



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Paul L. Foster School of Medicine

CATALOG

2011 - 2012

The Texas Tech University Health Sciences Center is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award baccalaureate, masters, doctoral, and professional degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of the Texas Tech University Health Sciences Center.

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STATEMENT OF EQUAL OPPORTUNITY

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

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

Office of Admissions
Paul L. Foster School of Medicine
Texas Tech University Health Sciences Center
5001 El Paso Drive
El Paso, TX 79905
Phone: (915) 783-1250

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HEALTH SCIENCES CENTER

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TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
PAUL L. FOSTER SCHOOL OF MEDICINE
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Associate Dean for Admissions Manuel Schydlower, MD

Associate Dean for Student Affairs Kathryn Horn, MD

Associate Dean for Graduate Medical Education Armando Meza, MD

Associate Dean for Finance and Administration Frank Stout

VISION

The Texas Tech University Health Sciences Center Paul L. Foster School of Medicine will rapidly progress to become nationally recognized for achievements in medical education, research, and patient care.

MISSION

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



BACKGROUND and HISTORY

Texas Tech El Paso has played a vital role in El Paso's healthcare history for over three decades. During that time it has been the academic home to many outstanding medical students, resident physicians, and faculty. The school opened its doors officially in 1973, as the Regional Academic Center in El Paso, providing clinical training to Texas Tech University Health Sciences Center medical students through a teaching affiliation with R.E. Thomason Hospital. In 2001 the El Paso campus received legislative authorization to establish a full four-year medical school and in 2003 and 2005 ground was broken for the construction of state-of-the-art research facilities and a medical education building. In February 2008, the school, now known as the Paul L. Foster School of Medicine, succeeded in being awarded preliminary accreditation by the Liaison Committee on Medical Education (LCME) signifying that its educational programs fully meet the high standards required for admitting its first class of students. That class will be seated in July 2009.

Today the Texas Tech University Health Sciences Center Paul L. Foster School of Medicine has close to 1000 faculty and staff and is a flourishing health sciences and medical center. Clinical training sites are provided by University Medical Center (formerly R.E. Thomason Hospital), William Beaumont Army Medical Center, Providence Hospital, and the El Paso Psychiatric Center. Ambulatory experiences are available in affiliated clinics throughout the greater El Paso area, including facilities located in areas that have previously been underserved and lacking in adequate healthcare resources. The Paul L. Foster School of Medicine is committed to providing its students a first rate, clinically based, educational experience that is firmly grounded in the basic sciences and clinical skills that will prepare the new graduate for entry into any medical specialty of his or her choosing. A further goal of the Paul L. Foster School of Medicine is to inculcate the values and attitudes of caring and compassion for the wellbeing of patients and their families with a special emphasis on the unique health care needs of the Texas-Mexico border.

In addition to the four-year curriculum leading to the M.D. degree, the Paul L. Foster School of Medicine provides extensive graduate medical education opportunities in a variety of residency programs including Internal Medicine, Surgery, Family Medicine, Pediatrics, Emergency Medicine, Psychiatry, Obstetrics and Gynecology, Radiology, and Anesthesiology. These programs, like the newly accredited medical school, all meet the exacting standards of the Accreditation Council for

Graduate Medical Education. Students who come to the Paul L. Foster School of Medicine can be assured of training in an environment that will enable them to develop the knowledge and skills necessary to provide the citizens of Texas and the nation with the highest quality of health care.

OFFICE OF ADMISSIONS

Paul L. Foster School of Medicine Office of Admissions

Associate Dean for Admissions Manuel Schydlower, MD
Director of Admissions..... John Snelling, MA
Assistant Director of Admissions.....Lorraine James, MBA
Lead Advisor/Recruiter Yolanda Jauregui, BS
Unit Coordinator..... Rene Andre, MBA
Senior Data Analyst.....Laura Olivas, BS
Senior Medical Administrative Secretary..... TBN

General Philosophy

Texas Tech University Health Sciences Center Paul L. Foster School of Medicine invites applications from qualified residents of the state of Texas and the adjacent counties of eastern New Mexico and southwestern Oklahoma that comprise the service area of the Texas Tech University Health Sciences Center. Out-of-state residents will be considered on an individual basis. Only 10% of the class can be from out-of-state, therefore, out-of-state applicants should have competitive credentials to apply. Initially, 40 students were selected for the charter class, but ultimately there will be 80 students per class. The Admissions Committee carefully examines each application for the personal qualities and proven academic ability to determine potential for becoming an effective and competent physician. If all other qualifications are equal, some preference may be given to West Texas residents. While evidence of high intellectual ability and a strong record of scholastic achievement are vital for success in the study of medicine, the Admissions Committee recognizes the essential role of compassion, motivation, maturity, personal integrity, and the ability to communicate effectively as traits of the consummate physician.

In the screening process, applicants will be evaluated not only on their cognitive merits, but also on non-cognitive or non-academic factors as well. This will include evaluations of their personal statements, letters of recommendation and other life, extracurricular or employment experiences. The interview is specifically designed to focus on non-academic criteria. Interviewers will assess the applicant's medical experiences, motivation to enter medicine, knowledge of issues in medicine, personal characteristics and problem solving ability.

TTUHSC-Paul L. Foster School of Medicine in El Paso is committed to helping meet the needs of an increasingly diverse population by recruiting a diverse medical school class that exhibits qualities indicative of academic success. The School of Medicine admission guidelines call for no discrimination on the basis of race, sex, age, ethnic origin, religion, sexual orientation or disability.

To facilitate diversity, our Admissions Committee will consider factors to determine whether or not an applicant comes from a financially or educationally disadvantaged background, such as the applicant's status as a first generation college graduate; multilingual proficiency; socioeconomic background while attending elementary/secondary school; responsibilities while attending school, such as employment or assisting in the care of family members; community involvement; and other life circumstances. These factors will be considered in the selection of candidates, in accordance with recent legislation that allows schools to consider evidence of applicants' disadvantaged status as part of the total evaluation process.

