2008-2009

The Bulletin

WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE
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Wake Forest University Health Sciences

**Mission**
To improve the health and well-being of all people by cultivating the discovery, teaching, and applications of biomedical knowledge

**Vision**
To create a premier, dynamic academic environment that attracts and nurtures outstanding faculty, staff, and students who are dedicated to our mission to promote health and cure disease

**Essential Values**

*Collegiality* - Promoting an environment that fosters mutual respect and rewards collaboration

*Compassion* - Being aware of and responsive to the physical, emotional, spiritual, and intellectual needs of others

*Diversity* - Supporting and fostering an environment that enhances cross-cultural awareness and protects the dignity of all, regardless of race, ethnicity, gender, religion, sexual orientation, or physical ability

*Excellence* - Being committed to provide superior education, patient care, and research

*Innovation* - Discovering cutting-edge knowledge and developing new ideas for enhancing quality, efficiency, and the most effective prevention, treatment, and cure of disease

*Integrity* - Demonstrating fairness, honesty, sincerity, and a commitment to consistent adherence to our mission, vision, and values

*Mentorship* - Encouraging the open exchange of ideas and facilitating the growth and advancement of individuals

**Guiding Principles**

We are committed to excellence, innovation, and the creation of synergy among the key components of our mission in education, research, and clinical care, placing preeminence upon the well-being of our patients in our decision making.

We are committed to the creation, discovery, delivery, and dissemination of new biomedical knowledge, and we measure our excellence against other outstanding academic medical centers with a similar tripartite mission.

We hold ourselves accountable for incorporating our mission, vision, and values into all operational processes, decision making, partnerships, and actions of the institution, especially acknowledging our major partnerships with North Carolina Baptist Hospital and Wake Forest University.

We are committed to enhancing the health, economic, and overall well-being of our community.

We exercise continuous and vigilant self-evaluation to assess our goals and our progress towards achieving those goals.

We are accountable for ensuring positive operating results in order to recruit and retain exceptional and innovative people, thereby securing our long-term success.

We recognize that it is outstanding, dedicated people, working as a team, who make our mission, vision, and principles a reality.

We hold that sustaining the institutional mission and vision supersedes the self-interest or self-promotion of any individual organizational unit.
**General Information**

This book contains policies, procedures, and information about the rules, regulations, and guidelines of Wake Forest University School of Medicine. The Bulletin is published annually for distribution by the Office of the Dean. PLEASE NOTE: Revisions of the policies herein may be made at any time. Any revision will be distributed to the students and will become effective upon announcement.

**Standards**

Academic and professional standards are comparable with those of other leading medical schools in the United States.

The School of Medicine is a member of the Association of American Medical Colleges and is accredited by the Liaison Committee on Medical Education (LCME), which is jointly sponsored by the Council on Medical Education of the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC). Correspondence to the LCME regarding accreditation status of the institution should be addressed to Barbara Barzansky, Ph.D., LCME Secretary, 2007-2008, and Secretary, Council on Medical Education, American Medical Association, 515 North State Street, Chicago, IL 60610; Phone 312-464-4933; Fax: 312-464-5830; and to Dan Hunt, M.D., M.B.A., LCME Secretary, 2008-2009, and Vice President, Division of Medical Education, Association of American Medical Colleges, 2450 N Street, N.W., Washington, DC 20037; Phone: 202-828-0596; Fax: 202-828-1125. Correspondence e-mailed to lcme@aamc.org will be distributed to both offices.

Wake Forest and the biomedical graduate studies program, a unit of the Graduate School of Wake Forest, are accredited by the Commission on Colleges of the Southern Association of Colleges and Secondary Schools. The Commission can be contacted at 404-679-4501; 1866 Southern Lane, Decatur, Georgia 30033-4097; and http://www.sacscoc.org/. Inquiries should relate only to the accreditation status of the institution, and not to general admission information.

The Physician Assistant Program is accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA). Inquiries regarding accreditation of the program should be directed to John McCarty, Executive Director, ARC-PA; 12000 Findley Road, Suite 240; Duluth, GA 30097; 770-476-1224; e-mail: johnmccarty@arc-pa.org; Fax: 770-476-1738.

**The University**

Wake Forest University was founded in 1834 by the Baptist State Convention of North Carolina. The school was opened as Wake Forest Institute, with Samuel Wait as principal. It was located in Wake County, on the Calvin Jones plantation, near which the village of Wake Forest later developed.

Rechartered in 1838 as Wake Forest College, it is one of the oldest institutions of higher learning in the state. It was exclusively a college of liberal arts for men until 1894, when the School of Law was established. The School of Medicine was established in 1902, offering a two-year program.

The School of Business Administration began in 1948 as an undergraduate division. It was renamed the Babcock Graduate School of Management in 1972, with a corresponding change in emphasis and program. The Division of Graduate Studies was established in 1961. It is now organized as the Graduate School and encompasses advanced work in the arts and sciences on both the Reynolda and Bowman Gray campuses in Winston-Salem.

In 1946 the trustees of Wake Forest College and the Baptist State Convention of North Carolina accepted a proposal by the Z. Smith Reynolds Foundation to relocate the college in Winston-Salem, where the medical school had moved five years earlier. The late Charles H. Babcock and his wife, the late Mary Reynolds Babcock, contributed the campus site. Between 1952 and 1956 the first 14 buildings were erected, in Georgian style architecture, on the new Winston-Salem campus. In 1956, the college moved all operations, leaving the 122-year-old campus in the town of Wake Forest to the Southeastern Baptist Theological Seminary.
The decade that followed was one of the college’s most expansive, and in 1967 its augmented character was recognized by a change in name to Wake Forest University. Today, enrollment in Wake Forest stands at more than 6,700. Governance remains in the hands of the Board of Trustees, and development for each of the schools of Wake Forest is augmented by Boards of Visitors for the Undergraduate College and Graduate School, the Divinity School, the Wayne Calloway School of Business and Accountancy, the School of Medicine, the School of Law, and the Graduate School of Management.

The hallmark of education at Wake Forest remains the devotion to liberal arts learning and professional preparations for men and women.

The College, School of Law, School of Business and Accountancy, Divinity School, Graduate School of Management, and part of the Graduate School of Arts and Sciences are located on the Reynolda Campus in northwest Winston-Salem. Most of the School of Medicine and the rest of the Graduate School of Arts and Sciences are located approximately four miles away on what is known as the Bowman Gray Campus. The University also conducts classes regularly at Casa Artom in Venice, at the Worrell House in London, at Flow House in Vienna, and in other places around the world.

The Undergraduate College offers courses in more than 40 fields of study, leading to the baccalaureate degree. The School of Law offers the Juris Doctor and Master of Laws in American Law degrees, and the Graduate School of Management offers the Master of Business Administration and the Master of Arts in Management degrees. The School of Business and Accountancy offers four Bachelor of Science degrees and a Master of Science in accountancy. The Divinity School offers the Master of Divinity degree. In addition to the Doctor of Medicine degree and a Master’s degree program for Physician Assistants, the School of Medicine offers, through the Graduate School, programs leading to the Master of Science and Doctor of Philosophy degrees in the basic medical sciences. The Graduate School confers the Master of Science degree in most areas of the arts and sciences and the Doctor of Philosophy degree in biology, chemistry, and physics. Through a combined program of the School of Management and the Graduate School, students can earn both a Ph.D. and an M.B.A. degree. The M.D. and J.D. degrees may also be earned in combination with an M.B.A. degree.

The Wake Forest libraries, with total collections of more than 1.9 million volumes, permit research for undergraduate education and in each of the disciplines in which a graduate degree is offered.

Wake Forest is a member of many major institutional organizations, including the Southern Association of Colleges and Schools, the Southern Universities Conference, the Association of American Colleges, and the Council of Graduate Schools in the United States. Wake Forest has chapters of the principal national social fraternities, professional fraternities, and honor societies, including Phi Beta Kappa, Sigma Xi, and Alpha Omega Alpha.

**Historical Background of the Medical School**

Wake Forest School of Medicine, one of 125 accredited U.S. medical schools, and North Carolina Baptist Hospital together form Wake Forest University Baptist Medical Center. Programs of the medical school and hospital are interwoven to provide medical education, patient care, biomedical research, and community service of the highest professional level. Wake Forest School of Medicine is a continuation and expansion of the two-year Wake Forest College Medical School that was founded in 1902. North Carolina Baptist Hospital opened its doors to patients in 1923.

The Medical Center was established in 1941, when the medical school was expanded to a four-year institution and moved from Wake County to its present site adjacent to Baptist Hospital in Winston-Salem. It was renamed Bowman Gray School of Medicine in memory of the benefactor who made the expansion possible. In 1997, Bowman Gray School of Medicine was renamed Wake Forest University School of Medicine on the Bowman Gray Campus.

The evolution of the Medical Center has been so remarkable that it frequently is referred to as the “Miracle on Hawthorne Hill.” The past 30 years, in particular, represent unparalleled progress, with each phase of expansion coming as a response to society’s changing healthcare needs.
In 1991, the Medical Center completed a $200 million building program that virtually doubled its space for research and patient care. Another $200 million program followed, including the Nursing Center at Oak Summit, the initial portion of Ardmore Tower, the J. Paul Sticht Center on Aging and Rehabilitation, CompRehab Plaza (an outpatient rehabilitation center), and a 2,234-space employee parking deck. An 11-story, 248,000-square-foot Nutrition Research Building was completed in 2005.

In 2002, the new Brenner Children’s Hospital opened. The $115-million project included 11 new floors atop Ardmore Tower. Six of the floors house Brenner Children’s Hospital. A four-story Miller Plaza building includes Information Services and Public Relations and Marketing. In 2003, a new 813-space patient/visitor parking deck was completed at a cost of $14.8 million. In 2004, a 257,000-square-foot Outpatient Comprehensive Cancer Center building opened at a cost of $75 million. Construction also was completed on a four-story, $28.8 million addition atop Ardmore East to provide additional private patient rooms.

In 2001, the Wake Forest University Board of Trustees created a new corporation, Wake Forest University Health Sciences, as a wholly owned, nonprofit subsidiary. Wake Forest Health Sciences operates the medical school, the Piedmont Triad Research Park downtown, and a number of other subsidiaries, including 13 dialysis centers. In 2003, the School of Biomedical Engineering and Sciences, operated jointly by Wake Forest and Virginia Tech, began classes.

The Research Park now houses a number of departments and programs. The Department of Physician Assistant Studies is in Victoria Hall. In 2006, Wake Forest Health Sciences opened the 187,000-square-foot Richard H. Dean Biomedical Research Building, which provides laboratory and office space for the Wake Forest Institute for Regenerative Medicine and the Lipid Sciences Research Program. The building and a six-level 450-space parking deck were completed at a cost of $72 million. The Department of Physiology and Pharmacology is in the Piedmont Triad Community Research Center, and much of the Department of Biostatistical Sciences is in One Technology Place. An additional 30,000-square-foot research building opened in the park on Third Street in February 2007.

The Institute for Regenerative Medicine was established at Wake Forest Health Sciences in 2004, and in 2007, the Wake Forest University Translational Science Institute was established. In addition, numerous multidisciplinary research centers, each with a defined mission, rationale, and criteria for success, function within the School of Medicine. Among these centers are the Brain Tumor Center of Excellence; Center for Biomolecular Imaging; Center for Cancer Genomics; Center for Human Genomics; Center of Excellence for Research, Teaching, and Learning (CERTL); Comprehensive Cancer Center of Wake Forest University; General Clinical Research Center; Wake Forest University School of Medicine Diabetes Center; Hypertension and Vascular Research Center; J. Paul Sticht Center on Aging and Rehabilitation (including the Claude D. Pepper Older Americans Independence Center and the Roena Kulynych Center for Memory and Cognition Research); Maya Angelou Center for Health Equity; and the Women’s Health Center of Excellence for Research, Leadership, Education. Many other centers with a focus on research, education, clinical care, or a combination of these also have been established at the institution. These include the WFU Primate Center (formerly known as the Comparative Medicine Clinical Research Center), Epidemiological Cardiac Research Center, Center for Medical Ultrasound, Center for the Neurobehavioral Study of Alcohol, Center for the Neurobiological Investigation of Drug Abuse, Center for Research in Obstetrics and Gynecology, and Center for Structural Biology. Among the clinical centers are the Breast Care Center, Center for Sleep Disorders, Stroke Center, Center for Voice and Swallowing Disorders, and Comprehensive Epilepsy Center.

Personnel at the Medical Center now number about 11,600. More than 4,300 students receive training annually through the Medical Center’s teaching programs. They include medical students, nursing students, nurse anesthesia students, biomedical graduate students, postdoctoral fellows, house officers, physician assistant students, allied health students, and pastoral care students. Several combined programs are available for medical students, including an M.D./M.B.A. program and an M.D./Ph.D. program.
General Information

Organization and Administration

The work of the School of Medicine is divided among 32 academic departments. Each department includes an appropriate number of professors, associate and assistant professors, instructors, associates, and assistants. Clinical departments also utilize the services of volunteer faculty, drawn from North Carolina’s privately practicing physicians and surgeons. Wake Forest School of Medicine is governed by the Board of Trustees of Wake Forest University through its Health Affairs Committee. Administrative responsibility for the medical school is delegated by the president of Wake Forest University to the president of Wake Forest Health Sciences. Health Sciences also has a separate subsidiary board. The dean of the School of Medicine is responsible for management of the educational/academic mission. At present the dean serves as interim president of Wake Forest Health Sciences.

Implementation of a new administrative structure was announced in March 2007. Under the new structure, the Medical Center Board has appointed a single chief operating officer (CEO)* to lead the Medical Center, which comprises Wake Forest Health Sciences, North Carolina Baptist Hospital, and Wake Forest University Physicians, the group medical practice. Each entity will have a president, who will report to the Medical Center CEO. The Health Sciences president/School of Medicine dean will continue to report to the president of Wake Forest University in matters relating to education and academic programs.

* On August 15, 2008, the Medical Center Board announced the appointment of John D. McConnell, M.D., as the first CEO of Wake Forest University Baptist Medical Center. He plans to assume the position full time in November 2008.
Administration

Wake Forest University Board of Trustees
(Effective July 1, 2008)

Officers

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J. Reid Morgan, Winston-Salem
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Louis R. Morrell, Winston-Salem

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Vice Chair
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Terms Expire 2009

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Administration

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(Through December 31, 2008)

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Arthur A. Gibel, Winston-Salem
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(Effective July 1, 2008)

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Dean, Graduate School of Arts and Sciences

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Senior Associate Dean

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Administration

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Norman D. Potter, Jr.
Vice President for Development and Alumni Affairs
Doctor of Medicine Program
ADMISSION

The faculty, through the Faculty Executive Council chaired by the dean, has general authority over all educational affairs, including responsibility for determining the requirements for student admissions, promotions, conduct, degrees, and curricula. Department activities of the School of Medicine are closely correlated. Members of the faculty are given a large measure of freedom in matters of instruction and evaluation of student accomplishment.

Degree of Doctor of Medicine

The degree “Doctor of Medicine” is awarded to certify that the student has acquired a general knowledge in all fields of medicine and basic skills requisite for the independent practice of medicine. Candidates for the M.D. degree must have abilities and skills in five general areas: observation; communication; motor; intellectual-conceptual, integrative, and quantitative; and behavioral and social. Technological compensation can be made for some disadvantages in certain areas, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary in a way that a candidate’s judgment must be mediated by someone else’s power of selection and observation is not acceptable. More detailed information on these technical standards for Wake Forest School of Medicine is available upon request from the Office of Admissions.

Premedical Preparation

The education of a physician is a continuous process, begun early and shared by both the undergraduate college and the medical school. It is the responsibility of the undergraduate college to provide prospective medical students with the opportunity to learn in the lecture room and laboratory so they will be able to demonstrate the capacity to cope with medical school. The undergraduate school should also offer a background that will help students realize their potential as individuals, members of society, and professionals.

Students should, under the guidance of their advisors, plan college courses to achieve a broad educational background. Scholarly interest and achievement in both science and the humanities should be demonstrated. In addition to prior academic achievement, students will be evaluated on the basis of personal qualities necessary for the practice of medicine.

Students should not take premedical courses that will duplicate work to be taken in medical school, but should spend their time in broader areas of study that will improve their ability to communicate and understand modern society as well as develop familiarity with computer technology. Prerequisite course work from community colleges is strongly discouraged because of the difficulty in adequately assessing the quality of that preparation. If a prerequisite course is completed at a community college, students must take subsequent courses in that discipline at a four-year college or university in the United States or Canada.

Science Requirements

Although a minimum of 90 undergraduate semester hours are needed for admission, most students have earned degrees before matriculation. Students are encouraged to study in the humanities as well and should not pursue science to the extent that their curriculum cannot accommodate courses in non-science subjects.

Computer literacy, including knowledge of e-mail and word processing, is strongly encouraged.

The possession of certain knowledge and the grasp of certain techniques by the student are assumed by the faculty in the presentation of courses in medical school. Such information is ordinarily obtained in the following undergraduate courses, which are generally considered as minimum preparation:

- Eight semester hours of vertebrate zoology or general biology
- Eight semester hours of general physics
- Eight semester hours of general chemistry
- Eight semester hours of organic chemistry
Doctor of Medicine Program  
Admission Requirements and Procedures

**Biology.** Courses should provide a broad survey of the animal kingdom, an awareness of animal types and their classifications, and a view of humans in nature. Such information is usually covered in one year of general biology. A laboratory course that provides opportunity for dissection is desirable.

**Chemistry.** The student should have a working knowledge of chemical principles and basic quantitative and physiochemical concepts of the properties of chemical elements and ions, and the relationship of chemical properties to structure and function. It is important that the student's experience includes adequate time in the laboratory and familiarity with quantitative techniques.

**Physics.** Knowledge of the principles of electricity, electromagnetic radiation, sound, heat, mechanics, and optics is valuable and can usually be obtained in a one-year course in general physics.

It is the responsibility of the applicant to determine that the required courses have been completed by the time of application.

**Skills and Attitudes**

Preparation for medical school requires the development of certain attitudes as well as the acquisition of basic skills and specific knowledge. These skills and attitudes, which are valuable not only in the study of medicine but also in the pursuit of any knowledge, include

- The ability to read with speed, comprehension, and retention;
- The ability to understand principles and to think logically;
- The ability and the initiative to independently carry through projects requiring data collection, analysis and interpretation of findings, and the drawing of conclusions;
- The ability to adapt quickly to change;
- The recognition that a physician is a lifelong student and a professional;
- The view that learning is not solely a means to an end but a satisfying of intellectual curiosity and a pleasure within itself;
- The knowledge that the physician has a special responsibility to society and an obligation to recognize and understand the problems of that society.

**Admission to First-Year Class**

Each year 120 students enter the first-year class. Applicants for admission are considered primarily on academic and personal qualifications. Appropriate attention is given to ensure that the student body is diversified with regard to race, creed, age, and gender. The current student body comprises students representing more than 100 undergraduate colleges and universities.

Applicants may apply Early Decision from June 1 to August 1 through American Medical College Application Services (AMCAS). The Medical College Admissions Test (MCAT) is required along with a commitment not to apply to any other school. Early Decision candidates are notified by October 1.

Well-qualified college students upon completion of the sophomore year may apply for acceptance to the class entering two years later through the Early Assurance Program (EAP). Eligibility requires an overall GPA of 3.5, a science GPA of 3.5 for each semester in school, and completion of half of the prerequisites from a very competitive school. The MCAT will not be required. Application is made through AMCAS by the November 1 deadline, asking consideration for the EAP. The applicant must be a permanent resident or citizen of the US and must agree to complete requisite courses, to continue the same or better academic excellence, to demonstrate high ethical conduct, and not to apply to any other medical school. Nonacceptance by the EAP does not influence future applications. The EAP should not be confused with the Early Decision Program.

A student enrolled in a program of study in graduate school is eligible to make application for admission to Wake Forest School of Medicine. If selected, a student in a program of study in graduate school must satisfactorily complete all requirements for the graduate degree before enrollment in the School of Medicine. A student who voluntarily withdraws from a program of study in graduate school may make application for admission to the School of Medicine, provided one year will have elapsed between the time of withdrawal and application.
Medical College Admission Test

Each applicant must take the Medical College Admission Test (MCAT) sponsored by the Association of American Medical Colleges. Results of this test and data requested in the Secondary Application, which is on line, must be received by Wake Forest University School of Medicine before an application can be completely evaluated by the Committee on Admissions and invitations for interviews offered. The MCAT can be taken several times a year, but the scores must be received by October 1. Applicants are advised to take the test early in the year of application so scores can be considered, and the test taken again if improvement in performance is desired. Scores from the MCAT taken more than three years prior to application will not be accepted. More information about this test can be obtained from the premedical advisor or by writing to the Medical College Admission Test Program, P.O. Box 4056, Iowa City, Iowa 52243; website: http://www.aamc.org/mcat.

Procedure

Wake Forest School of Medicine participates in the American Medical College Application Service (AMCAS) of the Association of American Medical Colleges. Formal application for admission to the first-year class must be submitted through AMCAS, on line at http://www.aamc.org/stuapps. Appropriate information about this procedure can be obtained from premedical advisors, from the Office of Medical Student Admissions, or from AMCAS, Association of American Medical Colleges Section for Student Services, Lobby-26, 2501 M Street NW, Washington, DC 20037-1300. Applicants are encouraged to review the annual volume of the AAMC publication titled Medical School Admission Requirements. Applications to Wake Forest University School of Medicine are received from AMCAS from July 1 to the November 1 deadline. AMCAS will not forward applications received after November 1. Therefore, students are encouraged to apply as early as possible. The Committee on Admissions will evaluate each application upon receipt from AMCAS, and notification of status is sent by e-mail. Secondary Applications are selectively sent through e-mail notification by December 15. The Secondary Application is filled out on line and submitted electronically. The signature page is printed and mailed with the nonrefundable processing fee of $55.00. The on-line Secondary Application requests an evaluation by the applicant’s Premedical Advisory Committee or evaluations from individuals who have taught or supervised the applicant. The evaluation form is printed from the Secondary Application.

Evaluation of Applications

After the Secondary Application, signature page and processing fee, MCAT scores, and evaluation forms have been received, the completed application is reviewed by the Committee on Admissions, and eligible candidates are invited for interviews between September and March. Academic achievement, academic improvement, MCAT scores, and evaluation by the Premedical Advisory Committee, instructors, and/or supervisors are considered in selecting applicants for interview. Thus, all applicants invited for an interview are considered competitive. By April, all applicants are notified of the action of the Committee on Admissions: acceptance, placement on the alternate list, or rejection. Those retained on the alternate list are considered for vacancies as accepted applicants withdraw. This list is maintained through Orientation Week. An applicant who is accepted is asked to respond in writing within two weeks prior to June 1 and within one week after June 1. If the offer is accepted, a holding place fee, credited toward tuition, must be submitted. This fee is refundable until May 1.

Medical School Transfers

Admission to advanced standing by transfer may be granted to a limited number of students if space is available. Those seeking transfer must be currently enrolled and in good standing in an LCME-accredited medical school. Inquiries should be forwarded to the Office of Medical Student Admissions.

Inquiries should include reasons for wanting to transfer and a brief description of the medical school career to date. Transfers can be considered only for the third year. Upon receipt of valid inquiries, either the transfer application or notification as to space availability will be sent.
Doctor of Medicine Program  
Admission Requirements and Procedures

The transfer application requires a dean’s letter, two letters of evaluation from medical school faculty, a curriculum/course description from the current medical school, a complete transcript, and a nonrefundable application processing fee of $55.00. After evaluation of the transfer application, an interview may be required. The deadline for transfer applications is February 1.

International Applications

Applications are accepted only from those applicants who are permanent residents or U.S. citizens. If undergraduate and premedical course work has been done outside the United States, applicants must receive a degree from an institution in the U.S. or Canada and meet the other requirements. Canadian citizens may apply with a degree from a Canadian undergraduate institution and are considered international applicants. If accepted, Canadian residents must obtain a student visa to study in the U.S. International applicants invited for an interview will be asked to provide documentation of financial resources before they will be considered for acceptance.

Joint Degree Programs

Wake Forest School of Medicine and the Graduate School of Arts and Sciences offer a joint M.D./Ph.D. degree program. An applicant’s credentials are evaluated by both the Graduate School and the School of Medicine; to be admitted to the program, an applicant must meet the admission criteria for both schools. The advisory committee of the M.D./Ph.D. program also evaluates the applicant’s credentials. The Medical College Admissions Test (MCAT) is the required standardized test for all applicants. The program is expected to be completed in seven (7) years. For more information on the joint M.D./Ph.D. degree program, prospective applicants should contact the dean of the Graduate School of Arts and Sciences or the associate dean for student services of Wake Forest School of Medicine.

Additionally, the School of Medicine offers joint M.D./M.B.A. and M.D./M.S. degree programs. The M.D./M.B.A. program is offered in conjunction with the Babcock Graduate School of Management, and the M.D./M.S. in Health Services Research is administered through the Department of Public Health Sciences.

The M.D./M.B.A. is intended to respond to the growing need for professionals who are trained in both medicine and management. The Babcock School requires applicants to take the Graduate Management Admissions Test (GMAT). Students should indicate their intention to pursue the joint M.D./M.B.A. before entering either school. Inquiries should be made to the Babcock Graduate School of Management, Wake Forest University, P.O. Box 7569, Winston-Salem, NC 27109-7569; phone: 336-758-5422 or 800-722-1622; www.mba.wfu.edu; and to the associate dean for medical student admissions at the School of Medicine.

The M.D./M.S. in Health Services Research provides a combination of course work in epidemiology and health services research and is designed for students with an interest in clinical research. The decision to pursue the M.D./M.S. can also be made during the second year of medical school. Inquiries about this program should be addressed to the associate dean for education and to Wake Forest University Graduate School, Biomedical Sciences, Medical Center Boulevard, Winston-Salem, NC 27157-1001; phone 1-800-GET-GRAD (local 716-4303).

Applicants for the joint degree programs must make application to and receive an admission offer from the cosponsoring school and must complete the requirements for both programs.

In addition to the joint degree programs, students have the option of requesting a leave of absence to pursue an additional degree at an institution outside Wake Forest University School of Medicine in order to receive a conjoint degree.

