

School of Medicine

The University of Texas Medical Branch

BULLETIN
2014-2016



Provisions of this Bulletin

The provisions of this bulletin do not constitute a contract, express or implied, between any applicant, student, or faculty member and The University of Texas System and The University of Texas Medical Branch at Galveston (UTMB).

UTMB reserves the right to withdraw courses at any time and to change fees and tuition, academic calendars, curricula, degree requirements, graduation procedures, and any other requirement affecting students. Changes will become effective whenever the proper authorities so determine and will apply both to prospective students and to those already enrolled.

The UTMB Catalog consists of five separately published components:

- UTMB General Information Catalog
- School of Nursing (SON) Bulletin
- School of Medicine (SOM) Bulletin
- School of Health Professions (SHP) Bulletin
- Graduate School of Biomedical Sciences (GSBS) Bulletin

The UTMB Catalog provides general information regarding degrees and programs offered, admission requirements, orientation and registration, tuition and fees, academic policies, student life, and student support services.

Each bulletin for the four UTMB schools listed above provides the school's calendars, program-specific degree requirements, course offerings, and other school-specific information.

The general information catalog is effective for the 2012–2014 academic years, and each of the school's respective bulletins is effective until a subsequent bulletin is published. Copies of the most current issues of the catalog and bulletins, including any approved corrections, edits, deletions and additions, are available online at www.utmb.edu/enrollmentservices.

Equal Opportunity/Affirmative Action

UTMB, in accordance with applicable federal and state laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a Vietnam-era veteran in any of its policies, practices, and procedures. Also, UTMB does not discriminate on the basis of sexual orientation to the extent allowed by law. This includes, but is not limited to, admissions, employment, financial aid, educational services, access to facilities, and services. UTMB, in accordance with applicable federal and state laws and regulations, is committed to developing and implementing affirmative action strategies with respect to minority individuals, women, Vietnam-era veterans, and persons with disabilities. Requests for additional information or complaints regarding this policy may be directed to the Office of Equal Opportunity and Diversity located on the ground floor of Rebecca Sealy Hospital.

Privacy and Release of Student Academic Data

UTMB is in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) (20 U.S.C. Section 1232g) and the Texas Public Information Act (Chapter 552, Texas Government Code), which together protect the privacy of educational records and establish the rights of students to inspect and review their educational records. More information regarding UTMB's compliance with FERPA is contained in UTMB Institutional Handbook of Operating Procedures (IHOP) Policy 7.1.30. Copies of FERPA and UTMB's FERPA policy are also available from the Office of Enrollment Services.

Written requests for inspection of a student's own file may be made to the registrar, Dean of the student's respective school, academic department chair, or other appropriate school official.

The following categories of student information are considered "directory" information, and may be released without consent upon written or verbal request: student's name (including previous names), date of birth, enrollment status (full time, half time, less than half time, undergraduate, graduate, etc.), campus phone and campus address, email address, student classification, previous institution(s) attended, major field of study, dates of attendance, degree(s) conferred and date(s) of degree(s) (including degrees from previous institutions), honors and awards, photographs, participation in officially recognized activities, and postgraduate training site for M.D. and Ph.D. graduates and degree candidates.

Students have the right under FERPA to restrict the disclosure of directory information by submitting a Request to Restrict Release of Information form to the Office of Enrollment Services (Attention: Registrar) beginning on the first day of registration but no later than the term census date (normally the 12th class day). Student requests to restrict the disclosure of their respective directory information will be honored in accordance with FERPA and such information will be treated as confidential and not subject to disclosure.

except as permitted or required by law. Student requests to withhold directory information must be submitted at the start of each academic year, and will only be effective until the end of the academic year for which the request was submitted or until the student ceases to be enrolled or rescinds their request in writing, whichever occurs first. UTMB may disclose directory information about former students without any notice to or consent from the student.

Students also have the right to file a complaint with the Office of Enrollment Services concerning any alleged failures by UTMB to comply with FERPA. Complaints may also be filed with the Family Compliance Office, US Department of Education, 400 Maryland Av. SW, Washington, DC 20202-5920.

Campus Security Report

In compliance with the Campus Security Act of 1990, UTMB prepares an annual Campus Security Report that is available to the public online at www.utmb.edu/securityreport. Printed copies of the report are available upon request from the UTMB Police Department at (409) 772-1503.

Americans with Disabilities Act

UTMB complies with the Americans with Disabilities Act (ADA) as amended, Section 504 of the Rehabilitation Act of 1973, and state and local requirements regarding students with disabilities. Under these laws, no otherwise qualified and competitive individual with a disability shall be denied access to or participation in services, programs, and activities of UTMB solely on the basis of disability. Copies of the ADA and Section 504 of the Rehabilitation Act of 1973 are available upon request from the Office of Student Services. More information regarding UTMB's compliance with the ADA is also available in IHOP Policy 7.1.1.

UTMB is committed to providing equal opportunities for students with disabilities. Each academic program has Essential Functions that describe specific skills and outcomes that a student must be capable of performing to be successful in the program with or without reasonable accommodations. The Essential Functions for a respective program are available upon request. If you have a documented disability or would like to obtain information regarding services for students with disabilities, a complete copy of the "Student with Disabilities: Guidelines for Compliance" is available online at www.utmb.edu/studentervices/disabilities.asp. You may also contact the SOM Office of Student Affairs, or the Student ADA Coordinator in the Office of Student Affairs (located on the second floor of the Lee Hage Jamail Student Center) or by phone at 409-772-1996. This information will be treated as confidential, and will only be given to those individuals responsible for assuring reasonable accommodations.

Services for students with disabilities is a program within the Office of Student Services in coordination with the Office of Equal Opportunity and Diversity and the Student Affairs offices of the four UTMB schools. By law all students with disabilities are guaranteed a learning environment that provides reasonable accommodation of their disability. The legal protections mentioned above are civil rights provisions aimed at ending discrimination against persons with disabilities. All programs and offices at UTMB are committed to providing a supportive and challenging environment for students with disabilities who choose to attend UTMB.

The Office of Student Services is located on the second floor of the Lee Hage Jamail Student Center. The Office of Equal Opportunity and Diversity is located on the ground floor of Rebecca Sealy Hospital.

Accreditation

UTMB is accredited by the Southern Association of Colleges and Schools and Commission on Colleges (SACSCOC) to award the baccalaureate, master's, doctoral, and professional degrees. Questions regarding UTMB's accreditation may be directed to SACSCOC at:

1866 Southern Lane
Decatur, GA 30033-4097
Telephone (404) 679-4500

HIPAA

UTMB protects the privacy of its patients' health information in accordance with state and federal law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA prescribes stringent standards defining appropriate and inappropriate disclosures of individually identifiable health information and governs how patient privacy rights are to be protected. All UTMB students, along with faculty and staff, are provided and required to complete training to ensure understanding of and compliance with HIPAA privacy rules. More information regarding UTMB's policies and procedures are available in IHOP, and from the Office of Institutional Compliance.

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The University of Texas Medical Branch at Galveston

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Assistant Dean for Osler Student Societies

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Assistant Dean for Faculty Practice, Hospitals

Mission

UTMB's mission is to improve health for the people of Texas and around the world.

Vision

We work together to work wonders as we define the future of health care and strive to be the best in all of our endeavors.

Values

Our values define our culture and guide our every interaction.

- We demonstrate **compassion** for all.
- We always act with **integrity**.
- We show **respect** to everyone we meet.
- We embrace **diversity** to best serve a global community.
- We promote excellence and innovation through **lifelong learning**.

School of Medicine Admission Requirements

GENERAL INFORMATION

All applicants must apply online with the Texas Medical and Dental Schools Application Service (TMDSAS), which is online at: www.utsystem.edu/tmdsas. Applications and letters of recommendation will be accepted by TMDSAS beginning May 1 and the deadline for receipt of applications is October 1. Interviews will be conducted from August through December. Each year, approximately 230 students matriculate, with no more than 10 percent from out of state. If you are not accepted during either the open admissions period (November 15 to December 31) or the February match, your application will be considered for possible placement in the alternate pool. This pool is not ranked. When positions become available, the Admissions Committee will review all candidates in the pool for acceptance. The number taken from the pool varies from year to year.. It is the goal of the SOM to accept only those students who are eligible to complete the four years of the curriculum based on citizenship or permanent resident status. Therefore, only applicants who are permanent US residents or American citizens will be considered for interview and admission. Individuals who have earned a medical degree from another institution will not be considered for admission.

CRITERIA FOR APPLICANT EVALUATION

The Admissions Committee is solely responsible for the admission of students. The members review all applications and recommend for admission the applicants deemed best qualified. The committee members, in determining an applicant's eligibility for admission, consider aspects such as the recommendation of the applicant's health professions advisor or advisory committee, personal qualifications, academic profile, undergraduate coursework, grades, and MCAT scores. Academic and nonacademic factors are of equal importance. Particular consideration is given to the applicant's maturity, motivation, and intellectual curiosity as reflected by academic honors, demonstrated leadership roles, research experiences, and participation in activities such as public or community service, athletics, performing arts, and social organizations. Also considered are interpersonal skills, oral and bilingual communication skills, and unique educational, career, or life experiences. As authorized by The University of Texas System Board of Regents and beginning with Academic Year 2006–2007, UTMB considers race and ethnicity among the broad range of criteria considered for student admission and the award of scholarships and fellowships.

ADMISSION REQUIREMENTS

| | |
|--------------|--|
| ENGLISH: | 6 semester hours or 9 quarter hours. Writing intensive courses taught in departments other than the English department are not acceptable. |
| BIOLOGY: | 14 semester hours (12 semester hours of lecture and 2 semester hours of formal lab) or 21 quarter hours (18 quarter hours of lecture and 3 quarter hours of formal lab) as required for college science majors. |
| MATHEMATICS: | 3 semester hours or 5 quarter hours of college Calculus or Statistics. Statistics must be taught in the Math department. |
| PHYSICS: | 8 semester hours (6 semester hours of lecture and 2 semester hours of formal lab) or 12 quarter hours (9 quarter hours of lecture and 3 quarter hours of formal lab) as required for college science majors. |
| CHEMISTRY: | General Chemistry - 8 semester hours (6 semester hours of lecture and 2 semester hours of formal lab) or 12 quarter hours (9 quarter hours of lecture and 3 quarter hours of formal lab) as required for college science majors. Organic Chemistry - 8 semester hours (6 semester hours of lecture and 2 semester hours of formal lab) or 12 quarter hours (9 quarter hours of lecture and 3 quarter hours of formal lab) as required for college science majors. |

Applicants must complete at least 90 semester hours. Preference is given to those applicants who complete a baccalaureate degree. Although a minimum grade of C is required in each course, the average GPA is approximately 3.85. Coursework is acceptable only if completed at regionally accredited U.S. or Canadian colleges and universities. The MCAT is required of all applicants. UTMB will not accept a score older than five years. It is advisable that you take the spring MCAT in order to increase your chances of receiving an interview.

In addition to the basic core requirements for medical school listed above, the following courses are suggested to be taken prior to entering medical school:

Highly Recommended

- Biochemistry/Advanced Biochemistry
- Cell Biology
- Molecular Genetics
- Anatomy and Physiology

Additional Courses

- Immunology
- Statistics
- Developmental Biology
- Microbiology

APPLICATION TIMELINE

| | |
|----------|--|
| April | Take MCAT |
| May | TMDSAS application period opens |
| June | Admissions Committee begins reviewing applications |
| August | Interviews start |
| October | Deadline for submission of applications to TMDSAS |
| November | Open acceptance period begins |
| December | Interviews end |
| | Open acceptance period closes |
| January | Deadline to decline multiple acceptances |
| | Deadline to submit ranking of schools |
| February | Match conducted |
| | Final acceptances issued |

POLICY ON ESSENTIAL FUNCTIONS REQUIRED FOR THE MD PROGRAM FOR ADMISSIONS, CONTINUATION, AND GRADUATION, AND DISABILITY ACCOMMODATION

Purpose

The medical profession is unique. It enjoys a unique public trust and public responsibility. Because of the nature of the medical profession, from caring for the well to caring for the dying, the public has the right to expect the highest standards from those who join the ranks of the health care community. It is incumbent upon us, as medical school faculty, to ensure that all applicants and graduates are competent in the basic skills necessary to both continue their education and to practice medicine. UTMB recognizes that the MD degree is a broad, undifferentiated degree requiring the acquisition of general knowledge and basic skills performed in a reasonably independent and autonomous manner in all fields of medicine. The education of a physician requires the assimilation of knowledge, the discipline of life-long learning, the acquisition of skills, and the development of critical judgment in preparation for independent and appropriate decisions required in medical practice. The abilities and attributes listed below reflect the critical activities a student must be able to perform to complete a generalist medical school curriculum. These include but are not necessarily limited to: observation, communication, psychomotor skills, intellectual and cognitive abilities, professional and social attributes, and application of legal and ethical standards.

Identification of Essential Functions

Definition of Graduate Competencies: A graduating student should have the knowledge, skills and attitude necessary to continue training in a graduate medical program, with the understanding that, with further training, the School of Medicine faculty is comfortable with that student practicing medicine.

Essential Functions

1. **Observation/Sensory Modalities:** candidates must be able to master a defined level of information. This information will be presented in a variety of formats including but not limited to demonstrations in the basic sciences, computer demonstrations, observations of microbiology cultures, and gross studies of human tissues in normal and pathologic states. Candidates must also be able to accurately observe close at hand and at a distance, for the purpose of learning skills and gathering data. Candidates must possess functional use of the senses that permit such observations. *Examples include but are not limited to the ability to observe (see) an instructor's movements, a patient's gait or verbal responses, a*

chemical reaction, a microscopic image; feel vibrations, detect temperature, distinguish color and intensity, such as a red skin lesion or skin paleness, hear faint body sounds such as heart and lung sounds, smell odors such as alcohol breath.