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

Undergraduate Course Requirements

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

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

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

Admission Requirements

Successful applicants for admission to the Paul L. Foster School of Medicine at Texas Tech University Health Sciences Center at El Paso (PLFSOM)

must have completed an undergraduate curriculum and must have been awarded a baccalaureate degree or its equivalent before matriculation. Ninety semester hours, including all prerequisite courses must have been completed at a U.S. or Canadian accredited college or university.



The Prerequisite Courses Are:

COURSES	HOURS
Biology	12 semester hours
Biology laboratories	2 semester hours
General chemistry with laboratories	8 semester hours
Organic chemistry with laboratories	8 semester hours
Physics with laboratories	8 semester hours
Calculus or statistics	3 semester hours
English	6 semester hours

Grades of C or better are required for all prerequisite courses or AP credit.

Successful applicants also should have pursued a broad educational experience, including topics outside of chemistry, biology, physics and mathematics. Although PLFSOM will have no prescribed course of study beyond the required courses identified above, the Admissions Committee will consider the breadth of the candidate's educational experience in their determination of admission. Additional recommended courses include the following:

Humanities, Social Sciences, or Behavioral Sciences: 12 semester hours.

Coursework in Biochemistry, Biostatistics, and Cellular/Molecular Biology is also encouraged. Competence in spoken and written English will be necessary. A facility in conversational Spanish will be an advantage for students intending to remain in the Southwest.

Medical College Admissions Test (MCAT)

The MCAT is also a requirement for admission. The applicant's best score from the last five years will be considered. Information about the MCAT and registration for the exam can be accessed at <http://aamc.org/students/mcat/>.

APPLICATION PROCESS

Applications for admission will be processed through the Texas Medical and Dental Schools Application Service (TMDSAS). Application forms and procedural information are available on the TMDSAS website at <http://www.utsystem.edu/tmdsas>. TMDSAS will notify applicants when their applications have been sent to the school.

Applications will be reviewed for completeness. In addition, applications will be reviewed for adherence to the admissions requirements established by the school. Those candidates whose files are complete and who are considered to be competitive for admission, based on the admissions criteria established by the school, will be invited to interview. These criteria include scores from the MCAT; academic performance as reflected by the science GPA and overall GPA; rigor of the undergraduate curriculum, including course selection, extracurricular activities (medical and non-medical),

and employment and their impact on performance and maturation; recommendations from premedical advisors or faculty; socioeconomic and disadvantaged background; personal statement and its reflection of communication skills, personal qualities, leadership, maturity, determination, and motivation for a career in medicine; regional origin.

Candidates who are selected for interview will be invited for a full day of orientation to the school and interviews. The interview is designed to evaluate their interest and knowledge of the health care field and motivation for a medical career; personal characteristics; and problem-solving skills. The interview can also address questions by the candidate that may have arisen during the application process. These interview sessions will be conducted weekly from early August to the middle of January. All successful candidates must participate in the interview process.

Following each interview session, the Admissions Committee will review the credentials and interview evaluations for each of the candidates and will make decisions for or against admission. The decisions of the Admissions Committee are final. Based upon these decisions, a list of acceptable candidates will be prepared ranking those judged to be best qualified for the study and practice of medicine. Following TMDSAS guidelines, we will make offers to superior candidates between November 16 and December 31. All other candidates will be offered positions through the TMDSAS matching process. All candidates, whether holding an offer or not, must submit preferences to the TMDSAS match by January 10. Match results are announced on February 1. A rolling admissions process will then be used to fill remaining positions.

Students who are accepted for admission will receive a packet of information during the summer before their matriculation. This packet will contain information about the community of El Paso and the school, including lists of books and materials required, class schedules, housing opportunities, and contact information. Additionally, the packet will include information and forms regarding various requirements that the students will need to complete before matriculation, such as acknowledgement of the standards for curricular completion, immunization forms, documentation of health insurance, documentation of a pre-entry physical examination, and a criminal background check.

The TTUHSC Registrar is the custodian of criminal background checks. All reports indicating a criminal record are forwarded to the Associate Dean for Student Affairs for review by a committee consisting of him/herself, the Associate Dean for Admissions, and the Director of Student Affairs. This review will determine if the violations would preclude the student from training in the clinical affiliates based on exclusion lists provided by these institutions.

Admissions Policies for Non-Residents of Texas

Non-resident applicants to the participating TMDSAS Texas schools are not subject to the Texas Match. Acceptance of non-resident, interviewed applicants begins on October 15. Texas Tech University Paul L. Foster School of Medicine is a Texas state school and is required by law to have 90% of the entering class made up of qualified Texas residents. Residency is determined according to the Texas Higher Education Coordinating Board Rules and Regulations for Determining Residency. Residency information is available on the TMDSAS website. TMDSAS will make an initial determination of each applicant's residency status.

APPLICATIONS

Please submit your application on line through TMDSAS

<http://www.utsystem.edu/tmdsas>

Texas Medical and Dental Schools Application Service

702 Colorado, Suite 6400

Austin, Texas 78701

The Paul L. Foster School of Medicine does not require a secondary application.

Qualified applicants will be invited to interview.

2011 Interview Schedule

Application Timeline

Filing of Applications

Earliest Date: May 2, 2011

Latest Date: October 1, 2011

Interview Period

August 2011– January 2012

Acceptance Notice

Pre-Match Open Acceptance Period:

November 15, 2011 – December 31, 2012

Texas Match

Applicants will rank all schools where they have interviewed regardless of whether or not they are holding a pre-match offer.