Graduate Certificate Program in Spirituality and Health

The Wake Forest School of Divinity, in collaboration with the School of Medicine and the Department of Chaplaincy and Pastoral Education of the Medical Center, offers an interdisciplinary certificate program for students already enrolled in the Schools of Divinity and Medicine. For more information on this program, go to the following website:

http://divinity.wuf.edu/certificate.html
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Academic Calendar 2008-2009

Wake Forest University School of Medicine
FIRST YEAR - Class of 2012

Orientation Week Begins.................................................................Monday, July 28, 2008
Year 1 Begins....................................................................................Monday, August 4, 2008
Holiday (Labor Day) Begins...............................................................Friday, August 29, 2008 @ 5pm
Classes Resume..................................................................................Tuesday, September 2, 2008 @ 7am
Medical Student Research Day.............................................................Wednesday, October 15, 2008
Fall Convocation (White Coat Ceremony)...................................... Saturday and Sunday October 4-5, 2008
Alumni Weekend 2008.............................................................................October 17-19, 2008
Exam Week 1......................................................................................Monday, October 27 through Friday, October 31, 2008
Year 1 Block 1 Ends............................................................................Friday, October 31, 2008
Community Practice Experience 1..............................................Monday, November 3 through Friday, November 7, 2008
Year 1 Block 2 Begins (Classes Resume)...........................................Monday, November 10, 2008
Holiday (Thanksgiving) Begins...........................................................Wednesday, November 26, 2008 @ 12 noon
Classes Resume..................................................................................Monday, December 1, 2008 @ 7am
Holiday Recess Begins.......................................................................Friday, December 19, 2008 @ 5pm
Classes Resume..................................................................................Monday, January 5, 2009 @ 7am
Holiday (Martin Luther King, Jr) Begins..............................................Friday, January 16, 2009 @ 5pm
Classes Resume..................................................................................Tuesday, January 20, 2009 @ 7am
Exam Week 2......................................................................................Monday, March 2 through Friday, March 6, 2009
Year 1 Block 2 Ends............................................................................Friday, March 6, 2009
Spring Recess.....................................................................................Monday, March 9 through Friday, March 13, 2009
Year 1 Block 3 Begins (Classes Resume)...........................................Monday, March 16, 2009
Holiday (Good Friday) Begins.............................................................Thursday, April 9, 2009 @ 5pm
Classes Resume..................................................................................Monday, April 13, 2009@ 5pm
Exam Week 3......................................................................................Monday, May 4 through Friday, May 8, 2009
Community Practice Experience Summer.....................................Monday, May 11 through Friday, May 22, 2009
Year 1 Ends.........................................................................................Friday, May 22, 2009
Summer Session.............................................................................Monday, May 25 through Friday, August 21, 2009

Second Year begins on Monday, August 24, 2009.
Year 2 Block 1 Begins.................................................................Monday, August 25, 2008
Holiday (Labor Day) Begins...........................................Friday, August 29, 2008 @ 5pm
Classes Resume..............................................................Tuesday, September 2, 2008 @ 7am
Medical Student Research Day...........................................Wednesday, October 8, 2008
Alumni Weekend 2008....................................................October 17-19, 2008
Year 2 Block 1 Ends..............................................................Friday, October 24, 2008
Community Practice Experience 2...............................Monday, October 27 through Friday, October 31, 2008
Year 2 Block 2 Begins (Classes Resume)...........................Monday, November 3, 2008
Holiday (Thanksgiving) Begins...........................................Wednesday, November 26, 2008 @ 12 noon
Classes Resume..............................................................Monday, December 1, 2008 @ 7am
Holiday Recess Begins.....................................................Friday, December 19, 2008 @ 7am
Classes Resume..............................................................Monday, January 5, 2009 @ 5pm
Holiday (Martin Luther King, Jr) Begins..............................Friday, January 16, 2009 @ 5pm
Classes Resume..............................................................Tuesday, January 20, 2009 @ 7am
SPA Week.................................................................Monday, February 2 through Friday, February 6, 2009
Classes Resume..............................................................Monday, February 9, 2009 @ 7am
Year 2 Block 2 Ends.............................................................Friday, February 20, 2009
Step 1 Assessment Test...............................................Monday, February 23 through Friday, February 27, 2009
USMLE Step 1 Preparation...........................................Monday, March 2 through Friday, April 3, 2009
Vacation.................................................................Monday, April 6 through Friday, April 10, 2009

USMLE STEP 1 must be completed by Friday, April 3, 2009.
Mandatory Year 3 Orientation begins on Monday, April 13, 2009.
Third Year - Class of 2010

Mandatory Year 3 Orientation: Monday, April 7, 2008 through Friday, April 18, 2008
Year 3-A Begins: Monday, April 21, 2008
Holiday (Memorial Day) Begins: Friday, May 23, 2008 @ 5pm
Classes Resume: Tuesday, May 27, 2008 @ 7am
Holiday (Independence Day) Begins: Thursday, July 3, 2008 @ 5pm
Classes Resume: Monday, July 7, 2008 @ 7am
Year 3-A Ends: Friday, August 8, 2008
Year 3 Vacation: Monday, August 11 through Friday, August 22, 2008
Year 3-B Begins: Monday, August 25, 2008
Holiday (Labor Day) Begins: Friday, August 29, 2008 @ 5pm
Classes Resume: Tuesday, September 2, 2008 @ 7am
Medical Student Research Day: Wednesday, October 8, 2008
Alumni Weekend 2008: Sunday, October 12, 2008 @ 5pm
Holiday (Thanksgiving) Begins: Wednesday, November 26, 2008 @ 12 noon
Classes Resume: Monday, December 1, 2008 @ 7am
Year 3-B Ends: Friday, December 12, 2008
Year 3-C Begins: Monday, December 15, 2008
Holiday Recess Begins: Friday, December 19, 2008 @ 5pm
Classes Resume: Monday, January 5, 2009 @ 7am
Holiday (Martin Luther King, Jr) Begins: Monday, January 16, 2009 @ 5pm
Classes Resume: Tuesday, January 20, 2009 @ 7am
Year 3 Ends: Friday, April 17, 2009
Mandatory Year 4 Orientation: Monday, April 20, 2009
Year 4-1 Begins: Tuesday, April 21, 2009
Clinical Performance Exam (CPX) Required: Tuesday, April 21 through Tuesday, April 28, 2009
Year 4-1 Ends: Friday, May 15, 2009
Year 4-2 Begins: Monday, May 18, 2009
Holiday (Memorial Day) Begins: Friday, May 22, 2009 @ 5pm
Classes Resume: Tuesday, May 26, 2009 @ 7am
Year 4-2 Ends: Friday, June 12, 2009
Year 4-3 Begins: Monday, June 15, 2009
Holiday (Independence Day) Begins: Thursday, July 2, 2009 @ 5pm
Classes Resume: Monday, July 6, 2009 @ 7am
Year 4-3 Ends: Friday, July 10, 2009
Phase IV-4 Begins.................................................................................................................Monday, July 14, 2008
Phase IV-4 Ends....................................................................................................................Friday, August 8, 2008
Phase IV-5 Begins............................................................................................................Monday, August 11, 2008
Holiday (Labor Day) Begins..............................................................................Friday, August 29, 2008 @ 5pm
Classes Resume.................................................................................................................Tuesday, September 2, 2008 @ 7am
Phase IV-5 Ends...............................................................................................................Friday, September 5, 2008
Phase IV-6 Begins.................................................................................................................Monday, September 8, 2008
Phase IV-6 Ends....................................................................................................................Friday, October 3, 2008
Phase IV-7 Begins...........................................................................................................Monday, October 6, 2008
Medical Student Research Day...................................................................................Wednesday, October 8, 2008
Alumni Weekend 2008............................................................................................................October 17-19, 2008
Phase IV-7 Ends.................................................................................................................Friday, October 31, 2008
Phase IV-8 Begins...........................................................................................................Monday, November 3, 2008
Phase IV-8 Ends............................................................................................................Wednesday, November 26, 2008 @ 12 noon
Holiday (Thanksgiving) Begins..............................................................................Wednesday, November 26, 2008 @ 12 noon
Classes Resume.................................................................................................................Monday, December 1, 2008 @ 7am
Phase IV-9 Begins.............................................................................................................Monday, December 1, 2008
Holiday Recess Begins..................................................................................Friday, December 19, 2008 @ 5pm
Classes Resume.................................................................................................................Monday, January 5, 2009 @ 7am
Phase IV-9 Ends....................................................................................................................Friday, January 9, 2009
Phase IV-10 Begins...........................................................................................................Monday, January 12, 2009
Holiday (Martin Luther King, Jr) Begins......................................................................Friday, January 16, 2009 @ 5pm
Classes Resume.................................................................................................................Tuesday, January 20, 2009 @ 7am
Phase IV-10 Ends.............................................................................................................Friday, February 6, 2009
Phase IV-11 Begins.............................................................................................................Monday, February 9, 2009
Phase IV-11 Ends...............................................................................................................Friday, March 6, 2009
Phase IV-12 Begins.............................................................................................................Monday, March 9, 2009
Match Day.........................................................................................................................Thursday, March 19, 2009
Phase IV-12 Ends...............................................................................................................Friday, April 3, 2009
Phase V Begins......................................................................................................................Monday, April 6, 2009
Holiday (Good Friday) Begins....................................................................................Thursday, April 9, 2009 @ 5pm
Classes Resume..................................................................................................................Monday, April 13, 2009 @ 7am
Phase V Ends......................................................................................................................Thursday, May 14, 2009
Awards Day..............................................................................................................................Friday, May 15, 2009
Hooding Ceremony..............................................................................................................Sunday, May 17, 2009
Graduation..............................................................................................................................Monday, May 18, 2009

USMLE STEP 2 CK and Step 2 CS must be completed by Friday, September 5, 2008
Doctor of Medicine Program
Curriculum

Educational Goals

Wake Forest University School of Medicine recognizes the education of students as one of its primary missions. The fundamental goal of the school is to graduate students with the knowledge, clinical skills, and desire to excel in their chosen areas of medicine. In conjunction with appropriate societal and professional bodies, the School of Medicine endeavors to guide students to choose among various areas of interest — generalist or clinical specialty, academic practice, and basic research — to satisfy society’s needs.

The School of Medicine strives to provide its graduates with the skills to be lifelong learners. For the student, this aim requires a broad knowledge of basic clinical science and the ability to analyze and incorporate new knowledge. In addition to being a scholar, the student must possess attitudes and values that include a respect for life and a desire to serve the suffering. The School of Medicine endeavors to produce graduates with the attitude, integrity, and compassion they need to be caring health professionals.

The following seven goals make up the foundation of the undergraduate medical education program at Wake Forest School of Medicine. Program-level objectives have been identified within each of the seven educational goals. Educational activities build upon the foundation provided by these program-level goals and objectives to ensure that our graduates develop into competent, caring health professionals for individual patients and society.

1. **Self-directed Learning and Lifelong Learning Skills**

   Physicians will need to acquire knowledge and learn skills to stay current with the constant changes in medical practice. Continued dependence upon science and technology learned during medical school will be insufficient. Development of the motivation and skills to learn throughout one’s professional life is an essential part of undergraduate medical education. Prior to graduation, students will demonstrate the capacity to recognize limitations in their own knowledge and skills and a commitment to continuously improve their knowledge and ability, an understanding of the need to engage in lifelong learning to stay abreast of relevant scientific advances, and the ability to understand and apply the results of scientific research to patient care.

2. **Core Biomedical Science Education**

   The basic sciences should create a foundation for learning the pathophysiology of disease. Skill in identifying and resolving clinical problems is derived from this solid foundation in the biomedical sciences and will be acquired by all graduates. Prior to graduation, students will demonstrate knowledge of the normal structure and function of the body and of each of its major organ systems; molecular, biochemical, and cellular mechanisms that are important in maintaining the body’s homeostasis; causes (genetic, developmental, metabolic, environmental, microbiologic, autoimmune, neoplastic, degenerative, and traumatic), pathogenesis, and altered structure and function of the body and its major organ systems that are seen in common diseases and conditions; clinical, laboratory, and radiologic manifestations and treatment options (pharmacologic, physical, psychological, and nutritional) of common maladies; behavioral, social, and cultural factors associated with the origin and progression of disease; approaches to the organization, financing, and delivering of health care; and the epidemiology of common illnesses within a defined population and systematic approaches useful in reducing the incidence and prevalence of these maladies.

3. **Clinical Skills**

   Students will develop competence in motor and cognitive skills applicable to the practice of medicine and consonant with the technical standards required for admission. Prior to graduation, students will demonstrate the ability to perform both a complete and an organ-system-specific physical examination and the ability to perform routine technical procedures including, at a minimum, venipuncture and insertion of an intravenous catheter, nasogastric tube, and Foley catheter.
4. **Problem Solving/Clinical Reasoning Skills**

Students must develop skills in problem solving and clinical reasoning. Prior to graduation, students will demonstrate the ability to

- reason deductively and inductively in solving clinical problems;
- define clinical problems derived from patient encounters;
- integrate patient information with clinical and basic science knowledge;
- formulate a differential diagnosis;
- derive a therapeutic plan for addressing the defined problem;
- recognize patients with immediately life-threatening conditions and institute appropriate initial therapy;
- recognize and outline an initial course of management for patients with serious conditions requiring critical care; and
- identify factors that place individuals at risk for disease or injury, select appropriate tests for detecting patients at risk for specific disease or in an early stage of disease, and determine strategies for appropriate response.

5. **Interviewing and Communication Skills**

For the purpose of gathering information for diagnostic and therapeutic purposes, all students should develop skills in interviewing and communication. Prior to graduation, students will demonstrate the ability to obtain an accurate and complete medical history that includes issues related to age, gender, and socioeconomic status and the ability to communicate effectively, both orally and in writing, with patients, colleagues, and others with whom physicians must exchange information in carrying out their responsibilities.

6. **Information Management Skills**

Physicians will need to develop information management skills to support patient care decisions and to continue as lifelong learners. Prior to graduation, students will demonstrate

- the ability to retrieve (from electronic databases and other resources), manage, and utilize biomedical information for problem solving and decision making with respect to the care of individuals and populations, and
- the fundamental knowledge and skills to fulfill the following roles of a physician:
  - **Lifelong Learner** — knowledge of a broad range of medical information resources and their relative value, the know-how to use them, and the motivation to use them routinely;
  - **Educator/Communicator** — ability to teach in various contexts: with peers and students, with patients, and with the public at large;
  - **Researcher** — an understanding of sources of data and ability to employ methods of decision theory to formulate testable hypotheses and collect, organize, analyze, and interpret data;
  - **Clinician** — acquisition of information about the patient, making clinical decisions on the basis of available information, and documenting and relaying findings; and
  - **Manager** — understanding and managing costs, managing and working effectively in groups, and effectively managing oneself within the context of the overall healthcare system.

7. **Professional Attitudes and Behavior**

Medical knowledge and skills are insufficient to make a good physician. Therefore, students will learn the basic values and attitudes of the medical profession. Prior to graduation, students will demonstrate the following:
Aims and Objectives

The aim of the curriculum is to create self-directed learners who will continue to develop as caring physicians during graduate training and practice. This aim is accomplished by providing students with the environment and incentive to acquire knowledge, skills, and attitudes basic to all fields of medicine. The curriculum fosters a knowledge of (a) normal states of health and disorders of structure and function that result from disease, injury, or defect; (b) the manner in which physical, chemical, biological, psychological, and social factors affect health and disease; (c) skills and resources within the community that relate to the prevention or cure of disease, limitation of disability, and promotion of health; and (d) social, ethical, and historical traditions associated with medicine.

Central to the medical curriculum is the study of the human body and the structure, function, and coordination of its major systems. Lectures, conferences, and small-group tutorials are a required part of the student’s course of study.

The faculty encourages and assists the student in (a) developing a better understanding of patients and their problems; (b) establishing essential habits of continuing self-education; and (c) becoming thorough and accurate in perception, recording, and interpretation of information. The student is taught the usefulness and limitation of basic diagnostic and therapeutic skills. The student learns through personal experience with patients that the health professional can cure sometimes, relieve often, prevent frequently, and comfort always.

The curriculum, Prescription for Excellence: A Physician’s Pathway to Lifelong Learning, was developed in accordance with the following assumptions:

• A primary mission of a medical school is to educate physicians.
• The vast majority of our graduates will practice medicine.
• Medicine is a professional discipline that requires its members to possess elements of knowledge from many sources arranged and organized with a distinct practical purpose in view and to use this knowledge for the benefit of the patient.
• It is no longer feasible, nor rational, for the undergraduate medical educational program to expose the student to the whole body of medical knowledge.
• Learning is the student’s responsibility; creating the environment in which to learn is the responsibility of the school.
• The individual physician is no longer the sole healthcare resource for the patient, and emphasis must shift from encyclopedic coverage of facts to the solving of the patients’ problems.
• The delivery of medical care is a team effort.
• The varied career opportunities that exist in medicine require increased flexibility in the medical curriculum.

• 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 the end of life;
• reverence for human life, understanding that sympathy for suffering is the fundamental concern of the medical profession, and that the needs of the patient are paramount and should govern a physician’s actions;
• understanding of and respect for the roles of other healthcare professionals, and recognition of the need to collaborate with others in caring for individual patients and in promoting the health of defined populations;
• adherence to the highest standards of integrity and discretion while treating all with equal honor, respect, and compassion; and
• grace to admit mistakes and lack of knowledge and the desire to learn and improve continuously.
Doctor of Medicine Program

Curriculum

• Opportunities must be provided for the student to observe the delivery of health care in a variety of clinical settings.
• Emphasis should be given to the delivery of continuing and comprehensive health care.
• The various segments of the medical curriculum are interdependent and should contribute to the whole.

Committee on Undergraduate Medical Education

The medical curriculum is governed by the Committee on Undergraduate Medical Education (CUME). The curriculum is continually being evaluated and revised by the CUME to provide improved instruction. Each year of the curriculum is administered by an Administrative Team and a committee consisting of faculty and students. Each Administrative Team reports to the CUME, which is chaired by the associate dean for education. The CUME is charged by the dean to plan, develop, monitor, evaluate, and revise the curriculum. The committee has a voting member from each academic department or division and two voting student representatives (elected annually) from each class. Coordination of the curricular arrangement for components of the curriculum is delegated to the Curriculum Steering Group, which is made up of the Administrative Team members.

Examples of agenda items for the CUME include review and approval of courses and clerkships; review and approval of the schedules and formats of instruction; review of internal and external (U.S. Medical Licensure Examination) performance; and promulgation and review of student assessment of instruction.

Meetings of the CUME are scheduled every other month, usually at noon. All meetings are open to faculty and students. Students are encouraged to express their interest and concerns directly to the faculty involved, the course or clerkship director, or, through their class representatives, to the respective Administrative Team and the chair or members of the Committee on Undergraduate Medical Education.

The CUME chair and members for the 2008-2009 academic year are

Dr. Pat Ober, Chair
Dr. Ann Lambros, Vice Chair
Dr. Michael Beaty
Dr. Sarah Bodin
Dr. Joel Bruggen
Dr. Cynthia Burns
Dr. Randy Clinch
Dr. Scott Cramer
Dr. Jorge Figueroa
Dr. Rita Freimanis
Dr. Craig Henkel
Dr. James Johnson
Dr. Mark Knudson
Dr. Amy McMichael
Dr. Judith Messura
Dr. Michelle Naughton

Dr. Donald Peters
Dr. Thomas Pranikoff
Dr. Sean Reid
Dr. Patrick Reynolds
Dr. Paul Sagerman
Dr. Maria Sam
Dr. Peter Smith
Medical Student Reps.
Year 1

Required courses in first year are

**Core Biomedical Knowledge:**
- Human Structure and Development 12.0 credits
- Cellular and Subcellular Processes 11.0 credits
- Systems Pathophysiology 1 9.0 credits
- Being a Physician 1 3.0 credits
- Foundations of Clinical Medicine 1 6.0 credits
- Population Health/Epidemiology 3.0 credits
- Community Practice Experience 0.0 credits

**Total** 44.0 credits

The Curriculum Steering Group works cooperatively to develop the calendar of courses in the first-year curriculum. Each year the committee reviews the curriculum and recommends to the CUME a schedule and format for the next year. CUME members include the coordinators of credit courses in Year 1 and student representatives from each of the first-year and second-year medical classes.

**Year 1 Courses**

**Case Centered Learning**

Case centered learning is a distinct component of the curriculum that occurs throughout Year 1 in conjunction with each major course. Students meet twice per week in small groups of six to seven students and two faculty facilitators to promote development of self-directed learning skills and clinical reasoning skills, to strengthen the acquisition of basic and clinical science knowledge, to foster the development of professional attitude and behaviors, and to develop skills necessary to be an effective team member. The case topic serves as the anchor for the instruction each week in correlation with the material presented in the other Year 1 courses. Assessments occur through content examinations, faculty observations, and performance examinations.

**Human Structure and Development**

This 12-week course is an introduction to human structure and development and includes the topics of gross anatomy, embryology, radiographic anatomy, histology, and neuroanatomy. Basic medical terminology, morphology of the human body, and sectional anatomy are introduced in a correlated fashion with the weekly clinical case and the other topics within the course. Lectures, clinical case presentations, and laboratory sessions are utilized to promote achievement of course objectives. Examinations include written and laboratory practical examinations.

**Cellular and Subcellular Processes**

This 14-week course is an introduction to cellular and subcellular function and includes the topics of biochemistry, molecular biology, immunology, introductory pathology, and genetics. Basic medical terminology, the basic processes of the cell and its subcellular components, and introductory concepts in immunology, microbiology, pathology, and genetics are introduced in a correlated fashion with the weekly clinical case. Lectures and laboratory sessions are utilized to promote achievement of course objectives, which are assessed by written examination.

**Systems Pathophysiology 1**

This course serves as an introduction to clinical medicine, bridging previous course work with applications to clinical settings. Instruction integrates basic science content with clinical material designed around organ systems. This introductory course includes topics for neuro/psych, integument/derm, and infectious disease/microbiology. Course material is delivered through didactic lectures, labs, clinical experiences, the parallel case based course, and self-directed learning. Examinations include weekly quizzes and periodic summative examinations.
Being a Physician 1

The Being a Physician course is intended to develop the concept of medical professionalism into a clearly defined and utilitarian set of guiding principles that require active commitment and self-awareness of the individual, and which can be reliably and accurately assessed through observations of personal behaviors and attitudes. The course is designed to propagate the awareness that professionalism is the individual responsibility of each student and physician, in addition to being the group responsibility of the entire profession, to emphasize the concept that professionalism is instead a combination of attitudes and behaviors that are essential components of all actions (public and personal) from the first day of medical school. The course will utilize patient-centered medical narratives as a tool in developing the essential attributes of professionalism, and introduce and demonstrate the necessity of self-reflection and introspection as a means of developing and sustaining the elements of professionalism.

Foundations of Clinical Medicine 1

This course facilitates the development of physical examination skills as well as the interviewing skills and interpersonal skills essential for establishing effective professional relationships with patients. Students alternate on a weekly basis between the doctor-patient (interviewing and interpersonal skills) and physical examination components of the course. Interviews of hospitalized patients are employed to enhance development of students’ interpersonal and interviewing skills. Evaluation is performance based and includes a standardized patient examination.

Population Health/Epidemiology and Introduction to Evidence-Based Medicine

Because we are in an era of rapid generation of new knowledge, special skills are needed to access, critically review, and efficiently use good evidence from the medical literature in the care of patients and populations. This course extends across Year 1 and facilitates students’ understanding of medical epidemiology and provides an introduction to evidence-based medicine. Included are an understanding of basic epidemiologic principles, strengths and weaknesses of various study designs, use and interpretation of basic statistics, use and interpretation of diagnostic tests, techniques of efficient literature searching, and framing a precise patient (or population) care question in the areas of diagnosis, prognosis, harm, and therapy. The material will be presented in alternating lecture and small-group formats. Student evaluation includes small-group participation, problem sets, and computer-based examinations.

Community Practice Experience

The Community Practice Experience (CPE) extends across Years 1 and 2. Students spend four weeks with a community-based primary care practitioner; two weeks are completed during the summer session between the first and second academic years. The goals of the CPE include identification of the resources within a community that relate to health promotion, disease prevention, health maintenance, and recovery from illness or disability; development of professional attitudes and behaviors that are adaptable to different healthcare practice environments; and refinement of skills in interviewing, physical examination, and communication with patients, families, and other health professionals. Students complete a community health project and study learning issues related to patients seen with their preceptor.

Year 2

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systems Pathophysiology 2</td>
<td>15.0</td>
</tr>
<tr>
<td>Systems Pathophysiology 3</td>
<td>15.0</td>
</tr>
<tr>
<td>Being a Physician 2</td>
<td>3.0</td>
</tr>
<tr>
<td>Foundations of Clinical Medicine 2</td>
<td>6.0</td>
</tr>
<tr>
<td>Community Practice Experience</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43.0</strong></td>
</tr>
</tbody>
</table>

The Curriculum Steering Group works cooperatively to develop the calendar of courses in the second-year curriculum. Each year the committee reviews the curriculum and recommends to the CUME a schedule and format for the next year. CUME members include the coordinators of credit courses in Year 2 and student representatives from each of the first-year and second-year medical classes.
Year 2 Courses

Case Centered Learning

Case centered learning continues throughout Year 2 as a distinct component of the curriculum. The format in Year 2 includes small group activity similar to that in Year 1 and a large group session with faculty members who are experts in the area of instruction. The case corresponds to the weekly topic in the Systems Pathophysiology course described below. The emphasis remains on new content acquisition and on process skills development. Assessments occur through content examinations, faculty observations, and performance examinations.

Systems Pathophysiology 2 and 3

This course extends the introduction to clinical medicine and continues integration of basic science content with clinical material relevant to these organ systems: hematology/lymph, cardiovascular, pulmonary, digestive diseases/nutrition, renal, endocrine/reproductive medicine, musculoskeletal.

The broad course objectives are to define the basic vocabulary and principles of normal and abnormal function; identify normal and pathologic structure by gross, microscopic, and radiologic methods, as appropriate; correlate structure with normal physiology and pathology and be able to explain the mechanism of action, important side effects, and pertinent interactions of pharmacologic agents used for therapeutic intervention; identify causes, symptoms, and treatments of selected diseases of each organ system; and develop and use clinical reasoning skills and professional interactions in standardized patient cases, with the goal of applying fundamental knowledge to patient care. Course material is delivered through didactic lectures, labs, clinical experiences, and self-directed learning. Examinations include weekly quizzes and periodic summative written examinations.

Being a Physician 2

This is an extension of the Being a Physician 1 course, aimed at consolidation of the lessons of Being a Physician 1, with an additional focus on anticipating the professionalism challenges of the clinical years and developing strategies for maintaining and enhancing personal professional development.

Foundations of Clinical Medicine 2

This course is an extension of the course from Year 1, focusing on doctor-patient relations and development of history-taking, physical examination, and communication skills. Opportunities to perform complete histories and examinations on real patients and to teach clinical skills to Year 1 students occur during Year 2.

Year 3

The Year 3 curriculum consists of three 16-week blocks of clinical clerkship rotations in the major specialties, as follows:

<table>
<thead>
<tr>
<th>Core Clinical Clerkship</th>
<th>No. of Weeks</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>12 weeks</td>
<td>12.0</td>
</tr>
<tr>
<td>Surgery</td>
<td>8 weeks</td>
<td>8.0</td>
</tr>
<tr>
<td>Ob/Gyn/Women’s Health</td>
<td>6 weeks</td>
<td>6.0</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>8 weeks</td>
<td>8.0</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4 weeks</td>
<td>4.0</td>
</tr>
<tr>
<td>Neurology/Rehabilitation</td>
<td>4 weeks</td>
<td>4.0</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>4 weeks</td>
<td>4.0</td>
</tr>
<tr>
<td>Radiology</td>
<td>1 week</td>
<td>1.0</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>1 week</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>48 weeks</strong></td>
<td><strong>48.0</strong></td>
</tr>
</tbody>
</table>
Doctor of Medicine Program
Curriculum

The function of the Year 3/4 Committee is the oversight of the curriculum of third- and fourth-year students. The Year 3/4 Committee is composed of representatives from each of the departments that sponsor clerkships in the third and fourth years. Student representatives from the junior and senior classes participate in the discussions and voting of the committee.

Year 3 Courses

Year 3 is composed of three 16-week blocks; approximately one-third of the class is assigned to each block at any given time. There are also 1-week clerkships in anesthesiology and radiology.

Internal Medicine

During this 12-week clerkship, students are assigned to patient care teams and are responsible for the day-to-day care of identified patients. Student responsibilities include obtaining histories and physical examinations, generating differential diagnoses and treatment plans, assessing patients at the bedside, writing daily progress notes to demonstrate level of understanding, presenting patient information to house staff and faculty, and participating actively on rounds by responding to questions of faculty and house staff regarding disease processes and patient care issues. Students are expected to demonstrate evidence of individual reading and use of learning resources to help them fulfill these responsibilities. Differential diagnosis and presentation of clinical data are emphasized throughout the rotation.

Students learn about the scope of outpatient internal medicine through assignments in a variety of clinics, including experiences with palliative care and Hospice.

Surgery

A list of educational goals and objectives for the surgery clerkship is provided to students on the first day of the rotation. Students serve as junior members of the surgical team and are expected to prepare for surgeries they observe by reading about the case and reviewing relevant anatomy. Case conferences, ward rounds, and grand rounds are employed to help students learn about differential diagnoses, diagnosis, and treatment. Students are required to document acquisition of various motor skills/tasks, including establishment of an IV and placement of a nasogastric tube.

Obstetrics /Gynecology /Women’s Health

This 6-week experience provides students with exposure to common topics in women’s health in both the inpatient and ambulatory settings. Inpatient activities include exposure to peripartum problems, operative obstetrics, operative gynecology, and common Ob/Gyn diagnostic and therapeutic modalities. In addition, as part of the high-risk obstetrics team, students are responsible for following patients from admission to discharge, participating in all aspects of care from the initial physical examination to the formulation of a management plan. The ambulatory component focuses on issues relevant to outpatient women’s care.

Pediatrics

This 8-week experience is a blend of outpatient and inpatient clinical activities in pediatric health care. The goal of the rotation is to facilitate the development of communication skills and competency in the physical examination of infants, children, and adolescents; an understanding of the influence of family, community, and society on the child in health and disease; the enhancement of clinical problem-solving skills; and the acquisition of knowledge necessary for the diagnosis and initial management of common acute and chronic illnesses in the pediatric population. Clerkship objectives are met via participation as a member of the inpatient ward team and discussion of case vignettes in a small-group setting. The ambulatory component utilizes outpatient clinical settings to enhance students’ skills in synthesis of clinical information, interpretation of physical examination findings, generation of a differential diagnosis, selection of diagnostic tests, and development of a treatment plan.
**Psychiatry**  
This 4-week clerkship facilitates student attainment of knowledge, attitude, and skill objectives including the conduct of a psychiatric interview and the formulation of an initial differential diagnosis for common psychiatric presentations.

Students are routinely expected to evaluate patients, read about the diagnostic possibilities raised by the case, synthesize information and present the patient on rounds, pursue further diagnostic testing, participate in planned therapeutic activities, and report and record patients’ progress. While on the clerkship rotation, students are expected to read material relevant to their patients’ conditions. They are also expected to utilize standard textbooks and review materials to familiarize themselves with clerkship objectives not addressed by their clinical exposure.

**Neurology /Rehabilitation**  
This 4-week clerkship assists students in addressing the primary clerkship objectives relating to the identification of common neurologic diseases, the recognition of emergency neurologic situations, the management of common neurologic problems, and communication with patients and families of patients with motor, sensory, and cognitive deficits. The process of daily rounds and clinic (ambulatory) conferences, as well as weekly grand rounds, provides students with relevant examples of integrated clinical thinking. Students are expected to pursue independent reading on cases encountered on the wards and in clinics.

**Family Medicine**  
The 4-week family medicine clerkship focuses on care in the outpatient clinical setting. The rotation incorporates outpatient clinical experience, small-group case discussion promoting the development of higher-order thinking skills and problem-solving skills, standardized patient educators in a smoking cessation activity, and a videotaped patient interview. Clerkship objectives include comprehensive, coordinated continuous care, psychosocial aspects of patient care, and group communication and presentation skills.