2. **Communication:** candidates must be able to communicate effectively and efficiently, both verbally and in writing, with patients and members of the health care team. This would include stressful or demanding situations. The candidate must be able to respond to questions, formulate problems and to ask pertinent questions in a one-on-one, small group or large group format. Candidates must be able to read and comprehend written material in English. *Examples would include but not be limited to the ability to educate patients, convey important updates on a patient's status, both through written means (e.g., progress notes) and verbally (e.g., presentation to a consultant), and read information about a patient, such as a consultant's note or a radiology report.*
3. **Psychomotor Skills:** candidates must have sufficient motor capacities and mobility to attend class. They must have sufficient motor function to obtain data from patients using tactile, auditory and visual maneuvers. The candidate must possess adequate strength, mobility and dexterity to obtain all the important information and perform reasonable procedures in the care of patients. Candidates must have the motor skills to provide general care and emergency treatment that are reasonably required of physicians. Candidates must have adequate endurance to carry out activities reasonably required of physicians in clinical activities for extended periods of time. *Examples would include but are not limited to the ability to dress in protective clothing in the performance of clinical duties (e.g., tolerate a mask on the face), perform cardiopulmonary resuscitation, perform chest compressions, manually ventilate a patient; take vital signs measurements, take blood pressure readings, take pulse rate; and perform catheter insertions, intravenous lines. The candidate should also be able to stand and maintain balance, move in confined spaces, pick up or grasp small objects, and complete assigned clinical practice within an acceptable time period and, on occasion, for extended periods of time, including night call.*
4. **Intellectual and Cognitive Abilities:** candidates must be able to measure, calculate, reason, analyze, synthesize, integrate, and apply information. The candidate must possess adequate strength, mobility and dexterity. Candidates must be able to apply information from a variety of sources, such as knowledge obtained in classroom settings, interaction with other healthcare professionals, written materials such as textbooks or literature searches. Problem solving, a clinical skill required of physicians, requires all of these intellectual abilities. Candidates must be able to perform these functions not only during times of quiet reflection but must also during stressful situations and in a rapid manner, such as might occur in a medical emergency. In addition candidates must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. *Examples would include but not be limited to the ability to transfer knowledge from one situation to another; assimilate and apply knowledge acquired from multiple learning experiences; comprehend and apply abstract concepts; handle multiple tasks and problem-solve simultaneously; synthesize knowledge and skills; prioritize tasks; use long and short term memory; be able to process information and reach appropriate conclusions in urgent situations; gather and process patient information, in either verbal or written formats, in a timely manner.* Candidates should be aware that they will be subject to assessment exercises to evaluate these abilities (e.g., standardized patient exams, and direct observations of a candidate's performance between the candidate and a patient.
5. **Professional, Behavioral and Social Attributes:** candidates must possess the emotional health required to fully use their intellectual abilities. *Examples of these would include but not be limited to the ability to exercise good judgment, promptly complete all responsibilities attendant to the diagnosis and care of patients, and develop mature, sensitive and effective*

relationships with patients. Candidates must be able to tolerate physically, emotionally and mentally taxing workloads, and to function effectively under stress. They must be able to pay attention to detail and perform their learning activities, especially experiential activities, accurately and thoroughly, and assume responsibility and accountability for their actions. They must be able to adapt positively to stress and changing environments, display flexibility, and learn to function in the face of uncertainties and ambiguities inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal competence and motivation are all personal qualities important to the educational process and the future care of patients. Students must have the emotional maturity to self-assess, know their limitations and seek advice or counseling in situations that might impair their learning or their performance in the care of patients. They must know their limits, recognize when they should seek consultation and/or supervision, and do so in a timely manner. The capacity of healthcare professionals to self-assess their ability to function at a high level for the best care and safety of their patients, regardless if this is secondary to a physical, emotional or mental impairment, and to proactively seek appropriate treatment, including leaves of absence, is an important ability for a physician to have. *Besides the examples listed above, other examples of attributes that candidates would be expected to exhibit would include but are not limited to the following: respect differences in patients and staff; establish rapport with patients; negotiate interpersonal conflict; participate in partnered and group efforts in classroom and clinical learning activities; practice in a manner that is non-judgmental and non-discriminatory; interact with individuals, families, and groups from a variety of social, cultural, and intellectual backgrounds; adapt effectively to changing environments and increasing tension levels in a variety of situations (e.g., emergencies); deal with the unexpected (e.g., death of a patient, patient whose condition is acutely worsening); focus attention on tasks; perform multiple responsibilities concurrently; and handle strong emotions.*

6. **Legal and Ethical Standards:** candidates must demonstrate professional attitudes and behaviors, and must perform in an ethical manner in all dealings with peers, faculty, staff and patients. They must demonstrate honesty, integrity and reliability, and adhere to the standards that reflect the values and functions of the healthcare profession. This includes a responsibility to acquire and share data in an honest and timely manner, respect rights of privacy, apply an ethical decision-making process in their studies, (*e.g., in writing papers, taking examinations, collecting data*), avoid plagiarism and adhere to the other legal/ethical standards set forth by UTMB.

Revised May 2014
Essential Functions Committee

DEFERRED ADMISSION

UTMB does not routinely grant deferments. If you wish to be considered for a deferment, you must make a request in writing to the Admissions Committee by May 15. Once received, the Admissions Committee will meet, review your request, and notify you when a decision has been made. If your request for deferment is approved, the following conditions will apply:

1. The deferment must be used for the purpose requested, as stated in your request.
2. You will not seek admission to another medical school during the period of your deferment.
3. You will send UTMB written notification on or before March 1 of the following year, reaffirming your intent to matriculate that August.
4. All of the statements on your application and all of the other personal information that you have provided to UTMB (or through TMDSAS) remain true and valid and you have met all of the conditions in your acceptance letter.
5. Your ability to perform the SOM's essential functions (technical standards) remain and will not have changed upon your matriculation to UTMB.
6. Nothing occurred which would cause UTMB to refuse you a position in the freshman class if you were applying for admission to UTMB for the first time.
7. You will have timely and successfully completed all the requirements for your baccalaureate degree or meet all conditions that you indicated on your application to UTMB.

All documents regarding deferred admission must be addressed to:

Jeffrey P. Rabek, Ph.D
Associate Dean for Student Affairs and Admissions
301 University Blvd.
Galveston, Texas 77555-1317

Transfer Requests

The SOM does not accept transfer students.

Security Clearance

In accordance with The Joint Commission standards for accreditation, criminal background checks for security purposes are required of all employees, staff, and volunteers who supervise care, render treatment, and provide healthcare services. Additional information regarding UTMB's policy is available in IHOP Policy 3.2.6. Individual health care entities have been given the responsibility for mandating this clearance for students. The UTMB SOM requires that students who are assigned to clinical facilities that require criminal background checks for security purposes must comply with and receive clearance in order to participate in clinically related activities. All students will be required to undergo a background check performed by the Texas Department of Criminal Justice in order to matriculate into UTMB.

Degree of Doctor of Medicine

The degree of Doctor of Medicine is awarded upon satisfactory completion of the prescribed curriculum in the SOM, recommendation of the Faculty of Medicine, and certification by The University of Texas System Board of Regents. Candidates are required to:

- be at least 18 years of age at the time the degree is awarded;
- present evidence of good moral character;
- offer satisfactory evidence of having fulfilled all academic curricular requirements, including a passing performance on the United States Medical Licensing Examinations (USMLE) Step 1 and USMLE Step 2 Clinical Knowledge and Clinical Skills; and
- comply with all necessary legal and financial requirements.

The Integrated Medical Curriculum (IMC)

GOALS AND OBJECTIVES OF THE IMC

The following goals and objectives for the Integrated Medical Curriculum, based on those promulgated by the Association of American Medical Colleges (AAMC), have been adopted by the SOM:

1. To Produce Knowledgeable Physicians

- Knowledge of the theories and principles that govern ethical decision making, and of the major ethical dilemmas in medicine, particularly those that arise at the beginning and end of life, those that arise from the knowledge of genetics, and those that threaten medical professionalism posed by conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine.
- Knowledge of the normal structure and function of the body and of each of its major organ systems.
- Knowledge of the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis.
- Knowledge of the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of maladies and the ways in which they operate in the body (pathogenesis).
- Knowledge of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions.
- An understanding of the power of the scientific method in establishing the causation of disease and efficacy of traditional and non-traditional therapies.
- Knowledge of the most frequent clinical, laboratory, roentgenologic, and pathologic manifestations of common maladies.
- Knowledge about relieving pain and ameliorating the suffering of patients.
- Knowledge of the important non-biological determinants of poor health and of the economic, psychological, social, and cultural factors that contribute to the development and/or continuation of maladies.
- Knowledge of the epidemiology of common maladies within a defined population and the systematic approaches useful in reducing the incidence and prevalence of those maladies.
- Knowledge of various approaches to the organization, financing, and delivery of health care.

2. To Produce Skillful Physicians

- The ability to obtain an accurate medical history that covers all essential aspects of the history, including issues related to age, gender, and socio-economic status.
- The ability to perform both a complete and a focused examination, including a mental status examination.
- The ability to perform routine technical procedures including, at a minimum: venipuncture, inserting an intravenous catheter, arterial puncture, inserting a nasogastric tube, inserting a Foley catheter, and suturing lacerations.

- The ability to interpret the results of commonly used diagnostic procedures.
 - The ability to reason deductively in solving clinical problems.
 - The ability to construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions (both acute and chronic), including medical, psychiatric, and surgical conditions, and those requiring short- and long-term rehabilitation.
 - The ability to recognize patients with immediately life-threatening cardiac, pulmonary, or neurological conditions regardless of etiology, and to institute appropriate initial therapy.
 - The ability to recognize and outline an initial course of management for patients with serious conditions requiring critical care.
 - The ability to communicate effectively, both orally and in writing, with patients, patients' families, colleagues, and others with whom physicians must exchange information while carrying out their responsibilities.
 - The ability to identify factors that place individuals at risk for disease or injury, to select appropriate tests for detecting patients at risk for specific diseases or in the early stages of disease, and to determine strategies for responding appropriately.
3. **To Produce Physicians Possessing Professional Attitudes**
- An understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate with others in caring for individual patients and in promoting the health of defined populations.
 - Compassionate treatment of patients, and respect for their privacy and dignity.
 - Honesty and integrity in all interactions with patients, patients' families, colleagues, and others with whom physicians must interact in their professional lives.
 - A commitment to advocate at all times the interests of one's patients over one's own interest.
 - A commitment to provide care to patients who are unable to pay and to advocate for access to health care for members of traditionally underserved populations.
4. **To Produce Physicians Committed to Lifelong Learning**
- The capacity to recognize and accept limitations in one's knowledge and clinical skills, and a commitment to continuously improve one's knowledge and ability.
 - An understanding of the need to engage in lifelong learning to stay abreast of relevant scientific advances, especially in the disciplines of genetics and molecular biology.
 - The ability to retrieve (from electronic databases and other resources), manage, and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations.

PRINCIPLES OF THE IMC

1. Learning should be active, not passive.
2. Most of the basic science facts and information can be learned in the context of clinical problems, an approach that highlights relevance for basic science knowledge.

3. Faculty time should be used to introduce, to clarify, to discuss, to stimulate, to guide, to impart, and imbue the student with enthusiasm for the topic at hand.
4. Broad and dedicated faculty involvement is critical to the success of the medical school curriculum.
5. Examinations should promote learning as well as evaluate achievement. Frequent, “low-stakes” examinations are preferred over infrequent, “high-stakes” examinations.
6. All courses are expected to plan collaboratively to avoid conflicts which infringe on the opportunity to deliver a high-quality, well-rounded undergraduate medical educational experience that will prepare a medical practitioner with sufficient knowledge of the basic sciences to provide the highest quality medical care.
7. The experiences provided in the on-campus specialty clinics, laboratories, and other settings should be coordinated and controlled by the appropriate organ-system course.
8. Multiple modalities of teaching/learning should be available to and considered for inclusion by the course-design committees.
9. All courses should strive to increase the amount of computer-based instruction and assessment.
10. Ample study time for the students must be provided in the curricular plan.

There are three major characteristics of the IMC that are designed to aid learning and build lifelong learning skills:

1. Basic science material is integrated across disciplines. For example, rather than learning about membranes in one course (Physiology) and cell signaling in another course (Biochemistry), material will be presented in Molecules Cells and Tissues that integrates membrane structure and function with cell-signaling concepts. This holistic approach should make it easier for students to understand and learn the material.
2. Basic science material is integrated with clinical science material. Each week’s topic is linked to one or more clinical cases that may be presented as problems to solve. Thus, students immediately use the basic science material in a clinical setting, applying it in a problem-solving mode. This will not only make learning more interesting, it will aid retention of the material. As the curriculum progresses into the second year, the clinical cases become more complex, enabling students to both review and build their knowledge base.
3. The problem-solving challenges are designed to foster independent learning and build life-long learning skills. The more actively involved students are in the learning experience, the more they will retain. This will serve students well as they continue to learn throughout their careers.