Applicant preference list due to TMDSAS: January 10, 2012

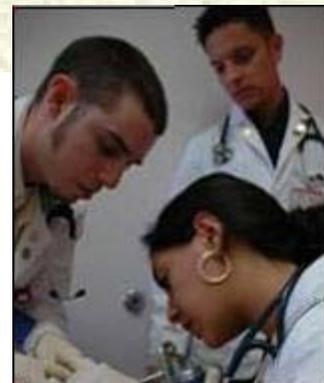
Applicant Match Day: February 1, 2012

There are 80 seats in the class. Any seats left open after the match will be filled from the alternate list.

Immunizations, Health Insurance, and Disability Insurance

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

Students will be required to be up to date on their immunizations and provide documentation of immunization against tetanus, diphtheria, pertussis, measles, mumps, rubella, hepatitis A and B. Because of the school's location on the border and requirement by the principal teaching hospital, students must also demonstrate serologic protective titers against varicella, rubella and rubeola. A tuberculin or equivalent



test will also be required in the six-month period prior to beginning the curriculum and annually thereafter. A chest radiograph will be accepted only if the student is known to be skin-test positive.

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

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

Special Considerations

1. Deferment of Matriculation

Under extenuating circumstances, an applicant who has been accepted for enrollment in the fall may request, in writing, deferment until the following fall. Such request will be considered by the Associate Dean for Admissions and may be granted for a period not to exceed one year. During the year of deferment, the student may not make application to any other medical school. PLFSOM scholarships do not carry over if the student is deferred.

2. Application for Admission in Advanced Standing

An official policy on transfers will be considered by the Admissions Committee in June 2010. It is anticipated to include the following: Texas residents enrolled in good standing in LCME accredited medical schools; written permission from their Dean of Student Affairs; and must have passed Step 1 of the United States Medical Licensing Examination (USMLE 1) as conditions for acceptance in advanced standing. Additionally, transfer candidates may be interviewed before acceptance.

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

Academic Scholarships

The Paul L. Foster School of Medicine offers a number of competitive academic scholarships. The scholarships are based on merit as determined by the Paul L. Foster School of Medicine Scholarship Committee. Many scholarships do not require an application, are based on a merit rank order list derived from decisions by the Admissions Committee and are awarded prior to matriculation. These scholarships are renewable for up to four years contingent on successful advancement to the next year of medical studies. Numbers of scholarships and award amounts may vary.

OFFICE OF STUDENT AFFAIRS

Paul L. Foster School of Medicine Office of Student Affairs

Associate Dean for Student Affairs Kathryn V. Horn, MD
Director of Student Affairs Alex Garcia
Director of Academic Support Tammy T. Salazar, PhD
Senior Advisor Diana Andrade

Mission Statement

The mission of the Office of Student Affairs is to provide academic support and career guidance for medical students, and to do so in a supportive environment that enables students to have a positive experience at the Paul L. Foster School of Medicine. The goal of the office is for every medical student to be successful and to develop professional skills and personal relationships that will last a lifetime. The Office of Student Affairs serves as the advocate for students in their academic, career, and personal life.

CODE OF PROFESSIONAL CONDUCT/HONOR SYSTEM

By registration in the Paul L. Foster School of Medicine, each student subscribes to the Code of Professional and Academic Conduct that was originally developed and approved conjointly by Texas Tech School of Medicine students and faculty in 1985. The code is compatible with the regulations of the University, but is designed expressly for the Schools of Medicine. The purpose of the Code of Professional and Academic Conduct is to emphasize in the medical school environment those qualities of integrity, self-discipline, and professional behavior that are essential to physicians. The Code protects the rights of the student who may be reported for academic dishonesty or for non-professional conduct. If charges are deemed valid, there is a hearing before a student-faculty committee who recommends to the Dean appropriate action. There is an appeal procedure to ensure due process and the Dean makes a final decision based on the hearings and committee recommendations. A student handbook that includes the detailed Codes, as well as other relevant policies and procedures, is given to each student at matriculation. They are available in the Office of Student Affairs and are posted on the school web site.

STANDARDS FOR ENTRY AND CURRICULAR COMPLETION

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

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

Background:

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

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

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

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



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

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

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

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

Preparation of the Physician:

The education of a physician includes the following phases:

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

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



Standards for Accreditation of a Medical School:

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

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

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

Development of Medical Curriculum:

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

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

Abilities and Skills Requisite for Medical School Completion:

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



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

Because the M.D. degree signifies that the holder is a physician prepared for entry into the practice of medicine within postgraduate training programs, it follows that graduates must acquire a foundation of knowledge in the basic and in the clinical sciences that will permit the pursuit of any of the several careers that medicine offers.

Candidates for the M.D. degree must have somatic sensation and the functional use of the senses of vision and hearing. Candidates' diagnostic skills will also be lessened without the functional use of the senses of equilibrium, smell, and taste. Additionally, they must have sufficient exteroceptive sense (touch, pain, and temperature), sufficient proprioceptive senses (position, pressure, movement, stereognosis and vibratory) and sufficient motor function to permit them to carry out the activities described in the sections which follow. They must be able consistently, quickly, and accurately to integrate all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze and synthesize data.

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

Observation: The candidate must be able to observe demonstrations and experiments in the basic sciences. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.

Communication: A candidate should be able to speak; to hear; and to observe patients in order to elicit information, to describe changes in mood, activity and posture; and to perceive non-verbal communications. A candidate must be able to communicate effectively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with patients and with all members of the health care team.

Motor: Candidates should have sufficient motor functions to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, administration of intravenous medication, application of pressure to stop bleeding, opening of obstructed airways, suturing of simple wounds, and performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

Intellectual-Conceptual, Integrative and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the clinical skills demanded of physicians, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. In recent years, certain learning disabilities have been recognized as a subset of integrative patterns. The details for definition and diagnosis of learning disabilities follow these Standards for Curricular Completion.