**Anesthesiology**  
The primary objective of the anesthesiology experience is to expose students to the practice of clinical anesthesiology with special emphasis on the clinical application of anatomy, physiology, and pharmacology as students gain familiarity with procedural aspects of anesthesiology, including intravenous access, airway management, and regional anesthetic techniques. Students gain experience in anesthesia management of clinical cases utilizing the patient simulator.

**Radiology**  
The radiology clerkship includes large-group sessions. Topics for self-instructional modules are selected for direct relevance to curricular goals of the medical school. Core biomedical science education is reinforced by the correlations drawn between diagnostic images, development and structure of the human body, pathologic anatomy, and pathophysiology. Clinical skills are emphasized in the modules that introduce and refine image analysis and image interpretation skills. Problem-solving and clinical-reasoning skills are learned in the process of developing imaging-based diagnoses, selecting diagnostic imaging tests, and correlating the results of those tests with other clinical information at hand.

**Year 4**  
Year 4 consists of ten 4-week blocks (four required blocks, six elective blocks), 1 month of USMLE Step 2 preparation, and 1 month of vacation. Students are required to complete four 1-month clerkships (two in advanced inpatient management, one in intensive care, and one in emergency medicine). The remaining time is available for approved electives. Detailed information about available electives is provided in the Year 4 Program Guide and on line. Scheduling of Year 4 rotations begins during Year 3. Sufficient time is given for changes before the deadlines for final schedules.
**Doctor of Medicine Program**

**Curriculum**

<table>
<thead>
<tr>
<th>Course</th>
<th>No. of Weeks</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Inpatient Management (AIM)</td>
<td>8 weeks</td>
<td>8.0</td>
</tr>
<tr>
<td>(two 4-week rotations in separate disciplines)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensive Care</td>
<td>4 weeks</td>
<td>4.0</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>4 weeks</td>
<td>4.0</td>
</tr>
<tr>
<td>Electives</td>
<td>24 weeks</td>
<td>24.0</td>
</tr>
<tr>
<td>Senior Seminar</td>
<td>4 weeks</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44 weeks</strong></td>
<td><strong>41.0</strong></td>
</tr>
</tbody>
</table>

Two of the elective rotations may be done extramurally (i.e., outside the confines of the School of Medicine and its affiliates). However, these electives are limited to university-affiliated hospitals and medical school/centers and/or approved preceptors. Opportunities in foreign countries are available and, as all rotations scheduled, are subject to the approval of the associate dean for student services.

**Year 4 Courses**

**Advanced Inpatient Management Clerkships (AIMs)**

Students complete two AIM rotations, each selected from one of the following separate disciplines: surgery, psychiatry, family medicine, obstetrics and gynecology, internal medicine, neurology, and pediatrics. The primary goal of this clerkship experience is the development of students’ abilities in complete patient management. Students are actively involved in all aspects of patient care, including primary work-up, development of differential diagnoses, in-hospital patient management, and post-hospital care planning. Goals and objectives for each approved AIM are listed in the Year 4 Program Guide and online.

**Emergency Medicine**

This 4-week clerkship provides students with experience in the diagnosis and initial management of patients presenting to the emergency department. Students complete eighteen 8-hour shifts during the clerkship and participate in interactive case-study presentations with emergency medicine faculty. EMS (ambulance) experience is available on an elective basis.

**Intensive Care**

The primary objective of this clerkship is to expose students to patient care in the intensive care setting, with emphasis on patient management issues, such as differential diagnosis, rational laboratory and radiologic testing, and acute and chronic management of patients with multiple medical and surgical problems. Student participate as an integral part of the intensive care team, in the Medical Intensive Care Unit (MICU), Coronary Care Unit (CCU), Neurosurgical Intensive Care Unit (NSU), Cardiothoracic Surgery Intensive Care Unit (CTSU), Pediatric Intensive Care Unit (PICU), Neonatal Intensive Care Unit (NICU), or the Trauma Surgery Unit. Students assume supervised responsibility for patient admission, evaluation, diagnostic testing, and initiation and evaluation of therapy and are exposed to patient-care issues such as end-of-life decisions, patient disposition, and family healthcare dynamics. Students also spend time in the Patient Simulation Laboratory (PSL), where they have the opportunity to learn and practice management skills relating to acute cardiovascular, pulmonary, renal, and neurologic intensive care.

**Senior Seminar**

The Senior Seminar includes activities in the Patient Simulation Laboratory as a capstone experience for students, small-group problem-based learning, journal clubs, and a series of basic and clinical science lectures, aimed at enhancing the abilities and preparing the soon-to-graduate student for the challenges of residency and beyond.
WFUSM EXAM POLICY

- Students are not allowed to have any electronic devices in their possession during testing. Any devices brought to the exam must be turned off and given to the proctor prior to starting the exam, and can be retrieved at the completion of the exam.
- Any student wishing to take a break during an exam must log in and log out of the exam room.
- Only one student may be out of the exam room at a time.
- Breaks are limited to 10 minutes out of the exam room.
- From the time a student begins an exam until he/she completes it, the student must remain in the same building and on the same floor in which the exam is being administered (e.g., for an exam in E-24, students are restricted to the E floor of the Hanes Building for breaks).
The Grading System

The practice of medicine is a continual test of a person’s will and ability to perform at the highest level. Students are expected to develop a habit of excellence and set personal standards of achievement that will provide the highest quality of patient care and bring credit to themselves, to their profession, and to their alma mater. The school’s grading system reflects these goals.

Grading System for Years 1-4

For students matriculating in or after July 2006, a four-interval system will include the grades of fail, less than satisfactory, satisfactory, and honors. The quality points for each grade are shown in parentheses after the grade designation.

- **Honors** = (3) designates performance that is clearly outstanding.
- **Satisfactory** = (2) designates performance that is satisfactory.
- **Less than Satisfactory** = (1) designates performance that is less than satisfactory.
- **Fail** = (0) designates performance that is unsatisfactory.

For students enrolled in June 2006, a four-interval system will continue to include the grades of fail, low pass, pass, and honors. The grade “low pass” will correspond to a quality point of 1 and will designate performance that is less than satisfactory. The grade “pass” will correspond to quality points of 2 and will designate performance that is satisfactory. The grades of “fail” and “honors” will continue to designate unsatisfactory and clearly outstanding performance, respectively. Students who matriculate under the fail, low pass, pass, and honors grading system will continue under that system until they graduate.

The criteria for each grade level should be specified prior to the start of each course or clerkship. It is expected that the “Honors” designation will be achieved by no more than 15 percent of the class.

Mechanics of Handling Grades. Final grades are recorded in the Office of Student Services. The chair and members of the Student Promotions and Progress Committee (Promotions Committee) have access to all grades.

Periodic progress reports are built into the system so that students have an opportunity to receive feedback regarding strengths and weaknesses. However, if students feel uncertain about their progress in a given area, they should contact the faculty member responsible for student evaluation for that course. If that is not satisfactory, they should contact one of the deans in the Office of Student Services.

Policy for Transfer of Course Credit. No credit or exemption will be given for courses or rotations taken at other institutions or locations, unless approved in advance of the rotation by the Office of Student Services or the Office of Medical Student Admissions.

United States Medical Licensing Examination (USMLE). All students are required to take and pass Steps 1 and 2 of the United States Medical Licensing Examination prior to graduation. Second-year students are required to take the Step 1 examination following the completion of Year 2 of the curriculum. Continuation in Year 3 or participation in an approved research fellowship following Year 2 is contingent upon passing Step 1 of the USMLE. Fourth-year students must complete both parts of the Step 2 examination by the date specified in the academic calendar. Participation in graduation activities is contingent upon receipt of a passing grade on USMLE Step 1 and on both components of Step 2 prior to the end of Year 4.

The Promotions Committee will review any student who fails Step 1 or either component of Step 2. Permission to repeat the failed examination is at the discretion of that committee. Failure of Step 1 or either part of Step 2 by a student who is not in “Good Academic and Professional Standing” will be reviewed to determine whether that student should be dismissed. Students who have been dismissed from the school and who are appealing that decision will not be allowed to take either of the Step examinations unless a final favorable decision by the appropriate review process is made on their student status.

Class Standing

Actual grades received and class rank are recorded in student records maintained in the Office of Student Services. Class rank is calculated after Year 2 and again after Year 3.
Established standards of performance and behavior in each course, clerkship, and rotation of medical school as well as in the overall curriculum are essential components of a quality medical education. Promotions and progress towards graduation are based on the overall conduct of the student, passage of USMLE Steps 1 and 2, and demonstration of academic performance that meets or exceeds the standards described in the following paragraphs.

The Student Promotions and Progress Committee (SPPC)

The SPPC is a standing committee of the School of Medicine appointed by the dean. Members, representing both the basic science and clinical faculty, serve terms of varying lengths in order to provide continuity. Meetings of the committee follow the completion of each semester to review students with unsatisfactory progress, and the committee meets at least semiannually to review students with unsatisfactory progress in Years 2, 3, and 4. Meetings may also be called when necessary at other times to review the performance or conduct of individual students. During each review, advice of course coordinators, clerkship or rotation directors, or others, may be sought. The SPPC automatically reviews all students who are in “Academic or Professional Warning” or in “Academic or Professional Probation” after the student has completed the next semester of the curriculum. The SPPC also may review students whose conduct has been brought to the attention of the associate dean for student services by faculty, staff, students, or others when that conduct is not currently under review by the Honor Council or the Faculty Committee on Student Discipline. In determining whether a student has engaged in inappropriate or unprofessional conduct, the SPPC may define inappropriate or unprofessional conduct broadly to include all matters deemed by the SPPC to be relevant to the student’s eventual successful medical career. The recommendations of the SPPC are transmitted to the associate dean for student services and are recorded in the minutes of each meeting.

The SPPC will recommend that the student be placed into the category of “Good Academic and Professional Standing,” “Academic or Professional Warning,” or “Academic or Professional Probation” and may include in its recommendation any of the following options for each student:

- Promotion
- Remediation of a course, clerkship, or rotation
- Repetition of all or part of a year, clerkship, or rotation
- Completion of special requirements
- Dismissal

Prior to July 2006, classes and courses were divided by Phases and included Phases 1A, 1B, 2A, 2B, 2C, 3, 4 and Phase 5. Beginning with the Class of 2010, the academic calendar is divided into semesters and years. For purposes of comparison and to determine comparable academic evaluation intervals for students matriculating prior to and after July 2006, beginning with the Class of 2010, Year 1 includes Phases 1A, 1B, and 2A. Year 2 includes Phases 2B and 2C. Year 3 includes Phase 3, and Year 4 includes Phases 4 and 5.

**Progress in Year 1 and Promotion to Year 2:**

During Year 1, a student is expected to receive a grade of “Satisfactory” or “Honors” in each course and should demonstrate appropriate and professional conduct both in and out of the classroom. Students who fulfill these criteria should expect to progress into Year 2. A student who does NOT receive a grade of “Satisfactory” or “Honors” in each course, who demonstrates inappropriate or unprofessional conduct in or out of the classroom, or who does not complete special requirements previously imposed will be reviewed by the Student Promotions and Progress Committee (SPPC) to determine if progress in the curriculum, remediation, repetition of a course or year, completion of special requirements, or dismissal is the appropriate recommendation for the student. As grades are recorded, and no later than the end of Year 1, unless dismissal is recommended, the student will be placed into one of the following three categories:
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GOOD ACADEMIC AND PROFESSIONAL STANDING

A student will be in “Good Academic and Professional Standing” if the student has received a grade of “Satisfactory” or “Honors” in all courses, has demonstrated appropriate and professional conduct both in and out of the classroom, and has not been required to repeat or remediate a course.

ACADEMIC OR PROFESSIONAL WARNING

A student will be in “Academic or Professional Warning” during or at the end of Year 1 if any of the following occur:

- Grade of “Less than Satisfactory” in any course in Year 1
- Grade of “Fail” in any course or courses with <=6 credits
- Finding of inappropriate or unprofessional conduct by the SPPC
- Recommendation for Academic or Professional Warning by the Faculty Committee on Student Discipline or Honor Council after determination of inappropriate or unprofessional conduct either in or out of the classroom

ACADEMIC OR PROFESSIONAL PROBATION

A student will be in “Academic or Professional Probation” during or at the end of Year 1 if any of the following occur:

- Grade below “Satisfactory” in two courses with a total of >= 13 credits
- Grade below “Satisfactory” in three or more courses
- Grade of “Fail” in any course or courses with >= 7 credits
- Finding of inappropriate or unprofessional conduct by the SPPC
- Recommendation for Academic or Professional Probation by the Faculty Committee on Student Discipline or Honor Council after determination of inappropriate or unprofessional conduct either in or out of the classroom
- Repetition of Year 1 or Semester 1

Progress in Year 2 and Promotion to Year 3:

During Year 2, a student is expected to receive a grade of “Satisfactory” or “Honors” in each course and should demonstrate appropriate and professional conduct both in and out of the classroom. Students in “Good Academic and Professional Standing” who fulfill these criteria should expect to sit for USMLE Step 1, and upon successful passage at their first attempt, progress into Year 3. A student who does NOT receive a grade of “Satisfactory” or “Honors” in each course, who does not pass USMLE Step 1, who demonstrates inappropriate or unprofessional conduct either in or out of the classroom, or who does not complete special requirements previously imposed will be reviewed by the SPPC to determine if progress in the curriculum, remediation, repetition of a course or year, completion of special requirements, or dismissal is the appropriate recommendation for the student. As grades are recorded during Year 2, the student will be placed into one of the following three categories:

GOOD ACADEMIC AND PROFESSIONAL STANDING

A student will be in “Good Academic and Professional Standing” if the student has received a grade of “Satisfactory” or “Honors” in all courses in Years 1 and 2, has demonstrated appropriate and professional conduct both in and out of the classroom, and passes USMLE Step 1 on the first attempt. After review by the SPPC, a student who was in “Academic or Professional Warning” at the beginning of Year 2 may also be placed in “Good Academic and Professional Standing” if the student receives a grade of “Satisfactory” or “Honors” in all courses that begin during the subsequent 12 months after being placed in “Academic or Professional Warning,” passes USMLE Step 1 on the first attempt, and demonstrates appropriate and professional conduct both in and out of the classroom.
ACADEMIC OR PROFESSIONAL WARNING
A student will be in “Academic or Professional Warning” if any of the following occur:

- Grade of “Less than Satisfactory” in any course in Year 2
- Grade of “Fail” in any course or courses in Years 1 and 2 with a total of <= 6 credits
- Finding of inappropriate or unprofessional conduct by the SPPC
- Failure of USMLE Step 1 on the first attempt
- Recommendation for “Academic or Professional Warning” by the Faculty Committee on Student Discipline or Honors Council after determination of inappropriate or unprofessional conduct either in or out of the classroom

ACADEMIC OR PROFESSIONAL PROBATION
A student will be in “Academic or Professional Probation” if any of the following occur:

- Grade below “Satisfactory” in two courses in Years 1 and 2 with a total of >= 13 credits
- Grade below “Satisfactory” in three or more courses in Years 1 and 2
- Grade of “Fail” in any course or courses with >= 7 credits in Years 1 and 2
- Finding of inappropriate or unprofessional conduct by the SPPC
- Failure of USMLE Step 1 while the student is in “Academic or Professional Warning”
- Failure of USMLE Step 1 on a second attempt
- Recommendation for “Academic or Professional Probation” by the Faculty Committee on Student Discipline or Honor Council after determination of inappropriate or unprofessional conduct either in or out of the classroom

Progress in Year 3 and Promotion to Year 4:
A student should receive a grade of “Satisfactory” or “Honors” in each clerkship during Year 3, and should demonstrate appropriate and professional conduct at all times. Students in “Good Academic and Professional Standing” who fulfill these criteria should expect to sit for the USMLE Step 2 Clinical Knowledge and USMLE Step 2 Clinical Skills examinations after completion of Year 3 and, upon successful passage at their first attempt of each exam, continue progress in Year 4. A student who does NOT receive a grade of “Satisfactory” or “Honors” in each clerkship, who demonstrates inappropriate or unprofessional conduct either in or out of the classroom, or who does not complete special requirements previously imposed will be reviewed by the SPPC to determine if progress in the curriculum, remediation, repetition of a course, year, or clerkship, completion of special requirements, or dismissal is the appropriate recommendation for the student. During and after completion of Year 3, the student will be placed into one of the following three categories:

GOOD ACADEMIC AND PROFESSIONAL STANDING
A student will be in “Good Academic and Professional Standing” if the student has received a grade of “Satisfactory” or “Honors” in all courses during Years 1 and 2, has demonstrated appropriate and professional conduct at all times, has passed USMLE Step 1 on the first attempt, has received a grade of “Satisfactory” or “Honors” in all Year 3 clerkships, and has not been required to repeat or remediate a course, year, or clerkship. After review by the SPPC, a student who was in “Academic or Professional Warning” at the end of Year 1 or 2 may also be placed in “Good Academic and Professional Standing” if the student receives a grade of “Satisfactory” or “Honors” in all courses that begin during the subsequent 12 months after being placed in “Academic or Professional Warning,” passes the USMLE Step 1 on the first attempt, and demonstrates appropriate and professional conduct both in and out of the classroom.

ACADEMIC OR PROFESSIONAL WARNING
A student will be in “Academic or Professional Warning” if any of the following occur:
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• Grade of “Less than Satisfactory” in any clerkship during Year 3
• Finding of inappropriate or unprofessional conduct by the SPPC
• Recommendation for Academic or Professional Warning by the Faculty Committee on Student Discipline or Honor Council after determination of inappropriate or unprofessional conduct either in or out of the classroom or during clerkship activities

Academic or Professional Probation

A student will be in “Academic or Professional Probation” if any of the following occur:
• Grade below “Satisfactory” in two or more clerkships
• Grade of “Fail” in any clerkship during Year 3
• Grade of “Less than Satisfactory” in any clerkship during Year 3 while in “Academic or Professional Warning”
• Finding of inappropriate or unprofessional conduct by the SPPC
• Recommendation for Academic or Professional Probation by the Faculty Committee on Student Discipline or Honor Council after determination of inappropriate or unprofessional conduct either in or out of the classroom or during clerkship activities

Progress in Year 4 and Graduation Requirements:

A student should receive a grade of “Satisfactory” or “Honors” in each rotation of Year 4, and should demonstrate appropriate and professional conduct at all times. Students in “Good Academic and Professional Standing” who fulfill these criteria and who have passed both portions of USMLE Step 2 on the first attempt have met this component of the requirements for graduation and should expect to progress towards graduation. A student who does NOT receive a grade of “Satisfactory” or “Honors” in each rotation of Year 4, who does not pass each portion of USMLE Step 2 on the first attempt, who demonstrates inappropriate or unprofessional conduct either in or out of the classroom, or who does not complete special requirements previously imposed will be reviewed by the SPPC to determine if progress in the curriculum, remediation, repetition of a course, year, clerkship, or rotation, completion of special requirements, or dismissal is the appropriate recommendation for the student. During Year 4, the student will be placed into one of the following three categories:

Good Academic and Professional Standing

A student will be in “Good Academic and Professional Standing” if the student has received a grade of “Satisfactory” or “Honors” in all courses during Years 1, 2, and 3, has demonstrated appropriate and professional conduct at all times, has passed USMLE Step 1 and both portions of USMLE Step 2 on the first attempt, has received a grade of “Satisfactory” or “Honors” in all clerkships during Year 3 and all rotations during Year 4, and has not been required to repeat or remediate a course, year, clerkship, or rotation. After review by the SPPC, a student who was in “Academic or Professional Warning” at the end of Year 1, 2, or 3 may also be placed in “Good Academic and Professional Standing” if the student receives a grade of “Satisfactory” or “Honors” in all courses, clerkships, or rotations that begin during the subsequent 12 months after being placed on “Academic or Professional Warning,” passes USMLE Step 1 and both parts of USMLE Step 2 on the first attempt, and demonstrates appropriate and professional conduct both in and out of the classroom.

Academic or Professional Warning

A student will be in “Academic or Professional Warning” if any of the following occur:
• Grade of “Less than Satisfactory” in any rotation during Year 4
• Failure of either part of USMLE Step 2
• Finding of inappropriate or unprofessional conduct by the SPPC
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- Recommendation for Academic or Professional Warning by the Faculty Committee on Student Discipline or Honor Council after determination of inappropriate or unprofessional conduct either in or out of the classroom or during academic rotations

ACADEMIC OR PROFESSIONAL PROBATION

A student will be in “Academic or Professional Probation” if any of the following occur:

- Grade of “Less than Satisfactory” in two or more rotations during Year 4
- Grade of “Fail” in any rotation during Year 4
- Finding of inappropriate or unprofessional conduct by the SPPC
- Failure of USMLE Step 1 and either part of USMLE Step 2, either part of USMLE Step 2 twice, or both parts of USMLE Step 2
- Grade of “Less than Satisfactory” in any rotation in Year 4 or failure of either part of USMLE Step 2 while in “Academic or Professional Warning”
- Recommendation for Academic or Professional Probation by the Faculty Committee on Student Discipline or Honor Council after determination of inappropriate or unprofessional conduct either in or out of the classroom or during academic rotations

Senior Seminar:

A student is expected to receive a grade of “Satisfactory” or “Honors” in all components of the Senior Seminar, and is expected to demonstrate appropriate and professional conduct at all times. A student who does not receive a grade of “Satisfactory” or “Honors” in all components of the Senior Seminar, who demonstrates inappropriate or unprofessional conduct either in or out of the classroom, or who does not complete special requirements previously imposed will be reviewed by the SPPC to determine if progress, remediation, repetition of the Senior Seminar, completion of special requirements, or dismissal is the most appropriate recommendation for the student. After a review by the SPCC, a student who was in “Academic or Professional Warning” at the beginning of the Senior Seminar may also be placed in “Good Academic and Professional Standing” if the student receives a grade of “Satisfactory” or “Honors” in the Senior Seminar and demonstrates appropriate and professional conduct both in and out of the classroom.

Graduation requirements:

Requirements for graduation include a grade of “Satisfactory” or “Honors” for the Senior Seminar, satisfactory completion of all required components of the curriculum in Years 1-4, including any special requirements, receipt of passing scores for USMLE Step 1 and both parts of USMLE Step 2 prior to the end of Year 4, and satisfactory demonstration of appropriate and professional conduct to the SPPC. Unless a student is in a joint degree program, all graduation requirements should be met within 72 months of matriculation.

Specific prescribed guidelines:

The SPPC must follow the guidelines set forth below for each student:

- All failures in courses or clerkships must be repeated or remediated by whatever means the SPPC recommends after consultation with the course, clerkship, or rotation director. The repetition or remediation must be completed within the time limits defined by the SPPC. A student must earn a grade of “Satisfactory” or higher in the repetition or remediation; however, the grade “Less than Satisfactory” will be recorded on the student’s transcript.
- A student may be allowed to repeat or remediate a specific course, year, clerkship, or rotation only once.
- A student in “Academic or Professional Probation” remains so throughout all subsequent years.
GRADING AND PROMOTION

- A student in “Academic or Professional Warning” or “Academic or Professional Probation” at the end of an academic year will not be allowed to progress without approval of the SPPC.
- A student who is already in “Academic or Professional Probation” and who receives one grade that is less than “Satisfactory” in a subsequent component of the curriculum, including USMLE Steps 1 and 2, or who demonstrates inappropriate or unprofessional conduct either in or out of the classroom, will be reviewed by the SPPC to determine if repetition, remediation of that portion of the curriculum, completion of special requirements, or dismissal from medical school is the most appropriate recommendation for the student.
- A student who is already in “Academic or Professional Probation” and who receives two grades that are less than “Satisfactory” in a subsequent component of the curriculum, including USMLE Steps 1 and 2, will be reviewed by the SPPC and will be dismissed from the medical school.
- The opportunity to repeat USMLE Step 1 or either component of USMLE Step 2 is at the discretion of the SPPC and is not automatically granted. If given an opportunity to repeat either exam, students will NOT be given more than 3 attempts to pass USMLE Step 1 or either part of USMLE Step 2 under any circumstances, and all attempts must take place within a 12-month time frame.
- A student not in a joint degree program who does not complete all graduation requirements within 72 months of matriculation will be reviewed by the SPPC and will be dismissed from the medical school.

Exceptions to the preceding guidelines can be made by the SPPC for a student with unique extenuating circumstances. Such exceptions will be rare. The justification for all such exceptions must be detailed in a letter submitted by the SPPC to the dean under the title of “A Request for an Exception to Student Promotions Guidelines.”

ACADEMIC APPEAL GUIDELINES

The policy for academic appeals is applicable to appeals initiated after July 31, 2006. The policy may be periodically revised upon approval of the dean of the School of Medicine, or the dean’s designee.

Student Appeal of Course or Clerkship Grade. Students shall be evaluated on a continuous basis in both cognitive and noncognitive performance by the course or clerkship director, and a grade will be assigned and distributed to the student. A student may appeal the assignment of a course or clerkship grade to the associate dean for education, whose decision is final regarding the grade appeal. An appeal to the associate dean for education must be in writing and must contain an explanation of the basis for the appeal and a complete review of the circumstances. The appeal must be preceded by a meeting with the course or clerkship director. The student has up to 30 days after receipt of the grade to meet with the course or clerkship director to clarify or challenge the grade. If the student wishes to file an appeal concerning the grade, the appeal must be filed with the office of the associate dean for education within 10 working days after meeting with the course or clerkship director. At the end of a phase or semester, unsatisfactory academic performance will be called to the student’s attention by a written memorandum from the Office of Student Services. This notification will specify the deficiencies in the student’s performance and will give the student the opportunity to prepare an explanation of the deficiencies for the Student Promotions and Progress Committee.

Student Promotions and Progress Committee. This standing committee and its chair will periodically review the total performance and progress of all students and may recommend to the associate dean for student services, or the associate dean’s designee, either promotion, repetition, remediation, special requirements, or dismissal. The student may be invited to speak on his or her own behalf.

Repetition, Remediation, and Special Requirements. If repetition, remediation, or special requirements are recommended, the student may be invited to address the committee. The recommendations of the Promotions and Progress Committee will be sent to the associate dean for student services for review,
and a written decision will be conveyed to the student. The student may accept this decision or appeal it to the associate dean for education, whose decision is final regarding the recommendations. An appeal to the associate dean for education must be in writing and must contain an explanation of the basis for the appeal and a complete review of the circumstances. If no written appeal is filed with the office of the associate dean for education within ten (10) working days of the delivery of the decision, the decision of the associate dean for student services becomes final.

**Dismissal.** If dismissal is under consideration, the student will be invited to address the committee. The recommendations of the Promotions and Progress Committee will be sent to the Office of Student Services for review. The Office of Student Services will convey a written decision to the student.

The student may accept this decision of dismissal or may appeal it to the associate dean for education. If no written appeal is filed with the office of the associate dean for education within ten (10) working days of the delivery of the decision, the decision of the Student Promotions and Progress Committee becomes final. An appeal to the associate dean for education must be in writing and must contain an explanation of the basis for the appeal and a complete review of the circumstances. The associate dean for education will then convene the Academic Appeals Committee to review the appeal.

**Academic Appeals Committee.** The Academic Appeals Committee is a standing faculty committee consisting of nine members, at least three of whom are from the Faculty Executive Council. The members represent clinical and basic science departments and are appointed by the dean, or the dean’s designee, for a maximum term of three years, renewable once. Five members will constitute a quorum. The committee will choose its own chair, and a majority will rule.

The associate dean for education will convene the Academic Appeals Committee to review the appeal. After a review of the student’s written appeal, the committee will decide that

1. the appeal has sufficient merit to warrant hearing the appeal, or
2. the appeal lacks merit and will not be heard.

If the Academic Appeals Committee determines that the appeal lacks sufficient merit to be heard, the appeal will be denied, and the determination will be forwarded to the associate dean for education for review. The office of the associate dean for education will notify the student in writing within ten (10) working days of the determination that the appeal has been denied, and the decision of the Student Promotions and Progress Committee to dismiss will stand. The student may accept this decision or may appeal it to the Office of the Dean.

If the Academic Appeals Committee decides to hear the appeal, the chair will ask a representative of the Student Promotions and Progress Committee to explain the rationale for its recommendation. At the discretion of the committee, the student may be invited to speak on his or her own behalf. If the student is invited to speak, the associate dean for education will notify the student in writing of the decision of the committee to hear the appeal, the nature of the deficiencies, the time and place of the meeting, and that the meeting will not be open to the public. This written notice will be delivered in no less than ten (10) working days before the appeal is to be heard. With permission of the chair, the student may present letters of support and address the committee. The recommendation of the committee will be forwarded to the associate dean for education for review. The office of the associate dean for education will then notify the student in writing of the decision within ten (10) working days of the meeting. With the exception of a decision to dismiss a student, the decision of the Academic Appeals Committee shall be final and binding without further appeal.