COURSES OF THE IMC

Year 1 and Year 2 Courses

Courses in the IMC form an initial 24-week core of instruction on the scientific principles integral to the practice of medicine, followed by six organ-based blocks and a syndromes-based course, all of which integrate traditional basic science disciplines (anatomy, physiology, pathology, pharmacology, microbiology, and immunology) for each of the major systems of the human body. All courses are interdisciplinary and are based on self-directed, problem-based learning, with supplemental large-group lectures and laboratory sessions. Clinical skills development and clinical reasoning are emphasized in the longitudinal Practice of Medicine course.

Gross Anatomy and Radiology

The Gross Anatomy and Radiology (GAR) course is the first course in Year 1, and is designed to illustrate the relationship between the principles of anatomic structure and their clinical relationship to radiologic anatomy. The prime objective of the course is to provide students with a basic understanding of the anatomy of the human body and to emphasize the clinical relevance of anatomy in the diagnosis of clinical disorders. The course utilizes extensive anatomic dissection experience to supplement lectures and problem-based, small-group sessions.

Molecules, Cells, and Tissues

The Molecules, Cells, and Tissues (MCT) course bridges the traditional disciplines of microscopic anatomy, cell and molecular biology, genetics, physiology, pharmacology, and biochemistry in an integrated course that emphasizes the relationships between molecular structure and complex human systems. The basic concepts provided in the course are designed for illustration through repeated emphasis during each of the later organ-based courses. The course combines problem-based, small-group sessions with laboratory sessions and lectures.

Pathobiology and Host Defense

Expanding on the content of traditional pathology courses, the Pathobiology and Host Defense (PHD) course stresses the pathologic changes that are manifest in human disease, with an emphasis on pathogenesis, and the microbiologic and immunologic features of health and disease. Relevant pharmacologic principles are included and are integrated into the topics covered in each segment of the course. Laboratory exercises illustrate the functional aspects of these principles, which expand on material covered in problem-based sessions and lectures.

Neuroscience and Human Behavior

The Neuroscience and Human Behavior (NHB) course addresses the anatomy, physiology, and behavioral aspects of the nervous system, with extensive functional correlations and clinical manifestations of neurologic and psychiatric diseases and trauma. Anatomic laboratory sessions that focus on the structure and organization of the human nervous system are interspersed with case-based tutorials and lectures stressing the relationship between anatomy, functional brain systems, neurology, and human behavior. Periodic clinical demonstrations are designed to emphasize these relationships further through expert modeling of neurologic examinations in clinical diseases.

Cardiovascular/Pulmonary

The Cardiovascular/Pulmonary (CVP) course includes the biologic principles applicable to these organ systems, while emphasizing their complex relationship in the human body. The course addresses normal structure and function, and integrates these with pathology, pathophysiology, therapeutics, and diagnostic techniques. Problem-based sessions and laboratory experiences are supplemented by lectures.

Minimesters

This two-week activity allows some degree of student choice. Minimester courses combine foundational science concepts and clinical care. Each minimester course emphasizes clinical reasoning and assists the student in acquiring specific clinical skills. The courses are graded on a Satisfactory/Fail basis.

Gastroenterology/Nutrition

The Gastrointestinal/Nutrition (GIN) course covers an overview of nutrition and the normal physiology and pathophysiology of each anatomic region of the GI tract, including

the liver, biliary tract, and pancreas, by means of problem-based learning, lectures, and laboratory sessions. There is emphasis on the neuroendocrinology and immunology of digestion and nutrition, as well as the infectious and metabolic diseases that affect the entire gastrointestinal tract.

Renal/Fluid/Electrolytes

The Renal/Fluid/Electrolytes (RFE) course relates the principles of fluid and electrolyte homeostasis, renal physiology, and immunology to understand the normal function and pathophysiologic manifestations of the renal system. With emphasis on introduction of clinical syndromes through problem-based sessions, students are exposed to the connection between basic pathophysiologic principles that influence the kidneys and their manifestations in human disease.

Endocrinology/Reproduction

The Endocrinology/Reproduction (EER) course emphasizes the major endocrinologic organs of the body, along with the metabolic consequences of diseases affecting them. The anatomy, physiology, pathology, and relevant principles of molecular biology and pharmacology related to male and female reproductive function, human growth, and pubertal development are included. Major emphasis is placed on problem-based sessions, which include major adult and pediatric endocrinologic syndromes along with issues of fertility, reproduction, and normal and abnormal sexual development. Computer-based instruction and student-led literature critiques are included

Dermatology/Hematology/Musculoskeletal

The Dermatology/Hematology/Musculoskeletal (DHM) course offered to second-year medical students is composed of three separate, non-overlapping sections devoted to the scientific foundations of hematology, dermatology, and the musculoskeletal system (rheumatology). The course also emphasizes the immunological features common to diseases in all three systems. Lectures are designed to supplement reading assignments by reviewing and clarifying basic concepts. Problem-based learning in small group sessions is based upon a series of clinical cases designed to relate the science of each organ system to clinical practice.

Great Syndromes

The Great Syndromes (GS) course serves as the final course in Year 2, integrating the multidisciplinary topics of previous courses into a series of cases that illustrate major syndromes of human disease. Fundamental scientific principles and concepts, pathophysiology of organ systems, and principles of health and disease are emphasized in these cases. Predicated on students' knowledge gained in previous IMC courses, the course acquaints them with the complexities and integrative dimensions of clinical judgment and decision-making in patient care. The influence of life stages and patient perspective are woven into the basic science and clinical features of each topic. In this course, medical students and physician assistant students will work together in their PBL groups, modeling the teamwork that will soon follow in their clinical rotations.

Practice of Medicine Year 1 and Year 2

The Practice of Medicine (POM) course serves as a focal point in clinical skills development during Years 1 and 2. It emphasizes the practical development in communication, medical interviewing, and physical examination skills, complemented by principles of medical ethics, professionalism, and evidence-based medicine/clinical reasoning. Weekly small-group sessions with clinical faculty are the focal point of the course. Basic skills in Year 1 are reinforced through regularly scheduled half-day visits to primary care physician

practices in the community. Experiences are expanded in Year 2 with periodic university-based clinical experiences to practice and develop clinical abilities, especially as they relate to each organ system.

Year 3 Courses

Year 3 consists of 48 weeks of instruction (out of 52 weeks available in the academic calendar), which include the following:

| Course | Course Number |
|---|----------------------|
| Internal Medicine (12 weeks) | IMC-3014 |
| Pediatrics (8 weeks) | IMC-3018 |
| Surgery (8 weeks) | IMC-3016 |
| Obstetrics/Gynecology (6 weeks) | IMC-3002 |
| Psychiatry (6 weeks) | IMC-3004 |
| Family Medicine (4 weeks) | IMC-3012 |
| Elective (4 weeks) | |
| <i>December Holiday Break (4 weeks)</i> | |

Note: A student may accrue academic credit for electives taken between Year 1 and Year 2 (four or eight weeks) and the December holiday break during Year 3 (four weeks). Such credit will decrease the number of electives needed in Year 4.

Department-based courses and clerkships are described in the respective department sections of this Bulletin.

Year 4 Courses

2013–2014 Academic Year

Year 4 consists of 40 weeks of instruction (out of 48 weeks available in the academic calendar), which include the following:

| Course | Course Number |
|---|----------------------|
| Neurology Clerkship (4 weeks) | IMC-4106 |
| Emergency Medicine Selective* (4 weeks) | IMC-4104 |
| Senior Surgery or clinical elective (4 weeks) | |
| Acting Internship Selective (4 weeks) | |
| Ambulatory Community Selective (4 weeks) | |
| Basic Science/Humanities Selective (4 weeks) | |
| Electives (16 weeks) | |
| <i>Vacation (4 weeks)</i> | |
| <i>December Holiday Break (4 weeks)</i> | |

*includes Advanced Cardiac Life Support

Department-based courses and clerkships are described in the respective department sections of this Bulletin. Year 3 and 4 courses are offered in Houston and Austin, Texas, as well as in Galveston.

The Honors Research Program: Guidelines and Operating Policies

GENERAL

The UTMB SOM offers an Honors Research Program in research training for medical students that augments the regular medical school curriculum and leads to the conferment of Honors in Research in a Special Field at graduation. The Honors Research Program is administered by a Steering Committee composed of five senior members of the Medical School Faculty appointed by the Dean of Medicine. The Chair of the Steering committee is the Director of the Program.

Students wishing to participate in this program can apply for entry by submitting a research proposal that has been approved by a Research Director, who is the full time faculty member under whom the student will perform the research. Successful completion of this project will require a substantial investment of time and intellectual effort. In some instances, the student may elect to devote a substantial amount of time (e.g., one year) to the research project. Acceptable projects will require the equivalent of at least several months of full-time effort, and students are strongly advised to enter the Program as early as possible.

APPLICATION PROCEDURE

A complete and acceptable application to the Honors Program consists of the following:

1. *A research proposal.* The proposal must be typewritten, 5-12 pages in length, single-spaced, including an appropriate bibliography. The general outline and style of an NIH research grant application should be utilized with the following sections, in order: (a) specific aims/objectives of the project (what is to be done; hypotheses to be tested); (b) significance, rationale, and background of the project (why the proposed work is important); (c) preliminary data and/or relevant experience of the applicant (this is a feasible project for which I have the required or can acquire the skills and knowledge to perform); (d) design and methods to be utilized to meet the goals of the project (a description of the protocols to be used and how they will answer your aims; i.e., How many experiments? How will you validate your results? How reliable are they? Are there pitfalls, problems, alternative explanations, or conclusions? Is the amount of work realistic for the time you have available?); and (e) bibliography.
2. *Letter of support from Research Director.* A faculty member must write a letter indicating his/her willingness to supervise the proposed project, the availability of adequate resources to support the project, and an estimate of a reasonable timeframe for completing the project. The student submits this letter and the faculty member's CV along with the proposal to the Steering Committee.
3. *Timely submission of the proposal.* Successful research of high quality can be accomplished only if the work is thoughtfully planned and adequate time is allowed to perform the experiments, evaluate the results, and communicate the findings and their significance. Students also need time to find and interact with potential mentors, explore the literature, learn techniques, and perform preliminary experiments, if relevant. Thus, students interested in the Honors Program should begin to examine this option as early as possible. Only in rare cases and with careful written justification will applicants to the Honors Program be accepted after the end of May of their junior year.

Acceptance into the Honors Program will be determined by a majority vote of the members of the Steering Committee.

Ad Hoc Thesis Committee and Monitoring of Progress. Upon acceptance of the research proposal by the Steering Committee, the latter will appoint, with advice from the Research Director, an Ad Hoc Thesis Committee consisting of from four to five members of the faculty, as follows: the Research Director (immediate faculty supervisor of the student), who will chair this committee; at least one member of the Steering Committee; and two or three additional faculty members who are experts in the area of research pursued by the student. In some cases, the Steering Committee can appoint individuals from outside UTMB to the Ad Hoc Thesis Committee.

The responsibilities of the Ad Hoc Thesis Committee include:

1. Monitoring the student's research activities and academic performance in general;
2. Meeting as a committee with the student at least once before the final thesis defense to evaluate research progress and to report in writing to the Steering Committee the status of the student's work on each of these occasions;
3. Recommending changes or additions to the experimental work, if appropriate, based upon these regular meetings;
4. Reading and evaluating the thesis; and
5. Conducting a final thesis defense and oral examination.

The Honors Thesis

Successful completion of the Honors Program requires the writing and oral defense of a thesis. No limit will be set on the length of the thesis. However, it should follow the general form of a graduate-level thesis and have qualities of originality and significance, and should represent a definitive research effort. It should have sufficient merit to be considered for publication, in an appropriate form, in a quality, peer-reviewed journal. An alternative format can be a published or accepted manuscript supplemented by an expanded Introduction, Materials and Methods, Results not included in the manuscript, and Discussion. The oral defense is composed of a 30 to 45 minute oral presentation (typically a PowerPoint based presentation) of the research followed by a question and answer period.

The final oral defense of the thesis will be conducted by the Ad Hoc Thesis Committee no later than April 1 prior to the student's expected graduation. This committee will then make a recommendation to the Steering Committee regarding whether the student merits graduation with Honors in a Special Field from UTMB. If this decision is favorable, the student, thesis title, honors designation, and Research Director will be identified in the program of the graduation exercises.

Proposals should be sent to:

Kristen Peek, Ph.D.
Professor and Vice Chair for Education
Preventive Medicine and Community Health
The University of Texas Medical Branch at Galveston
301 University Boulevard
Galveston, Texas 77555-1153
Telephone 409-772-9142
e-mail mkpeek@utmb.edu

Professionalism

The SOM considers professional behavior to be an essential component of the requirements for the degree of Doctor of Medicine. The SOM participates in UTMB-wide activities to promote professionalism on campus and supports the following UTMB Student Honor Pledge, which was created and endorsed by UTMB students, and serves as a capstone to the UTMB Honor Policy, Student Conduct and Discipline Policy, and other codes and statements of principles of the four UTMB schools:

On my honor, as a member of the UTMB community, I pledge to act with integrity, compassion, and respect in all my academic and professional endeavors.

The UTMB school-based emphasis on professionalism includes the following components:

- Activities during orientation, class meetings, and individual courses;
- Inclusion of professional behavior in the evaluation system of every required course;
- The Professionalism Project, which emphasizes the career-long importance of professional behavior during a student's medical education, includes a longitudinal tracking system to identify students with problems in professional behavior, and implements methods to assist students with such problems; and
- The Honor Education Council (HEC), a student-directed organization which seeks to educate students about the importance of professional and ethical behavior, sponsors the annual White Coat Ceremony for entering students, and was instrumental in developing the Statement of Principles for SOM students.