Behavioral and Social Attributes: A candidate must possess the emotional health required for full utilization of his/her intellectual abilities; the exercise of good judgment; the prompt completion of all responsibilities attendant to the diagnosis and care of patients; and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties and ambiguities inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that should be assessed during the admissions and education process.

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

PROCEDURE FOR STUDENTS WITH DISABILITIES

Evaluation and Accommodation

In determining the minimum standards for completion of the medical school curriculum, the Paul L. Foster School of Medicine recognizes that certain disabilities, as that term is defined in the Americans with Disabilities Act, can be accommodated without compromising the standards required by the school or the fundamental integrity of the curriculum. The school is committed to development of innovative and creative ways of opening the curriculum to competitive and qualified disabled candidates. At the same time, the school recognizes the essential need to preserve the standards and integrity of curriculum requisite for the competent and effective physician. Since the treatment of patients is an essential part of the educational program, the health and safety of those patients must be protected at all costs. Therefore, it is not only reasonable but essential for good patient care to require minimum standards for the education of physicians. The use of a trained intermediary to observe or interpret information is considered to compromise the essential function of the physician.

If a student is offered and accepts an admissions offer from the School of Medicine, the student must then sign a form acknowledging that he/she has read and understands that the Standards for Curricular Completion must be met with or without accommodation.

To Apply for Accommodations:

In order to request accommodations, a student must submit an application along with supporting documentation about the disability from an appropriate specialist and the proposed accommodation(s) in writing to the TTUHSC ADA Compliance Officer in the HSC Office of Student Services in Lubbock. See the Student Services website for more information and the application form at <http://www.ttuhs.edu/student-services/ada/>. The documentation about the disability must be current (from the last 2 years). The deadline for requests with supporting documentation is normally 30 days prior to the beginning of the first semester of enrollment.

Copies of the request and documentation will then be forwarded to the Paul L. Foster School of Medicine Office of Student Affairs. The School may also seek independent review from a specialist of its choice. The decision on whether or not an accommodation request will be granted will be made by a committee composed of the Associate Dean of Admissions, the Associate Dean of Student Affairs, the Student Affairs Committee, and ad hoc faculty member(s) who are knowledgeable regarding the area of disability. Such decisions are subject to review and approval by the Dean.

If reasonable accommodation is feasible, effort will be made to provide the accommodation as classes begin. If the request for accommodation occurs during the school year, every effort will be made to expedite the process before the next testing event. If the request for accommodation is denied, the student will be notified in writing.



From here, it's possible.

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

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

Criteria for Diagnosis of Learning Disability

Definition:

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

Guidelines:

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

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

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

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

Information regarding vocational interests and aptitudes may be included.

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

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

The following tests are considered acceptable:

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

The Wide Range Achievement Test-Revised is not acceptable.

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

All reports must contain the following information:

- The name, degree, title, address, and telephone number of the assessor;
- Information on the professional credential of the evaluator and the areas in which the individual specializes;
- The date of the assessment;
- The names and results of the tests (i.e., scores);
- The nature and effect of the learning disability;
- An appraisal of the student's academic strengths and weaknesses;
- Recommendations for strategies and accommodations.

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

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

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

STUDENT LIFE AND SERVICES

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

PASE Program – The office of Student Affairs houses the Program for Academic Support and Enrichment (PASE), which provides services that are designed to help each student succeed from their first year to their last. It offers many resources to students that will help them maximize their academic potential and learn more efficiently and effectively. Features of the program include: individual assistance in identifying and improving areas such as studying, reading, test-taking, time management, and stress management; group workshops; individualized study plans based on learning preferences, workshops on USMLE Step preparation, and residency interview preparation. The PASE Program is available to all students – from those who are having trouble to students who just want to brush up on a particular skill or improve their existing study habits. For more information, refer to the Student Handbook as well as the Student Affairs website at <http://www.ttuhsu.edu/som/studentaffairs/>.

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

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

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

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

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

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

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

Students seeking financial aid or additional information should contact:

Diana Andrade, Sr. Advisor

The Office of Student Affairs, TTUHSC PLFSOM 5001 El Paso Drive, El Paso 79905

Phone: (915) 783-5130 ext. 274

E-mail: diana.andrade@ttuhsc.edu

There are additional financial aid resources at www.ttuhsc.edu/fostersom/studentaffairs/finaid/asp

For more information contact:

The Office of Student Services, Registrar and Financial Aid

Texas Tech University Health Sciences Center

3601 4th Street, Room 3B310, MS 8310

Lubbock, Texas 79430

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

Housing

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

THE DOCTOR OF MEDICINE PROGRAM

Undergraduate Medical Education

The goal of the School of Medicine is to provide students with a broad base of knowledge in the basic and clinical sciences, so that each graduate is well prepared to enter any field of postgraduate medical training. The students will be exposed to an integrative curriculum that is interdisciplinary in the basic sciences and the clinical sciences.

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

There is a firm commitment to the philosophy that the curriculum is the property and responsibility of the faculty rather than the component departments of the school. The Dean selects a Curriculum and Education Policy Committee that represents the faculty and the student body. This committee is charged with overall responsibility for establishing educational programs. The management of the curriculum has been formally endorsed by the Liaison Committee on Medical Education (LCME). The LCME represents the Association of American Medical Colleges and the American Medical Association as the national accreditation body for medical schools. In 2008 the Texas Tech University Health Sciences Center Paul L. Foster School of Medicine was accorded initial preliminary accreditation, with full accreditation anticipated in 2013.

The College System

Students receive a variety of support services above and beyond the formal academic program. Upon admission, each student is assigned to one of four medical student colleges consisting of students from each year of school as well as two college masters. These colleges serve as the academic home for the student throughout the curriculum. In addition, the college provides a social center for its members. This system gives students ready access to faculty for assistance and they are actively encouraged to utilize this valuable resource. The College Masters meet regularly with the Senior Associate Dean for Medical Education, the Associate Dean for Student Affairs, and the Director of Academic Support to review on student performance, to identify students who might benefit from counseling on personal matters or study skills, and to share observations about the implementation of the curriculum.