**The Dean.** With respect to a decision by the Academic Appeals Committee to deny the appeal or a decision by the Academic Appeals Committee to uphold the dismissal of the student from the School of Medicine, the student will have ten (10) working days from the delivery of the written decision to file a written appeal with the Office of the Dean. The dean, or the dean’s designee, will judge the appeal and notify the student of the decision in writing. The decision of the dean, or the dean’s designee, will be final and binding upon the student.
At each appropriate level of appeal, as defined above, the previous decision may be upheld, rejected, or modified with remediation or special requirements prescribed. The chair of the Student Promotions and Progress Committee will be apprised of the final decision in each case.

Courts in the United States have a strong tradition of according substantial deference to an institution’s professional academic judgment in the area of assessing academic performance. Consequently, legal counsel will not be present at any of the above committee meetings.

All written communication with and notifications to students will be delivered to the student’s Medical Center mailbox.
Policy on Student Behavior and Conduct

The Honor System

(This is an abbreviated version of the Code of Honor and Professional Conduct. A complete version is available on the medical school website or in the Office of Student Services. Hereinafter, “Code” refers to the Code of Honor and Professional Conduct.)

I. Philosophy of Honor System

We at the Wake Forest University School of Medicine are dedicated to the proposition that medicine is an honorable profession. Those endeavoring to practice medicine are motivated by a desire to help heal the sick and infirm, comfort the dying and their loved ones, and remain accountable and responsible for all of their actions. Inherent in the practice of medicine are the virtues of honesty and trustworthiness. As medical students, we believe that honesty and trustworthiness should be qualities sought and fostered by those learning medicine as well as those practicing medicine.

Our stated responsibility as medical students to uphold said virtues also makes it incumbent upon us to implement an Honor System for the Wake Forest University School of Medicine. The primary purpose is to establish our commitment to the principles of honesty, trustworthiness, and responsibility; to establish a system to reinforce the practice of these virtues; and to provide a means to investigate, and if necessary pass judgment, on alleged infractions. The implementation of this System constitutes a statement by the student body of our desire to uphold the virtues of honesty and truth and assume the responsibility for remaining faithful to these virtues.

The Code of Honor and Professional Conduct is a brief statement concerning appropriate and inappropriate behavior of medical students and the Honor System describes the processes for adjudicating breaches of the Code, and will apply only to breaches of the Code. Conduct which tends to bring discredit upon the School of Medicine, the student, or the profession may be evaluated by the Faculty Committee on Student Discipline, and inappropriate or unprofessional conduct relevant to the student’s eventual successful medical career may be reviewed by the SPPC.

II. Overview of Honor System

A. As medical students, we will demonstrate behavior which is considered appropriate for a career in medicine. Appropriate behavior includes, but is not limited to, honesty, trustworthiness, professional demeanor, respect for the rights of others, personal accountability, and concern for the welfare of patients. In these areas, we, as medical students, will endeavor to

1. Honesty
   a. Be truthful in communication with others.
   b. Refrain from cheating, plagiarism, or misrepresentation in the fulfillment of academic requirements.

2. Trustworthiness
   a. Maintain the confidentiality of patient information.
   b. Admit errors and not intentionally mislead others or promote ourselves at the patient’s expense.

3. Professional demeanor
   a. Be thoughtful and professional when interacting with patients and their families.
   b. Strive to maintain our composure under pressures of fatigue, professional stress, or personal problems.
   c. Avoid offensive language, gestures, or inappropriate remarks with sexual overtones.
   d. Maintain a neat and clean appearance, and dress in attire that is reasonable and accepted as professional to the patient population served.
4. Respect for the rights of others
   a. Create an atmosphere which encourages learning, characterized by cooperation and
      relationships to the patient population served.
   b. Deal with professional, staff, and peer members of the health team in a considerate
      manner and with a spirit of cooperation.
   c. Act with an egalitarian spirit toward all persons encountered in a professional capacity,
      regardless of race, religion, gender, sexual preference, or socioeconomic status.
   d. Respect the right of patients and their families to be informed and share in patient care
      decisions.
   e. Respect patients’ modesty and privacy.

5. Personal accountability
   a. Participate responsibly in patient care to the best of our ability and with appropriate
      supervision.
   b. Responsibly complete any clinical duties that we have undertaken.
   c. Notify the responsible person if something interferes with our ability to perform clinical
      tasks effectively.

6. Concern for the welfare of patients
   a. Treat patients and their families with respect and dignity both in their presence and in
      discussions with others.
   b. Consider what is hurtful or helpful to patients and use that as a guide for participating
      in patients’ medical care.
   c. Discern accurately when supervision or advice is needed and seek these out before
      acting.
   d. Recognize when our ability to function effectively is compromised, and ask for relief or
      help.
   e. Not use alcohol or drugs in a way that could compromise patient care or our own
      performance.
   f. Not engage in romantic, sexual, or other nonprofessional relationships with a patient,
      even upon the apparent request of a patient.

B. As medical students, we will refrain from dishonorable actions, which shall include the following:
   1. Cheating, including, but not limited to, copying the answers of another student on an
      examination, unauthorized use of previous editions of examinations, reproducing information
      on an examination for other students who have not taken the examination, or any other use
      of unauthorized information or assistance on an examination or assignment.
   2. Plagiarism, including, but not limited to, dishonest representation of another’s work as
      one’s own.
   3. Lying about academic affairs.
   4. Falsifying or deceitfully representing information regarding clinical work or patient care,
      including, but not limited to, reporting or documenting false lab values or other unverified
      patient information.
   5. Other actions which demonstrate disregard for the Code.

III. Procedures for Reporting and Adjudication
   A. Violations of Code of Honor and Professional Conduct
   1. When a member of the Wake Forest University School of Medicine community has reason
      to believe that a medical student has violated the Code, he or she should discuss the
      complaint with an Honor Council member. The Honor Council member will advise the ac-
      cuser of the disciplinary procedures which will occur and will emphasize confidentiality of
      all information pertaining to this matter.
2. To then bring a formal charge before the Honor Council, the accuser should report the complaint in writing to the chair of the Honor Council. At this time, he or she must disclose his or her name, the name of the student in question, and the suspected violation of the Code.

3. Subsequent to a formal charge, procedures as outlined in the full text of the Honor Code available on the medical school website or in the Office of Student Services will be followed.

4. Upon a non-guilty verdict by the Honor Council, the charges against the accused shall be dropped without further review at any level.

5. Upon a guilty verdict by the Honor Council, a formal written report shall be made to the associate dean for student services. Additionally, the case is then forwarded to the Faculty Committee on Student Discipline for review and recommendations regarding disciplinary action. The associate dean for education will convene the committee and will communicate with the student.

B. Other violations of appropriate student conduct

Conduct which tends to bring discredit upon the School of Medicine, the student, or the profession, whether committed on campus or off campus, shall constitute a violation of appropriate student conduct. It is the responsibility of the student to immediately notify the associate dean for student services if accused of a felony or misdemeanor. Conviction of a felony may be grounds for dismissal. A student found to be in violation of this standard may be subject to disciplinary action up to and including suspension or dismissal.

1. Alleged violations of appropriate student conduct should be reported in writing to the associate dean for student services, who may refer them instead to the Honor Council for adjudication as appropriate.

2. Allegations of student misconduct not referred to the Honor Council and supported by reasonable evidence will be referred by the associate dean for student services to the Faculty Committee on Student Discipline. The associate dean for education will convene the committee and will communicate with the student as noted below.

3. In all cases, the party or parties naming a student or students suspected of any infraction shall give permission for the use of his, her, or their names, and such names shall be given to the student as hereinafter provided.

4. The student shall be notified in writing, not less than 10 working days before the matter is to be heard, of
   a. The nature of the alleged offense,
   b. The names or names of the accuser(s),
   c. The time and place of the hearing,
   d. The right of the student to have legal counsel present at the hearing, and
   e. The right of the student to be heard, write, or present witnesses and to cross-examine accusers or witnesses who may testify against him/her.

Communication from counsel should be through the student or the chair of the Faculty Committee on Student Discipline. All written communication with and notification to students will be delivered to the student’s Medical Center mailbox. The student shall be advised that the hearing will not be open to the public.

5. The Faculty Committee on Student Discipline (also referred to as “the Committee”) shall be an ad hoc body composed of seven senior members of the faculty (including two alternate members) appointed by the dean of the medical school. The dean shall appoint the chair of the Faculty Committee on Student Discipline, and this position shall be a standing appointment for a term of three years. The associate dean for student services shall be an ex-officio member. The Committee shall name a secretary from its members who shall record minutes
POLICIES AND PROCEDURES

6. For sanctions less than suspension and dismissal, the decision of the associate dean for education will be final and not subject to appeal. For sanctions involving either suspension or dismissal, the student shall have 10 working days following notification to appeal to the dean, or the dean’s designee. The decision of the dean, or the dean’s designee, shall be final. The dean, or the dean’s designee, shall communicate the decision to the student no later than 10 working days following the receipt of the appeal. The associate dean for education will also be advised as to the disposition of the matter and will so advise the Committee.

Antiharassment Policy

Purpose

This policy explains The School’s position and responsibilities with regard to harassment.

Policy

The School is committed to maintaining an educational and working environment free of discrimination. Discrimination or harassment of any employee or student based on sex, race, color, religion, national origin, sexual orientation, age, or disability will not be tolerated. Individuals found to be in violation of this policy will be subject to disciplinary action which may include written warning, demotion, transfer, suspension, expulsion, or dismissal. Individuals who, in good faith, report harassment or present evidence in a harassment investigation are protected from retaliatory personnel or academic action. Acts of retaliation are a violation of this policy and are prohibited by law, even if a claim of discrimination later proves unfounded.

Sexual/Gender Harassment

Sexual and gender harassment are forms of sex discrimination. They are illegal under state and federal law and a violation of school policy.

For purposes of this policy, sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature (whether between members of the same or opposite genders) when

• submission to the conduct is made either directly or indirectly a term or condition of an individual’s employment or academic success,
• submission to or rejection of the conduct by an individual is used as a basis for employment or academic decisions affecting the individual, or
• the conduct has the purpose or effect of interfering with an individual’s work or academic performance or creating an intimidating, hostile, or offensive work or academic environment.

Examples of acts that may constitute sexual harassment include unwelcome sexual flirtations, advances, propositions, sexually explicit statements, questions, or jokes, offensive e-mails, displays of sexually explicit printed or visual material, or electronic pornography, physical contact or touching or other conduct of a sexual nature that is unwelcome and makes a reasonable person feel uncomfortable.
In addition, harassment based on an individual’s gender that would make a reasonable person experiencing such harassment uncomfortable in the work or academic environment or that interferes with an individual’s work or academic performance also constitutes unlawful discrimination. Examples of acts that may constitute gender harassment include verbal, graphic, or physical conduct that threatens, ridicules, or demeans an individual because of gender.

Other Harassment in the Work or Academic Environment

Harassment on the basis of race, color, religion, or national origin is a form of unlawful discrimination and is prohibited under Title VII of the Civil Rights Act of 1964. When harassment based on race, color, religion, or national origin has the “purpose or effect of substantially interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment,” it rises to the level of unlawful discrimination. In addition, these principles apply to harassment on the basis of age and disability under the Age Discrimination in Employment Act and the Americans with Disabilities Act, respectively. Finally, this policy also applies to harassment on the basis of sexual orientation.

Examples of conduct that may rise to the level of discrimination include jokes that refer to race, color, religion, national origin, sexual orientation, or disability or that portray age in a negative light; the posting or distribution of cartoons, drawings, or any other material that adversely reflects on a person’s race, religion, national origin, disability, or age; the use of “slurs” or other offensive language; practical jokes, horseplay, or teasing that tends to demean or ridicule a person’s race, religion, national origin, or disability or that reflects negatively on a person’s age.

Policy

Any staff member who believes that he or she has been harassed or has observed or been subject to a violation of this policy should promptly bring the matter to the attention of a supervisor, the vice president for human resources, or the director of employee relations. Faculty members should report harassment to their chairs, the associate dean for faculty services, or the dean of the school; students should report harassment to the associate dean for student services or the dean of the school. Any member of management who receives a complaint or observes conduct that may constitute a violation of this harassment policy is obligated to notify the vice president for human resources or the director of employee relations or, if students are involved, their faculty advisor, the associate dean for student services, or the dean of the school.

Complaints of harassment will be treated seriously and will be promptly investigated with reasonable steps being taken to protect the confidentiality of all parties. Information regarding the complaint procedure and supervisory responsibilities may be obtained from the office of the director of employee relations, who is available to provide guidance and assistance in the proper handling of any allegation.

In determining whether conduct constitutes a violation of this harassment policy, those entrusted with carrying out this policy will look at the record as a whole and at the totality of the circumstances, such as the nature of the offensive conduct and the context in which the alleged incidents occurred. The determination of the suitability of a particular action will be made from the facts, on a case-by-case basis. Following an objective evaluation of the information gathered, the parties will be notified of the outcome of the investigation. Employees and students utilizing this process will be protected from retaliation.

This policy is intended as a guideline to assist in the consistent application of school policies and programs. The policy does not create an express or implied contract, and the School may modify this policy as it deems necessary.

Equal Opportunity Policy

Wake Forest University School of Medicine is committed to administer all educational and employment activities without discrimination because of race, color, religion, national origin, age, sex, sexual orientation, handicapped status, disability, or veteran status as required by law. It is committed to abide by all local, state, and federal laws, executive orders, and regulations. The School of Medicine endeavors to provide facilities that are in compliance with all laws and regulations regarding access for disabled individuals. Additionally, special services are available to reasonably accommodate disabled students.
Doctor of Medicine Program
Policies and Procedures

The University has adopted a procedure for the purpose of resolving any type of discrimination complaint. Students should direct inquiries or concerns about this policy to the associate dean for student services, Wake Forest University School of Medicine. Employees should direct inquiries or concerns to the director of employee relations, Wake Forest University Health Sciences.

Exam Policy
See page 28.

Matriculation Policy

The official event for matriculation for the new medical student(s) will be when the Associate Dean for Student Admission, or a designated representative, states to the student(s), “You are now officially matriculated at the Wake Forest University School of Medicine.” This statement will usually be made at the first day of Orientation.

Policy on International Matriculants

Matriculants and students enrolled in the Wake Forest University School of Medicine who are not citizens of the United States must maintain a current legal status with the U.S. Immigration and Naturalization Service as a prerequisite for continued enrollment. The international student must provide documentation supporting a legal status annually to the Office of Student Services/Diversity and Development Initiatives. Although the School of Medicine will assist students with visa status, it is the responsibility of the student to maintain a current status. Students may request a leave of absence for up to one year to obtain a legal status. Only one such leave will be permitted during the student’s enrollment. Assistance can be obtained through the registrar’s office in student services.

Medical School Policy Governing Required Student Attendance for 1 and Year 2
(Established July 2007; revised May 2008)

This document summarizes the policy standards for required student attendance at specific curriculum events. The document is divided into three sections:

I. Policy goals and rationale for required attendance at selected events
II. Policy for communicating clear expectations and monitoring attendance compliance
III. Policy governing consequences when students are tardy or absent without leave

I. Policy Goals

The medical curriculum of Wake Forest University School of Medicine (WFUSM) includes components of individual self-directed learning, plenary class sessions, shared small group and clinical activities. Student attendance can be required for some, but not all, curriculum events. Medical student attendance can be required as a prerequisite for learning, as a contractual obligation to faculty, staff, peers, and patients as well as a shared expectation of professional conduct. It is important to communicate clear expectations as to when student attendance is required for scheduled events and the consequences of noncompliant behaviors when students are tardy or absent without leave.

II. Expectations and Compliance

Scheduling curriculum events with attendance required (AR) is the responsibility of the specific course, topic, or clerkship director in conjunction with the appropriate curriculum administrators. The medical curriculum requires students to learn both individually and in groups. The specific curriculum events with attendance required should be identified as “AR” because they may include one or more of the following selection criteria:

A Attendance is required for a medical school class during orientation discussions communicating expectations and standards for a component of the curriculum (i.e., standards for a course, topic, community practice experience, or clerkship component).
B. Attendance is required for student group activities and shared tasks distributed among students (i.e. CCL groups, DPR groups, basic science lab sessions, etc.).

C. Attendance is required to acquire essential knowledge or skills that enable students to further participate in subsequent curriculum events. In this case, the learning objectives of the event require student participation in a classroom or laboratory environment (e.g., large group discussions, CPR training, simulation patient sessions, clinical presentations, procedure workshops, labs).

D. Attendance is required for scheduled clinical or clerkship activities.

E. Attendance is required for student assessment or evaluations.

Specific calendar events that require student attendance will be clearly communicated to students by the appropriate curriculum director or administrator. Whenever possible, written communication will be provided so that the event is clearly coded with the abbreviation AR on the academic calendar. Attendance at the event will be monitored by one of two methods. Where possible, individual student attendance at plenary class functions will be recorded and time stamped using student identification badges and an automated scanner employed by the Office of Medical Education. Students that are late (for any period of time) at the onset of the scheduled activity will be identified as tardy. Any student that fails to attend a required event will be identified as absent (without prior leave or without an excused absence from the appropriate course director or administrator). Any student lacking an identification badge will also be identified as absent. Alternatively, student attendance at some scheduled curriculum events may be monitored directly by the appropriate faculty and staff administering the scheduled event. This may occur when the scheduled event does not include the entire class or because it may be otherwise infeasible to simultaneously scan students at multiple locations or at multiple times (e.g., CCL small groups, labs, SPA evaluations, clinics).

III. Consequences of Noncompliance

Failure to comply with this policy governing required attendance will impact the ongoing assessment of student professionalism and may also, in some circumstances, adversely affect academic performance. Infractions are cumulative throughout a given academic year. While the number of infractions will reset at the beginning of each academic year, a student’s record of noncompliance will be archived and this history may factor into decisions regarding unexcused absences and requests for excused absences during subsequent years.

Assessment of Student Professionalism

Student noncompliance with this policy will result in the following action(s):

1st Infraction: An automatic e-mail will be sent to the student, warning that his or her first infraction has been documented. In circumstances where student attendance is monitored by faculty or staff, e-mail notification will occur after the incident report of noncompliance has been filed.

2nd Infraction: An e-mail will be sent to the student coupled with a requirement that the student review this attendance policy and send a return e-mail to document that he or she has done so.

3rd Infraction: The student will be required to meet with a Student Services dean and, if necessary, the appropriate course director or administrative team member(s). In this meeting a final attempt will be made to address issues leading to persistent tardiness or absences.

4th Infraction: The student will be referred to the Student Progress and Promotions Committee (SPPC) for further evaluation of compliance with standards of professionalism. In some circumstances, student attendance may be a factor of student academic performance in a clerkship or a course. In these specific situations, failure to comply with this policy may also adversely affect student academic performance. The SPPC will evaluate the professional and academic performance of the student in the context of prior history. The Committee will then place the student in one of four categories according to the institutional policies governing standards for academic progress and promotion.
Policies and Procedures
Doctor of Medicine Program

1. GOOD ACADEMIC AND PROFESSIONAL STANDING
2. ACADEMIC OR PROFESSIONAL WARNING
3. ACADEMIC OR PROFESSIONAL PROBATION
4. RECOMMENDED DISMISSAL

IV. Approval of Excused Absences

A. Approval of excused absences is at the ultimate discretion of the Administrative Team for the corresponding year.

B. If a student anticipates the need for an absence,
   1. Contact should be made with the Administrative Team by following the established protocol at the earliest possible opportunity to discuss the anticipated absence and determine if it will be excused.
   2. Absence from any small group event requires the student to contact (via e-mail) his or her small group facilitator(s) AND the entire small group in advance of the anticipated absence to inform them of the absence. (Note: the act of contacting the appropriate individuals in advance does not automatically guarantee that the Administrative Team will consider the absence excused.)

Medical School Policy Governing Required Student Attendance for Year 3 and Year 4

Because of the critical significance of the clinical activities of Years 3 and 4, attendance is required for all scheduled clinical or clerkship activities. Below is the policy for students to deal with potential planned absence from any clinical or clerkship activities, and the policy for unexcused absences. Absence will be determined at the initial meeting time for clerkship activities. Therefore, arrival late to a class or scheduled rounds would be counted as an absence.

I. Policy on Excused Absences

A. Approval of excused absences is at the ultimate discretion of the clerkship director for required clerkships, the rotation director for electives and fourth-year activities, and the course director for the Year 4 Senior Seminar. The Office of Student Services is responsible for absences during the orientation to Year 3. For the purposes of this document, these individuals will be collectively referred to as the “supervisor.”

B. If a student anticipates the need for an absence,
   1. Contact should be made with the supervisor at the earliest possible opportunity to request an excused absence. (Note: the act of contacting the appropriate individuals in advance does not automatically guarantee that the absence will be considered excused.)
   2. An electronic request should be submitted to the supervisor, the appropriate supervising attendings, residents, or other supervisors AND, out of courtesy, to fellow students sharing clinical responsibilities on the same service in advance of the anticipated absence to inform them of the absence and arrange coverage as needed.
   3. In addition, any absence will be communicated electronically for tracking throughout the clinical years (through the Office of Medical Education).
   4. Excused absences will not result in punitive measures, but work or examinations missed may need to be performed at a later time at the discretion of the supervisor.
   5. In the event that the student and the supervisor are not able to agree on an acceptable conclusion related to the absence, the student may appeal the decision or the supervisor may refer the decision to the Year 3-4 Administrative Team.

C. If a student has an absence that could not be anticipated (e.g., illness), the student should
   1. Contact the supervisor as soon as possible (preferably by phone or in person)
2. Contact (via phone) the appropriate supervising attendings and residents (or other day-to-day supervisors) AND fellow students sharing clinical responsibilities on the same service to inform them of the absence.

3. The absence should be communicated electronically to the supervisor (and Office of Medical Education for recording on the student’s file) within 24 hours.

4. As above, the decision to excuse absences is at the discretion of the supervisor, as is the method for remediation of absence. Concerns related to this are reported to the Year 3-4 Administrative Team for resolution.

II. Policy on Unexcused Absences

A. All unexcused absences will be reported by the supervisor to the Year 3-4 Administrative Team and to the Office of Medical Education, and the following steps will take place according to the number of infractions:

1st Infraction / Written Warning: The student will be required to review and document acknowledgement of the policy governing required attendance. An incident report of non-compliance will be recorded.

2nd Infraction / Meeting with the Dean: The student will be required to meet with the associate dean for Student Services and the appropriate course director or administrator of the curriculum. In this meeting a final attempt will be made to correct issues leading to persistent tardiness or truancy. A second incident report of noncompliance will be recorded.

3rd Infraction: Appearance before the Student Progress and Promotions Committee (SPPC) for potential dismissal from the school.

B. Additional punitive measures related to any unexcused absence will be at the discretion of the supervisor. Owing to the professional significance of absence in Years 3 and 4, unexcused absences may result in remediation of some portion of the clerkship or failure of the entire clerkship.

Policy for Residency Interviews during Year 4

Most students will be interviewing for house officer positions during the fall of their senior year. The following policies apply to these absences.

A. No more than 2 working days absence for planned activities such as interviews will be allowed during AIM, ICU, or Emergency Medicine rotations, and those absences will be excused only if they are approved by the course director of that rotation at least 2 weeks prior to the start of the rotation.

B. No more than 4 working days’ absence for planned activities will be allowed for all other rotations, and those absences will be excused only if they are approved by the course director of that rotation at least 48 hours prior to the planned absence.

C. The student is responsible for checking with the individual rotation director to assure that there are no other requirements for attendance, and the absence should be sent for approval electronically to the supervisor and Office of Medical Education, specifying the date(s) of the interview and institution(s).

ALL OTHER ABSENCES MUST COMPLY WITH THE ABOVE POLICIES FOR EXCUSED AND UNEXCUSED ABSENCES.

Failure to participate in the minimum number of days/shifts of a Year 4 rotation will result in the awarding of no credit to the student for that rotation.

Policy on Student Leaves of Absence

Leaves of absence will be individualized to the specific situation but will follow the general policies and procedures outlined below.
Doctor of Medicine Program
Policies and Procedures

All requests for a leave of absence, whether administrative or medical, should be submitted IN WRITING to the associate dean for student services.

In all instances of leaves of absence, the chair of the Promotions Committee, the dean, the controller, and the chairs of the departments affected by the student’s absence will be notified.

Leaves of absence for education/research after the second year must occur after USMLE Step 1 has been taken. Leaves of absence for education/research after the third year should occur after USMLE Step 2 CS and USMLE Step 2 CK have been taken.

Administrative Leaves of Absence

Administrative leaves of absence may be granted for a period of up to one year for personal, educational, financial, or other reasons which must be stated in the letter of request. If the student is not in good academic standing, or under consideration or direction of the Promotions Committee, the chair of the Promotions Committee will be consulted by the associate dean for student services prior to approval of the request. The student must reaffirm his/her intent to resume at least three months prior to re-entry into the curriculum. If more than a year is needed by the student, he or she should withdraw from school and seek readmission.

Medical Leaves of Absence

Medical leaves of absence require a statement from the attending physician as to the need for the absence, the nature of the illness, and its prognosis prior to its endorsement. Reinstatement must be approved by the associate dean for student services, who will need to be assured by the attending physician that the student is again ready for the rigors of medical studies. While a statement of readiness from the student’s physician may be sufficient, the right to require a second opinion regarding readiness is reserved. This consultation will come from a physician approved by the School of Medicine, and any cost involved will be borne by the student. Medical leaves of longer than one year will not normally be granted. A student needing more than 12 consecutive months for a medical leave should withdraw and reapply when medically able.

Withdrawal/Leave of Absence Procedures

Students who are granted a leave of absence for any reason, withdraw from school, or are dismissed, are required to have an exit interview with a student services dean. This will involve returning any keys or equipment entrusted to the student, including the identification badge and the computer.

Other things to be considered at this time are clearance of all current debt with the medical school, the onset of the grace period for student loans, and termination or conversion of health and disabilities coverages. Students must also arrange for an exit interview with the financial aid officer.

Substance Abuse Policy and Programs

WAKE FOREST UNIVERSITY HEALTH SCIENCES
SUBSTANCE ABUSE EDUCATIONAL PROGRAM

Purpose

The purpose of this educational program is to clearly and unequivocally state Wake Forest University Health Sciences’ and Wake Forest University School of Medicine’s (collectively, the University) opposition to substance abuse and our prohibition of the abuse, unlawful possession, distribution, and use of illegal drugs and alcohol by students and employees; to ensure that students, faculty and staff are aware of the health risks associated with and the destructive and devastating impact of the use and abuse of drugs and alcohol; to clearly state the disciplinary sanctions that the University may impose on students and employees who violate the standards of conduct; to ensure that all University constituencies are aware of the applicable local, state and federal sanctions pertaining to the illegal possession, distribution and use of controlled substances and alcohol (see Appendix); to encourage early identification of substance abuse problems and to advocate self-referral by individuals for treatment and rehabilitation; and to

**Education**

The University will annually distribute the Substance Abuse Policy and this Substance Abuse Education Program to students, faculty and staff. In compliance with the Drug Free Campus Act, this policy and the Education Programs will be reviewed every two years. In addition, educational programs will be available to increase awareness of the hazards of drug use, abuse and dependency. The Substance Abuse Policy will be discussed with new students and new employees during orientation and will be reinforced periodically throughout the course of the calendar year.

**Health Risks**

The following is a summary of the various health risks associated with the use and abuse of some specific types of substances; it is not intended to be an exhaustive or final statement of all possible health consequences of substance abuse. A more extensive description on health risks related to abuse of the controlled substances listed in the Appendix may be obtained from the Human Resources Department or Office of Student Services.

**Alcohol Use and Abuse.** Alcohol is the most widely used and abused drug in the United States. Alcohol consumption has both acute and chronic effects on the body and causes a variety of changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate dosage of alcohol is associated with a variety of aggressive acts, including spouse and child abuse and dangerous risk-taking behavior. Moderate to high doses of alcohol may cause marked impairment of higher mental functions such as severely altering a person’s ability to learn and remember information. Very high doses may cause respiratory depression and death. If combined with other depressant type drugs, much lower doses of alcohol can be fatal.

Alcohol-related automobile accidents are the number one cause of death among people ages 15 through 24, and alcohol is involved in 50 percent of all fatal traffic accidents. Furthermore, approximately 50% of all deaths from drowning, fires, suicide and homicide are alcohol-related.

Repeated use of alcohol can lead to physical and psychological dependence. Alcohol dependent persons who suddenly stop drinking can suffer withdrawal symptoms, including severe anxiety, tremors, hallucinations, confusion, convulsions and can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can lead to permanent damage to vital organs such as the brain, heart and liver. Women who drink alcohol during pregnancy may give birth to infants with serious birth defects including fetal alcohol syndrome. These infants may have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents have an increased risk of becoming alcoholic themselves.

**WAKE FOREST UNIVERSITY HEALTH SCIENCES**

**SUBSTANCE ABUSE POLICY**

This policy applies to employees of Wake Forest University Health Sciences and students of Wake Forest University School of Medicine. This policy is not intended to affect our right to manage our workplace, or discipline our students, faculty or staff; nor does this policy guarantee employment or enrollment, or guarantee terms or conditions of employment or enrollment. No contract for employment, either expressed or implied, is created. This policy may be modified from time to time without notice and as we deem appropriate.

**Definitions**

The term “substance abuse” as used in this policy is defined as:

1. reporting to work or working while affected by alcohol,
Doctor of Medicine Program
Policies and Procedures

2. chemical dependency on alcohol or other drugs where job performance, participation in academic programs or safety of employees, students or patients may be adversely affected, or
3. the use of illegal drugs.