STATEMENT OF PRINCIPLES GOVERNING PROFESSIONAL CONDUCT

All students of the SOM are required to adopt and adhere to the following Statement of Principles:

As a student of the SOM, I understand that it is a great privilege to study medicine. Over the course of my training, I will assume extraordinary responsibility for the health and wellbeing of others. This undertaking requires that I uphold the highest standards of ethical, compassionate, and professional behavior. Accordingly, I have adopted the following principles to guide me throughout my academic, clinical, and research work. I will strive to uphold both the spirit and the letter of this Statement of Principles in my years at UTMB and throughout my medical career.

Honesty

- *I will maintain the highest standards of academic honesty.*
- *I will neither give nor receive aid in examinations or assignments unless such cooperation is expressly permitted by the instructor.*
- *I will be truthful with patients and will report and record accurately all historical and physical findings, test results, and other information pertinent to the care of the patient.*
- *I will never seek, by action or implication, to create an incorrect impression of my abilities or to create an unfair advantage over my colleagues during evaluations or other procedures.*
- *I will conduct research in an unbiased manner, report results truthfully, and credit ideas developed and work done by others.*

Confidentiality

- *I will regard confidentiality as a central obligation of patient care.*
- *I will limit discussions of patients to members of the health care team in settings removed from the public ear.*

Respect for Others

- *I will uphold a classroom atmosphere conducive to learning.*
- *I will treat patients and their families with respect and dignity both in their presence and in discussions with other members of the health care team.*
- *I will interact with patients in a way that ensures their privacy and respects their modesty.*
- *I will interact with all members of the health care team in a considerate and cooperative manner.*
- *I will neither practice nor tolerate discrimination on the basis of race, gender, religion, sexual orientation, age, disability, or socioeconomic status.*
- *I will judge my colleagues fairly and attempt to resolve conflicts in a manner that respects the dignity of every person involved.*

Responsibility

- *I will set patient care as my highest priority in the clinical setting.*
- *I will recognize my own limitations and will seek help when my level of experience is inadequate to handle a situation on my own.*
- *I will conduct myself professionally—in my demeanor, use of language, and appearance—in the presence of patients, in the classroom, and in health care settings.*
- *I will not use alcohol or drugs in any way that could interfere with my clinical responsibilities.*
- *I will not use my professional position to engage in romantic or sexual relationships with patients or members of their families.*

Interaction with Faculty, Residents, and Fellows

- *I will seek clear guidelines regarding assignments and examinations, as well as testing environments that are conducive to academic honesty.*
- *I will seek prompt, frequent, and constructive feedback from house staff and attending physicians in order to facilitate my training in medicine.*
- *I will not be compelled to perform procedures or examinations which are unethical or beyond the level of my training.*
- *I have the right not to be sexually harassed by those who are supervising my work.*
- *I have the right to be challenged to learn, without abuse or humiliation.*

Institutional Compliance, Mandatory Education, and Training

All UTMB students, faculty, employees, contract employees, and volunteers are required to attend and complete all applicable in-service education, training, and/or licensing courses as defined and required by UTMB, The University of Texas System, The Joint Commission, licensing and regulatory agencies, and state and federal law (e.g., compliance training, employment discrimination training, and other training required based on job classification). Additionally, all contract employees must show evidence of general orientation and education, which may be accomplished by documentation of:

- attendance at UTMB educational offerings;
- attendance at educational programs approved by UTMB but offered by the contractor; or
- review of the UTMB short-term contractor brochure with signature form.

School deans and department heads are responsible for providing the opportunity and direction to the students and departmental staff to achieve the training and education required by UTMB. Deans and department heads must ensure that students and employees:

- comply with institutional and departmental specific training and requirements; and
- attend and complete the required training, and have their attendance and training completion documented.

If a student/employee is unable to sufficiently complete the training requirement, it is his/her supervisor's responsibility to ensure that the student/employee receives the proper guidance needed to fulfill the requirement.

Questions regarding these requirements may be addressed to the Office of Educational Affairs at (409) 772-9601.

Medical Professional Fraternities—UTMB Registration Renewal Requirements

All registered student organizations must renew their registrations annually at the beginning of each fall semester with the Office of Student Life as required by IHOP Policy 2.6.4. Medical professional fraternities must also register with the Associate Dean for Student Affairs and Admissions. Medical professional fraternities may not deny membership on any basis prohibited by law, including gender.

Failure to timely submit forms by the deadline may result in the organization's loss of privileges to use UTMB facilities until all required registration forms have been completed and approved. Student officers or representatives are responsible for responding in a timely manner to all notices and requirements. The regulations for student organizations can be found in the IHOP policy referenced above, or by contacting either the Office of Student Life or the SOM Office of Student Affairs.

Academic Calendar 2014 - 2015

2014

| | |
|----------------|--|
| June 23-27 | Year 3 Clinical Skills Week activities |
| June 30 | Year 2, 3, and 4 classes begin 8 a.m. |
| August 25 | Orientation for Year 1 begins |
| August 29 | Labor Day Holiday begins 5 p.m. (Year 2, 3 and 4 classes) |
| September 2 | Year 1 classes begin 8 a.m.; Year 2, 3, and 4 classes resume |
| September 5 | Year 2 vacation period begins 5 p.m. |
| September 15 | Year 2 classes resume 8 a.m. |
| November 26 | Thanksgiving Holiday begins 5 p.m. |
| December 1 | Classes resume 8 a.m. |
| December 12 | Year 3-4 Fall clerkship session ends 5 p.m. |
| December 12-19 | Year 3 clinical assessment exercise |
| December 15 | Year 3-4 elective/vacation Period begins 8 a.m. |
| December 19 | Year 1-2 Winter Holiday vacation begins 5 p.m. |

2015

| | |
|------------|--|
| January 5 | Years 1–2 classes resume 8 a.m. |
| January 9 | Year 3-4 elective/vacation ends 5 p.m. |
| January 12 | Year 3–4 classes resume 8 a.m. |
| January 16 | Martin Luther King Holiday begins 5 p.m. |
| January 20 | Classes resume 8 a.m. |
| May 1 | Year 1 classes end 5 p.m. |
| May 4 | Year 1 elective/vacation period begins 8 a.m. |
| May 8 | Year 2 classes end 5 p.m. |
| May 11 | Year 2 USMLE study period begins 8 a.m. |
| May 22 | Year 1, 3, and 4 Memorial Day Holiday begins 5 p.m. |
| May 26 | Classes resumes 8 a.m. |
| May 29 | Year 4 classes end 5 p.m. |
| May 30 | Year 4 Commencement |
| June 19 | Year 2 USMLE study period ends |
| June 22-26 | Rising Year 3 Clinical Skills Week activities |
| June 26 | Year 1 elective/vacation period and Year 3 classes end 5 p.m. |
| June 29 | Year 2, 3, and 4 classes begin at 8 a.m. (Academic Year 2015 - 2016) |

Notes:

1. The UTMB employee holiday schedule is published annually. This calendar is subject to change. Revisions to the student calendar will be published on the SOM website.
2. Holiday schedules for Year 3 and Year 4 students with clinical responsibilities are determined by each SOM department. Students may be required to attend clinical responsibilities during listed holiday periods. Each department is expected to publish its holiday policy for students.

Academic Advancement Policies

SECTION 1 COURSE OF STUDY

1.1 Curriculum Structure

The SOM Faculty requires all students to achieve an integrative mastery of the discipline of medicine and demonstrate appropriate academic and professional behavior for continued enrollment in the SOM and receipt of the degree of Doctor of Medicine. The Integrated Medical Curriculum (IMC) is a 4-year program leading to the Doctor of Medicine degree. Some courses are conducted in locations away from Galveston. Students may be required to participate in these courses which require students to relocate to these communities for one or more months.

| <u>Feature</u> | <u>IMC</u> |
|-----------------------------|---|
| Total length of instruction | 164 weeks |
| Year 1: Term 1 | Two Modules (8 weeks each) |
| Year 1: Term 2 | Two Modules (8 weeks and 9 weeks) |
| Year 2: Term 3 | Four Modules (8 weeks, 2 weeks, 7 weeks, 7 weeks) |
| Year 2: Term 4 | Three Modules (7 weeks, 7 weeks, 4 weeks) |
| Year 3 | 49 weeks |
| Year 4 | 40 weeks |

1.2 Curriculum Sequence and Academic Calendar

The current sequence of courses and summary of requirements for the IMC are included in Section 5 below. The Academic Calendar approved by the SOM Curriculum Committee is published yearly.

1.3 Curriculum Modifications

The academic policies contained in this document are current as of the date of publication. The SOM reserves the right to modify these policies and other requirements affecting students without prior notice. Changes will become effective when approved by the proper institutional authorities, and may apply to prospective students and to those already enrolled.

SECTION 2 GRADING AND EVALUATION PROCESS

2.1 Courses and Grading

2.1.1 Course Grades

Course grades will be based on all facets of student performance in tutorial groups, on-campus and community-based clinical experiences, periodic assessments of knowledge and clinical competency, and other performance information. In determining final course grades, consideration may be given to written, oral, and practical examinations as well as subjective factors such as clinical performance, performance under stress, integrity, initiative, interpersonal relations, and personal and professional characteristics. Based on these criteria, grades for each course will be determined and submitted to the Office of Enrollment Services for inclusion in the student's official academic record and transcript.

Completion of course evaluation forms is also a requirement of each course. A student may receive credit only for work completed during the official period of enrollment for a course, and a grade must be submitted promptly, based solely on work completed during the official dates of enrollment. A grade of “Incomplete (I)” is accepted only if a student, for reasons beyond his or her control, has not completed all required work for a course by the end of the course. In such cases, the additional time to complete requirements must be scheduled so as to not conflict with a subsequent course. A grade of “Partial Competency (PC)” is accepted only if a student meets the qualifications for retesting in a single component of a course before a final grade is determined, as described in Section 4.1 below.

2.1.2 Written Narrative Evaluations

Written narrative evaluations are the responsibility of the faculty member(s) and other professionals with whom the student works. These evaluations may reflect the student’s skills in cognitive and non-cognitive areas, and thus provide information not available from other sources. These evaluations reflect the academic judgment of faculty member(s) and other professionals based on student interactions in lectures, laboratories, tutorial sessions, clinical activities, and other encounters. Narrative evaluations from a student’s tutors, clinical preceptors and examiners will be made available for inclusion into the Medical Student Performance Evaluation (MSPE).

2.1.3 Principles of Academic and Professional Behavior

The practice of the art and science of medicine must be based on reverence for life, compassion and respect for patients, demonstration of competence, integrity, and personal responsibility, as well as knowledge acquisition and problem-solving skills. All students are expected to adhere to the following basic principles of academic and professional behavior:

- (1) dedication to excellence in patient care;
- (2) compassion and respect toward patients, their families, instructors, staff, and fellow students;
- (3) safeguarding of a patient’s privacy;
- (4) responsible fulfillment of academic duties and assignments; and
- (5) demonstration of honor, honesty, and integrity (examples of behaviors which violate these principles include, but are not limited to, acts of plagiarism; cheating, dishonesty, or inappropriate behavior in connection with examinations, assignments, and clinical duties; forgery, misrepresentation, and fraud; and a tolerance of unprofessional behavior by colleagues).

2.2 Grading System

Grades are based on an overall evaluation of student performance, and thus reflect more than just examination averages. Courses frequently include formal examinations of knowledge and clinical skills as well as faculty judgments of student ability based on daily interactions. **Satisfactory performance in each component is required to receive a passing grade.** The grade in each course will be entered on the permanent academic record of the student. No USMLE results are included on the UTMB transcript. Except for the symbol “I”, no grade is ever removed from the academic record. When a student with a failing (F) grade in a

course repeats that course in its entirety, the new course grade will be entered on the transcript in addition to the student's initial grade. Under specific conditions described further in Section 4.1.2 below, a student with a failing (F) grade in a course may be allowed to complete re-examination(s), as opposed to repeating the course in its entirety. In such cases, successful completion of the re-examination(s) will result in the original grade entry of "F" being changed to "F/P", with a notation to indicate that the course was subsequently passed through successful completion of additional work. Failure to successfully complete the re-examination(s) will result in the original grade entry of "F" being changed to "F/F", with a notation to indicate that additional work was not successfully completed.

All required courses use the following grading scale:

Honors (H): refers to consistent mastery of the course objectives where the student performs at a distinguished level. Year 1 and Year 2 courses may award a grade of Honors (H) to a maximum of 15% of the students enrolled in the course. Year 3 and Year 4 required courses may award a grade of Honors (H) to a maximum of 15-20% of the students enrolled in the course during the academic year.

High Pass (HP): refers to frequent command of course objectives where a student performs above the level expected for the level of training.

Pass (P): refers to an acceptable or expected level of performance.

Fail (F): refers to failure to achieve an acceptable level of performance.

All other courses, such as electives (including electives designated as Acting Internships, Ambulatory Community, Basic Science/Humanities and other electives), and the Integrated Curriculum Evaluation Exercise (ICEE), use the following grading scale:

Satisfactory (S): refers to an acceptable level of performance.

Fail (F): refers to failure to achieve an acceptable level of performance.

No grade point average is calculated for the purpose of routine rankings. However, the Curriculum Committee has developed a mechanism for identification of relative student performance for selected academic recognition and scholarship purposes only. Other grades and symbols appearing on the academic record are:

- "W"** **Withdrawal**—Assigned if a student withdraws prior to an evaluation.
- "WP"** **Withdrawal**—Assigned if a student withdraws prior to the completion of a course, while his or her work is of a passing quality.
- "WF"** **Withdrawal**—Assigned if a student withdraws prior to the completion of a course, while his or her work is not of a passing quality.
- "I"** **Incomplete**—Temporarily assigned if a student, for reasons beyond his or her control, has not completed all required work for a course by the end of the course. A grade of "I" that has not been resolved within 30 days automatically reverts to a grade of "F" (Fail) unless a specific plan and date for its resolution have been approved by the course director and submitted to the Office of Enrollment Services.
- "PC"** **Partial competency**—Assigned if a student has not satisfactorily completed a component of a course that allows re-testing before a final grade is determined.