Library

A new, state-of-the-art facility is located in the new medical education building. The new library has over 6,000 square feet of space. In addition, it has a large audiovisual collection of slides, videocassettes, motion pictures and microcomputer software. There are 10 group study rooms adjacent to the library. There is also the Gallo Library, located in the School of Medicine building on Alberta, which contains more than 45,000 total volumes and over 204 journal subscriptions.

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

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

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

Grading

Courses are graded on a categorical scale with grades of Pass and Fail during the first two years of medical school. In years 3 and 4, we employ an Honors, Pass, Fail grading system. Information related to grade calculation is contained in the relevant course syllabi that are available online. The Student Handbook outlines specific policies on grading and promotion. Decisions on progression through the curriculum are based on review of the cumulative record and on demonstration of professional behavior.

United States Medical Licensing Examination (USMLE):

Medical students are required to take and pass Step 1 of the United States Medical Licensing Examination (USMLE) no later than June 30 of their second year. Since the test is a component of application for licensure to practice medicine, the student is required to pay for the examination. Passing USMLE Step 1 is a condition for continuation in year 3 of the curriculum. Students will also be required to take and pass USMLE Step 2 Clinical Skills and Clinical Knowledge prior to graduation.

Curriculum Content

The M.D. degree will be awarded to students who satisfactorily complete all four-year courses, clerkships, and graduation requirements including passing of Steps 1 and 2 (both clinical knowledge and clinical skills components) of the USMLE examination.

Institutional Learning Goals

The Curriculum and Educational Policy Committee has identified the following institutional learning goals that all students will achieve by the time they graduate:

Medical knowledge
<ul style="list-style-type: none">▪ Describe the normal structure and function of the human body▪ Compare and contrast normal variation and pathological states in the structure and function of the human body▪ Describe analytic methods (laboratory, quantitative methods, Evidence-Based medicine principles) and apply them in patient care▪ Apply the scientific method for the acquisition of new knowledge, for the critical appraisal of published knowledge, and to problem-solving in the laboratory and patient care
Patient Care
<ul style="list-style-type: none">▪ Categorize, describe, and use various therapeutic methods in the treatment of illness and disease▪ Identify life-threatening conditions that require immediate and specific interventions▪ Provide precise, timely and comprehensive patient care that is documented appropriately▪ Perform and accurately record findings and observations derived from physical examinations▪ Choose appropriate laboratory tests and/or diagnostic procedures and accurately interpret results▪ Generate a comprehensive list of diagnostic considerations based on the integration of historical, physical and laboratory findings
Interpersonal Communication Skills
<ul style="list-style-type: none">▪ Communicate clearly, respectfully and compassionately with patients, families, colleagues, and members of the health care team▪ Collect and record pertinent elements of the clinical history in a concise and accurate manner▪ Communicate knowledge, interpretation and recommendations orally and/or in writing to a wide range of professional or lay audience in culturally appropriate ways

Professionalism
<ul style="list-style-type: none"> Describe fundamental ethical principles and how they apply in patient care and medical practice Recognize and avoid the conflicts of interest that can arise in medical practice Display compassion in interactions with all patients regardless of race, gender, ethnicity, sexual orientation, socioeconomic status and disability Apply the highest ethical standards in all professional activities Demonstrate respect for the beliefs, opinions and privacy of patients, families, and members of the health care team Demonstrate scrupulous honesty in all professional matters Provide compassionate and culturally appropriate care in all stages of the life cycle Preserve patient's dignity in all interactions Demonstrate advocacy for the interests and needs of patients
Practice-Based Learning
<ul style="list-style-type: none"> Use inductive and deductive reasoning as appropriate in the diagnosis and management of disease Use epidemiological and bio-statistical methods to analyze and solve clinical problems Identify the need to employ self-initiated learning strategies (problem definition, resource identification, critical appraisal) when approaching new challenges, problems, or unfamiliar situations Recognize when to take responsibility and when to seek assistance based on one's position, training, and Demonstrate sophistication in the use of digital resources for patient care, self-education, and the education of patients and their families Demonstrate the application of a scheme inductive approach to arrive at a focused differential diagnosis Demonstrate self-awareness and the skills necessary for life-long learning
Systems-based Practice
<ul style="list-style-type: none"> Describe the components of social structure (e.g., family, neighborhood, community) and the role each plays in health behavior, disease prevention, and the treatment of illness Describe the components of the national health system and its funding and how this system affects individual and community health

Pre-Clerkship Curriculum (years 1-2)

The first two years of the curriculum consists of four required courses: *Scientific Principles of Medicine*; *Medical Skills*; *Society, Community, and the Individual*; and the *Masters' Colloquium*. A description of each of these courses follows.

Curriculum Overview: Year 1

July	Aug	Dec	Jan	May			
SCI	SPM Unit 1 Health & Disease	SPM Unit 2 Musculo- skeletal/ Derm	SPM Unit 3 GI System	SPM Unit 4 Liver and Hematology	SPM Unit 5 Cardio/ Pulmonary	SPM Unit 6 Integrated Systems	CEYE
Medical Skills							
Master's Colloquium							
Society, Community and the Individual							
SPM	Scientific Principles of Medicine						
SCI	Society, Community, and Individual						
CEYE	Comprehensive End of the Year Exam						

Curriculum Overview: Year 2

Aug		Dec	Jan		May	June
SPM Unit 7 CNS/Special Senses	SPM Unit 8 Renal System	SPM Unit 9 Endocrine System	SPM Unit 10 Reproduction System	SPM Unit 11 Mind and Human Development	End of Year OSCE and CBSE	Self Study and USMLE Step 1
Medical Skills						
Master's Colloquium						
Society, Community and the Individual						