The term “illegal drugs” as used in this policy includes, but is not limited to:
1. marijuana, cocaine, heroin, opiates, amphetamines and similar drugs whose possession and use are prohibited under state and federal law,
2. prescription drugs unless taken as validly prescribed by the employees or student’s physician, and

Standards of Conduct

Unless a standard of conduct is specifically limited to a particular group, the standards apply to all employees and students.

As a condition of employment or enrollment, each employee and student is required to comply with the terms of this policy.

The sale, distribution, manufacture, possession or use of illegal drugs, or drug paraphernalia is prohibited.

All employees and students are prohibited from working at or attending the School of Medicine while adversely affected by alcohol.

The possession or use of alcohol on our property is prohibited unless its use is part of an authorized activity of Wake Forest University Health Sciences or Wake Forest University School of Medicine. Distribution of alcohol to persons under the age of twenty-one and possession or use of alcohol by persons under the age of twenty-one on our property or as part of any Wake Forest University Health Sciences or Wake Forest University School of Medicine activity is prohibited.

All information concerning medical examinations, drug or alcohol testing results, or rehabilitation and treatment of an employee or student should be treated as confidential information subject to disclosure on a need-to-know basis.

We reserve the right to require a drug or alcohol screening test from individuals whose job performance, behavior, or appearance reasonably suggests use of alcohol or illegal drugs. Failure or refusal to comply with a substance abuse screening test may result in termination of employment or expulsion from the School of Medicine.

In order to fulfill our obligations under the Drug Free Workplace Act, employees are required to notify the Human Resources Department in writing of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction. Faculty must notify the Dean of any such convictions.

Employment (hiring) of staff and faculty is contingent on the successful completion of a drug screening test.

Disciplinary Sanctions

We will impose disciplinary sanctions on students, faculty and staff who violate the above standards of conduct.

Among the disciplinary sanctions which may be imposed on students are the following: reprimand, probation, restriction, suspension, expulsion and referral for prosecution. We may require evaluation, counseling and successful completion of an appropriate rehabilitation program, if indicated.

Among the disciplinary sanctions which may be imposed on faculty and staff are oral warning, written reprimand, disciplinary suspension, termination, and referral for prosecution. We may require evaluation, counseling and successful completion of an appropriate rehabilitation program, if indicated.
Identification and Rehabilitation

Early recognition of substance abuse is important for successful rehabilitation. We encourage individuals with a chemical dependency to voluntarily seek assistance through the Medical Center’s Employee Assistance Program (EAP). An individual’s job will not be jeopardized solely because the individual voluntarily seeks assistance in the treatment of and recovery from chemical dependency if the individual seeks treatment prior to any violation or disciplinary action. Any such requests and/or actions are strictly confidential. Eligibility to participate in any subsequent rehabilitation programs will be at our discretion.

Any faculty member, student or staff, if given the option to participate in a rehabilitation program, will comply with the treatment and rehabilitation requirements set forth below or resign from employment or withdraw from the School of Medicine. Any such individual electing treatment and rehabilitation will:

1. Satisfactorily participate in a substance abuse assistance or rehabilitation program approved for such purpose by a federal, state, or local health, law enforcement or other appropriate agency at the individual’s expense. Wake Forest University Health Sciences’ Medical Plan may provide coverage for certain counseling or rehabilitation services.
2. Provide evidence satisfactory to us of continued outpatient therapy in an approved program appropriate to the treatment recommendation.
3. Remain substance free after completing a rehabilitation program for chemical dependency, and participate in random drug testing during rehabilitation, and for up to two years following completion of the rehabilitation program.

Failure to comply with these requirements may result in termination or expulsion.

Counseling, Rehabilitation, and Treatment Resources

Wake Forest University Health Sciences provides a comprehensive Employee Assistance Program (EAP) for faculty and staff. The School of Medicine endorses and encourages the activities of the Health & Effectiveness Council in early identification, treatment and rehabilitation of students with a substance abuse problem.

Those who do not wish to take advantage of the resources we offer may wish to seek referrals to rehabilitation and treatment programs from their own physician, First Line Community Resources, or the resources listed in the yellow pages of the phone book.

Policy on Student Records

Public Law 93-380.513, titled Family Education Rights and Privacy Act (1974) requires that all students receive notification of records maintained by the School of Medicine.

After a student enrolls, Office of Medical Student Admissions records are transferred to the registrar in the Office of Student Services/Diversity and Development Initiatives. Periodically, records in other offices may be expunged if considered no longer needed following a student’s graduation or departure from the School of Medicine. Academic records are archived after seven years. Copies are secured in a safe deposit box.

Students have the right to review and inspect their educational records. Access by students to their educational records is provided upon written request, except for those documents to which the student may have opted to waive his/her right of access or those excluded in Public Law 93-380.513. Requests to amend the contents of records to ensure that they are not inaccurate, misleading, or otherwise in violation of the law may be handled through the appropriate responsible official.

The following information concerning students may be made public upon request unless the student indicates in writing that any or all of the items are not to be released: name, dates of attendance, degrees and/or awards received at WFUSM, and participation in officially recognized activities. Faculty members have access to information maintained on students in the aforementioned offices. Students’ addresses and telephone numbers are published in publicly available directories only upon permission of the student.
Records unavailable to students are

- Confidential letters of recommendation which were placed in the student’s educational record prior to January 1, 1975, if such letters or statements are not used for purposes other than those for which they are specifically intended;
- Confidential recommendations executed on or after January 1, 1975, for which the student may have chosen to waive his/her access rights;
- Records of institutional, supervisory, and administrative personnel and educational personnel ancillary thereto which are in the sole possession of the maker thereof and which are not accessible or revealed to any other person except a substitute; and
- Law enforcement records which are unavailable to persons other than law enforcement officials of the same jurisdiction.

A complete copy of the University’s policy concerning compliance with the Family Educational Rights and Privacy Act may be obtained in the Office of Student Services/Diversity and Development Initiatives. Students may file with the U.S. Department of Education any concerns involving alleged failures to comply with the requirements of the law.

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<tr>
<th>Records Maintained by the School of Medicine</th>
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<tr>
<td><strong>Location and Type of Record</strong></td>
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<tr>
<td>Office of Financial Aid .................................</td>
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<tr>
<td>(Application forms)</td>
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<td>Office of Medical Student Admissions .................</td>
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<td>(Application forms)</td>
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<td>Office of Student Services/Diversity ......</td>
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<td>and Development Initiatives</td>
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<tr>
<td>(Student records after matriculation, transcripts, correspondence, directory information)</td>
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<tr>
<td>Office of Medical Education ...........................</td>
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<tr>
<td>(Student test scores)</td>
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<tr>
<td>Physician Assistant Program ..........................</td>
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<tr>
<td>(Applications and all supporting information, progress reports)</td>
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<tr>
<td>Graduate Student Program .............................</td>
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<tr>
<td>(Application forms, transcripts, GRE scores, correspondence, directory information)</td>
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**Policy on Tuition Refunds**

Students who leave school prior to completion of the academic year may be due a tuition refund. See the Refund Policy on page 67.
Mandatory Student Health Records

A complete physical examination, immunization history, and personal health history are required for admission to the School of Medicine and must be received by the Student Health Service prior to matriculation.

Mandatory Immunizations

While North Carolina Immunization Rules 15ANCAC 19A.0400, effective July 1, 1994, require that specific immunizations be documented within thirty (30) days following enrollment, all immunization obligations must be fulfilled before matriculation. **Failure to comply will result in suspension until immunization or documentation is complete.**

Wake Forest University School of Medicine’s requirements exceed the state laws because it follows the guidelines provided by the Immunizations Practices Advisory Committee of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, for persons working in health-related occupations [HHS Publication No. (CDC) 84-8017].

**Diphtheria/Pertussis/Tetanus - Tdap is now preferred.**
- Tetanus/Diphtheria (TD or Td or Tdap) within past 10 years

**Rubeola (Measles)**
- Two doses live attenuated vaccine or two MMRs given after 12 months of age and at least one month apart, or
- Laboratory evidence of immunity (Rubeola titer)

**Mumps**
- Two doses live attenuated mumps vaccine or two MMRs after 12 months of age, or
- Laboratory evidence of immunity (mumps titer)

**Rubella (German Measles)**
- One dose live attenuated rubella vaccine or one MMR after 12 months of age, or
- Laboratory evidence of immunity (rubella titer)

**Chickenpox (Varicella zoster) titer**
- Laboratory evidence of immunity to Varicella.
- History of disease will not be accepted.
- Varicella vaccines will be required for negative titer results as per recommendations (currently two doses).

Recommended Immunizations

**Hepatitis B**
- The series of three shots is highly recommended for medical and PA students. This is the only immunization not required before matriculation. Students who decline must sign a document of declination. All or part of the series may be received outside of Wake Forest University School of Medicine, but documentation must be given to Employee Health. A blood titer determining immunity is recommended after the series is finished. Students will be billed for the vaccine and post-vaccine titer through the cashier’s office.

**Influenza**
- Students should consider receiving the influenza vaccine annually.

Mandatory Screening

**Tuberculosis**
- A TST is required within the 12 months prior to the matriculation date. Tine tests are NOT acceptable.
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- A TST is not required if prior results have been positive, and must include measurement of the width in millimeters (mm). When a prior TB test has been positive, you must provide a copy of your chest x-ray report made within the 12 months prior to the matriculation date and documentation of any treatment received.

Blood-borne Pathogens Prophylaxis

In keeping with Occupational Safety and Health Administration (OSHA) standards, all students must annually document attendance at a training session devoted to the avoidance of biological hazards. This instruction will take the form of mandatory lectures emphasizing the control of blood-borne pathogens.

The procedures for care and treatment after accidental exposure to a biological hazard are available from Employee Health, who should be contacted at 716-4801 immediately upon a needle stick or other work-related hazardous occurrence. After 4:30 p.m. and on weekends and holidays, students should contact the nursing supervisor through the hospital operator to report any blood/body-fluid exposure.
Office of Medical Education

The Office of Medical Education (OME) promotes educational development activities and supports the faculty, administration, and students through service and research. The mission of the OME is to foster a supportive teaching-learning environment by facilitating curriculum design and implementation, developing and implementing program and student evaluation, and conducting educational research.

Course and Curriculum Facilitation. The OME facilitates the curriculum and its component courses and clerkships by providing essential support services for curriculum committees; topic, course, clerkship, and phase directors; teaching faculty; and students.

Student Evaluation. The OME supports student outcome evaluation by providing comprehensive testing services, including performance assessments.

Program Evaluation. The OME guides the development of evaluation plans, conducts evaluations in support of the curriculum, and reports and makes results-based recommendations to committees that oversee the curriculum.

Educational Research. The OME initiates and/or collaborates with medical school faculty in designing, conducting, and analyzing data and reporting results of educational research studies.

Services of the unit are available to all faculty members. A student examination service assists with editing of test questions, scoring of examinations, analysis of examination data, and consultation on the interpretation of examination statistics. The OME conducts educational research and evaluation studies and provides consultation in these areas to the central administration, departments, and individual faculty members.

Instructional design services include assistance with curricular design and individual consultation with instructors seeking assistance in preparation for teaching.

Office of Student Services / Diversity and Development Initiatives

The Office of Student Services/Diversity and Development Initiatives supports the members of the student body throughout their medical careers. All student-related issues funnel through this office, and most activities that involve students, including preparation for residency, match day, the white coat ceremony, and graduation, are organized here.

The office provides academic, career, and personal counseling. The office can also arrange special tutorial assistance, test-taking assessments, and learning-disability evaluations.

Clinical rotation schedules for Years 3 and 4 are arranged in this office, and grades for clinical rotations are collected and disseminated from the office.

Other responsibilities of the office include
- The registrar function, responsible for all past graduate certification;
- Oversight of student health and wellness;
- Access to personal counseling;
- Student life and recreation issues;
- Facilitation of extramural rotations and visiting student rotations;
- Acting as the contact point for Association of American Medical Colleges (AAMC);
- Providing administrative assistance to the student government;
- Serving as administrative arm of the Honor Council, the Promotions Committee, AOA, and the Gold Humanism Honor Society.

Diversity and Development Initiatives. In the spring of 1975, the School of Medicine administration developed the office of Minority Affairs to coordinate existing separate and individual efforts toward minority student recruitment and retention, and to increase minority recruitment, admission, retention, and graduation through the support of such a coordinated effort. Today, the programs and activities administered by Student Services/Diversity and Development Initiatives offer not only short-term objectives such as recruiting students capable of meeting admissions requirements, but long-range objectives as well, which focus on medical career awareness and preparation of underrepresented and disadvantaged kindergarten, middle school, high school, and college students.
Resources for Academic Assistance

In the event of academic difficulty in a particular course or clerkship, or more general problems of academic performance, it is usually best to consult first the faculty director of the course(s), clerkship(s), or block in question. If the difficulty is not resolved within the context of the course or clerkship organization, the student may contact the Office of Student Services/Diversity and Development Initiatives, which can arrange for the specific aid required. Specific services available include:

- Assistance to and follow-up of students who fall below satisfactory academic performance;
- Tutorial services for students requiring temporary or long-term academic assistance;
- Assistance in identifying and improving study skills;
- Referral for consideration of educational testing;
- Enhancement of test-taking skills and help in overcoming test-situation anxiety;
- Test information and access to old nonclassified exams.

Resources for Personal Assistance

Class Mentor. It may be helpful for the student to contact the class faculty mentor for general advisement, orientation, and help with focusing on problems.

Other Resources for Personal Assistance

Personal, Academic, and Professional Counselors. The Office of Student Services website contains a list of resources for personal and academic counseling. The following are available to provide counseling or referral for transient or long-term personal problems that interfere with academic performance or personal well-being:

- Burton Reifler, M.D., interim associate dean for student services, 716-4271
- Brenda Latham-Sadler, M.D., assistant dean for student services, 716-4271
- CareNet Counseling, 716-0855 (direct access by the student)
- Health and Effectiveness Council, 716-2027 (direct access by the student)
- Learning Assistance Center (accessed via the Office of Student Services or Medical Education)
- The student’s primary care physician (PCP)

Student Health Service. The following Student Health services are available at the Medical Center Employee Health Services Clinic on a walk-in basis Monday through Wednesday and Friday from 7:00 a.m. until 4:30 p.m. and Thursday from 7:00 a.m. until 3:30 p.m.:

- All activities relating to immunizations, such as continuation of hepatitis B vaccinations, checking hepatitis B titers post-vaccination, updating tetanus boosters and other immunizations, and maintenance of immunization records;
- All human or animal blood and body fluid exposures (initial work-up, treatment, and follow-up);
- Any communicable disease exposures and follow-up;
- Yearly tuberculosis screening (Note: Skin Test application not done on Thursdays; Skin Test reading only.)
- All work-related injuries, illnesses, and follow-up;
- An Acute Care Clinic with Physician Assistant/M.D. coverage is available Monday through Friday for walk-ins from 7:30 a.m. to 10:00 a.m. and by appointment from 10:00 a.m. to 4:30 p.m. on Monday, Tuesday, Wednesday, and Friday and 10:00 a.m. to 3:30 p.m. on Thursday. The student also will continue to have the option of seeking acute care from his/her primary care physician in WFU Family Medicine.

Each student is assigned to a primary care physician (PCP) who is a faculty member in the Department of Family and Community Medicine. Students are encouraged to utilize their PCPs for all acute or chronic...
health problems for which they might not normally wish to visit Employee Health Services. The earlier hour availability at the Employee Health Services Acute Care Clinic might allow students to be seen for acute care problems prior to the beginning of their daily classes or clerkship rotations. Employee Health’s nursing services are also available from 7:00 a.m. to 4:30 p.m. Problems may be referred to the PCP at the discretion of Employee Health.

Contact Dr. Scott Spillmann (716-8036) or Helen Cooper (716-1309) at Employee Health with questions regarding the Student Health Service. Contact Kelly Rockwell (716-3724), Department of Family and Community Medicine, with questions regarding PCPs.

**Dental Discount Program.** The Department of Dentistry, through its clinical affiliate, University Dental Associates (UDA), offers a discount on preventive and acute dental services to all medical students, graduate students, and physician assistant students who do not have a dental benefit plan. The discount also applies to these students’ spouses and children who are not covered by a dental benefit plan. For details regarding the discount program, please contact the Department of Dentistry at 716-4353.

**Disability Insurance.** Disability insurance is provided to each student of Wake Forest University School of Medicine in keeping with the guidelines of the AAMC. This plan provides a monthly income in the event a student becomes disabled by a covered sickness or injury. Complete information is available in the School of Medicine Benefits Office. This plan is designed to provide coverage for the student as well as the opportunity to purchase additional coverage upon graduation into residency. All students are enrolled in the group plan automatically.

**Health and Effectiveness Council.** The Student Health and Effectiveness Council (HEC) was established in March 1985 to promote the health and well-being of Wake Forest University School of Medicine students. The purpose of the council is to facilitate health through illness prevention, to facilitate early identification of problems that impair a student’s ability to learn, and to provide a bridge to treatment and rehabilitation services for medical, graduate, and physician assistant students. The mission of the HEC is endorsed and encouraged by the School of Medicine and the Graduate School administration. The council is made up of elected student representatives and volunteer faculty from the School of Medicine, the Department of Physician Assistant Studies, and the Graduate School.

The Health and Effectiveness Council works in two ways. The first is in promoting awareness of the student body and faculty about issues that can impair a student’s ability to learn. The second is in offering a bridge to treatment for students whose health and/or learning abilities are impaired for any reason. Students may be impaired in their ability to carry out their studies or work in a responsible manner for any of a variety of reasons ranging from stress around exam time to interpersonal problems, substance abuse, eating disorders or psychiatric problems. Impairment may be recognized by behavior in classroom or clinical settings that prohibits a student from achieving to the best of his/her ability, or violates rules, ethics, or other accepted standards for behavior in the healthcare system.

Students themselves may seek help through the Health and Effectiveness Council. This self referral process does not involve the administration. Once a student has agreed to work in this process, he/she will be referred for evaluation to an expert mental health professional. The HEC does not fund this referral. **THIS PROCESS IS STRICTLY CONFIDENTIAL.** The School of Medicine’s administration will not be involved in this process unless a leave of absence from school is needed for treatment. For more information, contact L. Gail Curtis, MPAS, PA-C, at 716-2027.

**CareNet Counseling Center.** CareNet Counseling Center is a resource for psychotherapy available to all students. The therapists are certified and/or licensed by the state of North Carolina. Students may confidentially and directly access the center by calling 716-0855 and identifying themselves as students at Wake Forest School of Medicine.

**Resources for Career Planning**

**Departmental Specialty Advisors.** Each clinical discipline of the School of Medicine has faculty members who will assist students with career planning within that discipline. Because the structure of the various departmental advising systems may vary, please contact the Office of Student Services (OSS) for
Student-Focused Resources

Structured Career Planning Sessions. The Office of Student Services/Diversity and Development Initiatives sponsors small-group and class-wide sessions that assist the student in performing a personal evaluation, offers learning methods for making decisions, and provides advice for evaluating various medical specialties. The OSS also can direct students to other resources designed to help with career planning.

AMA FREIDA. AMA FREIDA is an interactive database that provides access to fellowship and residency information. The database is available on the World Wide Web and is updated annually. The AMA FREIDA expands upon the information provided in “The Green Book” (the Directory of Graduate Medical Education Programs) available in the Office of Student Services/Diversity and Development Initiatives and may include such things as call schedule information, research opportunities, unique features of the program, salaries, and leave-of-absence policies. The program will generate addresses formatted for labels, lists, and complete information by program, state, or region. Only information provided to AMA by the programs is included.

Student Services Activities. During the fourth year of medical school, students apply for postgraduate training (residency position) in a chosen specialty. Information regarding this application process is available through the Office of Student Services/Diversity and Development Initiatives and provided to this institution by the National Residency Matching Program (NRMP) and the Electronic Residency Application Service (ERAS). Information on early-match programs is also available in the OSS. Other residency materials located in the OSS are elective catalogues for many of the LCME-accredited medical schools in the United States and Canada, compendiums for many of the specialties, and miscellaneous information about residency programs.

Each year the student services deans, in collaboration with the Student Government and the departments, arrange a variety of informative programs to assist the student in choosing a specialty and in the match process. These include

- Orientation meetings with the fourth-year class regarding the National Residency Matching Program, the Early Matches, and ERAS;
- Career decision seminars;
- Medical Student Performance Evaluation (formerly the Dean’s Letter) interview;
- Meeting with designated specialty representative;
- “Shadowing” opportunities with private practitioners;
- Interview and audition tips/strategies;
- Mock interviews;
- Curriculum vitae (CV) and personal statement construction.

Graduate Medical Education at Wake Forest University Baptist Medical Center. Qualified physicians who are interested in Graduate Medical Education programs at the Wake Forest University Baptist Medical Center should write to the House Staff Office or to the chief of the appropriate service. Programs are available in anesthesiology, dentistry, dermatology, emergency medicine, family medicine, internal medicine, neurology, neurosurgery, obstetrics and gynecology, ophthalmology, orthopaedics, otolaryngology, pathology, pediatrics, psychiatry, diagnostic radiology, nuclear medicine, radiation therapy, general surgery, plastic surgery, cardiothoracic surgery, vascular surgery, and urology. No transitional year programs are available. Subspecialty clinical and research fellowships are available in many disciplines.

A special training program in comparative medicine is available for those holding the Doctor of Veterinary Medicine degree. More information on the program may be obtained by writing to the office of the head of the Section of Comparative Medicine, Department of Pathology.

The Graduate Medical Education website is http://www1.wfubmc.edu/physicianservices.
Resources for Off-Campus Education

International Affiliations. The Medical Center has formal affiliations with Tokai University in Japan; Tromsø University in Norway; Kyungpook National University in Korea; and the University of Vienna in Austria. In these formal affiliations, there is a full exchange of faculty, house staff, students, research protocols, and other academic activities. Collaborative affiliations with other institutions offer less expansive programs.

Students have the opportunity in their senior year to take electives for international credit. Locations include mission hospitals, medical schools, government hospitals, and community health programs, as well as other health care providers in the international scene. Such electives are scheduled for a minimum of one month and a maximum of two months and must be individually arranged through the Office of International Health Affairs and the assistant dean for resource management, located in the Office of the Dean. Each year, 15 to 25 students pursue international electives.

Northwest Area Health Education Center. The Northwest Area Health Education Center (AHEC) of Wake Forest University School of Medicine, through its Office of Regional Primary Care Education (ORPCE), provides housing to students for clinical placement in primary care for the state of North Carolina. ORPCE resources also include preceptor stipends and preceptor access to the Northwest AHEC Information and Library Services, which provides health information and assistance from medical librarians. Additional information about student rotation resources is available on the Northwest AHEC website: http://northwestahec.wfubmc.edu by clicking on “Health sciences student support.”

Resources for Academic Support

The Office of Academic Computing and Information Science encompasses Academic Computing, the Coy C. Carpenter Library, and Creative Communications. The following resources and services are among those currently available through each of these areas:

Academic Computing. Academic Computing is dedicated to the development and support of technology innovations in medical education. The mission is to provide the infrastructure within which faculty, students, and healthcare professionals can effectively utilize technologies to augment the lifelong learning process. A key role of Academic Computing is to facilitate basic understanding with regard to the uses of technology, not only within education but also within the workplace.

The office has developed a ubiquitous computing environment, focusing on technology standards in hardware, software, and networking. Some strategic initiatives have been the development of the web-based curricula for the Doctor of Medicine Program, Physician Assistant Studies, and the Graduate School of Arts and Sciences’ Biomedical Sciences Program. The students enter the web-based curricula through a customizable portal. The web-based curricula manage educational content such as problem-based-learning cases, lectures, education-oriented websites, schedules, collaborative discussions, and links to specialty content applications.

In partnership with the Northwest Area Health Education Center, the office has implemented two new technology initiatives to augment distance continuing education. Videoconferencing capabilities have been implemented from Winston-Salem to Boone, Hickory, and Salisbury, and continuing education lectures can be recorded in order to stream them over the Web.

The office also provides the technological support for the Virginia Tech–Wake Forest University Biomedical Engineering distance education program.

Coy C. Carpenter Library. The Coy C. Carpenter Library is the principal learning resource serving the academic needs of the faculty, staff, and student body. Located on the first floor of the School of Medicine’s James A. Gray Building, the Library contains extensive collections in all of the medical and surgical specialties and the basic sciences, as well as collections in nursing and allied health. Domestic and foreign periodicals, textbooks, audiovisuals, and computer software are included.
The Carpenter Library’s website [http://www.wfubmc.edu/library/] offers access to Medline, UpToDate, DynaMed, Journal Citation Reports, Natural Medicines Comprehensive Database, Micromedex, PsycINFO, and Web of Science, as well as more than 50 other bibliographic and full text databases. More than 3,000 electronic journals and 150 electronic textbooks are also available.

The print collection contains more than 164,000 volumes. Specific collections deal with the written and oral history of the medical school, the history of neurology, and the Suzanne Meads Art in Medicine Collection. The library also produces the Faculty Publications Database, which contains nearly 25,000 citations to journal articles, books, and book chapters with authors from Wake Forest School of Medicine.

An integrated online catalog system provides 24-hour access to the library’s collection. Loan periods are 4 weeks for books and 3 days for bound journals. Items can be renewed in person or by phone by calling 716-4414.

Reference librarians evaluate health information websites and organize them into subject-specific categories. They also assist in handling reference and literature requests for the Northwest AHEC region, as well as provide backup support when needed. Document delivery services and interlibrary loan services provide fast delivery of articles by e-mail, fax, or interoffice mail.

The library's Learning Resources Center offers computer classroom facilities for individual and group instruction. The library offers instruction in individual databases, software, and on Internet browsers, search engines, and research resources. The library has more than 100 connections to the Academic Network for faculty and student ThinkPad users, as well as a wireless network.

Creative Communications. Creative Communications (formerly the Office of Biomedical Communications), located on the first floor of the Gray Building, offers a full range of graphic services and can be reached at www.wfubmc.edu/creative. Medical, scientific, and technical illustration are produced by a certified and experienced medical illustrator. Our creative and talented designers offer graphic art and design at competitive prices. The extensive array of print, web, and e-blasts that are available range from simple black-and-white letterhead and business stationery to professional-quality print materials, polished marketing brochures, and posters for seminars and professional presentations. Creative Communications also offers a wide range of video services, including video recording, digital video editing, and DVD generation and transfer. Photography services include medical, scientific, and general photography by award-winning, certified photographers using state-of-the-art digital equipment. Complete scanning, retouching, and computer output services are available, as are large poster printers, laminators, and custom framing.

Wake Forest University Printing Services offers high-speed copying and offset printing for large copy and print jobs. These services, as well as business cards, can be accessed online at http://www1.wfubmc.edu/wfu+printing+services.

Resources for Student Research

Office of Research. The Office of Research, located on the “E” Floor of the Gray Building, coordinates National Institutes of Health (NIH) summer research opportunities and offers research career guidance.

Special Studies Programs. Special study programs may be granted for up to one year. Requests should be made in writing to the associate dean for student services. The student must be in good academic and professional standing.

Summer Research Opportunities. Limited opportunities to participate in research are available to students during periods between school sessions. Stipends are provided by certain training grants and fellowship funds. Temporary job opportunities for the summer exist in connection with certain research grants. Information may be obtained from the Office of Student Services/Diversity and Development Initiatives.
Fees and Expenses

Tuition is payable in equal installments at the beginning of each semester. As a requirement for graduation, all students are required to pay full annual tuition for each academic year enrolled in Wake Forest University School of Medicine. Breakage deposits are not required, but students will be held financially responsible for loss or damage to School of Medicine property. Students who do not make tuition payments or satisfactory arrangements with the Controller’s Office will not be eligible to continue classes or receive credit for course work.

Estimated average expenses for the 2008-2009 academic year for a single student:

<table>
<thead>
<tr>
<th></th>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
<th>Fourth Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$38,248</td>
<td>$38,248</td>
<td>$38,248</td>
<td>$38,248</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>1,626</td>
<td>1,090</td>
<td>1,070</td>
<td>1,070</td>
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<tr>
<td>Lodging</td>
<td>5,300</td>
<td>6,360</td>
<td>5,830</td>
<td>5,300</td>
</tr>
<tr>
<td>Utilities</td>
<td>2,650</td>
<td>3,180</td>
<td>2,915</td>
<td>2,650</td>
</tr>
<tr>
<td>Food</td>
<td>3,350</td>
<td>4,020</td>
<td>3,685</td>
<td>3,350</td>
</tr>
<tr>
<td>Laundry/Dry Cleaning</td>
<td>250</td>
<td>300</td>
<td>275</td>
<td>250</td>
</tr>
<tr>
<td>Personal/Household</td>
<td>550</td>
<td>660</td>
<td>605</td>
<td>550</td>
</tr>
<tr>
<td>Transportation</td>
<td>2,930</td>
<td>3,516</td>
<td>3,894</td>
<td>3,540</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>2,640</td>
<td>2,640</td>
<td>2,640</td>
<td>2,420</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>620</td>
<td>744</td>
<td>682</td>
<td>620</td>
</tr>
</tbody>
</table>

Clinical Skills Exam Travel 530

| Total               | $58,164    | $60,758     | $59,844    | $58,528     |

Cost of attendance budgets include only those expenses associated with the student. Living expenses for the spouse and/or other dependents are not recognized as part of the student’s standard cost of attendance. The cost of attendance, as defined by the school, represents the maximum amount of student financial aid a student can receive.