- “PC/P” Assigned following successful completion of a courses in which an initial grade of “PC” was assigned.
- “PC/F” Assigned following failure to satisfactorily complete all components of all remaining courses in a curriculum year OR *unsuccessful* reexamination in the course in which an initial grade of “PC” was assigned. This denotes failure to achieve an acceptable level of performance, and is equivalent to a grade of Fail (F) in all respects, including criteria for dismissal (see Section 4.1 below).
- “PC/W” Assigned following receipt of a single PC grade in Years 1 or 2, if the student is placed on leave of absence and thus is ineligible to remediate the course through re-examination (see Section 4.1.2(3) below). The student must repeat the course in its entirety after returning from his or her leave of absence.

2.3 Requirements of USMLE Performance

(a) Step 1 of the United States Medical Licensing Examination (USMLE) must be taken prior to beginning Year 3. Students who have successfully completed Year 2 are conditionally promoted to Year 3 pending results of the examination.

(b) Students who receive a failing grade on their first effort on USMLE Step 1 are required to withdraw from the curriculum no later than the conclusion of the specific course they are taking at the time the failing grade is received. They are then placed on leave of absence or academic reassignment for a period not to exceed one year, upon consultation with the Associate Dean for Student Affairs. After a period of preparation, the student may retake the USMLE Step 1, followed by conditional resumption of the Year 3 curriculum. A student who chooses to withdraw immediately from the curriculum after receipt of a failing USMLE grade, before completion of the specific course they are taking at the time they receive their failing grade, has the following options:

- (1) Course withdrawal (grade of W, WP, or WF, as appropriate). In such cases, the student receives no credit for work completed, and will repeat the clerkship in its entirety after returning to the curriculum.
- (2) Grade of Incomplete, which can only be granted in consultation with the course director, who retains the right to determine if an Incomplete is appropriate given the work completed to date. The student will then complete the remaining clerkship requirements after returning to the curriculum.
- (3) Credit for a single four-week elective in the same field as the interrupted clerkship, if the student has completed at least four weeks of coursework in a satisfactory manner. The transcript will reflect a Withdrawal grade for the clerkship. The student will then repeat the clerkship in its entirety after returning to the curriculum.

(c) Students who receive a failing grade on their second effort on USMLE Step 1 are required to withdraw from the curriculum no later than the conclusion of the specific course they are taking at the time the failing grade is received. They are then placed on leave of absence or academic reassignment for a period not to exceed one year, upon consultation with the Associate Dean for Student Affairs. After a period of preparation, the student may retake the USMLE Step 1.

The student may not resume coursework until a passing USMLE Step 1 score is received in the Office of Enrollment Services.

(d) Failure of the USMLE Step 1 on three attempts will result in immediate withdrawal from the curriculum and a determination of dismissal by the Academic Progress Committee, absent extenuating circumstances.

(e) Step 2 of the USMLE (which includes both Clinical Knowledge and Clinical Skills examinations) is typically taken upon completion of Year 3 requirements. The Step 2 Clinical Knowledge component must be taken no later than six calendar months prior to the student's anticipated graduation date (November 30 for regular May graduation candidates). Failure to attempt the USMLE Step 2 Clinical Knowledge component by this deadline will result in the student being reported to the Associate Dean for Student Affairs, and may result in a delay in the student's eligible graduation date or other penalty, even if all other graduation requirements are completed. A passing score on USMLE Step 2 is required for graduation. Failure of the USMLE Step 2 on three attempts will result in the Academic Progress Committee making a determination of dismissal, absent extenuating circumstances.

(f) Failure to pass the USMLE Step 1 within 24 calendar months from the end of Year 2, or the USMLE Step 2 (both the Clinical Knowledge and Clinical Skills examinations) within 24 calendar months from the end of Year 3, will result in the Academic Progress Committee making a determination of dismissal, absent extenuating circumstances. Time during which a student is on an approved leave of absence for medical reasons following either Year 2 or Year 3 is not included in determining these deadlines.

SECTION 3 GROUPS AND INDIVIDUALS RESPONSIBLE FOR STUDENT GRADING, PROMOTION AND DISMISSAL

3.1 IMC Course Committees

Progress of students in each course of the IMC is monitored by course committees, which are responsible for: (1) review of student performance in the course and providing information to the Associate Dean for Student Affairs about students with academic difficulties; (2) determination of final grades in each course and reporting the official grades to the Office of Enrollment Services; (3) upon request from the Academic Progress Committee, providing additional information about the student's performance; and (4) providing narrative evaluations for inclusion into the Medical Student Performance Evaluation (MSPE).

3.2 Academic Progress Committee

Oversight of student performance in all courses and in USMLE Step 1 and Step 2, including determination of promotion, academic warning, remediation, or dismissal of students, and certification of eligibility for graduation, are the responsibilities of the SOM Academic Progress Committee. Membership of the Academic Progress Committee consists as follows of nine members elected from the faculty of the SOM for staggered four-year terms: five physicians and four basic scientists. The Chair will be a physician member of the committee elected annually by the members of the committee. Current course directors are excluded from voting membership.

3.3 Academic Review Committee

The Academic Review Committee of the SOM meets to consider student appeals of (a) an examination, evaluation or final course grade, or (b) an Academic

Progress Committee decision pertaining to dismissal. No other decisions of a course committee or the Academic Progress Committee are subject to appeal. The Academic Review Committee will have access to the student's academic record, as well as the deliberations of the Academic Progress Committee. In general, for a successful appeal, the student will need to demonstrate that a decision of a course committee or the Academic Progress Committee was (a) arbitrary or capricious, (b) made in bad faith, or (c) in violation of the SOM's Academic Policies. Except for decisions to dismiss a student, all decisions of the Academic Review Committee are final. Membership of the Academic Review Committee consists of five faculty members of the SOM, appointed by the Dean of the SOM for staggered four-year terms. The Chair will be elected annually by the members of the committee.

3.4 **Dean of the SOM**

A student whose appeal of a dismissal decision by the Academic Progress Committee is denied by the Academic Review Committee may appeal to the Dean of the SOM.

3.5 **The University of Texas System Board of Regents' Rules and Regulations**

All rules specified by The University of Texas System Board of Regents' Rules and Regulations apply to all students enrolled in the SOM. Select relevant sections of the Regents' Rules are published in the General Information Catalog.

SECTION 4 EVALUATION OF STUDENT PERFORMANCE

4.1 **Actions of Course Directors, Course Committees, and the Academic Progress Committee**

In the context of academic progress guidelines, the term "course" includes a course, clerkship, rotation, evaluation experience, research, elective, etc., for which a student is enrolled through the Office of Enrollment Services. A course grade is the official grade for the course. It is not a grade received on an interim (in-term) examination, evaluation or other experience that is a part of a course.

Courses may have written examinations, clinical assessment exercises, faculty performance evaluations, and/or other evaluation activities, reflecting the important knowledge, skills and behaviors of a physician. Each course will identify the assessments that define each component of evaluation. **Satisfactory performance in each component of a course is required to receive a passing grade.** If performance in any component is unsatisfactory, a student shall not be awarded a passing grade, regardless of the level of performance in the other components of the course, pending any re-examination for which the student may be eligible, as described below. Students will not be promoted until all work of a given curriculum year is completed and passed with a minimum grade of Pass (P). Students with a grade of Fail (F), Partial Competency (PC), or Incomplete (I) in any course will not be permitted to enroll in any subsequent curriculum year or to enroll in an interim elective. In those situations where grades are not received in the Office of Enrollment Services prior to the beginning of the subsequent curriculum year, the student will be conditionally promoted. If a grade of Fail (F), Partial Competency (PC), or Incomplete (I) is received in the Office of Enrollment Services after a student has been conditionally promoted, he or she will be required to withdraw immediately from that curriculum year and deal with the deficiency in the manner determined by these academic advancement policies.

These academic advancement policies are predicated on early identification of, and assistance to, students who experience academic difficulty (e.g., failure of an examination, evaluation or course). Assistance is coordinated through the Associate Dean for Student Affairs, who will notify the student of the impact of such deficiencies on the student's academic standing. The student shares responsibility for seeking assistance from the Office of Student Affairs to improve the student's performance.

4.1.1 Actions of Course Directors and Course Committees

Course directors and course committees shall enforce the following academic policies (1-2) without exception, subject to the appeal process described in Section 4.3 below:

1. The course will submit a grade of "Partial Competency (PC)" if a student fails to achieve a passing performance during the initial course enrollment period on a:
 - a. **knowledge assessment** component (which may include multiple-choice, open-response, essay, lab examination or other formats);
 - b. **clinical or skills assessment** component (which may include clinical evaluations of genuine or standardized patients, observed patient evaluations, practical examination or other skills exam formats);
 - c. **small group assessment** component of a Year 1 or Year 2 course (which may include problem-based learning sessions or other small group interactions); or
 - d. **any other course component** not listed in Section 4.1.1(2) below.
2. The course will submit a grade of "Fail (F)" if a student fails to achieve a passing performance during the initial course enrollment period on:
 - a. **a faculty evaluation** component of a Year 3 or Year 4 required or selective course, or on any elective;
 - b. **the basis of attendance**, because of absences in excess of those allowed in the Absence Policy; or
 - c. **more than one component** of any course the course, regardless of the student's performance on any other component(s) of the course.

4.1.2 Actions of the Academic Progress Committee

The Academic Progress Committee shall enforce the following Academic Policies (1-16) without exception, subject to the appeal process described in Section 4.3 below.

Although a student's record may be reviewed or the student may be required to appear before the Academic Progress Committee at any time, the record of a student who has failed two courses in any academic year or three courses in a career, or has received three or more Early Concern Notes during his or her medical school enrollment will typically be reviewed or the student may be required to appear before the Academic Progress Committee. The purpose of such meetings and reviews will be to help identify reasons for a student's deficient performance, but will not result in exceptions to implementation of Academic Policies (1-16) below.

Policy When Initial Performance in *One Course* During a Curriculum Year is Less Than Satisfactory

1. If a student fails to achieve a passing performance on a:
 - a. **knowledge assessment** component (which may include multiple-choice, open-response, essay, lab examination or other formats);
 - b. **clinical or skills assessment** component (which may include clinical evaluations of genuine or standardized patients, observed patient evaluations, practical examination or other skills exam formats);
 - c. **small group assessment** component of a Year 1 or Year 2 course (which may include problem-based learning sessions or other small group interactions); or
 - d. **any other course component** not listed in Section 4.1.1(2) above,

of a single course in a curriculum year, the student will be assigned a grade of “Partial Competency (PC)”, the student will receive an “Academic Warning” (see Section 4.2 below), and the student will be required to meet with the Associate Dean for Student Affairs. When the sole deficiency is in (a) or (b) above, the student will be allowed to take a re-examination prior to determination of the final grade (PC/P or PC/F) in the course, provided the student’s subsequent performance during the curriculum year is satisfactory. When the sole deficiency is in (c) above, the student will meet with the Associate Dean for Student Affairs and/or the Associate Dean for Educational Affairs or their designees in order to determine the nature of the student’s deficiencies and to provide or refer the student for appropriate intervention. Subsequent satisfactory performance in similar small group activities will constitute evidence of successful correction of the deficiency. When the sole deficiency is in (d) above, the course or clerkship director will determine appropriate remediation for the deficiency, which may include a four-week study period as described in the Policy for Re-examination described in Section 4.1.2(3) below.

Policy When Performance in a *Second Course* During a Curriculum Year is Less Than Satisfactory

2. If a student fails to achieve a passing performance on any component in a second course during a curriculum year, any “Partial competency (PC)” earned in either course shall be changed to a “PC/F” without the opportunity for re-examination in either course.

Policy for Re-Examination

3. Re-examination will occur at the end of a 4-week period either (a) at the end of the academic year (Year 1 and Year 2 courses), (b) at the next regular course examination date after completing all other courses of the year (Year 3 courses), or (c) at the next regular course examination date (Year 4 courses). The course or clerkship directors are not required to provide the student with tutoring directed toward preparation for re-examination. The course or clerkship director may

suggest activities to assist a student's preparation for re-examination, but it is the student's choice whether to participate in any suggested activities. The Office of Academic Support Services will assist if tutoring is requested. The student will not be allowed to enroll in any other course work for academic credit at the end of Year 1 or Year 2 until the deficiency has been remediated. If the student's performance on the re-examination is satisfactory, the "Partial Competency (PC)" grade shall be appended with a "P", resulting in a final grade of "PC/P", regardless of the level of satisfactory performance on the re-examination, and regardless of the student's original performance on the other components of the course. If the student's performance on the re-examination is not satisfactory, the "Partial competency" (PC) shall be appended with an "F", resulting in a final grade of "PC/F", and the student shall be subject to the policies for course failure. In Years 1 and 2, if a student with a "Partial Competency (PC)" takes a leave of absence and does not complete the academic year, the student will not be eligible for reexamination and the "Partial Competency (PC)" will be replaced with a "PC/W".