OSCE Objective Structured Clinical Examination
 CBSE Comprehensive Basic Science Examination

The Scientific Principles of Medicine (SPM) is a two year course divided into “systems” units as illustrated above. Each unit is organized around a number of “clinical presentations” representing the various ways a patient might present to the physician (e.g., sore throat, headache, referral for abnormal laboratory findings). The clinical presentation serves as the spring-board for the study of the basic sciences (e.g., anatomy, biochemistry, microbiology, pathology, and pharmacology) needed to understand that presentation. Over a two year period, students are exposed to approximately 100 clinical presentations associated with over 3000 individual diagnoses. The Scientific Principles of Medicine course employs a variety of teaching and learning modalities including interactive lectures, small groups, laboratory exercises, team-based learning and self-directed study. A one-week period is scheduled at the end of each unit for individual review and examination.

Medical Skills is a two year course in which students develop the knowledge, attitudes, and skills necessary for the optimal care of the patient. This course addresses communication skills, history taking, physical examination skills, and basic procedural skills. This course is aligned with the units of the Scientific Principles of Medicine course. For example, when students learn about the patient presenting with chest discomfort in the Cardiovascular/Pulmonary unit of SPM, in Medical Skills they learn how to conduct a focused history and physical examination on a patient who presents to the doctor with chest discomfort, enabling them to distinguish between cardiac, pulmonary, and musculoskeletal causes of chest pain. During this period they will also learn to distinguish between normal and abnormal heart sounds and how to administer and interpret ECGs. Training in Medical Skills will take place primarily in a state-of-the-art Clinical Skills and Clinical Simulation Center employing standardized patients, partial task trainers, high tech human body simulators, and virtual reality simulators.

Society, Community, and the Individual (SCI) is a two year long learning experience designed to expose students to population health, public health, the community, and the delivery of health care in the community. SCI is comprised of seven themes that are threaded throughout the first two years: biostatistics, epidemiology, community, family, culture, environmental and occupational health, and finally, Spanish. Given the medical school's location on the Texas-Mexico border and the fact that over 80% of the population in the El Paso area is of Hispanic origins, familiarity with conversational and medical Spanish is integrated into the curriculum. In addition to language instruction, all students will learn about the Border community and culture through a variety of field experiences and exercises. Through SCI, students learn principles of evidence based medicine and they will be given opportunities to participate in service learning projects, and community based research.

The **Masters' Colloquium** rounds out the four courses spanning the first two years of the curriculum. In the Masters' Colloquium students discuss topics related to professionalism, ethics, controversies in medicine, and the "artistry" associated with the practice of medicine. Masters' Colloquium topics will be linked to the clinical presentations in the Scientific Principles of Medicine course. The Masters' Colloquium will also provide a venue for students to share community experiences derived from participation in the Society, Community, and Individual course.

The Scholarly Activity and Research Requirement

The Paul L. Foster School of Medicine Scholarly Activity and Research Program provides medical students with an opportunity to design and execute an independent scholarly project or research project under the guidance of an expert faculty mentor. A wide variety of topics and research areas are available in three broad categories, allowing for a project to be tailored to a student's background and interests: 1) basic, clinical and translational research; 2) epidemiology, community-based, behavior, public and environmental health; and 3) medical humanities, qualitative research and medical education research. This is a 3 credit (pass/fail) mandatory curriculum requirement, with one credit awarded for selection of a mentor and preparation of a Project Plan, one credit for execution of the project itself, and a final credit awarded for a poster summarizing the project presented at an annual student symposium held in the Fall semester. Students can choose between one of two tracks: Track 1 concentrates execution of the project into the summer between the first and second year with a poster presented in the Fall of the second year; whereas Track 2 provides the student more flexibility, allowing execution of the project anytime during the first 3 years followed by a poster presentation at the next student symposium. For both Tracks, selection of a mentor and preparation of a Project Plan is due at the end of the first year. Students in both Tracks have the option of writing an Honors Thesis on their project in the fourth year. This introduction to the methodology and analytic thinking involved with scholarly activity and research is designed to enhance the medical training experience and provide an appreciation for the tight integration between scholarship, research and clinical practice.

<u>Year 1 and 2 Courses</u>	<u>Credits</u>
Scientific Principles of Medicine 1	10
Scientific Principles of Medicine II	10
Scientific Principles of Medicine III	10
Scientific Principles of Medicine IV	10
Society, Community, and Individual I	4
Society, Community, and Individual II	4
Society, Community, and Individual III	4
Society, Community, and Individual IV	4
Medical Skills I	2
Medical Skills II	2
Medical Skills III	2
Medical Skills IV	2
Masters' Colloquium I	2
Masters' Colloquium II	2
Masters' Colloquium III	2
Masters' Colloquium IV	2
Scholarly Activity Project I	1
Scholarly Activity Project II	1
Scholarly Activity Project III	1

The Clerkship Curriculum (years 3-4)

Year 3 of the PLFSOM curriculum consists of three, 16 week blocks. Two clerkship disciplines share each of these blocks as follows: Internal Medicine/Psychiatry; Obstetrics and Gynecology/Pediatrics; and Family Medicine/Surgery. Although students receive individual grades for each clerkship discipline, they will participate in both clerkship disciplines throughout. The blocks are designed to include “integration experiences” across the disciplines in the block, and “shared teaching” teaching experiences. For example, in the Internal Medicine/Psychiatry block, a student who is caring for a diabetic patient who has also been diagnosed with a mental illness will address both conditions; psychiatrists and internists will round together with students on occasions; and selected topics will be addressed by internists and psychiatrists (e.g., substance abuse, sleep disorders) in the didactic component of the curriculum. The overall goal of the block structure is to encourage students to think about patient problems from the standpoint of multiple disciplines and perspectives. In addition, each of the blocks has been charged with “revisiting” a number of the clinical presentations (CP) presented in years 1-2 to review underlying basic science concepts and diagnostic reasoning. In addition, in the course of revisiting the CP additional attention will be directed at addressing treatment and management considerations. As part of the end of block assessment, students will participate in a multi-station OSCE that will include “integrated” cases (e.g., an anxious patient presenting with chest pain, a pregnant adolescent, pre-operative assessment of elderly patient). Finally, the following topics are “threaded” throughout the required components of the year 3-4 curriculum: Geriatrics, basic science correlations, ethics, professionalism, EBM, patient safety, pain management, palliative care, quality improvement, communication skills, diagnostic imaging, clinical pathology, and clinical research.