First Year budget is based on 10 months.
Second Year budget is based on 12 months.
Third Year budget is based on 11 months.
Fourth Year budget is based on 10 months

Federal regulations allow for living expenses for the actual period of enrollment only.

The Miscellaneous category represents discretionary personal living expenses, such as entertainment and clothing.

Student budgets are subject to change without notice.

Statements in the Bulletin concerning expenses and courses cannot be considered an irrevocable contract between the student and the School of Medicine. The School of Medicine reserves the right to change requirements for graduation, schedules, and costs of instruction at any time during the student’s enrollment.

Tuition changes authorized by the Board of Trustees will become effective at the opening of the next session after adoption.
Tuition Payments

Tuition for all students is payable in equal installments and is due on the first day of the semester. If payments are not received or arrangements satisfactory to the Controller’s Office are not made within one week after the beginning of the semester, the student will not be eligible to continue classes or receive course credit for work in that unit. Wake Forest School of Medicine reserves the right to charge interest at the prevailing bank rates on late tuition payments.

For situations wherein the School of Medicine interrupts the normal progress of a student in the curriculum, any adjustment of tuition/fees will be decided on an individual basis by the associate dean for student services and the Controller’s Office.

Financial Assistance

Assistance is available for students who, for financial reasons, could not otherwise attend medical school. Scholarships and loans are awarded in accordance with criteria governing each source of funds and on the basis of need. In all cases, parental income information is required and will be considered in determining awards from the School of Medicine’s resources.

The Financial Aid Office is located in the Office of Student Services, and the financial aid officer is available by appointment (phone: 336-716-2889).

Financial Assistance to Incoming Students

On the day of interview, applicants meet with the financial aid officer and are provided general information about aid and appropriate application materials. On request, individual consultations can be arranged. Financial aid application materials must be completed and returned to the Financial Aid Office prior to April 1. When an applicant is accepted, the Financial Aid Office is notified. When required application materials are received, an estimate of available aid will be determined, and the student will be notified as soon as possible.

Financial Assistance to Upperclass Students

In the spring, the Financial Aid Office will notify all upperclass students of procedures to be followed for the next academic year. Applications must be completed and returned to the Financial Aid Office on or before May 1.

State Programs: Tuition Remission

The state of North Carolina has established a tuition remission grant, which is available to permanent residents of North Carolina entering Wake Forest School of Medicine. Eligibility is based on financial need.

Academic Merit Awards

Academic Merit Awards are made to applicants who have been accepted into the entering class at Wake Forest University School of Medicine. These awards, for residents of North Carolina, have the purpose of fostering the careers of students who demonstrate exceptional promise for the study and future practice of medicine.

Endowed Scholarships

Abbate Christian Medical Mission Fund - established in September 1993 by Dr. and Mrs. Guy Abbate and Evangelical Medical Missions, Inc., this fund provides financial support for medical, nursing, and medical technology students who intend to pursue a career in Christian medical missions.


Carlton N. Adams Family Scholarship - established in August 1989 by Dr. Carlton N. Adams.

Katherine Anderson Scholarship - established in 1979 through the estate of Dr. Katherine Anderson, who was a pediatrician and the first medical director of the Physician Assistant Program.
Doctor of Medicine Program

Financial Aid

**Camillo and Bianca Artom Scholarship** - established in May 1975 by friends, colleagues, and family of Dr. Artom, this fund provides general scholarship support for a medical student and a graduate student in biochemistry each year.

**Dr. Marshall Ball Scholarship** - This fund was established in 2003 by Mrs. Laura Ball in memory of her late husband, Dr. Marshall Ball ('68). The fund provides scholarship support to third-year M.D. medical school students who have indicated on their applications an interest in pursuing work in radiology.

**Albert J. Beckmann Scholarship** - established in September 1978 with an estate gift from Dr. Beckmann ('45). This fund provides scholarship support for students of the Jewish faith.

**Kyle E. Black, M.D. Family Scholarship** - Dr. Kyle Black established this scholarship in February 1998 in honor of his late wife, Helen Apps Black, and the family’s love for the School of Medicine.

**Ralph W. Bland Fund** - established in 2007 with an estate gift from Dr. Ralph Bland ('52).

**Walter J. Bo, Ph.D. Scholarship** - established in February 2000 by Mr. Gilbert M. Grosvenor, father of Alexandra Grosvenor, M.D. ('01), in honor of Dr. Bo.

**W.C. Calton Scholarship** - established in August 1987 by Mr. W.C. Calton, Sr.

**Dr. Martin and Sandra Castelbaum Fund** - established in 2002 by the children of Dr. and Mrs. Castelbaum in honor of their parents.

**Class of 1943 Scholarship** - established in September 1983 by members of the Class of 1943.

**Class of 1952 Scholarship** - established in December 2000 by members of the Class of 1952.

**Class of 1956 Scholarship** - established in 2003 by members of the Class of 1956. The Class of 1956 Scholarship was awarded for the first time in the 2006-2007 school year, in recognition of the class’s 50th reunion.

**Class of 1957 Scholarship** - established in 2007 by members of the Class of 1957. The Class of 1957 Scholarship will be awarded for the first time in the 2007-2008 school year, in recognition of the class’s 50th reunion.

**Class of 1959 Scholarship** - established in 1984 by members of the Class of 1959 in recognition of their 25th reunion.

**Craig-Hollingsworth Scholarship Fund** - established in March 1999 by Dr. Claude Hollingsworth, Class of 1959, and Mrs. Nancy B. Craig Hollingsworth. This fund provides general scholarship support to School of Medicine students who demonstrate financial need.

**DeWitt Cromer Cordell Scholarship** - established in October 1991 by Dr. A. Robert Cordell and others.

**Sandy Lee Cowgill Memorial Scholarship** - established in May 1983 by Dr. and Mrs. Robert Cowgill in memory of their daughter, Sandy, this fund provides scholarship support for at least two students each year. One student shall be enrolled in the M.D. program and one in the Ph.D. program, with a preference given for biochemistry.

**Frederick Thorns Craven, M.D. and Sarah Judson McKinley Craven Scholarship** - established in September 1999 by Dr. and Mrs. Craven ('36).

**Katherine Davis Scholarship** - established in January 1987 by members of the Class of 1961 and other classes. This fund was established in honor of Ms. Katherine Davis, who came to the medical school in 1942 as secretary to Dr. Herbert M. Vann and then served as assistant to Dean Coy C. Carpenter from 1946 to 1958, and assistant to Dean Manson Meads until his retirement in 1983.

**Demon Docs Scholarship** - established in December 1997 by Dr. and Mrs. Sidney A. Martin ('53).

**Lisa Dull Memorial Scholarship** - established in 1979 through the estate of Lisa Dull, who worked in the Office of Student Affairs.

**Craig T. Gallanis Scholarship** - established in March 1995 by members of the Class of 1989 in memory of their classmate Craig Gallanis, this fund provides scholarship support for medical students. Craig died tragically in an automobile accident during his third year at the School of Medicine.

**Gordon-Watts Scholarship** - established in 2005 by several donors in memory of Joseph Gordon, M.D., the first director of minority affairs for the School of Medicine, and in honor of Velma G. Watts,
Ph.D., retired assistant dean for student affairs, director of minority affairs, and associate professor of medical education for the medical school. The fund provides scholarship aid for M.D. students attending the medical school who help achieve and sustain the diversity of the student body.

**Eugene P. Gray Memorial Scholarship** - established in January 1977 by Dr. and Mrs. Roy E. Truslow ('45).

**Lindsay Carter Gray Scholarship** - established in 2003 by the estate of James A. Gray, Jr., in honor of his granddaughter, Lindsay Carter Gray ('99).

**Wendell Randolph and Hattie Cornelia Causby Grigg Scholarship** - established in June 1980 by the Grigg children in honor of their parents.

**Norman M. and Eleanor H. Gross Scholarship** - established in 2001 through an estate gift from Norman M. Gross.

**Dr. Thomas L. Gwynn and Dr. Bee Gatling Gwynn Scholarship Fund** - established in 2001 to provide general scholarship support to students who demonstrate financial need. Dr. Thomas Gwynn is a member of the Class of 1951, and Dr. Bee Gatling Gwynn is a member of the Class of 1960.

**Carol Hanes Scholarship Fund** - established in June 1984 by Mr. John W. Hanes, Jr., this fund provides scholarship support for medical students. Mr. Hanes established this fund in memory of his daughter Dr. Carol Hanes, who died just two weeks prior to graduation from the School of Medicine.

**Burnett H. Hansen Memorial Scholarship Fund** - established in 2004 by Dr. Kimberley Hansen to provide general scholarship support to School of Medicine students who demonstrate financial need. Dr. Hansen, a former house officer ('86) and current professor of vascular surgery, endowed the fund in memory of his father.

**Hawthorne Hill Wake Forest University School of Medicine Fund** - established in 2002 by the Hawthorne Hill Society members. The fund provides need-based tuition assistance to M.D. students.

**William Randolph Hearst Endowed Medical Scholarship** - established in July 1998 by the W.R. Hearst Foundation.

**Dr. Felda and Elizabeth S. Hightower Scholarship Fund** - established in 2004 by Dr. and Mrs. Felda Hightower. Dr. Hightower ('31) was professor emeritus of surgical sciences.

**Hobbs-McGough Scholarship** - established in January 1975 by Dr. Ralph J.W. Hobbs ('43) in memory of his parents and his wife’s parents.

**Paul L. Horn, M.D. Memorial Scholarship** - established in July 1998 through a bequest of Dr. Paul L. Horn ('47).

**Robert Earl Howell, Jr. Memorial Scholarship** - established in 1976 by Mr. and Mrs. Robert E. Howell, Sr., in memory of their son.

**Howell Family Fund** - established in January 1995 by Dr. and Mrs. Charles M. Howell, Jr. ('35).

**Lucile Hutaff Scholarship** - established in October 1987 by the late Dr. Lucile Hutaff, this fund provides scholarship support for physician assistant students.

**Richard Janeway, M.D. Scholarship** - established in January 1996 by Mr. L. Glenn Orr, Jr.

**Wingate M. Johnson Loan Fund** - established in July 1993 by Mrs. Catherine Jackson, this fund provides educational loans for medical and physician assistant students. Mrs. Jackson established this fund in memory of her father, Dr. Wingate M. Johnson.

**Mary Jane and Harold W. Johnston, M.D. Scholarship** - established in November 1999 by the late Dr. and Mrs. Harold Johnston.

**Dr. Zelma A. Kalnins Scholarship** - established in 1997 through the estate of Dr. Zelma A. Kalnins, associate professor of cytology. The fund provides scholarship support with a preference for fourth-year students with an interest in pathology.

**Charlotte R. Kay Scholarship** - established in 2005 through the estate of Dr. Charlotte R. Kay, Class of 1950. The fund provides scholarship support for a student who demonstrates continuing ability and need and remains in the upper 50 percent of the class.
FINANCIAL AID

John Hume Killian, M.D. Scholarship - established in April 1998 by members of the Class of 1967, and family and friends of Dr. Killian (‘67). This fund was established in memory of Dr. Killian, who was killed in an automobile accident in 1998.

Kitchin Family Scholarship - established in January 2001 by Dr. John S. Kitchin (‘69).

John R. Knott Scholarship - established in 1968 by the late Mr. John Knott.

Roena and Petro Kulynych Scholarship - established in July 1991 by Mr. and Mrs. Petro Kulynych.

Lampley ’45-Taylor ’63 Scholarship Fund - established in March 2004 by Dr. Blucher Taylor, Class of 1963, in memory of Dr. and Mrs. Charles Lampley and in honor of his wife, Mrs. Frances Taylor. Based upon ability and need, the recipient is to receive two installments per year to be applied solely toward tuition, books, and school-related expenses.

Katherine D. and W. Hampton Lefler, Jr., M.D. Scholarship Fund - established in 1994 by Dr. and Mrs. W. Hampton Lefler, Jr. (‘63) to provide general scholarship support to students who demonstrate financial need.

Elisha T. and Eva B. Marshburn Memorial Scholarship - established in February 2000 by Dr. E. Thomas Marshburn, Jr., in memory of his parents.

W. Joseph May, M.D. Scholarship - established in August 1998 by Mr. Richard P. Budd and family. This fund was established in honor of Dr. W. Joseph May (‘44) for his enduring commitment and service to the underserved populations of humanity.

Dalton L. McMichael, Sr. Scholarship - established in March 1994 by Mr. Dalton L. McMichael, Sr.

Suzanne Meads Merit Scholarship - Dr. and Mrs. Manson Meads established this scholarship in memory of their daughter, who died in 1970.

Medical Alumni Association Scholarship - established in August 1999 upon meeting a $1.5 million goal set by the Alumni Association and accomplished through donations of alumni, house staff alumni, and parents. Preference is given to students with high academic achievement who also have a financial need. Recipients are to be known as “MAA Scholars.”

Medical Center Guild Scholarship Fund - established in 2003 by members of the Medical Center Guild.

Medical Scholars Fund - started in 1987 with gifts from various individuals who asked that their gifts be used to provide scholarships for medical students.

John G. Medlin, Jr. Research and Scholarship Fund - established in December 1998 by Mr. John G. Medlin, Jr.

Ruth Cadieu Musselwhite Scholarship Fund - established in 2002 by Dr. Neill Musselwhite (‘75) in memory of his mother. The Fund provides general scholarship support to first-year M.D. students at the School of Medicine who demonstrate financial need.

Fred Alton Neal, M.D. Scholarship - established in February 1992 by Dr. Fred Alton Neal, this fund provides a full four-year tuition scholarship to an eligible first-year medical student. Dr. Neal is the father of Dr. Bryan Neal (‘90).

Ruth O’Neal Fund - established through the estate of Dr. Ruth O’Neal in 1991. This fund supports students desiring to go into pediatrics.

Joseph “Joey” Randal Overby IV Memorial Scholarship Fund - established in 2008 by Dr. and Mrs. Joseph R. Overby, Jr. (‘71) to provide general scholarship support to students who demonstrate financial need. Dr. & Mrs. Overby endowed the fund in loving memory of their grandson.

Anne Eller Pardue Endowed Scholarship - established in 1999 by Dwight Pardue in honor of his wife, Anne Eller Pardue.

Margaret W. and Harry O. Parker Scholarship - established in December 1995 by Mrs. Margaret W. Parker.

David Russell Perry, Sr. Memorial Scholarship - established in March 1980 by Dr. and Mrs. D. Russell Perry, Sr.
Robert R. Perz Scholarship - established in July 1991 by the Class of 1984, as well as friends and family of Dr. Robert Perz, this fund provides scholarship support to rising third-year medical students. This fund was established in memory of Dr. Perz ('84), who died tragically as the result of a cycling accident in 1988. Each year, rising third-year medical students select the recipient whose personal values and qualities reflect those of Dr. Perz.

Clyde R. Potter, M.D. Scholarship - established in November 1989 with a bequest from Mrs. Pearl R. Potter in memory of her son, Clyde.

Reynolds Scholars-John W. Packer Scholarship - established in June 1994 by Mrs. John W. Packer and former Reynolds Scholars, the goal of this fund is to provide a full four-year tuition scholarship for qualified medical students. one half of the income will be awarded for use. The remaining half will be added to the principal. However, the dean may authorize full use of the income if deemed appropriate.

Bill Richardson Scholarship - established in May 1993 by the late Mr. William M. Richardson and Mrs. Richardson.

Rural Family Practice Scholarship Fund - established in December 1989 by donors who wish to remain anonymous. This fund provides a scholarship (with conditional obligation to repay) to financially needy third or fourth year medical school or physician assistant students who have an abiding interest in family medicine and are willing to practice in rural or underserved areas within North Carolina.

Ellen and AndrewSchindler Medical Scholarship Fund - established in 2000 by Ellen and Andrew Schindler to provide general scholarship support to medical school students.

David Bryan Sloan III, M.D. Memorial Scholarship - established in November 1998 by members of the Class of 1988 in memory of their former classmate.

Richard D. Snyder, M.D., Family Fund - established in 1999 by Dr. and Mrs. Richard D. Snyder and their family to provide scholarship support for School of Medicine students. Dr. Snyder is a member of the Class of 1958. Dr. and Mrs. Snyder are the parents of Dr. Lisa Beth Snyder, a member of the Wake Forest University School of Medicine Class of 1990. Furthermore, to help achieve and sustain the diversity of the student body, preference in awarding the scholarship may be given to students of the Jewish faith.

F. Eleanor Stafford, M.D. Scholarship - established by the late Dr. Stafford in October 2001 to provide general scholarship support to medical students demonstrating financial need.

Roy A. Stephens, M.D. Scholarship - established in May 1998 by family, friends, and former classmates of Dr. Stephens ('59).

Colin and Mary Louise Stokes Fund - established in December 1982 by Mr. and Mrs. Colin Stokes.

Norman M. Sulkin Scholarship Fund - established in 1981 by colleagues, friends, and former students of Dr. Sulkin. Income only from this fund shall be awarded to students in programs leading to the M.D. or Ph.D. degrees at Wake Forest University School of Medicine, with preference given to those in anatomy.

Tannenbaum-Sternberger Foundation Scholarship - established in July 1981 by the Tannenbaum-Sternberger Foundation.

B. Lionel Truscott, M.D. Scholarship - established in August 1991 by Mrs. Jane W. Truscott in honor of Dr. Truscott.

Glenn Monroe Tucker Scholarship - established in 1990 by Mr. Glenn Tucker.

Perry and Allen Van Dyke, M.D. Scholarship Fund - established in 2005 by Dr. and Mrs. Van Dyke ('71) to provide general scholarship support to students who demonstrate financial need.

Patricia H. Vann Scholarship in Memory of Dr. Herbert M. Vann and in Honor of Dr. Robert L. Vann - established by Mrs. Vann in memory of her late father-in-law and in honor of her husband, Dr. Robert L. Vann.

Wachovia Educational Scholarship - established in May 1998 by Wachovia Bank of NC, NA.

Wake Forest Medical Scholarship Fund - established in 2002 with proceeds from the estate of Mrs. Treva Richardson, the fund provides scholarship and stipend support for medical school students who are enrolled in certain combined degree programs.
Financial Aid

Wake Forest University Medical Mission Fund - established in March 2000 by Dr. L. Earl Watts ('57), this fund provides financial support for medical students and residents who wish to pursue medical mission training.

Weir Family Scholarship - established in June 2000 by Dr. A. Frank Weir, Jr. ('53) and Mrs. Janet R. Weir.

Julian Andrews White Scholarship - established in December 1993 by Dr. White.

Dr. Hillory M. Wilder Scholarship - established in 1961 with proceeds from the estate of Mr. and Mrs. Kenneth Blake in memory of Mrs. Blake’s father.

Paul H. Wright, M.D. Endowed Scholarship - established in December 1994 by Dr. Paul H. Wright ('74).

Federal Scholarships

Scholarships are available to U.S. citizens through the Armed Forces Health Service. Selection is competitive. Interested parties should write for information from any of the following:

**Army:**
U.S. Army Medical Department
3125 Poplarwood Ct., Suite 203
Raleigh, North Carolina 27604

**Navy:**
U.S. Navy Recruiting and Processing Center
Eastway Crossing Shopping Center
Unit 690, 3124 Eastway Drive
Charlotte, North Carolina 28205

**Air Force:**
1 Charlottetown Center
Charlotte, North Carolina 28204-3053

Minority Student Scholarships

Application for limited scholarship support for minority students during the first two years of medical school should be made to National Medical Foundation Inc., 5 Hanover Square, 15th Floor, New York, New York 10004.

Loans

Campus-based Loans

The Wingate Johnson Loan Fund - established in memory of Dr. Johnson, longtime professor of medicine, acting dean of the School of Medicine, founder of the North Carolina Medical Journal, and chair of the Board of Trustees of Wake Forest University.

Other sources include the Medical Center Guild, the Robert L. McMillan Loan, the Robert Wood Johnson, the Beckmann, the Edna Langston, the W. J. Moss, and the Mary C. Powell Loan Funds. Students are also eligible to apply to the James W. Denmark Loan Fund, established in 1875 and administered through the Treasurer’s Office on the undergraduate campus.

The Office of Financial Aid assists in the preparation of applications to the North Carolina Student Loan Program for Health, Science and Mathematics for state residents, the Federal Stafford Student Loan and the Federal Unsubsidized Loan for Students, the Federal Grad PLUS Loan, and alternative loan programs.

Subsidized Federal Stafford Loan

The Subsidized Federal Stafford Loan program is a federal student loan program that allows eligible graduate and professional students to borrow up to $8,500 per academic year. Eligibility is determined by the results of the FAFSA. Loans disbursed on or after July 1, 2006, have a fixed interest rate of 6.8%. The federal government pays the interest on the loan while the borrower is enrolled at least half time and during the six-month grace period. Aggregate total loan limit is $65,500.
Unsubsidized Federal Stafford Loan

The Unsubsidized Federal Stafford Loan program is a federal student loan program that allows eligible medical students to borrow up to $47,167 (minus the subsidized loan amount); the amount is dependent upon grade level. Eligible physician assistant students may borrow up to $20,500 (minus the subsidized Federal Stafford Loan). The federal government does not pay interest. The interest rate is the same as for the Subsidized Federal Stafford Loan. Any interest that accrues during enrollment is capitalized at repayment. Aggregate loan limits are $224,000 minus approved subsidized loan amounts for medical students and $138,500 minus approved subsidized loan amounts for physician assistant students and graduate students.

Federal Grad PLUS Loan

Graduate and professional students may borrow through the Federal Grad PLUS loan program beginning July 1, 2006. Students may borrow up to the cost of education minus other financial aid. A borrower’s creditworthiness is a consideration for lender approval. The interest rate is fixed at 8.5%.

Alternative Loan Programs

Alternative loan programs are credit-based loans that may be used to supplement other forms of financial assistance. In general, alternative loans should be considered as a last resort. Not all alternative loan programs are alike. Always consult the Financial Aid Office before applying for an alternative loan.

Exit Interview

Any student who has received financial aid and who ceases enrollment at Wake Forest School of Medicine for any reason—leave of absence, dismissal, withdrawal, graduation—must have an exit interview within seven days with the Financial Aid Office. This interview covers “Borrowers Rights and Responsibilities” for all student loan programs and is required by law.

Students who borrow from the Federal Student Loan Program should realize this is a revolving loan fund, and for it to continue, they must adhere diligently to their repayment agreements, since default will deprive succeeding students of these monies.

Forfeit of Scholarship Funds

Students who are enrolled in a special program and have received scholarships from that program will forfeit those scholarship funds upon withdrawal or dismissal from the program.

Refund Policy

Wake Forest University School of Medicine has adopted a refund policy that conforms to the updated version (Section 668.22) of the Higher Education Amendments of 1998. In brief,

1. The percentage of the semester the student attended before withdrawing will be determined.
2. The amount of Title IV aid earned by the student will be determined by multiplying the total Title IV aid for which the student qualified (for the semester) by the percentage of time the student was enrolled.
3. The amount of Title IV aid earned and the amount disbursed are compared. If less aid was disbursed than was earned, the student may receive a late disbursement for the difference. If more aid was disbursed than earned, the amount of Title IV aid that must be returned is determined by subtracting the amount earned from the amount actually disbursed.
4. Responsibility for returning unearned aid is allocated between the school and the student according to the portion of disbursed aid that could have been used to cover institutional charges and the portion that could have been disbursed directly to the student once institutional charges were covered.
5. Unearned aid will be distributed back to Title IV programs by repaying funds to the following sources, in order, up to the total net amount disbursed from each source: Unsubsidized Stafford Loan, Subsidized Stafford Loan, Perkins Loan, other Title IV programs.
Doctor of Medicine Program

Financial Aid

Further details and examples can be obtained from the Financial Aid Office. Refunds apply to the academic year of withdrawal only.

Academic Standards of Progress for Financial Aid Eligibility for Medical Students

I. Introduction

This policy has been developed to ensure that the Wake Forest University School of Medicine Student Financial Aid Program meets or exceeds requirements set forth by federal regulations governing academic standards of progress for financial aid eligibility. Evaluation of students’ satisfactory academic progress for purposes of financial aid eligibility is made at the end of each financial aid term.

II. Institutionally Controlled Financial Aid

Receipt of institutionally controlled financial aid requires full-time enrollment. Certain institutional aid programs have specific academic requirements, which are communicated to recipients at the time of the award. The Scholarship and Student Finance Committee reserves the right to revoke institutionally controlled financial aid for violation of School of Medicine regulations, including its Honor Code or Standard for Student Conduct, or for violation of federal, state, or local laws.

III. Federal Financial Aid

The Higher Education Act mandates that institutions of higher education establish minimum standards of satisfactory academic progress for students receiving federal financial aid. Wake Forest University School of Medicine makes these minimum standards applicable to all programs funded by the federal government. Students should note that the policy on satisfactory academic progress applies only to the general eligibility for federal aid consideration. To receive federal financial aid, a student must meet other federally mandated requirements. Other general student eligibility requirements for receipt of federal financial aid are listed in The Student Guide, a publication of the U.S. Department of Education.

General Requirements

Financial aid award periods are based on the academic year calendar as established by the Office of Student Services. The academic year contains two semesters, each of which is considered one financial aid term.

A. Time Limits on Financial Aid Eligibility

A student will be permitted a time limit of four financial aid terms of enrollment beyond the standard required length of study as a full-time student to complete the program in which he or she is enrolled. Summer enrollment, if required, is considered part of the preceding financial aid term for purposes of this measure.

A student may be granted a leave of absence for a variety of reasons. The period of leave for which the student has been approved may be excluded from the maximum time frame in which an individual student will be expected to complete the program.

The period of time for which a student is registered to pursue a full-time, noncredit research fellowship shall be excluded from the maximum time frame in which an individual student will be expected to complete the program.

<table>
<thead>
<tr>
<th>Degree Program</th>
<th>Standard</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor of Medicine (M.D.)</td>
<td>4 years</td>
<td>6 years</td>
</tr>
<tr>
<td>M.D. / Doctor of Philosophy</td>
<td>7 years</td>
<td>9 years</td>
</tr>
<tr>
<td>M.D. / Master of Bus. Admin.</td>
<td>5 years</td>
<td>7 years</td>
</tr>
<tr>
<td>M.D. / M.S.</td>
<td>6 years</td>
<td>8 years</td>
</tr>
</tbody>
</table>

Medical students who are accepted for transfer from other medical schools will be evaluated with respect to levels of academic progress attained, and a determination will be made as to remaining years of financial aid eligibility. This determination will be coordinated among the associate dean for admissions, the associate dean for student affairs, and the director of financial aid.

A student failing to meet this standard will be suspended from financial aid eligibility.
Doctor of Medicine Program
Financial Aid

B. Completion of Course Requirements

1. A student must complete course requirements as defined in the Wake Forest University School of Medicine Bulletin section “Grading System and Promotions Guidelines.” Any student failing to meet the standard because of probationary or failing grades will be placed on financial aid probation.

2. As soon as incomplete grades are changed to earned grades, the student’s probationary or suspended status will be lifted if the course standards are completed (See V. Reinstatement).

Grade Requirements

A. Grade requirements for financial aid probation are commensurate with grade requirements for academic or professional probation as defined in the School of Medicine Bulletin. Any student in “Academic or Professional Probation” will be placed on financial aid probation.

B. A student placed on probation for financial aid eligibility must, within the next 12 months, attain satisfactory academic progress as defined in the Bulletin. Failure to do so will result in suspension of financial aid eligibility for federal funds.

IV. Appeals of Financial Aid Suspension

A student on financial aid suspension may appeal within 10 working days after notification of suspension by indicating in writing to the associate dean for student services and the financial aid director (a) reasons why he/she did not achieve minimum academic standards and (b) reasons why his/her aid eligibility should not be terminated or should be reinstated. Each appeal will be considered on its own merit. Individual cases will not be considered as precedent. The appeal will be forwarded to the Scholarship and Student Finance Committee.

A. The Scholarship and Student Finance Committee will review the appeal within 10 working days of its receipt and determine whether the financial aid suspension is justified. The student will be advised in writing of the decision within 5 working days of the appeal’s consideration.

B. A student wishing to appeal the decision of the Scholarship and Student Finance Committee to the dean of the School of Medicine may do so in accordance with these procedures:

1. A written appeal must be delivered to the dean of the School of Medicine within five working days of the committee’s decision.

2. The dean of the School of Medicine will review the student’s appeal and will communicate a decision to the financial aid director within 10 working days of the receipt of the appeal.

V. Reinstatement

A student shall be reinstated for financial aid eligibility at such time as he or she successfully achieves satisfactory academic progress. It is the student’s responsibility to present evidence to the Financial Aid Office at the time he/she has met minimum requirements for reinstatement. A student determined ineligible for any financial aid term who subsequently becomes eligible for reinstatement may request a special review during the term and may thereby be reinstated for all or part of that financial aid term. The student must request any such review in writing; otherwise only one determination of satisfactory academic progress will be made each financial aid term. Reinstatement cannot be made retroactive to a prior financial aid term.