Policy for a Single Course Failure

4. (a) Failure of a required course requires that a student repeat the course in its entirety, except as described in 4(b), 4(c), and 4(d) below. Failure of any course also places the student on "Academic Warning" if the student is not already on such status. When repeating a course in its entirety, a student's performance must be satisfactory in each component of the repeated course. If a student fails to achieve a passing performance in any course component when repeating a course, the student will receive a failing grade for the repeated course and be subject to Policy 10 below. Failure of an elective or selective does not require repetition of the exact same course, but a passing grade must be achieved for the minimum number of elective and selective weeks needed for graduation.
- (b) If a student in Year 1 fails more than one component of a single course but satisfactorily completes all components, including attendance, of all other courses of the curriculum year on the first effort, the student will be given the opportunity for re-examination in each of the failed components of the single failed course at the end of the curriculum year. Failure to satisfactorily pass each re-examination will require the course to be repeated in its entirety in the subsequent academic year. The student will remain on Academic Warning.
- (c) If a student in Year 2 fails more than one component of a single course but has previously satisfactorily completed all components, including attendance, of all courses in Year 1 on the first effort, and satisfactorily completes all components of all other courses in Year 2 on the first effort, the student will be given the opportunity for re-examination in each of the failed components of the single failed course at the end of the curriculum year. Failure to satisfactorily pass each re-examination will require the course to be repeated in its entirety in the subsequent academic year.
- (d) Failure of any course due to excessive absences will result in remediation as described in Policy (5) below.

- (e) If a student is allowed re-examination as described in (b) or (c) above, successful completion of the re-examination(s) will result in the original grade entry of “F” being changed to “F/P”, with a notation to indicate that the course was subsequently passed through successful completion of additional work. Failure to successfully complete the re-examination(s) will result in the original grade entry of “F” being changed to “F/F”, with a notation to indicate that additional work was not successfully completed.

Policy for Unprofessional Behavior Related To

- **Course Failure Due to Unprofessional Behavior (including Excessive Absences), and/or**
- **Receipt of Early Concern Notes**

5. (a) Failure of a course or clerkship on the basis of unprofessional behavior, including excessive absences, will result in review of the student record by, and student appearance before, the Academic Progress Committee. In order to appropriately remediate the deficiencies, the student will be required to complete a 4-week Professionalism Remediation Program (PRP), and may be required to repeat all or part of the course or clerkship during which the professional behavior deficiencies occurred. The PRP will be developed individually for each student, and may include, but will not be limited to, one or more of the following components:

Administrative evaluation by the Associate Dean for Student Affairs, who may offer referrals for professional counseling or recommend other possible voluntary interventions. This evaluation will occur as soon as possible after the absence-based Failure is posted.

An original essay, 3000 words in length plus annotated references, on the subject of professionalism. The supervising faculty will select a topic and the student will develop an outline, read extensively, submit an initial draft for review and comment by PRP faculty, and revise and resubmit the essay for final approval by PRP faculty.

Clinical work under the supervision of exemplary clinical faculty 3 half-days per week for four weeks. This may include the assignment of follow-up patient care activities to promote the development of responsibility and commitment to patients (e.g., telephone follow-up with patients regarding lab results or change in condition, generating a letter to referring physician under faculty approval and signature).

Community service in a local medically-related venue (e.g., a geriatric day-care center) for 5 half-days per week for four weeks. Student activities will be monitored by selected personnel at the site as well as PRP faculty.

When prescribed as a consequence of course failure, successful completion of this program and any additional course-specific work will result in a grade change from “F” to “F/P” on the student’s transcript. The Medical School Performance Evaluation

(MSPE), formerly known as the “Dean’s letter”, will note that the failure of the course occurred because of unprofessional behavior and that the student successfully completed the Professionalism Remediation Program.

As with other course or clerkship deficiencies, correction of absence-based course failure will occur at the end of the curriculum year in which the failure occurred. An absence-based “F” will be considered just as any other course or clerkship failure with respect to the application of Academic Advancement Policies. Following successful completion of the PRP, any additional course or clerkship failure based on excessive absences or other unprofessional behavior will result in a determination of dismissal by the Academic Progress Committee, absent extenuating circumstances.

- (b) A third or subsequent Early Concern Note received by a student during his or her medical school enrollment will result in:
 - i. a report of all Early Concern Notes (and any student written responses) by the Director of Clinical Assessment and Professional Development or his/her designee to the Academic Progress Committee (APC);
 - ii. the student appearing before the APC to discuss the Early Concern Notes;
 - iii. action as determined by the APC, including but not limited to counseling, a Professionalism Remediation Program as described in policy 5(a) above, and/or dismissal;
 - iv. a notation of the Early Concern Notes and any APC action in the student’s MSPE; and
 - v. inclusion of the professionalism remediation program, if prescribed, on the student’s transcript.

Policy for Multiple Course Failures

- 6. Failure of **two courses in a curriculum year (Years 1 or 2)** will require the student to withdraw from the curriculum immediately and repeat the curriculum year.
- 7. Failure of **two courses in a curriculum year (Years 3 or 4)** will require the student to repeat the failed courses in their entirety. Repetition of failed Year 3 courses will not be scheduled until the student successfully completes all other courses of Year 3.
- 8. Failure of **three or more courses in a curriculum year** will result in the Academic Progress Committee making a determination of dismissal, absent extenuating circumstances.
- 9. Failure of **four or more courses during enrollment** will result in the Academic Progress Committee making a determination of dismissal, absent extenuating circumstances.
- 10. Failure of a **course when repeating the course in its entirety** will result in the Academic Progress Committee making a determination of dismissal, absent extenuating circumstances.

Other Reasons for the Academic Progress Committee to make a determination of dismissal, include:

11. Failure to pass **USMLE Step 1** on three attempts, absent extenuating circumstances.
12. Failure to pass the **USMLE Step 2-Clinical Knowledge examination** on three attempts, absent extenuating circumstances.
13. Failure to pass the **USMLE Step 2-Clinical Skills examination** on three attempts, absent extenuating circumstances.
14. Failure to pass **USMLE Step 1** within 24 calendar months from the end of Year 2, or **USMLE Step 2** within 24 calendar months from the end of Year 3, absent extenuating circumstances. Time during which the student is on an approved leave of absence for medical reasons following either Year 2 or Year 3 is not included in determining these deadlines.
15. Failure to satisfactorily complete **any curriculum year** within two calendar years, absent extenuating circumstances. This time limit includes any time spent on academic reassignment or leave of absence.
16. Failure to complete **all degree requirements** within six calendar years from the date of matriculation (except for students who maintain enrollment in the MD-PhD combined degree program, or who are on an approved leave of absence for medical reasons or to pursue other scholarly activities), absent extenuating circumstances.

Each of the policies 8-16 above represent criteria for dismissal from the SOM and will result in the Academic Progress Committee making a determination of dismissal, absent extenuating circumstances. The Academic Progress Committee will also review the academic record of any student who earns 2 grades of “Fail (F)” in any curriculum year, any student who earns three grades of “Fail (F)” in his or her career, and any student who receives three or more Early Concern Notes during his or her medical school enrollment.

Upon meeting with a student on Academic Warning (see Section 4.2 below), the Associate Dean for Student Affairs may, at his or her discretion, recommend to the student that academic or other counseling or actions be undertaken to improve performance, require a leave of absence or period of academic reassignment, require the student to appear before the Academic Progress Committee, or offer referrals for psychological, psychiatric, or other counseling.

When a grade of “Partial Competency (PC)” or “Fail (F)” is received by the Office of Enrollment Services, the Office of Enrollment Services shall notify the Associate Dean for Educational Affairs, or his or her designee, who shall determine the proper academic policy to be applied and shall notify the student of the academic consequences of the performance; namely (a) the nature and timing of any re-examination that may be allowed, (b) the course(s) that must be repeated and the timing and conditions under which such work shall occur, or (c) that the student’s performance calls for academic dismissal, and the date such a dismissal

decision will be considered. In cases calling for dismissal, the letter shall explain that the student has the option to present information as to why dismissal is not warranted. If the student's performance calls for an academic dismissal determination, the student shall immediately (as soon as the grade which prompts the academic dismissal determination is received by the Office of Enrollment Services) be placed on leave of absence by the Associate Dean for Student Affairs, pending a final decision regarding the student's dismissal. In all cases, the student will also be directed to meet with the Associate Dean for Student Affairs.

A student's request to present information to the Academic Progress Committee regarding potential academic dismissal must be made in writing to the Associate Dean for Educational Affairs, or his or her designee, within five business days of the date on the student's notification letter. An informal hearing will be held in which the student may appear in person and/or submit a written statement to present mitigating circumstances, and may invite up to three faculty members to act as advocates by appearing in person or submitting written statements. The Academic Progress Committee shall establish mechanisms for including input from course directors in the determination of dismissal. When a decision is made to continue enrollment of a student who meets criteria for academic dismissal, the Academic Progress Committee will (a) determine the actions required of the student, which may include, but are not limited to, repetition of examinations, courses or entire years of the curriculum (including components the student may have previously passed) and which are not subject to further appeal, and (b) clearly document the rationale for the decision, including clear identification of mitigating circumstances. Decisions of the Academic Progress Committee regarding a student's academic performance and standing will be communicated to the student by the Associate Dean for Student Affairs. The Academic Progress Committee will report its actions to the Curriculum Committee annually.

4.2 **Academic Warning**

A student will be placed on Academic Warning upon receipt of any course grade of "Fail (F)" or "Partial Competency (PC)" during a curriculum year. The student will be notified that he or she is on Academic Warning as soon as practical after the grade is received in the Office of Enrollment Services. All students placed on Academic Warning are required to meet with the Associate Dean of Student Affairs as soon as practical. The subsequent progress of students on Academic Warning will be monitored regularly by the Associate Dean for Student Affairs, who may modify the student's subsequent course activities and schedule. Students remain on Academic Warning until all deficiencies have been satisfactorily resolved. While on Academic Warning, non-UTMB electives are not permitted. A student may petition the Associate Dean for Student Affairs to waive this restriction.

4.3 **Appeal Process**

4.3.1 **Appeal of an Examination Score, Evaluation or Course Grade**

- (a) Any student who wishes to appeal an examination score, evaluation or course grade must notify the course director in writing within five business days of the posting of the examination score, evaluation or course grade. The course director will decide the most appropriate

action to take in considering the student's appeal, which may include, but is not limited to: acting on the appeal directly, referring the appeal to a course committee, requesting the student meet with the course director or course committee, or requesting input from faculty members involved in the item under appeal. A student request to appear in person may be granted at the discretion of the individual or group considering the appeal. In all appeals of course failures or when the appeal is based on disputes of fact, student requests to appear will be granted. The course director or course committee shall render a decision regarding the student's appeal of the examination score, evaluation or course grade within five business days after completion of any meetings concerning the appeal, and shall send written notification of the decision to the student. A student who does not initiate an appeal of an examination score, evaluation or course grade in the proper manner within the stated time limit waives any right to appeal the grade in question. It is recognized that subjectivity is inherent in many evaluations of students that affect their grades. As a general rule, appeals that cite subjectivity or a difference of opinion between the student and evaluator regarding a student's performance will not be successful. Examples of appeals more likely to be successful are those citing incorrect grade calculation or inconsistencies with school or course policies.

- (b) Should the issue fail to be resolved to the student's satisfaction by the course director/course committee, the student may appeal the decision in writing to the Academic Review Committee within five business days after the date on the official notification letter. In general, for a successful appeal, the student will need to demonstrate that a decision of the course was (a) arbitrary or capricious, (b) made in bad faith, or (c) in violation of the SOM's Academic Policies. The Academic Review Committee will review the student's letter of appeal and a written report from the course director. In its sole discretion, the Academic Review Committee may allow the student to appear in person and/or present new information not previously presented to the course. The Academic Review Committee shall send written notification of the decision to the student. The ruling of the Academic Review Committee is final in matters of examination scores, evaluations and course grades.

4.3.2 Appeal of an Academic Progress Committee Decision to Dismiss a Student

- (a) In the event that the Academic Progress Committee votes to dismiss a student, the student may appeal the Academic Progress Committee decision in writing to the Academic Review Committee within five business days after the date on the official notification letter. In general, for a successful appeal, the student will need to demonstrate that a decision of the Academic Progress Committee was (a) arbitrary or capricious, (b) made in bad faith, or (c) in violation of the SOM's Academic Policies. The Academic Review Committee will review the student's letter of appeal, the student's academic record and the record of deliberations of the Academic Progress Committee. In its sole discretion, the Academic Review Committee may allow the student or others to appear in person and/or present new information not

previously presented to the Academic Progress Committee.

- (b) Decisions of the Academic Progress Committee regarding student dismissal that are upheld by the Academic Review Committee may be appealed in writing to the Dean of Medicine within five business days after the date on the official notification letter from the Academic Review Committee. The Dean shall review the student's letter and the record of deliberations of the Academic Progress Committee and Academic Review Committee. In his sole discretion, the Dean may allow the student to appear in person and/or present new information not previously presented to the Academic Progress Committee or Academic Review Committee. The Dean's decision shall be considered final, and will be communicated to the student, the Academic Progress Committee, the Academic Review Committee, the Associate Dean for Student Affairs, and the Associate Dean for Educational Affairs.
- (c) If a dismissal decision of the Academic Progress Committee is reversed by either the Academic Review Committee or the Dean of Medicine, the case must be returned to the Academic Progress Committee for a determination of the remedial work required. No appeal of such a remediation decision is allowed.

4.3.3 Appeal of Other Academic and Administrative Decisions

No appeal is allowed of SOM academic policies or Academic Progress Committee decisions other than those described in Sections 4.3.1 and 4.3.2 above. Implementation of policies related to academic warning, promotion, remediation and all other matters are final. Interpretation and application of academic policies related to registration, scheduling, course adds, drops and withdrawals, course credit, capacities and pre-requisites, elective approvals and other matters are the responsibility of the Associate Dean for Educational Affairs, or his or her designee. These interpretations and applications of SOM academic policies are final, and are not subject to appeal. The policies described in this section of the Bulletin address academic advancement. Nothing herein addresses student conduct and disciplinary procedures, which are detailed in IHOP Policy 7.1.3.