The organization of the third year curriculum is illustrated in the following course schematic:



Year 3 Integrated Block Curriculum

16 Weeks	16 Weeks	16 Weeks
<ul style="list-style-type: none"> - Internal Medicine <ul style="list-style-type: none"> - general (8 weeks) - selective (2 weeks) - Psychiatry (6 weeks) 	<ul style="list-style-type: none"> - Obstetrics-Gynecology (8 weeks) - Pediatrics (8 weeks) 	<ul style="list-style-type: none"> - Family Medicine (6 weeks) - Surgery <ul style="list-style-type: none"> - general (6 weeks) - selective (4 weeks)
- Integrated Teaching and Learning Experiences	- Integrated Teaching and Learning Experiences	- Integrated Teaching and Learning Experiences
- Longitudinal Selective in Psychiatry	- Maternal/Fetal/Neonate Experience	- Longitudinal Selective and Family Medicine
Threads: Geriatrics, Basic Sciences, Ethics, Professionalism, EBM, Patient Safety, Pain Management, Chronic Illness Care, Palliative Care, Quality Improvement, Communication Skills, Diagnostic Imaging, Clinical Pathology, Clinical and Translational Research.		

Year 3 Courses/Clerkships

Credits

Internal Medicine	10
Psychiatry (plus Longitudinal Selective)	8
Obstetrics/Gynecology	8
Pediatrics	8
Family Medicine (plus Longitudinal Selective)	8
Surgery	10

The fourth year curriculum, as illustrated below, consists of four required clerkship experiences—a sub-internship, critical care medicine, emergency medicine, and neurology. During the fourth year students also are provided time for elective experiences (both at home and away) and time to travel to other medical centers to interview for residency positions. Finally, at the close of the fourth year all students will participate in a capstone experience designed to “tie together” the four year medical school experience and to prepare the student for the transition from being a medical student to being a first year resident in the specialty of their choice.

Year Four Curriculum								
4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	4 weeks	1 week
Sub Internship	Critical Care	Emergency Medicine	Neurology	Elective	Elective	Elective	Elective	CAPSTONE (To be determined)
Threads: Geriatrics, Basic Sciences, Ethics, Professionalism, EBM, Patient Safety, Pain Management, Chronic Illness Care, Palliative Care, Quality Improvement, Communication Skills, Diagnostic Imaging, Clinical Pathology, Clinical and Translational Research								

Students will be required to pass the USMLE Step 2 CK (clinical knowledge) and CS (clinical skills) to be certified for graduation from the Paul L. Foster School of Medicine.

Departments of the School of Medicine

- Department of Anesthesiology
- Department of Emergency Medicine
- Department of Biomedical Sciences
- Department of Family and Community Medicine
- Department of Medical Education
- Department of Internal Medicine
- Department of Ophthalmology
- Department of Psychiatry
- Department of Obstetrics & Gynecology
- Department of Orthopedic Surgery
- Department of Pathology
- Department of Pediatrics
- Department of Radiology

Department of Surgery

Academic Scholarships

The Paul L. Foster School of Medicine offers a number of competitive academic scholarships. The scholarships are based on merit, as determined by the Paul L. Foster School of Medicine Scholarship Committee. Many scholarships do not require an application, are based on a merit rank order list derived from decisions by the Admissions Committee, and are awarded prior to matriculation. These scholarships are renewable for up to four years contingent on passing all subjects and successful advancement to the next year of medical studies. Numbers of scholarships and award amounts may vary.



FULL TIME FACULTY

A

Abbas, Aamer, M.D., 1996, Dow Medical College, University of Karachi, Assistant Professor, Internal Medicine

Abdelgawad, Amr M., M.D., 1998, Ain Shams University, Assistant Professor, Orthopaedic Surgery

Alkhatib, Ghalib, Ph.D., 1988, McGill University, Professor, Biomedical Sciences

Alozie, Ogechika K., M.D., 1999, University of Benin College of Medicine, Assistant Professor, Internal Medicine

Aly, Fatima F., M.D., 1985, University of Manchester School of Medicine, Assistant Professor, Pediatrics

Ambat, Maria Teresa, M.D., 1994, University of Santo Tomas, Assistant Professor, Pediatrics

Antowan, Cenana M., M.D., 1988, University of Baghdad, College of Medicine, Assistant Professor, Pediatrics

Aragon, Lorenzo B., M.D., 1981, National Autonomous University of Nicaragua, Assistant Professor, Family and Community Medicine

Arana, Tania, Ph.D., 2006, University of Ottawa, Assistant Professor, Medical Education

Atkinson, Darryl A., D.O., 1988, Oklahoma College of Osteopathic Medicine and Surgery, Assistant Professor of Clinical, Emergency Medicine

Ayyappan, Anoop, P., M.D., 2003, Trichur Medical College, Assistant Professor, Radiology

Azarcon, Fernando, C., M.D., 03/01/1989, University of Santo Tomas, Assistant Professor, Radiology

B

Badr, Ahmed E., M.D., 1983, Tanta University School of Medicine, Department Chair and Professor, Anesthesiology