VI. Enforcement

The Office of Student Services shall have primary responsibility for enforcing this policy. The Office of the Registrar and other offices that maintain student information relevant to enforcement shall provide information when requested by the associate dean for student services.

The Financial Aid Office shall provide a copy of this policy to each student at the time of initial enrollment. The Financial Aid Office shall ascertain at the time of disbursement of funds and prior to certification of a student loan application that the student is in compliance with the policy.
Student Government

The Student Government (SG) is made up of all students at Wake Forest University School of Medicine. Its officers serve as the representatives of student government and function in accordance with the constitution that follows. Students are urged to participate in the SG and support its functions and officers. The president of the SG is considered the president of the student body and as such serves as a liaison between students and the administration and representative of the School of Medicine to the community. Serious consideration should be given to selecting or electing the individual for this important office.

STUDENT GOVERNMENT CONSTITUTION

Preamble

We, the students of Wake Forest University School of Medicine, in order to conduct the student government, promote programs of social, academic, and athletic nature, and define the responsibilities of student officers, do hereby set forth this constitution of Wake Forest University School of Medicine Student Government.

Article I

All duly enrolled students in good standing are represented by the Student Government (SG) and shall have the right to vote. A quorum shall consist of 20 percent of the student body for general elections and referendums.

Article II—Officers

The Executive Council consists of the President, Vice-President, Secretary, Treasurer, and Volunteer/Community Outreach Chairperson.

Section A—Duties

President—Acts as the liaison between the students and the administration by representing the interests of the student body in both day-to-day and long-term problems; is responsible for presiding over and scheduling monthly SG meetings; is responsible for managing SG projects and for making sure that they are carried out and kept up-to-date; is required to develop a budget with the other executive officers for the allocation of SG funds to these programs; is responsible for organizing and developing new SG programs and projects.

Vice-President—Organizes and coordinates all SG social functions (i.e., Freshmen Orientation Party, Halloween Party, Christmas Dance, and the Spring Picnic) together with the other executive officers; acts as Chair of the SG Social Committee, which is composed of the Executive SG Treasurer and Secretary and the Social Chair from each class; assists the President with SG programs and activities; acts in place of the President in cases of absence.

Secretary—Takes attendance and minutes at all SG meetings and Dean’s luncheons, and posts these minutes in various areas accessible to the student body; publicizes student government events; types any letters that need to be sent out on SG’s behalf; and works with the President and Vice-President on all SG functions.

Treasurer—Keeps up-to-date and accurate records of SG’s monies; co-signs with the President or Vice-President on all drafts from SG’s funds; assists the Vice-President in the organization of all of the aforementioned SG social activities.

Volunteer/Community Outreach Chairperson—Organizes all student-government-sponsored volunteer and community service opportunities; routinely offers new ways for students to volunteer at the hospital and within the community; coordinates all student government charitable fundraising efforts; regularly meets with the class volunteer chairpersons; is responsible for keeping track of relevant interest group activities and updating the school on ongoing volunteer efforts.
Article III—Student Advisory Council

The Student Advisory Council shall be advisory to the Associate Dean for Student Services, the President of the Student Government, and the Faculty Executive Council. It will approve the SG budget by at least a simple majority. A quorum shall consist of eleven members. This council shall consist of the SG officers; the President, Vice-President, Secretary, and Treasurer of each class; and the elected student representative to the AAMC (OSR). SG’s President will preside over the Student Advisory Council.

Article IV—Elections and Officers

Section A—Eligibility

Students must be in “Good Academic and Professional Standing” in order to run for or retain office.

Section B—Elections for Student Government

Elections for the SG officers shall be completed by the May SG meeting. Nominations must be seconded in writing by 15 members of the student body and submitted to the Office of Student Services at the designated time along with a written statement of intent. The Office of Student Services will compile the ballot and post a sample copy on the student bulletin boards. The winner must receive a simple majority of the ballots cast and will assume office for a term of one year after the May SG meeting or by the time of that year’s graduation.

Section C—Class Officers

Class officer elections will be held for President, Vice-President, Secretary, Treasurer, two social chairpersons, two intramural representatives, Academic Computing liaisons, volunteer activities coordinator, and appropriate curriculum representatives as listed with each class. Elections for each class will be held as follows:

1st-Year Class Elections—The 1st-year class elections will be held on the 5th Monday after the start of classes. The elections will be governed by the current 2nd-year class officers. The 2nd-year class officers will be responsible for collecting nominations one week prior to the elections and will submit these nominations to the Office of Student Services by the Wednesday prior to the elections. The Office of Student Services will notify students who are ineligible to run for office based on Article IV Section A of the Student Government Constitution. After the nominations have been approved by Student Services, the 2nd-year class officers will submit the nominations to the Office of Academic Computing prior to the 5th Monday after the beginning of classes. The 2nd-year class officers will determine a time for speeches by the nominees during the week prior to the elections. The voting will be open from the 5th Monday after classes begin until the 5th Friday after classes begin. The 2nd-year class officers will be responsible for notifying the 1st-year class of the election results.

2nd-4th Year Class Elections—The 2nd-4th year class elections will be conducted under the guidance of the outgoing class officers. The rising 2nd-year class elections will be conducted by the outgoing 2nd-year class officers, the rising 3rd-year class elections will be conducted by the outgoing 3rd-year class officers, and the rising 4th-year class elections will be conducted by the outgoing 4th-year class officers. The outgoing class officers will hold the following election responsibilities:

• Collecting nominations beginning on the 1st Monday in April
• Submitting nominations to the Office of Student Services by the following Wednesday in April
• Submitting nominations approved by the Office of Student Services to the Office of Academic Computing by the 2nd Monday in April
• Notifying class of election results

Voting will be open from the 2nd Monday until the following Friday in April. If scheduling conflicts arise, the outgoing class officers may hold elections before the end of the previous class’s academic year. Furthermore, the outgoing class officers will determine an appropriate time for speeches or collect personal statements to be distributed to the entire class before voting begins.
Section D—Vote of No Confidence

Any Executive Council officer may be removed from office by a vote of no confidence by two-thirds of the student body; any class officer may be removed by a vote of no confidence by two-thirds of his/her class. If a vote of no confidence involves the President, the Vice-President will assume the duties of the President for the remainder of his/her (the President’s) term.

Section E—Vacated SG Offices

If an office is vacated for any reason during the elected term, the remaining officers will assume the responsibility of the open office until another election can be held or until the end of the elected term.

Article V—Recognition of New Student Organizations by the Student Government Association

In order for a new student organization to be recognized by the Student Government Association, an organization must fulfill the following requirements:

• The new student organization will be approved by Student Services and meet their guidelines, which currently include the following:
  o A mission statement
  o 15 signatures
  o A faculty advisor
  o Approval by a Dean of Student Services

These guidelines are subject to change per the Office of Student Services. Approval by Student Services is required before seeking recognition from the SGA and/or requesting funds from the SGA.

• The new student organization will make a presentation to the SGA by January of the previous academic year in which they will be seeking recognition/funding. This presentation will include a description of the organization and an outline of the organization’s plans. The SGA may ask the presenting student(s) to discuss any aspect of the proposed organization.

The SGA will determine approval of all new student organizations during the first meeting in February of the previous academic year in which a new organization seeks funding.

Article VI—Amendments

Amendments may be added to this Constitution by a two-thirds vote of the Student Government in a special election after said amendment has been posted for at least thirty (30) days on the student bulletin boards.

Student Organizations

North Carolina Medical Society, WFUSM Medical Student Section (NCMS-WFUSM-MSS)

Any student interested in taking an active role in the local, state, and national politics of medicine is welcome to join this organization. Full membership in the Forsyth County Medical Society, the NCMS, and the American Medical Association (AMA) is included. A few of the activities involve election of representatives to the state NCMS House of Delegates, the national AMA meetings, the physician-student outreach program, freshman orientation, and the STEP program with AMSA. Other benefits include the Journal of the AMA (JAMA), weekly AMA newspaper, and the NCMS Journal.

American Medical Students Association (AMSA)

The American Medical Students Association is dedicated to the improvement of health care, medical education, and promoting student causes and activities. AMSA is the only independent national organization for all medical students, and it boasts more than 20,000 members nationally with chapters at nearly all accredited medical schools. At the national level, AMSA has task forces dealing with many facets of medical and student concerns, ranging from Humanistic Medicine and Minority Affairs to International Health and Legislative Affairs. Opportunities to study abroad are also available to interested students. The local WFUSM chapter concentrates on community and student services, i.e., the Students Teaching AIDS to
Students (STATS) program and the Bike Trek. Benefits to AMSA members include Guaranteed Student Loans with no origination fee, auto insurance, group health insurance, a reduced-rate MasterCard, and the publication *The New Physician.*

**Student National Medical Association (SNMA)**

The WFUSM Chapter of the Student National Medical Association is an affiliate of the national organization. The association strives to enhance professional skills, support personal aspirations, and create an atmosphere wherein professional excellence and moral principles can find fullest expression. Primary services of SNMA involve orientation and assistance to entering minority students and sponsoring programs for minority youth to encourage their entrance into health professions. Recently SNMA has sponsored annual events such as the Medical Excellence Banquet, Art Auction, the sickle cell disease Children’s Christmas Party, and tutoring disadvantaged students. The Wake Forest School of Medicine Chapter is dedicated to the development of competent leaders, social awareness, service to humanity, and excellence as physicians. All students are invited to join and help achieve these goals and set new ones.

**Asian and Pacific American Medical Student Association (APAMSA)**

The purpose of the Asian and Pacific American Medical Student Association is to support Asian Americans enrolled or interested in education programs of the medical profession, with a focus on enhancing educational experience and professional development as related to both the individual and the community. Through support programs, social interaction, professional networking, and other educational outlets, APAMSA hopes to encourage high academic performance, compassion, and the highest ethical standards of the profession.

**American Medical Women’s Association (AMWA)**

The American Medical Women’s Association is a national organization that supports issues common to women in medicine. The student branch of AMWA was formed in 1975. Goals of the student branch of AMWA are to help orient incoming women students, promote interest in the medical profession among women high school and college students, and assist women students in the four medical classes to become better acquainted with each other and with women faculty members. Members of the organization receive periodic newsletters published by AMWA. Members also may attend national meetings of AMWA with full voice and voting power.

**Christian Medical and Dental Association (CMDA)**

The Christian Medical and Dental Association is an interdenominational group of medical students, physicians, physician assistants, and other allied health workers from Wake Forest School of Medicine and North Carolina Baptist Hospital who are committed to integrating their faith in Jesus Christ with the practice of medicine. Viewing medicine as a calling, CMDA desires to coordinate conferences, retreats, discussions, guest speakers, fellowship, Bible studies, and community medical projects in order to help the merging of Christianity and medicine. CMDA is one chapter of an international framework.

**International Health Club (IHC)**

The goal for the International Health Club (IHC) is to provide students the opportunity to explore medicine in other cultures and serve the local international communities. The IHC benefits the WFUSM community by providing a place for international students and others interested in international medicine to meet and share their ideas.

**Medical Student and Significant Other Support Group**

The purpose of this organization is to provide a support network for students and their significant others. This support network helps students and their significant others adjust to life in the medical school community. This group serves as a vector for the exchange of ideas and coping techniques for management of relationships during medical school. The couples’ organization aids students in maintaining a balance of academic life and personal priorities.

**Military Medical Student Association (MMSA)**

The Military Medical Student Association is a national organization composed of medical students throughout the country who are enrolled in the Armed Forces Professional Scholarship Program or...
attending the Uniformed Services University. The goal of the MMSA is to educate the future military physician regarding military graduate medical education opportunities, pay and benefits, and military medical career opportunities. In addition, the MMSA represents military medical students before the AMA and other national agencies. The local chapter hosts military physicians and graduate medical coordinators as guest speakers, provides students with information regarding rotations at military hospitals, and sponsors members’ attendance at the annual military medical meeting. Also, chapter members are available as a resource for medical students who would like more information regarding careers in military medicine.

**Operation Smile**
The medical student chapter of Operation Smile has a threefold purpose: (1) raise funds for the repair of maxillofacial deformities in needy children while increasing awareness of the need for such surgeries, (2) build a relationship with the WFU undergraduate campus via joint activities with the Wake Forest chapter of Operation Smile, and (3) give medical students an opportunity to work locally and abroad in Operation Smile missions.

**Say Ah!**
Say Ah, the women’s *a cappella* group, provides entertainment to patients and their families and enriches the lives of the group’s participants. The group benefits the WFUSM community through the joy brought to the patients and staff of the Medical Center. Activities for the group include a Holiday Stroll, during which they sing holiday songs on different floors of the hospital, a spring concert in the chapel, and a concert on parents’ weekend.

**The Ultrasounds**
The goal of the men’s *a cappella* group is to offer patients an opportunity for interaction with medical students that is not based on medical treatment, but that instead provides a reprieve from their ordeal and insight into the deeper character of future medical professionals. The group also provides an opportunity for first- and second-year male medical students to donate their time, musical talent, and love of music to lift the spirits of patients and their families, fellow students, employees of the Medical Center, and members of the community.

**Wake Humanism in Medicine**
Wake Humanism in Medicine (WHIM) is an organization dedicated to educating WFUSM students, faculty, and staff on humanistic issues in medicine including religion, racial and socioeconomic diversity, and minority health disparities. It is a group dedicated to the uniquely human aspects of medical care; things that enrich, educate, affect, and ameliorate; arts and literature; cultural, religious, and ethnic diversity or unity; and perceptions of the dance between life and death we term medicine.

**Yearbook**
The *Gray Matter* is an annual publication compiled by the student body. Fourth-year students usually serve as editors/co-editors with each class compiling its own section and sharing the duties involved with the faculty, house officers, and advertising sections. The collection and organization of this material are quite time consuming, but the results have proven very rewarding to those responsible for the yearbook. An organizational meeting is usually held in the late summer for the following year’s edition, and volunteers are always welcome!

**Specialty Interest Groups**
The following specialty interest groups are available for students at Wake Forest University School of Medicine: Anesthesia Interest Group; Association of Women Surgeons; Complementary Medicine Interest Group (CMIG); Emergency Medical Interest Group (EMIG); Family Medicine Interest Group (FMIG); Internal Medicine Interest Group (IMIG); Obstetrics and Gynecology Interest Group (OGIG); Pediatrics Interest Group (PIG); Psychiatry Interest Group (YIG); Radiation Oncology Interest Group; Radiology Interest Group; Student Interest Group in Neurology (SIGN); Surgery and Surgical Specialties Interest Group (SIG); and Wilderness Medical Interest Group.
Medical Alumni Association

The Wake Forest School of Medicine Medical Alumni Association (MAA), founded in the 1940s, has a membership of more than 7,500 physicians who are graduates of the Wake Forest University School of Medicine and former house staff (resident staff) of the North Carolina Baptist Hospital. The School of Medicine faculty, with the exception of alumni and house staff alumni who are active members, are associate members.

The MAA sponsors various events and programs for alumni, students, current and former house staff, and parents. The annual Alumni Weekend provides alumni a chance to return to Winston-Salem for class reunions, scientific sessions presented by the faculty, and many other events. Regional gatherings around the country provide opportunities for alumni, students, and parents to interact with each other as well as with faculty and staff members of the School.

Not all involvement with the Alumni Association begins after graduation. The MAA is an active part of student life starting at orientation. A Student Advisory Committee meets with MAA staff on a regular basis to discuss student interaction with the Alumni Association. The MAA sponsors events such as a welcome party for new students, class dinners at the end of the second year and at the beginning of the fourth year, and lunches for special occasions and class meetings, as well as publications, including MS-I, MS-II, and Phase V Survival Guides. These programs are designed to enhance student life while increasing awareness of the Alumni Association.

The MAA also sponsors Convocation Weekend, also known as the White Coat Ceremony, which is held in the fall of the students’ first year. This is a very special ceremony for the students, and parents and other family members are invited. The Weekend’s activities include the presentation of the White Coat, lectures on various aspects of medical school, tours of the school, and a dinner for students and their families.

Many alumni also participate in the Alumni/Student/Resident Network Program, which was created as a resource for students, residents (house staff), and alumni for information about specialties, practices, geographical areas, electives, and other matters; some alumni even provide dinner or lodging for students visiting their area for interviews or out-of-town rotations.

The MAA Annual Fund is the yearly fund-raising campaign of the Medical Alumni Association. Contributions from alumni, house staff alumni, parents, faculty, and friends, totaling more than $800,000 each year, provide support for the educational experience at the School of Medicine.

The Medical Alumni Association has an advisory Board of Directors with 28 elected members and additional appointees from among the alumni, current house staff, student body, and faculty. The Board works with the Office of Alumni Affairs staff and the School of Medicine administration to develop beneficial programs and enhance communication among all members of the School of Medicine family.

2008-2009 Officers

David O. Cook, M.D. ’84 ................................................................. President
Winston-Salem, N.C.

R. Merrill Hunter, M.D. ’78 ......................................................... President-Elect
Raleigh, N.C.

Douglas R. Boyette, M.D. ’75 .................................................... Secretary
Shelby, N.C.

Lectureships

Wingate M. Johnson Lectureship Fund. The visiting professorship constitutes a living memorial to Dr. Johnson, former professor of medicine, whose memory is cherished by generations of School of Medicine students and house officers. It was established through a gift from Dr. Johnson’s daughter, the late Mrs. Catherine Johnson Jackson of Winston-Salem. The purpose of this lectureship is to bring to the School of Medicine recognized authorities in various fields of medicine who will speak on medical subjects from a Christian perspective. It also recognizes Dr. Johnson’s contributions to the School of
Doctor of Medicine Program
Student Information

Medicine and to the medical profession of North Carolina, as well as the Christian foundation of his life and professional achievements.

**Garrison Family Fund.** Established by Dr. and Mrs. Glen E. Garrison in 1994 in honor of the family of the late Roy Charles Garrison, this fund provides support for an outstanding annual continuing medical education presentation on cardiovascular disease.

**Medlin (Charles T., Sr., M.D.) Family Medicine Lectureship Fund.** Established in 1995 by the late Charles T. Medlin, Sr., M.D., this fund supports an annual lecture presented by a family physician who is distinguished in the field of family medicine.

**Simon (Jimmy L., M.D.) Distinguished Lecture.** Established in 1994 by Herbert (deceased) and Ann Brenner in honor of Dr. Simon, former chairman of the Department of Pediatrics at the School of Medicine, this fund supports a two-day Distinguished Lectureship Program in Pediatrics at Brenner Children’s Hospital and enables practitioners to be exposed to new, innovative procedures and practices.

**Levin (Stella P.) Lectureship in Hepatology.** Established in 2005 by Mrs. Stella Levin and her son, Mr. Jack L. Levin, the fund supports a lectureship in hepatology, with a preference for a focus on Wilson’s disease, in the Section on Gastroenterology in the Department of Internal Medicine.

**Clyde T. Hardy, Jr., Lectureship in Health Care Administration.** Established in 1984 by the institution in honor of Clyde T. Hardy to fund an annual or biannual lecture in Health Care Administration.

**Felda Hightower Distinguished Lectureship.** Established in 1989 by the institution.

**Frank R. Johnson Visiting Professorship.** Established in 1988 by the institution.

**Plastic Surgery Visiting Lectureship.** Established in 2002 by the institution.

**Charles L. Spurr Lectureship Fund Visiting Professorship in Obstetrical Anesthesia and Analgesia.** Established in 2004 by the institution.

**Julian Keith Visiting Professor Fund.** Established in 1990 to support conferences by visiting professors.

General Information

**Athletic Facilities.** The School of Medicine Fitness Center features a complete line of Nautilus machines and 10 aerobic machines. Dumbbells and benches complement the selection. Men and women have separate support areas with locker rooms, showers, and steam rooms. The Center is on “E” floor of the Hanes Building. The Fitness Center manager may be reached at 716-6953. Hours of operation are posted at the door. Membership is free for medical students.

Some athletic facilities at Wake Forest University may be available for recreational use by medical students when not in use for classes or varsity sport purposes. The Medical Center badge will serve as identification for authorized use of these facilities. Call the Information Desk at the main campus for available times.

Hanes Park is less than a mile away and contains 20 public tennis courts, which are lighted and in excellent repair. Adjacent to the tennis courts are the YMCA and the YWCA, both of which boast handsome and complete athletic facilities. Special membership rates are available to students at the “Y” upon presentation of a student I.D. badge.

Tickets to various athletic events are available in limited numbers on a first-come, first-served basis through the Office of Student Services/Diversity and Development Initiatives. As tickets become available, information will be provided.

**Banking Facilities.** A branch bank is located on the “M” level of North Carolina Baptist Hospital and is open Monday through Friday from 9:00 a.m. to 5:00 p.m. Other banks are located in the downtown area of the city and at shopping centers. Automatic tellers are located on the “G” and “M” floors of Reynolds Tower and outside the Gift Shop on the “M” floor of North Tower.

**Bookstore.** The Bookstore is located on the “G” level of the Reynolds Tower and is open from 8:00 a.m. to 5:00 p.m., Monday through Friday, telephone 716-4383. Before buying a book, be sure you
understand the return policies, since many books cannot be returned to the distributor after purchase. Students may charge books only if authorized to do so by the Financial Aid Office.

Early purchase of texts by first-year students is discouraged, since course requirements change, and consultation with other students may enhance wise and frugal acquisition of books.

**Coy C. Carpenter Library.** Carpenter Library is located on the first floor of the Gray Building of the School of Medicine and is open 7:00 a.m. to midnight Monday - Thursday; 7:00 a.m. to 7:00 p.m. Friday; 10:00 a.m. to 7:00 p.m. Saturday; and 1:00 p.m. to midnight Sunday. Special holiday and examination schedules will be posted. Book returns are located for your convenience on level 1 of the Hawthorne employee parking deck, on the M floor of the Hanes Building by Eden Terrace, and near the mailboxes on the G floor of Watlington Hall. The Medical Center identification badge must be presented when borrowing materials. A copy of Carpenter Library regulations is available at the circulation desk. Computer-assisted instruction (CAI) is available in the library. Computers are located in the library’s Learning Resources Center and available during library hours.

**Housing.** The Office of Medical Student Admissions maintains a file of housing available in the immediate Medical Center area, as well in the greater Winston-Salem vicinity. There are numerous apartment complexes in the city. It is suggested that students obtain housing within walking or biking distance of the school.

**Parking Facilities.** Limited on-street parking is permissible in the vicinity of the School of Medicine; however, police regularly check areas that have a time limit or require a parking sticker. Having a sticker and park card does not guarantee the student a parking space.

To provide convenient facilities for medical students who ride bicycles, racks have been installed beneath the foyer of Babcock Auditorium. Baptist Hospital also has a rack under the deck at the basement entrance of the patient tower. Bicycles should not be stored in the School of Medicine or its laboratories. Fire restrictions necessitate that easy access exits be available, and the Fire Marshall considers bicycles an impediment to this, so storage racks must be used.

**Parking Facilities - Reynolda Campus.** All vehicles operated on the Reynolda Campus must be registered. Wake Forest vehicle registration forms and Traffic Rules and Regulations are available in the medical school’s Office of Student Services.

**Security.** The Medical Center Security Service provides continuous patrols and surveillance throughout the area. Care should be taken by all when traveling through darkened halls and parking lots. The Security phone number is 716-3305 and should be called to obtain escort service from the building when needed.

**Student Special-Use Facilities.** The Student Study Room (a.k.a. “The Fishbowl”) is located on “E” floor of the Hanes Building near the Fitness Center. To meet special study needs there are carrels, tables and chairs, and lounge chairs. A quiet atmosphere is maintained. No food or drinks are permitted.

The Student Lounge is also located on “E” floor. It is beautifully and comfortably appointed.

A locker and lounge area (a.k.a. “The Batcave”) for third- and fourth-year students is located on 5 West.

All student special-use facilities are accessible by a lock combination available only to students. This combination must not be shared with unauthorized individuals.

**Telephones.** A telephone is available in the Student Lounge for local calls. Using Medical Center phones for unauthorized long-distance calls is considered stealing from the Medical Center.
### Medical Center Codes

To report emergencies, call **716-9111** and give name, type of code, and location.

- **Code Red**: Fire
- **Code Blue**: Cardiac-Pulmonary Arrest
- **Code 44**: Sudden Illness or Injury
- **Code Stroke**: Suspected Stroke
- **Code 33**: Minor Disaster

To report **security problems**, call **716-3305**.

### Student Responsibilities

**Beepers.** Beepers are essential for all Year 3 and 4 students. During Year 3 orientation, the Office of Student Services will provide information regarding the Medical Center beeper service. All associated fees for the beeper service are the responsibility of the medical student.

**Breakage Deposits.** Breakage deposits are not required. However, if abnormal breakage or loss of equipment occurs, the School of Medicine reserves the right to make special assessments to cover such losses.

**Dress Code and Behavior.** Students are expected to be clean, neatly groomed, and appropriately dressed while within the institution. They should avoid extremes of fashion. They should not wear operating room scrub clothes outside the Medical Center. It is unprofessional to discuss patients or medical topics in public areas, such as elevators.

**Employment.** The time available for gainful employment during medical school is limited. If additional funds are necessary, the student should discuss the problem with the Financial Aid Officer. A student who decides to accept a job should notify the Office of Student Services so that academic progress may be monitored.

**Equipment Purchases.** Medical students at Wake Forest University School of Medicine are required to purchase a number of items for use in classes such as anatomy and for clinical situations. Details are provided to students during Orientation.

**Hospitalization Insurance.** Wake Forest University requires that all students have hospitalization insurance and maintain coverage throughout enrollment. Students who are eligible to continue under their parents’ or spouse’s coverage may do so. As an alternative, the School of Medicine has made arrangements for students and their families to purchase insurance at group rates. Please contact the Cashier’s Office regarding this insurance. Proof of insured status must be available to the Office of Student Services at matriculation and throughout attendance at Wake Forest University School of Medicine. The policy of the School of Medicine is that any charges incurred that are not covered by insurance will be the personal responsibility of the student. Regular clinical activities carried out after matriculation by the Employee Health Center will not create any charges for the individual student.

**Identification:** The Wake Forest University Baptist Medical Center badge is issued at Orientation and should be worn by the student at all times while in the Medical Center or while in other affiliated hospitals, offices, and clinics. Once activated, it is used for identification purposes and for activities at Wake Forest and will give access to the Wake Forest School of Medicine library services. Students who lose their badges will have to purchase replacements at the WFUSM Human Resources office.

**Information Cards.** Students are required to provide complete information for the database in the Office of Student Services. The information requested — name, local address and telephone, permanent address and telephone, spouse, parents’ names and addresses, etc. — is used by that office and Medical Center departments, when necessary. Twice a year the student will be asked to update this information so
that it is as up-to-date and accurate as possible. Also, any student who has a change of address or telephone number, or both, during the year should notify the Office of Student Services immediately.

Please note: Students who do not wish their telephone numbers and addresses released as public information must so advise the Office of Student Services/Diversity and Development Initiatives.

Laboratory Coats. Students are provided with disposable laboratory coats as needed, according to OSHA guidelines.

Mail. Student mailboxes are located on the “G” floor of Watlington Hall. Each student will be assigned a mailbox and combination by the Mailroom. Mailboxes should not be left ajar or locks tampered with in any way. If there is difficulty accessing the mailbox, a mailroom attendant will assist. The student should use his/her year of graduation as part of his/her Medical Center address. Incoming and interoffice mail will be placed in boxes as quickly as possible when it is received in the Mailroom. Please check the box often to collect important communications. Keep your box empty and available for additional mail. The address for the Medical Center is Medical Center Boulevard, Winston-Salem, NC 27157-0000. The student’s box number should be used as the last four digits.

Most correspondence from administrative offices is sent to the student mailbox (e.g., memos regarding meetings with the associate dean for student services, National Board application information, and promotions correspondence). Therefore, it is important for the student to remember to check the mailbox or have it checked when he or she is out of town. The student is responsible for any correspondence sent to the student mailbox that requires action.

ThinkPads. First-year students at Wake Forest School of Medicine are furnished with an IBM ThinkPad computer and personal printer. The computer remains the property of the School of Medicine, but the printer becomes the student’s property immediately. If a student ceases to be enrolled in the School of Medicine, he or she must return the computer to the school in good working condition but will be allowed to keep the printer. Students—excluding those participating in an approved joint degree or research program—temporarily enrolled at another school or in a study-abroad program not paid by Wake Forest School of Medicine tuition must return the computer. Wake Forest anticipates that students will use the computer in all aspects of university life, but commercial use of the computer violates the university’s software agreements and is strictly prohibited.

Awards and Honors

Each year students who have demonstrated excellence in the field of medicine are selected to receive awards. These are given by the clinical departments, faculty, and student body. A plaque or certificate and a monetary gift may accompany the award. Following are the awards and honors bestowed annually.

Alpha Omega Alpha—national medical honor society. The institution may elect not more than one sixth of the graduating class.

American Medical Women’s Association Scholarship Citations—for female medical students who graduate in the top 10 percent of their class.

Charles B. and Agnes Cree Deane Cancer Research Award—for outstanding performance in clinical oncology.

David Bryan Sloan III, M.D. Award for Excellence in Ophthalmology—for the graduate showing the most interest and aptitude in ophthalmology.

