, Joshua S. (2015)  
Clinical Assistant Professor, Internal Medicine  
B.S., 1998, Lee University  
M.D., 2004, ETSU, Quillen College of Medicine

Qayum, Salman (2008)  
Clinical Assistant Professor, Internal Medicine  
MBBS, 1994, Khyber Medical College, Pakistan

Quigley, Neil B. (2015)  
Clinical Associate Professor, Pathology  
B.S., 1978; M.S., 1980; Ph.D., 1984  
University of Auckland

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

Ramos, Antonio L. (2015)  
Clinical Assistant Professor, Section of Medical Education  
B.S., 1984, University of Miami  
M.D., 1988, Autonomous University of Guadalajara College  
of Medicine

Rao, Hema (2015)  
Clinical Assistant Professor, Internal Medicine  
M.D., 1977, Kakatiya Medical 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

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

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

Richardson, James W. (2016)  
Clinical Assistant Professor, Surgery  
B.S., 1975, University of Tennessee-Knoxville  
M.D., 1978, University of Tennessee  
Center for the Health Sciences

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

Rollins, Susan D. (2015)  
Clinical Associate Professor, Pathology  
B.S., 1980- Davidson College  
M.D., 1984- Washington University School of Medicine

Rowell, Michael D. (1991)  
Clinical Professor, Surgery  
B.S., 1982, University of Cincinnati  
M.D., 1986, Wright State University School of Medicine

Roy, Thomas M. (2015)  
Professor, Internal Medicine  
B.A., 1969, University of Louisville  
M.D., 1973, University of Louisville School of Medicine

Sadler, Thomas W. (2011)  
Clinical Assistant Professor, Section of Medical Education  
Ph.D., 1976, University of Virginia



**FACULTY: PART-TIME/VOLUNTEER**

Saha, Tapasi (2008)  
Assistant Professor, Internal Medicine  
MBBS, 1988, Mymensingh Medical College, Bangladesh

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

Scharfstein, Benjamin (2002)  
Clinical Associate Professor, Surgery  
B.S., 1994, Vanderbilt University  
M.D., 1998, Memphis College of Medicine

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

Scott, Thomas (2008)  
Clinical Associate Professor, Surgery  
B.A., 1975, M.D., 1978, University of Nebraska  
M.P.H., 1985, Harvard College

Shafer, Brian D. (2016)  
Clinical Assistant Professor, Section of Medical Education  
B.S., 2000, Virginia Polytechnic Institute & State University  
M.S., 2006, Virginia Polytechnic Institute & State University  
D.O., 2006, West Virginia School of Osteopathic Medicine

Shah, Kaushal Y. (2017)  
Assistant Professor, Psychiatry  
M.B.B.S., 2006, Gujarat University, India

Shaw, Vance C. (2014)  
Clinical Assistant Professor, Family Medicine  
B.S., 1985, Vanderbilt University  
M.D., 1989, ETSU, Quillen College of Medicine

Sheffey, James E. (2015)  
Clinical Assistant Professor, Surgery  
B.S., 2004, East Tennessee State University  
M.D., 2008, ETSU Quillen College of Medicine

Sherman, Deborah D. (1993)  
Clinical Associate Professor, Surgery  
M.D., 1986, ETSU Quillen College of Medicine

Sherwood, Edward R (III) (2014)  
Clinical Research Professor, Surgery  
B.S., 1981, Southwestern University  
Ph.D., Tulane University  
M.D., University of Chicago

**JAMES H. QUILLEN COLLEGE OF MEDICINE 2017-2018**

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

Sibley, David (1990)  
Clinical Associate Professor, Pathology  
B.A., 1980, M.D., 1984, University of Virginia

Silver, Kenneth Z. (2015)  
Clinical Assistant Professor, Section of Medical Education  
B.S., 1982, University of Massachusetts at Amherst  
M.S., 1990, Harvard University School of Public Health  
D.S., 2003, Boston University School of Public Health

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

M.A., 1991, Appalachian State University  
Ph.D., 1995, University of Memphis

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

Soike, David R. (1984)  
Clinical Professor, Pathology  
B.S., 1974, Valparaiso University  
M.D., 1979, Medical College of Ohio