Barnes, Keith, P.A.-C., 12/01/1993, Baylor College of Medicine, Faculty Associate, Internal Medicine

Baston, Robert Kirk, M.D., 1994, Medical University of South Carolina, Assistant Professor, Medical Education

Beale, Elmus G., Ph.D., 1977, Baylor College of Medicine, Professor, Medical Education

Black, Asa C., Ph.D., 1974, Vanderbilt University, Professor, Medical Education

Blanc, Oscar H., M.D., 1990, University of Illinois, Instructor of Clinical, Pediatrics

Blandon, Pedro, M.D., 1995, Universidad de Guadalajara, Assistant Professor, Internal Medicine

Blunk, Dan I., M.D., 1974, University of Texas Medical Branch, Associate Professor, Psychiatry

Boman, Darius A., M.D., 1972, Seth B.S. Medical College University of Mumbai, Department Chair and Associate Professor, Pathology

Borron, Steven W., M.D., 1984, University of Texas Medical School at Galveston, Professor, Emergency Medicine

Bramblett, Debra E., Ph.D., 1995, University of Texas at Austin, Assistant Professor, Medical Education

Bright, Tamis M., M.D., 1989, Loyola University Stritch School of Medicine, Associate Professor of Clinical, Internal Medicine

Briones, David F., M.D., 1971, University of Texas Medical Branch, Interim Department Chair and Professor, Neurology

Brower, Richard D., M.D., 1985, University of Texas Medical Branch, Associate Professor, Medical Education

Brown, James, M.D., 1994, Texas Tech University School of Medicine, Assistant Professor, Emergency Medicine

Brunner, Noemi, M.D., 1992, Universidad La Salle, Assistant Professor, Radiology

Bryan, E. David, M.D., 1991, University of Texas at Houston, Assistant Professor of Clinical, Emergency Medicine

Burgos, Jose D., M.D., 12/01/2003, Universidad de Carabobo, Instructor, Internal Medicine

Burt, Benjamin O., M.D., 1997, University of Melbourne, Assistant Professor, Ophthalmology

Butler, Jack M., M.D., 1999, Texas Tech University School of Medicine, Assistant Professor, Emergency Medicine

Byrd, Theresa L., Dr.P.H., 1994, University of Texas-Houston Health Science Center, **M.P.H.**, 1986, University of California at Los Angeles School of Public Health, Professor, Medical Education



Caero, Joseph G., M.D., 08/01/1985, Universidad Mayor de San Simon Medical School, Assistant Professor, Anesthesiology

Calleros-Macias, Jesus E., M.D., 1991, Universidad Autonoma de Chihuahua, Assistant Professor, Radiology

Camp-Law, Barbara, P.A., 1960, University of Denver, Faculty Associate, Pediatrics

Carcoba, Luis, Miguel, M.D., 06/01/1984, Universidad Autonoma de San Luis Potosi, **Ph.D.**, 05/17/2005, University of Texas at El Paso, Research Assistant Professor, Psychiatry

Casner, Paul R., M.D., 1980, New York Medical College, **Ph.D.**, 1975, New York Medical College, Professor, Internal Medicine

Castellon, Danelia Salazar, M.D., 1997,
Krasnodarkaya Medicinskaya
Academy, Assistant Professor,
Family and Community Medicine

Castells, Brenda R., M.D., 1979,
Universidad de San Carlos de
Guatemala, Assistant Professor,
Psychiatry

Castro, Louise P., M.S.N., 1987,
University of Texas at El Paso, Faculty
Associate, Family and Community
Medicine

Ceballos, Rodrigo, M.D., 05/01/2006,
University of Texas at San Antonio
School of Medicine, Assistant
Professor, Family and Community
Medicine

Chamberlin, Santha M., M.D., 1975,
University of Singapore, Associate
Professor of Clinical, Pediatrics

Chamberlin, William M., M.D., 1975,
Tufts University Health Sciences
Center, Associate Professor, Internal
Medicine

Chavez, Manuel C., M.S.N., 1993,
University of Texas at El Paso, Faculty
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Christenson, Robert A., M.D., 1980, Loma
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Cosart, Audra, M.P.A.S., 2008, Baylor
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D

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Internal Medicine

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E

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F

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Francis, Mark Lee, M.D., 1983, St. Louis University School of Medicine, Professor, Internal Medicine

Francis, Maureen Dorothy, M.D., 06/08/1984, Jefferson Medical College, Associate Professor, Internal Medicine

G

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Garcia, Norma C., M.S.N., 02/01/2005, University of Phoenix, Faculty Associate, Pediatrics

Garg, Himanshu, Ph.D., 2003, North Carolina State University, Research Instructor, Biomedical Sciences

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Gough, David C., M.D., 1969, University
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Groening, Tracie, M., D.O., 2005, Touro
University College of Osteopathic
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H

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I

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K

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Q/R

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Roberts, Jacqueline J., M.S.N., 2004, Ball
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Stump, Robert F., M.D., 1998, University
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T

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Torres, Leigh Ann, M.S.N., 2007,
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W

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Weisman, Henry W. Jonathan, M.D., 01/01/1978, University of Monterrey, Associate Professor, Psychiatry

Woods, Gordon, M.D., 1980, University of New Mexico, **M.H.P.E.**, 2007, University of Illinois, College of Medicine, College Master and Associate Professor, Medical Education

Woolard, Robert H., M.D., 1979, University of Massachusetts Medical School, Professor, Emergency Medicine

Wright, Justin, M.D., 05/20/2006, Texas Tech University School of Medicine, Assistant Professor, Family and Community Medicine

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X/Y/Z

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Zeng, Mingtao, Ph.D., 1997, Tel Aviv University, Associate Professor, Biomedical Sciences

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S/T/U V/W/X/Y/Z

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