1.4 **Sharing of Student Performance Information from Clinical Courses**

All medical students should take responsibility for their own development and respond to constructive feedback from those supervising them during clinical work. Clinical course directors (practice of medicine, clerkship, selective and elective) are invited to use this "Feed Forward Form" when a determination is made that a student has a **deficiency in medical knowledge or clinical skills**. The goal of the process is that such students will then be offered targeted opportunities for improvement.

If a clinical course director has a concern about a student's **professionalism**, the concern is best handled through the Early Concern Note system (<http://som.utmb.edu/faculty>).

If the faculty member is concerned about the student's **mental health** and fitness to continue in training, the concern is best handled by contacting the Associate Dean for Student Affairs (Dr. Lauree Thomas, (409) 772-1442, lauthoma@utmb.edu).

Note: professionalism and mental health concerns often manifest as deficiencies in medical knowledge or clinical skills, and it is appropriate to use this Feed Forward process to focus on the specific manifestations in addition to filing an Early Concern Note or notifying the Associate Dean for Student Affairs.

1.1.1 Role of the Clerkship, Selective or Elective Director

- (a) Complete the attached form (available at <http://www.utmb.edu/oce/Documents/FeedingForwardPolicy.pdf>)
- (a) Discuss areas of concern with the student; and
- (a) Forward form to the Director of the Office of Clinical Education/ Assistant Dean for Educational Affairs.

1.1.2 Role of the Assistant Dean for Educational Affairs

- (a) Meet with the student to obtain written permission or refusal from the student to pass a copy of the Feed Forward Form to subsequent course director(s);
- (b) If the student agrees to participate in the Feed Forward process, the Assistant Dean will discuss potential assistance for the student with relevant parties (depending on the nature of the problem, this may include the subsequent course director(s), the Standardized Patient Center, the Associate Dean for Student Affairs, etc.); and
- (c) Monitor delivery of recommended assistance to the student and student's progress.

1.1.3 Role of the Student

- (a) If the student chooses to grant permission to allow Feed Forward information to be shared with subsequent course director(s), the number of future courses to be contacted will be discussed during the initial meeting with the Assistant Dean for Educational Affairs. The student retains the right to revoke this permission at a later date by contacting the Assistant Dean for Educational Affairs if, for example, the student feels he or she has overcome the deficiency or otherwise determine that he or she does not wish to be offered assistance. It is presumed that the student who grants permission will make a good faith effort to participate in any assistance offered to the student, and failure to do so may be considered a breach of professionalism.
- (b) If the student chooses to deny permission to share the Feed Forward information with subsequent clinical course director(s), the Assistant Dean for Educational Affairs will record the student's refusal and the student's performance information will not be shared. However, if the student is later the subject of a disciplinary action relevant to the identified deficiency, the Assistant Dean for Educational Affairs will inform the appropriate disciplinary committee that assistance was offered but declined.

SECTION 5 COURSE SEQUENCE: INTEGRATED MEDICAL CURRICULUM

Year 1 (33 weeks)

Term I

Gross Anatomy and Radiology (8 weeks)
Molecules, Cells, and Tissues (8 weeks)
Practice of Medicine Year 1 (33 weeks)

Term II

Pathobiology (8 weeks)
Neuroscience and Human Behavior (9 weeks)

Summer Period: Optional Clinical or Research Elective(s)* 4 or 8 weeks available

Year 2 (42 Weeks)

Term III

Cardiovascular/Pulmonary (8 weeks)
Minimester (2 weeks)
GI/Digestion/Nutrition (7 weeks)
Renal/Electrolytes (7 weeks)

Term IV

Essen of Endocrinology/Reproduction (7 weeks)
Dermatology/Hematology/Musculoskeletal (7 weeks)
Great Syndromes (4 weeks)

Practice of Medicine Year 2 (38 weeks)

The USMLE Step 1 examination follows Module 10. A passing score is required for promotion to Year 3.

Year 3 (49 Weeks)

June–June

Required Clinical Clerkships

| | | | | | |
|-----------------|---------|-------------------|----------|----------------------|----------|
| Family Medicine | 4 weeks | Pediatrics | 8 weeks | Elective period | 4 weeks* |
| Obstetrics/Gyn | 6 weeks | Surgery | 8 weeks | Clinical Skills Week | 1 week |
| Psychiatry | 6 weeks | Internal Medicine | 12 weeks | | |

A required mid-Year 3 clinical assessment exercise is conducted in December

Year 4 (40 Weeks)

June–May

| | | | |
|------------------------------|----------|---|--|
| Required Clerkships: | 8 weeks | Neurology | |
| Selectives: | 20 weeks | Senior Surgery**, Emergency Medicine, Acting Internship, Ambulatory Community, and Basic Science/Humanities | |
| Clinical/Research Electives: | 16 weeks | Includes university and community-based electives* | |

The USMLE Step 2 Clinical Knowledge Examination and USMLE Step 2 Clinical Skills Examination are taken during Year 4. Passing scores are required for graduation.

The Integrated Curriculum Evaluation Exercise (ICEE) is taken during Year 4.

A passing score is required for graduation.

An ACLS requirement is included as part of the Emergency Medicine course grade.

An Autopsy Exercise is included as part of the required Surgery clerkship grade.

* Elective credit earned anytime during enrollment (typically the summer period between Years 1 and 2, the Year 3 Elective period and the Year 3 December break, or during Year 4) is applied to the 20 weeks of elective credit required for graduation. A student must successfully complete all Year 1 (Term 1 and Term 2) requirements to be eligible to enroll in an elective during the summer period between Year 1 and Year 2.

**In 2014-15, a clinical elective may substitute for Senior Surgery.

Interim examinations developed for formative feedback prior to completing USMLE Steps 1 and 2 may be administered at announced intervals. Although results are not recorded on the official transcript, all students are expected to complete and record a score on these examinations.

All SOM electives and selectives are full-time experiences. Except for the Integrated Curriculum Evaluation Exercise (ICEE), students may not be enrolled for credit in any other course work while enrolled in an elective or selective, each such elective or selective must be a minimum of 4 consecutive weeks, and no elective or selective may be taken for credit more

than once. International electives require approval from the Assistant Dean for Educational Affairs. No more than eight weeks of non-UTMB electives may be taken at non-UTMB affiliated locations. A list of SOM electives, and a complete description of policies governing electives and all Year 4 courses, can be found in the Electives Brochure.

SECTION 6 STUDENT ABSENCE POLICY

Absence Definitions

Students are expected to attend all required activities. Each course and clerkship (“course”) publishes its required activities. An absence is any instance in which a student is not physically present at an activity. Students should not assume they are allowed any absences at their discretion or for their personal convenience. Absences are considered acceptable only when unavoidable, which include two types of circumstances:

1. When unavoidable and anticipated, as in to attend a residency interview or presentation at a professional meeting. Students are strongly encouraged to schedule interviews during vacation periods to avoid conflict with scheduled courses.
2. When unavoidable and unanticipated, as in due to personal illness or family tragedy.

Actions Required by the Student

In the event of any of these absences, students must (in advance if anticipated, and as soon as possible thereafter if unanticipated):

1. Notify their supervising faculty (e.g., facilitator, clinical attending, or preceptor); and
2. Notify their course/clerkship director

Consequences of Absences

1. Absences (as identified above) that total no more than three days in a single course are a matter between the student and the course. For Practice of Medicine courses, this is defined as three days of absences for the entire academic year. In all cases, the student is responsible for the material missed while absent. At the discretion of the course director, the student may be required to provide documentation of the reason for the absence as well as complete supplementary assignments to make up for missed activities, but the course is not required to provide repeat or make-up opportunities for missed assignments.
2. Absences for reasons other than those identified above, or the failure to report an absence as described above, is considered unprofessional behavior and will be reflected in the student’s evaluation and may be grounds for failure of the course.
3. Absences (as identified above) in any course that exceed three days will require consultation with the Associate Dean for Student Affairs (ADSA). In the event of excess absences, the ADSA will either:
 - a. determine that a student must withdraw from the course, which will result in the course assigning a permanent transcript grade of “Withdraw”, “Withdraw Passing” or “Withdraw Failing” (any of which requires the student to repeat the course in its entirety); or
 - b. defer action to the course director who will then:
 - i. require the student to make-up the missed time prior to the end of the course, if feasible;
 - ii. assign a temporary grade of “Incomplete” (which requires the student to complete remaining course requirements);
 - iii. assign a grade of “F” (Fail) for the course (note: a course failure based on excessive absences results in a requirement that the student complete a Professionalism Remediation Program in addition to repeating the course); or
 - iv. for Year 3 and Year 4 clerkships, may recommend to the Assistant Dean for

Educational Affairs that the student receive credit for a single four-week elective in the same field as the interrupted clerkship if the student has completed at least four weeks of coursework in a satisfactory manner. The transcript will reflect a Withdrawal grade for the clerkship. The student will then repeat the clerkship in its entirety after returning to the curriculum. This option is reserved for students who develop an illness or personal circumstance during the clerkship that will require a prolonged absence. This option is not available for students who could potentially make up missed time within the clerkship period, or for students whose absences warrant a failing grade.

4. Student absences will be tracked longitudinally. The name of any student demonstrating a pattern of multiple absences per course will be forwarded to the Office of the Associate Dean for Student Affairs, who will contact the student and schedule an appointment to discuss the nature of the recurring absences.

Special Circumstances

1. **Examinations:** Because of the difficulty in rescheduling examinations, permission to be excused from “high-stakes” (e.g., mid-term, final, clinical skills) examinations must be obtained in advance from the Associate Dean for Student Affairs, and is limited to reasons of health, personal tragedy, religious holy days (see below), or presentation at a national professional meeting. Although requests for exceptions will be considered on a case-by-case basis, residency interviews, family events and personal travel generally are not considered reasons for missing an examination. A student with an unapproved absence from any examination will receive a grade of zero for the examination.
2. **Other Curricular Requirements:** It may occasionally be necessary for students to complete curricular requirements while enrolled in another course. Participation in the Year 4 Integrated Curriculum Evaluation Exercise (ICEE) and any other school-based required activities will not be considered a course absence. Other absences, including those for USMLE licensing examinations will count toward the limits specified above.
3. **Religious Holy Days:** Texas Education Code Section 51.911 provides that students may be absent from class for the observation of a religious holy day. Absences for religious holy days must be excused in advance by the Associate Dean for Student Affairs. The student will be allowed to take a make-up examination or complete assignments from which the student is excused within a reasonable time after the absence as determined by the course director. Such absences will not count toward the limits specified above.
4. **Military Service:** Texas Education Code Section 51.9111 provides that leave must be granted to a student to participate in active military service to which the student is called, including travel associated with the service. Absences for military service must be excused in advance by the Associate Dean for Student Affairs. The student will be allowed to take a make-up examination or complete assignments from which the student is excused within a reasonable time after the absence as determined by the course director. Such absences will not count toward the limits specified above.

SECTION 7 STUDENT DRUG TESTING POLICY

1. It is the policy of UTMB to provide a safe workplace for all employees, students, and patients. The SOM requires that all Year 3 and Year 4 students have a negative urine drug screen prior to enrolling in any course or clerkship.
2. The substances tested for will be amphetamines, cocaine, marijuana, opiates, and phencyclidine (PCP).
3. Students may not begin or continue coursework (clinical or non-clinical) until a negative (“clear”) test report is received.

4. A student's test is not considered positive until a Medical Review Officer determines that the results are not due to legally prescribed prescription medications and the student has been offered the opportunity to have the original sample retested at the student's expense.
5. A positive test will result in a report to the Associate Dean for Student Affairs for intervention and/or possible disciplinary action as authorized by The University of Texas System Regent's Rules and Regulations and/or UTMB policy.
6. Drug test results will remain separate from the academic record.

Program Procedures

Background

Patient safety priorities have led many clinical facilities to require urine drug testing of health care providers. In addition to the SOM's belief that this is an appropriate patient safety decision, drug testing is now a prerequisite for an increasing number of facilities to accept student assignments. UTMB already requires drug testing of prospective employees, including resident trainees. This policy represents the SOM's attempt to balance the needs of students while protecting the interests of patients. It outlines procedures and confidentiality safeguards that are part of the program. The SOM Curriculum Committee, Course and Clerkship Directors, and Office of Student Affairs, the UTMB departments of Human Resources, Employee Health and Wellness, Student Wellness, and Legal Affairs, and the Student Government participated in the development of these policies and procedures.

Who will be tested?

All students will be tested before beginning Year 3. A negative ("clear") test is required for continuation in the curriculum. The program may be expanded to additional student groups in the future, and retesting may be required if a facility requires a more recent test result than is provided for in the SOM policy.

What should a student do if he/she is not given an appointment for drug testing?

Contact the Office of Clinical Education (OCE) (409-747-0269) to request an appointment.

What if a student does not show up for a collection appointment or declines to participate in the urine drug screening program?

If a student does not keep a collection appointment or declines to participate, he or she will not be allowed to begin or continue in the curriculum. This will also result in a report to the Associate Dean for Student Affairs.

What drugs are tested by the urine drug screen?

The test detects amphetamines, cocaine, marijuana, opiates, and phencyclidine (PCP). There will be an opportunity for students to disclose use of prescription medications.

What is the collection process?