Spires, Ross R. (2015)  
Clinical Assistant Professor, OB/GYN  
B.S., 2001, Tennessee Technological University  
D.O., 2006, Pikeville College  
School of Osteopathic Medicine

Stastny, Janet F. (2015)  
Clinical Associate Professor, Pathology  
BSN., 1975, University of Chicago  
D.O., 1986, Chicago College of Osteopathic Medicine

Stewart, David (2008)  
Clinical Assistant Professor, Internal Medicine  
PharmD, 2003, Campbell University School of Pharmacy

Strickland, Katherine (2005)  
Clinical Instructor, Pediatrics  
B.S., 2000, M.P.H., 2002, Georgia Southern University  
Ed.D., 2012 East Tennessee State University

Stoss, Thomas D. (2011)  
Clinical Assistant Professor, Psychiatry  
M.D., 2006, University of Kentucky

Swenson, James A. (2015)  
Clinical Assistant Professor, Internal Medicine  
B.S., 1980, University of Maryland, College Park  
M.D., 1984, St. Louis University School of Medicine

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

Testerman, George (2001)  
Clinical Associate Professor, Family Medicine  
M.D., 1978, University of Tennessee School of Medicine

Teixeira, Otto H.P. (2015)  
Associate Professor, Section of Medical Education  
M.D., 1964, Federal University of Bahia Medical School

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

Tran, Martin Q. (2015)  
Clinical Assistant Professor, Internal Medicine  
B.S., 1993, University of California, San Diego  
D.O., 1997, Kirksville College of Osteopathic Medicine

Turner, Kevin L. (2015)  
Clinical Assistant Professor, Section of Medical Education  
B.S., 1996, Maryville College  
M.D., 2000, ETSU, Quillen College of Medicine

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

Velasco, Jose P. (2003)  
Clinical Associate Professor, Family Medicine  
B.S., 1981, and M.D., 1986  
University of Santo Tomas, Philippines

Velilla, Rowena (2015)  
Clinical Associate Professor, Pathology  
B.S., 1985; M.D., 1990  
University of Santo Tomas

Vicente, Donette (2015)  
Clinical Assistant Professor, Internal Medicine  
B.S., 1997, Johns Hopkins University  
M.D., 2005, Stony Brook University School of Medicine  
MSc, 2009-Present- Boston, University

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

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

Wang, Ling (2016)  
Assistant Professor, Internal Medicine  
B.S., 1995, Wuhan University  
M.S., 1998, Wuhan University  
Ph.D., 2002, Wuhan University

Ward, Luther E. (2016)  
Clinical Assistant Professor, Surgery  
B.S., 1996, University of Arizona  
M.P.H., 2005, Tulane University  
School of Public Health and Tropical Medicine  
M.D., 2005, Tulane University School of Medicine

Warsy, Adil K. (2007)  
Clinical Instructor, Internal Medicine  
M.B.B.S., 1990, Liaquat Medical College, Pakistan

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

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

White, Sean (2006)  
Clinical Assistant Professor, Obstetrics and Gynecology  
B.S., 1987, M.D., 1991, East Carolina State University

**FACULTY: PART-TIME/VOLUNTEER**

Wiles, David (2014)  
Clinical Assistant Professor, Surgery  
B.S., 1986, Auburn University  
M.D., 1991, Tulane University School of Medicine

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, Valerie K. (2014)  
Assistant Professor, Internal Medicine  
B.A., 2003, University of Tennessee  
M.D., 2008, ETSU Quillen College of Medicine

Wiltcher, Christopher A. (2017)  
Assistant Professor, Obstetrics and Gynecology  
B.S., 1983; B.A., 1986, University of Tennessee  
M.D., 1991, East Tennessee State University

Winstead, Johnathan (2011)  
Clinical Assistant Professor, Surgery  
M.D., 2003, ETSU Quillen College of Medicine

**JAMES H. QUILLEN COLLEGE OF MEDICINE 2017-2018**

Wireman, Jill (1996)  
Clinical Associate Professor, Pediatrics  
B.S., 1986, Duke University  
M.D., 1990, University of Kentucky

Woodard, Mark (2000)  
Clinical Assistant Professor, Surgery  
B.S., 1988, David Lipscomb University  
M.D., 1992, ETSU Quillen College 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