1. Students will be scheduled for an appointment by the Office of Clinical Education (OCE) and will be notified by e-mail to pick up their authorization and testing forms from the OCE and sign a testing consent form. A collection site in Galveston (Employee Health and Wellness) will be available, and additional collection sites may be authorized in the future. Students cannot choose their own testing date/time.
2. Students must take their authorization and testing forms and student picture ID to the collection site at the appointed day and time. Prior to collection, students have the opportunity, but are not required, to disclose the use of prescription medications they believe may result in a positive test.
3. Students will provide a urine sample inside the collection facility at the direction of center staff with a container provided to them. The collection is unobserved, but to be valid it must meet specimen specifications for color, temperature, and concentration.

A student has a three-hour window to produce a valid specimen.

- a. If a student is unable to produce a valid specimen within the specified timeframe (such as from shy bladder, or from providing an excessively dilute, off-temperature, or contaminated sample), the student will not be allowed to begin or continue in the curriculum. One additional retesting will be allowed, under direct observation.
- b. If a student is unable to produce a valid specimen on a second attempt, this will result in a “Positive/Not Clear” report. Such students are not allowed to begin or continue in the curriculum and will be subject to the same consequences as any “Positive/Not Clear” result.

What is the testing process?

1. Samples will be collected and properly labeled at the collection site.
2. Specimens will be shipped to a testing facility not affiliated with UTMB. Standard cut-offs used by the U.S. Department of Transportation will be used to define positive results.
3. A “Negative/Clear” result is reported if the sample:
 - a. Is negative for the screened substances, or
 - b. Is positive for one or more screened substances but a Medical Review Officer (MRO) not affiliated with UTMB contacts the student and determines that a legitimately prescribed medication explains the presence and level of a drug detected.
4. A “Positive/Not Clear” result is reported if the sample is positive for one or more screened substances, and an MRO not affiliated with UTMB contacts the student and determines that a valid explanation of the result does not exist. Before making this report, the MRO will offer the student the opportunity to have the original sample retested by an independent laboratory at the student’s expense. Students will not be allowed to provide a new sample for testing.
5. The decision of the MRO regarding test results and reporting is final and not subject to appeal.

What are the reporting and tracking procedures?

1. The Office of Clinical Education (OCE) will receive testing reports from the laboratory and MRO on a regular basis and will maintain the records as part of a secure database available only to the program administrators.
2. Negative results will be sent directly to OCE from the laboratory.
3. Positive results will be sent from the laboratory to MRO, who will send the report to OCE once a final decision is made. Positive reports will include the name of drug but will not have quantitative results.

What are the consequences of a positive test?

1. Students may not begin or continue coursework (clinical or non-clinical) after a positive test result is received.
2. A positive result will result in a report to the Associate Dean for Student Affairs for intervention and/or possible disciplinary action as authorized by The University of Texas System Regent’s Rules and Regulations and/or UTMB policy.
3. A student may resume coursework (clinical or non-clinical) only:
 - a. if the student satisfactorily fulfills any requirements set forth by the Associate Dean for Student Affairs, if offered; and
 - b. if authorized by the Associate Dean for Student Affairs, the student submits a subsequent test sample for which a negative (“clear”) test report is received.

The University of Texas System Certificate of Professional Medical Liability Benefit Plan

The Board of Regents of The University of Texas System has approved The University of Texas System Professional Medical Liability Benefit Plan (“Plan”), pursuant to the authority granted by Chapter 59 of Texas Education Code, providing full-time employed physicians, certain resident physicians, medical students, and preauthorized part-time and volunteer physicians of The University of Texas System with medical professional liability protection. Unless lower limits have been set by law, the Plan provides the following coverage:

| | | |
|-----------------------------------|---|---|
| <i>Staff Physician or Dentist</i> | \$ 500,000 | <i>per claim</i> |
| | \$ 1,500,000 | <i>enrollment year aggregate per Plan participant</i> |
| <i>Resident or Fellow</i> | \$ 100,000 | <i>per claim</i> |
| | \$ 300,000 | <i>enrollment year aggregate per Plan participant</i> |
| <i>Student</i> | \$ 25,000 | <i>per claim</i> |
| | \$ 75,000 | <i>enrollment year aggregate per Plan participant</i> |
| <i>Plan Annual Aggregate</i> | \$30,000,000 | |
| <i>Per Claim Limitation</i> | <i>Liability shall be limited to \$2,000,000.00 per claim regardless of the number of the claimants or Plan participants involved in an incident.</i> | |

Among the conditions of the Plan are the following, as of the date of publication:

- (1) Coverage as stated above shall commence on the effective date, and shall remain in effect until the end of the enrollment period, or cease on the date that employment with or assignment to The University of Texas System is terminated, whichever occurs first. Causes of action that occur during official University of Texas System employment are covered, even though a claim or lawsuit is filed subsequent to cessation of employment.
- (2) Coverage shall extend to all duly authorized off-campus assignments, except international assignment which requires the purchase of additional coverage through The University of Texas System. With the purchase of additional international coverage, a separate certificate of coverage will be issued.
- (3) It is mandatory that the insured, upon becoming aware of any incident or injury, actual or alleged, whether by direct knowledge or written notification thereof, shall notify the appointed institutional Plan Liaison/Risk Management Office for appropriate contact with The University of Texas System’s Office of General Counsel.
- (4) Preauthorized coverage for part-time and volunteer medical faculty appointees extends only to services provided to patients by assignment from a department chair unless the total professional service is provided pursuant to the faculty appointment.
- (5) Coverage for claims against resident physicians arising out of their duties at UTMB that occurred after September 1, 1988 and before September 1, 1999, is provided by the State of Texas under Chapter 104 of the Texas CIVIL PRACTICE AND REMEDIES CODE.
- (6) Coverage for claims against UTMB resident physicians arising out of their duties at the Veteran’s Administration Hospital is provided by the United States government.
- (7) Medical students are covered under the Plan for all officially approved clinical rotations and electives.

School of Medicine Tuition and Fees 2014-2015

| Resident Tuition/Fees 2014-15 | Year 1 | Year 2 | Year 3 | Year4 |
|--|-----------------|--------------------|--------------------|--------------------|
| Resident Tuition | \$6,550.00 | \$6,550.00 | \$6,550.00 | \$6,550.00 |
| Designated Tuition | \$8,488.50 | \$8,488.50 | \$8,488.50 | \$8,488.50 |
| Student Service | \$600.00 | \$600.00 | \$600.00 | \$600.00 |
| Medical Service | \$225.00 | \$225.00 | \$225.00 | \$225.00 |
| ID Badge | \$5.00 | n/a | n/a | n/a |
| Liability Insurance | \$25.00 | \$25.00 | \$25.00 | \$25.00 |
| Drug Screen | n/a | n/a | \$55.00 | n/a |
| Pager Fee | n/a | n/a | n/a | n/a |
| Material Fee | \$520.00 | n/a | n/a | n/a |
| Graduation Fee | n/a | n/a | n/a | \$131.45 |
| Library Acquisition Fee | \$270.00 | \$270.00 | \$270.00 | \$270.00 |
| Student Computing | \$181.50 | \$181.50 | \$181.50 | \$181.50 |
| Student Center | \$90.00 | \$90.00 | \$90.00 | \$90.00 |
| Educational Technology Infrastructure | \$45.00 | \$45.00 | \$45.00 | \$45.00 |
| Clinical Skills | \$50.00 | \$50.00 | \$50.00 | \$50.00 |
| Total | \$17,050 | \$16,525.00 | \$16,580.00 | \$16,656.45 |

| Non-Resident Tuition/ Fees 2014-15 | Year 1 | Year 2 | Year 3 | Year4 |
|---|--------------------|--------------------|--------------------|--------------------|
| Resident Tuition | \$19,650.00 | \$19,650.00 | \$19,650.00 | \$19,650.00 |
| Designated Tuition | \$8488.50 | \$8488.50 | \$8488.50 | \$8488.50 |
| Student Service | \$600.00 | \$600.00 | \$600.00 | \$600.00 |
| Medical Service | \$225.00 | \$225.00 | \$225.00 | \$225.00 |
| ID Badge | \$5.00 | n/a | n/a | n/a |
| Liability Insurance | \$25.00 | \$25.00 | \$25.00 | \$25.00 |
| Drug Screen | n/a | n/a | \$55.00 | n/a |
| Pager Fee | n/a | n/a | n/a | n/a |
| Material Fee | \$520.00 | n/a | n/a | n/a |
| Graduation Fee | n/a | n/a | n/a | \$131.45 |
| Library Acquisition Fee | \$270.00 | \$270.00 | \$270.00 | \$270.00 |
| Student Computing | \$181.50 | \$181.50 | \$181.50 | \$181.50 |
| Student Center | \$90.00 | \$90.00 | \$90.00 | \$90.00 |
| Educational Technology Infrastructure | \$45.00 | \$45.00 | \$45.00 | \$45.00 |
| Clinical Skills | \$50.00 | \$50.00 | \$50.00 | \$50.00 |
| Total | \$30,150.00 | \$29,625.00 | \$29,680.00 | \$29,756.45 |

Academic Scholarships

The SOM offers a number of academic scholarships. A partial list is shown below:

Dr. Daisy Emery Allen Trust (Women)
Competitive Academic Scholarship
Rose Nelle Anderson Academic Scholarship
Daniel Roe Baen, M.D., Endowed Scholarship in Family Practice
Isabella Brackenridge Scholarship
Bailey R. Collins Primary Care Scholarship
Evelyn S. Cowles Scholarship
Claire Donovan Scholarship
Kenneth Earle and Katherine Earle Scholarship
Fannie Epstein Memorial Scholarship
Carlos D. Godinez, M.D., Scholarship
William H. Hadnott, M.D., and Winston S. Thiltgen, M.D., Scholarship
Dr. James D. Hall Scholarship
Ralph Hanna, M.D., Endowed Scholarship for Minority Medical Students
Dr. Walter Julius Hildebrand Scholarship Fund
Thomas J. Holbrook Scholarship
James F. Hury, Jr., Scholarship
Antonio George Kantis Memorial Scholarship
William C. Levin, M.D., Scholarship
Margaret E. Manning Memorial School of Medicine Scholarship
McMillian Family Scholarship
UTMB at Galveston Medical Student Aid Endowment
Neely Family Medical Student Scholarship
Joe T. Nelson Memorial Scholarship Fund
John and Mary Ann Stobo Scholarship in Oslerian Medicine
Osler Academy Scholarship
John P. McGovern Academy of Oslerian Medicine Student Scholarship
Junior Puccetti Scholarship
Jerome Ravel, M.D., Endowed Scholarship
Henry Renfert Endowed Scholarship
Ray E. Santos Scholarship Fund
Herbert M. Seybold, M.D., Scholarship
Arthur V. Simmang Scholarship
Sjoerd Steunebrink Scholarship
Edwin P. Tottenham, M.D., Scholarship
UTMB Retirees Association Academic Scholarship Fund

Helpful Websites

THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON

Home page—www.utmb.edu

Enrollment Services— www.utmb.edu/enrollmentservices

General Compliance; Health Insurance Portability and Accountability Act (HIPAA)—
www.utmb.edu/compliance/Privacy.asp

General Information Catalog— www.utmb.edu/enrollmentservices/about/Catalogs.html

Moody Medical Library— <http://ar.utmb.edu/ar/library/tabid/155/default.aspx>

Student Counseling Center—www.utmb.edu/studenthealth/counseling/index.html

Student Life—www.utmb.edu/studentlife/

SCHOOL OF MEDICINE

Home page—www.som.utmb.edu/

Curriculum Information—www.som.utmb.edu/current/currentstudents_curriculum.html

Departments— www.som.utmb.edu/departments/index.html

General Academic Policies— www.utmb.edu/imo/AcademicAdvancementPolicies/index.htm

M.D./Ph.D. Program— www.utmb.edu/mdphd

Student Affairs— www.utmb.edu/somstudentaffairs

Helpful Phone Numbers and Addresses

| | |
|------------------------------------|----------------|
| Alumni Field House..... | (409) 772-1304 |
| Alumni Relations..... | (409) 772-2772 |
| Bookstore..... | (409) 772-1939 |
| Department of Pastoral Care | (409) 772-3909 |
| Dormitories and Apartments..... | (409) 772-1898 |
| Enrollment Services | (409) 772-1215 |
| Equal Opportunity & Diversity | (409) 747-8823 |
| International Affairs | (409) 747-8741 |
| Moody Medical Library..... | (409) 772-1971 |
| Student Ombudsman | (409) 747-9055 |
| President's Office..... | (409) 772-1902 |
| Student Life | (409) 772-1996 |
| Student Health | (409) 747-9508 |

UTMB Police

| | |
|-----------------------|------------------------------|
| Non-Emergencies | (409) 772-2691 |
| Emergencies | 911 |
| | (409) 772-1111 |
| | (on-campus extension) 2-1111 |

For additional information, contact the individual school:

School of Nursing
The University of Texas Medical Branch
301 University Blvd.
Galveston, TX 77555-1029
(409) 772-1181
<http://www.son.utmb.edu>

School of Medicine
The University of Texas Medical Branch
301 University Blvd.
Galveston, TX 77555-0133
(409) 772-2671
<http://www.som.utmb.edu>

School of Health Professions
The University of Texas Medical Branch
301 University Blvd.
Galveston, TX 77555-1028
(409) 772-9411
<http://www.shp.utmb.edu>

Graduate School of Biomedical Sciences
The University of Texas Medical Branch
301 University Blvd.
Galveston, TX 77555-1050
(409) 772-2665
<http://www.gsbs.utmb.edu>

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