Dr. Martin and Sandra Castelbaum Award for Excellence in Internal Medicine—for the graduating senior student selected by the Department of Internal Medicine on the basis of demonstrated outstanding abilities and exceptional potential in the field of internal medicine.

Excellence in Dermatology Award—for the graduating medical student who, during his or her interaction with the faculty of the Department of Dermatology, best exemplifies leadership, intellectual ability, achievement, and humanity. The department hopes that the recipient of this award continues into a career in dermatology to contribute to the advancement of the specialty and teach other students by his/her example.
Doctor of Medicine Program

Student Information

Excellence in Neurology Award—for the most outstanding student in neurology.

Faculty Award—for the graduating student who has demonstrated overall scholarship and character during four years of medical education. Selected by faculty.

Isadore Meschan Award for Academic Excellence in Radiologic Sciences—to the student who has performed outstanding research and demonstrated academic excellence in radiology.

Leonard Tow Humanism in Medicine Award presented by the Arnold P. Gold Foundation—to the student and faculty member who best demonstrate the foundation’s ideals of outstanding compassion in the delivery of care, and respect for patients, their families, and healthcare colleagues, as well as demonstrated clinical excellence.

M. Robert Cooper Scholarship Award—for pertinent research in the field of oncology.

Matsumae Award—for the senior medical student who has demonstrated compassion and interest in international understanding.

Medical Alumni Association Excellence Award (formerly called the Achievement Award)—recipient is selected by ballot of senior classmates as that member of the class who best personifies the “ideal” doctor.

Medical Student Award for Excellence in Anesthesiology—for the most outstanding student in anesthesiology.

Obstetrics and Gynecology Merit Award—for the student selected by the faculty of the Department of Obstetrics and Gynecology who exhibits outstanding academic and professional stature.

Outstanding Medical Student in Psychiatry Award—for the most outstanding student in psychiatry.

Pediatric Merit Award—to the student selected by the faculty of the Department of Pediatrics for all-around ability and interest in the care of children, not based solely on academic standing.

R. W. Prichard History of Medicine Award—award given in memory of Robert W. Prichard, M.D., a distinguished member of the faculty for 44 years and longtime chair of the Department of Pathology and director of laboratories for North Carolina Baptist Hospital. Dr. Prichard was also widely respected as a medical historian. The award is given to a medical student who is judged to have written an outstanding paper on the history of medicine.

Richard L. Burt Research Achievement Award—given to a medical student who has given a significant amount of time to active research.

Richard T. Myers Surgical Merit Award—for the most outstanding graduating student in surgery based on participation in surgery during medical school.

Robert P. Vidinghoff Memorial Award—for the graduating student showing the greatest aptitude and devotion to the field of family practice.

SAEM Medical Student Excellence in Emergency Medicine Award—presented annually to each medical school in the United States. Awarded to the medical student who best exemplifies the qualities of an excellent emergency physician, as manifested by excellent clinical, interpersonal, and manual skills, and a dedication to continued professional development leading to outstanding performance on emergency medicine rotations.
Graduate School
Biomedical Sciences
FALL SEMESTER 2008

August 5-8 Mandatory new student orientation/registration
August 11-15 Orientation for Scientific Integrity and Professionalism—new students
August 27 Classes begin
September 01 Labor Day holiday
September 10 Last day to add courses
September 12 Deadline to file statement of intent to graduate December 30
October 01 Last day to drop courses
November 14 Deadline to submit thesis to graduate December 30
(to Graduate School office for review)
November 17 Registration for spring 2009
Thru December 05 Thanksgiving recess
November 26-28 Thanksgiving recess
December 05 Classes end
December 06 Deadline to file statement of intent to graduate May 18
December 18 Last day to drop courses
December 15 Last day to defend to graduate December 30
December 17 Deadline to submit final copies of dissertation to Graduate School office for December graduation
December 19 Grades due
December 30 Graduation

SPRING SEMESTER 2009

January 14 Classes begin
January 19 Martin Luther King Jr. holiday
January 28 Last day to add courses
February 06 Deadline to file statement of intent to graduate May 18
(to Graduate School office for review)
February 18 Last day to drop courses
March 05 Spring recess
March 09-13 Spring recess
April 03 Deadline to submit thesis to graduate May 18
April 10 Good Friday holiday
April 15 Registration for summer session 2009
thru May 1
April 29 Classes end
May 04 Last day to defend to graduate May 18
May 08 Deadline to submit final copies of dissertation to Graduate School office for May graduation
May 09 Examinations
May 14 Grades due
May 16 Hooding and Awards Ceremony
May 18 Commencement

SUMMER SESSION 2009

May 20 Summer session begins
May 27 Last day to add/drop courses
June 05 Deadline to file statement of intent to graduate August 15
(to Graduate School office for review)
July 01-17 Registration for returning students fall `09
July 06 Last day to submit thesis to graduate August 15
August 08 Last day to defend to graduate August 15
August 05 Deadline to submit final copies of dissertation to Graduate School office for August graduation
August 07 Summer session ends
August 14 Grades due for Summer Session
August 15 Graduation
Graduate Programs in Biomedical Sciences

The Wake Forest University Graduate School of Arts and Sciences offers the following Doctor of Philosophy degrees at the School of Medicine: Biochemistry and Molecular Biology, Cancer Biology, Biomedical Engineering, Microbiology and Immunology, Molecular and Cellular Pathobiology, Molecular Genetics and Genomics, Molecular Medicine and Translational Science, Neurobiology and Anatomy, Neuroscience, and Physiology and Pharmacology. Also, combined M.D./Ph.D. and Ph.D./M.B.A. programs are available. The Master of Science degree is offered in Biomedical Engineering, Comparative Medicine, Clinical and Population Translational Science, and Molecular Medicine and Translational Science.

Investigators in the Biomedical Science Departments have attracted national and international recognition and funding for major programs in the areas of membrane biology, lipid biochemistry, gene targeting and transgenics, atherosclerosis, sensory and sensorimotor neuroscience, developmental and molecular neuroscience, aging, cell biology, immunology and immunoregulation, carcinogenesis, tumor cell biology, novel anticancer therapeutics, renal and cardiovascular physiology, endocrinology, leukocyte metabolism and function, hypertension, reproductive biology and behavior, virology, naturally occurring diseases of laboratory animals, and cardiac and neurofunctional magnetic resonance imaging (MRI).

Details of the graduate programs may be found on the Web: graduate.wfu.edu.
Physician Assistant Studies
## Physician Assistant Studies

**CLASS OF 2010 ACADEMIC CALENDAR**
Wake Forest University School of Medicine  
Department of Physician Assistant Studies  
Physician Assistant Program

(Class of 2009: Graduation on May 18, 2009)  
(Class of 2010: Graduation on May 17, 2010)

### Pre-Clinical Year

<table>
<thead>
<tr>
<th>Semester I</th>
<th>Orientation</th>
<th>June 2 – 6, 2008 – Required</th>
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<tbody>
<tr>
<td></td>
<td>Unit 1 Classes Begin</td>
<td>June 9, 2008</td>
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<tr>
<td></td>
<td>July 4th Holiday</td>
<td>July 4, 2008</td>
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<tr>
<td></td>
<td>Unit 1 Ends</td>
<td>August 1, 2008</td>
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<tr>
<td></td>
<td>Summer Break</td>
<td>August 4 – 6, 2008</td>
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<tr>
<td></td>
<td>Unit 2 Classes Begin</td>
<td>August 7, 2008</td>
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<tr>
<td></td>
<td>Labor Day</td>
<td>September 1, 2008</td>
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<tr>
<td></td>
<td>Unit 2 Ends</td>
<td>October 3, 2008</td>
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<tr>
<td></td>
<td>Fall Break</td>
<td>October 6 – 10, 2008</td>
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<table>
<thead>
<tr>
<th>Semester II</th>
<th>Unit 3 Classes Begin</th>
<th>October 13, 2008</th>
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<tr>
<td></td>
<td>Thanksgiving Recess</td>
<td>November 26 – 28, 2008</td>
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<tr>
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<td>Unit 3 Ends</td>
<td>December 19, 2008</td>
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<tr>
<td></td>
<td>Unit 4 Classes Begin</td>
<td>January 4, 2009</td>
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<tr>
<td></td>
<td>Martin Luther King Holiday</td>
<td>January 15, 2009</td>
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<td></td>
<td>Unit 4 Ends</td>
<td>February 23, 2009</td>
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<td>Spring Break</td>
<td>February 26 – March 2, 2009</td>
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<table>
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<tr>
<th>Semester III</th>
<th>Unit 5 Classes Begin</th>
<th>March 9, 2009</th>
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<tr>
<td></td>
<td>Good Friday</td>
<td>April 10, 2009</td>
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<tr>
<td></td>
<td>Unit 5 Ends</td>
<td>May 1, 2009</td>
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<td>Pre-Clinical Unit</td>
<td>May 4 – 22, 2009</td>
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<td></td>
<td>Memorial Day Holiday</td>
<td>May 26, 2009</td>
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<td></td>
<td>National Conference/</td>
<td>May 23 – 31, 2009</td>
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<td></td>
<td>Summer Break</td>
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### Clinical Year

<table>
<thead>
<tr>
<th>Semester IV</th>
<th>Semester Begins</th>
<th>June 1, 2009</th>
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<tr>
<td></td>
<td>July 4th Holiday **</td>
<td>July 4, 2009</td>
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<tr>
<td></td>
<td>Labor Day **</td>
<td>September 7, 2009</td>
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<td></td>
<td>Semester Ends</td>
<td>September 10, 2009</td>
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<table>
<thead>
<tr>
<th>Semester V</th>
<th>Semester Begins</th>
<th>September 21, 2009</th>
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<tr>
<td></td>
<td>Thanksgiving Recess</td>
<td>November 25 – 29, 2009</td>
</tr>
<tr>
<td></td>
<td>Semester Ends</td>
<td>December 18, 2009</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester VI</th>
<th>Semester Begins</th>
<th>January 4, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Martin Luther King Holiday **</td>
<td>January 18, 2010</td>
</tr>
<tr>
<td></td>
<td>Good Friday **</td>
<td>April 2, 2010</td>
</tr>
<tr>
<td></td>
<td>Semester Ends</td>
<td>May 14, 2010</td>
</tr>
</tbody>
</table>

**GRADUATION:**  
May 17, 2010

** preceptor dependent

WFUSM Bulletin 86 2008-2009
Physician Assistant Studies

CLASS OF 2009 ACADEMIC CALENDAR
Wake Forest University School of Medicine
Department of Physician Assistant Studies
Physician Assistant Program

(Class of 2009: Graduation on May 18, 2009)

Pre-Clinical Year

Semester I

Orientation
Unit 1 Classes Begin
July 4th Holiday
Unit 1 Ends
Summer Break
Unit 2 Classes Begin
Labor Day
Unit 2 Ends
Fall Break

Semester II

Unit 3 Classes Begin
Thanksgiving Recess
Unit 3 Ends
Winter Break
Unit 4 Classes Begin
Martin Luther King Holiday
Unit 4 Ends
Spring Break

Semester III

Unit 5 Classes Begin
Good Friday
Unit 5 Ends
Pre-Clinical Unit
Memorial Day Holiday
Nat’l Conference/Summer Break

Clinical Year

Semester IV

Rotation #1
Rotation #2
July 4th Holiday **
Rotation #3
PFP Session #1
Rotation #4
Labor Day **
Rotation #5

Semester V

Rotation #6
PFP Session #II
Rotation #7
Thanksgiving Recess
Semester Ends
Winter Break

Semester VI

Rotation #8
Martin Luther King Holiday **
Rotation #9
PFP Session #III
Rotation #10
Master Symposium
No clinical assignment
Good Friday **
Rotation #11 (elective)
PFP Session #IV - Graduation Prep

GRADUATION:

** preceptor dependent

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Physician Assistant Studies

Wake Forest University School of Medicine
Department of Physician Assistant Studies
Physician Assistant Program

General University Policies

I. Equal Opportunity Policy – see page 42
II. Anti-Harassment/Sexual Harassment Policy – see page 41
III. Refund Policy – see page 51
IV. Substance Abuse Education Program – see page 47

PA Studies Policies, Procedures, and Guidelines

Policies are reviewed and revised on an annual basis by the chair of the Department of Physician Assistant Studies or his designee and the faculty.

I. Student Record Policy

Public Law 93-380.513, titled Family Education Rights and Privacy Act (1974), requires that all students receive notification of records maintained by the School of Medicine.

<table>
<thead>
<tr>
<th>Type of Record</th>
<th>Location</th>
<th>Responsible Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Aid Application Forms</td>
<td>Office of Financial Aid Third Floor, Watlington Hall</td>
<td>Financial Aid Officer</td>
</tr>
<tr>
<td>PA Program Applications</td>
<td>Department of PA Studies Administrative Offices Victoria Hall 111 North Chestnut Street</td>
<td>PA Studies Registrar</td>
</tr>
<tr>
<td>Student Records: transcripts, directory information, student test and course scores/evaluations</td>
<td>Department of PA Studies Administrative Offices Victoria Hall 111 North Chestnut Street</td>
<td>PA Studies Registrar</td>
</tr>
<tr>
<td>PA Academic Affairs Records (Restricted Access)</td>
<td>Department of PA Studies Administrative Offices Victoria Hall 111 North Chestnut Street</td>
<td>Chair Academic Affairs</td>
</tr>
<tr>
<td>Disciplinary actions disability determination records background checks substance abuse screens</td>
<td>Department of PA Studies Administrative Offices Victoria Hall 111 North Chestnut Street</td>
<td>Chair Academic Affairs</td>
</tr>
</tbody>
</table>

After enrollment, student records are maintained in the Department of Physician Assistant Studies’ administrative offices. Following a student’s graduation or departure from the School of Medicine, portions of the records may be expunged, and the remaining records are archived.

Students have the right to review and inspect their student records. Access by students to their records is provided upon written request, except for those documents to which the student may have opted to waive his/her right of access or those excluded in Public Law 93-380.513. Requests to amend the contents of records to ensure that they are not inaccurate, misleading, or in violation of the law may be handled through the PA Studies registrar or designate.
The following directory information concerning students is made available upon request unless the student indicates in writing that any or all of the items are not to be released: name, dates of attendance, degrees, and/or certificates received. Faculty members have access to information maintained on students in the aforementioned records with the exception of the Academic Affairs records, which are available on a need-to-know basis. Students’ addresses and telephone numbers are published in publicly available directories only upon permission of the student.

**Records unavailable to students are**

- Confidential letters of recommendation which were placed in the student’s educational record prior to January 1, 1975, if such letters or statements are not used for purposes other than those for which they are specifically intended;
- Confidential recommendations executed on or after January 1, 1975, for which the student may have chosen to waive his/her access rights;
- Records of institutional, supervisory, and administrative personnel and educational personnel ancillary thereto which are in the sole possession of the maker thereof and which are not accessible or revealed to any other person except a substitute; and
- Law enforcement records which are unavailable to persons other than law enforcement officials of the same jurisdiction.

A copy of the University’s policy concerning compliance with the Family Educational Rights and Privacy Act may be obtained in the Office of Student Services. Students may file with the U.S. Department of Education any concerns involving alleged failures to comply with the requirements of the law.

**II. Student Employment Policy**

Employment by or in the Wake Forest University School of Medicine Department of Physician Assistant Studies during the period of matriculation is strictly prohibited. Because of the rigorous nature of the curriculum, employment outside the Wake Forest University School of Medicine Department of Physician Assistant Studies during the period of matriculation is highly discouraged.

**III. Attendance Policy**

Consistent attendance and punctuality are expected of all students during enrollment in the program.

**Pre-Clinical Year** - In the event of absence from the program, students are to e-mail and/or call the Department of Physician Assistant Studies registrar or his designee. Notification of absence should be done prior to the anticipated absence or as soon as possible.

**Clinical Year** - In the event of absence from a rotation, students are to call and inform the director of clinical education by phone at (336) 716-2024 and/or by e-mail at caparker@wfubmc.edu. Students must also notify the preceptor. Notification of absence should be done prior to the anticipated absence or as soon as possible. Additional guidelines are in the Clinical Year Reference page on eWake.

**IV. Clinical Attire**

**When Is Clinical Attire Expected?**

Clinical attire should be worn in all situations where white lab jackets are worn. Clinical attire is expected throughout the second year rotations. During the first year of PA education, clinical attire is expected during patient interviews, during Emergency Room observation, during clinical labs when students are examining models, during phlebotomy sessions and when visiting facilities for further educational opportunities. Students who are not dressed appropriately for clinical encounters will not participate in clinical experience.
What Is Clinical Attire?

As a medical professional, you should always ask yourself if you are dressed in a manner that denotes professionalism and respect from patients and other health care providers. Generally, practicality and moderation are the rules that guide dress for the medical profession. It is advisable for clothing to be machine washable, and footwear should be comfortable. At all times, students should display a clean, well-kept appearance that includes clean, pressed clothing and good personal hygiene. During surgical rotations, scrubs are the accepted attire. Students doing rotations at NCBH should not wear scrubs out of the facility as street clothes. Check with other institutions for policy on scrub wear.

Clinical Attire

- White student clinic jackets with identification
- Men: Trousers with shirt and tie
  Women: Dress pants, skirts, dresses - No miniskirts or low-cut blouses
- Closed toe shoes
- No jeans or shorts
- Avoid excessive jewelry

Please see the Clinical Year Online Manual for additional requirements for attire during clinical rotations.

V. Inclement Weather Policy

In the event of inclement weather conditions that may result in hazardous driving conditions, students and Department of Physician Assistant Studies personnel are encouraged to call 716-4356 and press 4 to hear a recorded message on class schedule status (delayed classes or cancellations). An attempt will be made to have the message available by 6:30 a.m. If there is no weather message, you may assume classes will be on schedule.

The recorded message on schedule status will be helpful in making travel decisions during bad weather conditions. At all times, students should consider personal safety first before attempting to travel in hazardous road conditions.

VI. Student Leave of Absence Procedure

Due to the intensive nature of physician assistant education, all academic activities are considered to be an important part of the overall educational experience. The Wake Forest University School of Medicine Department of Physician Assistant Studies encourages all students to engage in their education with consistent attendance.

Leaves of absence will be individualized to the specific situation but will follow the general policies and procedures outlined below.

In all instances of leaves of absence, the Physician Assistant Studies faculty will be notified. Students are urged to submit requests for absence as soon as an absence is anticipated.

All requests for a leave of absence, whether administrative or medical, should be submitted IN WRITING to the chair of the Department of Physician Assistant Studies or his designee.

A. Administrative Leave of Absence

Administrative leaves of absence may be granted for personal, educational, financial or other reasons which must be stated in the letter of request. If the student is in academic difficulty or under consideration or direction of the PA Academic Affairs Committee, the chair of the Academic Affairs Committee will be consulted by the chair of the Department of Physician Assistant Studies or his designee prior to approval of the request. During both the Pre-Clinical and Clinical year, administrative leaves will be considered on a case-by-case basis. During the Pre-Clinical year, when more than two weeks of leave are needed, the usual recommendation is withdrawal from school and readmission.
B. Medical Leaves of Absence

Medical leaves of absence require a statement from the appropriate licensed health care provider as to the expected duration of absence. Reinstatement must be approved by the chair of the Department of PA Studies or his designee, who will need to be assured that the student is again ready for the rigors of medical studies. While a statement of readiness from the student’s health care provider may be sufficient, the right to require a second opinion regarding readiness is reserved. This consultation will come from a health care provider approved by the School of Medicine, and any cost involved will be borne by the student. Medical leaves of longer than two weeks will not normally be granted during the Pre-Clinical year.

C. Excused Absences (Up to 72 Hours in Length)

Excused absences will be determined on a case-by-case basis. Valid reasons for requesting an excused absence include personal illness, family emergencies, and the need to participate in the observance of religious holidays. Personal illness lasting longer than 3 days may require documentation by a medical provider. The student must notify the PA Studies registrar via phone or e-mail to report all absences. Please note that absence requests related to attending weddings, homecomings, the need to make an early flight for vacation, etc., will not be granted.

Pre-Clinical Year
- The student should arrange to make up any work missed.
- The student must notify the PA Studies registrar of his/her absence.
- For excused absences that include missing an exam, refer to the Exam Policy.

Clinical Year
- Each absence will be considered individually.
- For excused absences that include missing an exam, refer to the Exam Policy.

D. Absence Report as Part of the Student File

All reports of absences will become a part of the student file. In the case of unexcused absences, faculty will make a note of the date(s) and nature of the absence and place such documentation in the student’s file.

VII. Exit Interview

Should you be granted an administrative or medical leave of absence, withdraw from school, or be dismissed, you are required to have an EXIT INTERVIEW with the Physician Assistant Studies registrar and the chair of the Department of Physician Assistant Studies or designated faculty member. This will involve returning your computer and any other instructional property that has been entrusted to you and turning in your identification badge and white clinical jacket.

Other things to be considered at this time are clearance of all current debt with the medical school, the onset of the grace period if you should have school loans, and termination or conversion of your health and disability coverage. You must also arrange for an EXIT INTERVIEW with the director of financial aid.

Students dismissed from the PA Program will no longer be able to attend program classes and activities unless an appeal is in process.

VIII. Refund Policy

Wake Forest University School of Medicine has adopted a refund policy that conforms to the updated version (Section 668.22) of the Higher Education Amendments of 1998. The policy in brief:

1. The percentage of the semester the student attended before withdrawing will be determined.
2. The amount of Title IV aid earned by the student will be determined by multiplying the total Title IV aid for which the student qualified (for the semester) by the percentage of time the student was enrolled.

3. The amount of Title IV aid earned and the amount disbursed are compared. If less aid was disbursed than was earned, the student may receive a late disbursement for the difference. If more aid was disbursed than earned, the amount of Title IV aid that must be returned is determined by subtracting the amount earned from the amount actually disbursed.

4. Responsibility for returning unearned aid is allocated between the school and the student according to the portion of disbursed aid that could have been used to cover institutional charges and the portion that could have been disbursed directly to the student once institutional charges were covered.

5. Unearned aid will be distributed back to Title IV programs by repaying funds to the following sources, in order, up to the total net amount disbursed from each source: Unsubsidized Stafford Loan, Subsidized Stafford Loan, Perkins Loan, other Title IV Programs.

Further details and examples can be obtained from the Financial Aid Office. Refunds apply to the academic year of withdrawal only.

**PA Studies Academic Policies and Procedures**

Students enrolled in the Department of Physician Assistant Studies must maintain adherence to standards of academic performance.

I. Exam Policy

The Honor Code is in effect for all examinations.

Procedures:

All students are expected to take exams when scheduled. Any unavoidable absences must be reported to the PA Studies registrar or the designee prior to examination time or, in the event of an emergency, as soon as possible. (Please review the Attendance Policy). Any unexcused absence results in a “Failure” for that exam. Arrangements to make up examinations that are missed due to excused absences must be registered in the Office of the PA Studies registrar on the first day back in class. All examinations must be completed during the specified time limit unless otherwise arranged ahead of time.

An Examination Session is defined as the time period between the start time of a particular exam or set of exams and the time at which all students have completed that exam or set of exams.

Staff and/or faculty may monitor the testing. This monitoring might take the form of electronic monitoring or by physical presence in the examination room. Students observed engaging in possible violation of test administration rules or other forms of irregular behavior will not necessarily be told of the observation at the time of the exam. The student will be notified of any irregularities noted and/or the need for an Honor Council investigation within 3 school days of the incident.

No student may make written notes of or record in any way the contents of the examination.

No personal belongings (including but not limited to brimmed hats, book bags, handbags, books, notes, study materials, calculators, PDAs, electronic paging devices, recording or filming devices, radios, iPods/MP3s, headphones, portable storage devices, cellular phones, and food) are allowed in the testing room. These items may be placed in your assigned locker for their storage during the examination. Any materials that are, or reasonably appear to be, a reproduction of any examination materials, notes or inappropriate belongings (see above) will be confiscated. Laptop computers will be permitted only when they are to be utilized for the exam itself.

Any student wishing a break during the examination must ask for permission and the break is limited to 5 minutes. Only one student may be out of the examination room at any one time.
Pre-Clinical Year Examination Sessions may include multiple choice question (MCQ) tests, essay or short-answer exams, practical exams, simulated patient encounters, oral exams, and other formats.

Clinical Year Examination Sessions include MCQ Tests, Simulated Patient Encounters and other formats. An Examination Session for MCQ testing is defined as the time period between which the first set of exams is offered and the completion of all rotations. Other examination sessions are defined as the time period between the start time of a particular exam and the time at which all students have completed that exam.

**Irregular Behavior**

Irregular behavior is any behavior that undermines or threatens the integrity of the examination, whether it occurs before, during, or after an exam.

Irregular behavior includes, but is not limited to, having or seeking access to exam materials before the exam, copying answers from someone else or allowing one’s answers to be copied, having study guides or notes present in the exam area, making notes during a computer-based exam administration, copying or reproducing test items, altering or misrepresenting scores, stealing exam materials, possessing unauthorized materials during a computer-based exam (e.g., including, but not limited to, recording devices, photographic materials, reference material) or other such behavior, overt or perceived, which may cast doubt on the exam results of that or another person. Disruptive behavior is also considered irregular behavior.

The content of the examination and each of its items is strictly confidential, and any unauthorized retention, possession, copying, distribution, disclosure, or receipt of any examination question, in whole or in part, by written, electronic, oral or other form of communication, including but not limited to e-mailing, copying or printing of electronic files, and reconstruction through memorization and/or dictation, before, during, or after an examination, is strictly prohibited.

Anyone who has information or evidence that irregular behavior has occurred should submit a written, signed statement to the chair of the Honor Council detailing the incident, along with copies of any supporting evidence or documentation. Effort should be made to present this material only to the Honor Council to protect the rights of the accused and to allow for a proper investigation of the complaint.

**Special Testing Accommodations**

The Department of Physician Assistant Studies complies with the Americans with Disabilities Act (ADA) and provides reasonable and appropriate accommodations that do not jeopardize exam integrity or security for examinees with documented disabilities.

If a student requires special testing accommodations for a documented disability covered under the ADA, the student must indicate that accommodations are needed within a reasonable amount of time prior to the examination.

The Department of Physician Assistant Studies will determine the place for separate testing if this accommodation is necessary to comply with ADA. If a separate room is required, and the room has a window in or around the doorway, the student must sit facing away from the window. At no time can the window be obscured so a proctor cannot see inside the room. Room assignment will be provided to the student just prior to each examination and efforts will be made that it not be the same room for each exam.

**II. Master Project Research Policy**

All Master Project research projects should have accurate and truthful documentation regarding sources and contributing authors.

**III. Grading System and Promotion Guidelines**

The practice of medicine is a continual test of a person’s will and ability to perform at the highest level. Students are encouraged to develop a habit of excellence and set personal standards of achievement that will bring credit to themselves, their alma mater, and their profession.
Physician Assistant Studies

Students shall be evaluated by the faculty on a continuous basis for both cognitive and noncognitive performance, and a grade will be assigned according to the principles of criterion-referenced grading. The course director has ultimate decision-making authority concerning course grades.

Grade Categories/Scale

Honors (H) – awarded to students who distinguish themselves from their peers. Mastery and professionalism are clearly outstanding, with students exhibiting nearly flawless performance on a consistent basis. Extraordinary commitment to studies is exhibited. Final course grade ranges between 95% and 100%.

Competent (CP) – received by students whose performance falls within the wide realm of solid, acceptable skills and attitudes that are expected for competent practice as a PA. The student performs at a level consistent with the stage of training. Final course grade ranges between 80% and 94%.

Concern (CN) – assigned to students whose performance falls within the overall acceptable range, but exhibits deficits in certain areas within the execution and application of skills, and/or effective communication skills or professionalism for a second time. Final course grade ranges between 71% and 79%.

Failure (F) – assigned to students unable to master curriculum objectives. Work habits, attitude, and/or professionalism are suspect for the level of training. Final course grade falls at 70% or below.

Incomplete (I) – failure to complete course requirements for assessment or participation.

Complete (C) – applied to work that is not evaluated for quality, but for completion and/or participation. It is frequently applied to completion of milestones or formative steps in progress.

Pre-Clinical Year

Each component of the course is multiplied by the weight or percent of course grade. Course components and their weights will be specified in the syllabus for each course.

Clinical Year

Refer to the Grading Policies in the Clinical Year Online Manual located on the reference tab of the eWake Clinical Year

Mechanics of Handling Grades

Final grades will be distributed to the student and recorded in the Office of the Registrar.

Promotion Guidelines

Promotions are based on the overall conduct of the student and maintenance of acceptable academic and professional achievement determined by the overall performance.

Students will be notified in writing of performance deficiencies by the registrar with notification to the chair of the Department of Physician Assistant Studies (department chair) and the chair of the PA Academic Affairs Committee.

The PA Academic Affairs Committee has access to all grades and meets as needed to review student progress which is below the acceptable level. The PA Academic Affairs Committee makes recommendations for student probation, special requirements, or dismissal. Advice of the faculty is sought. The recommendations of the PA Academic Affairs Committee will be forwarded to the department chair and the registrar. The department chair can accept the recommendations or adjust at his discretion. The department chair will then convey the final decision to the student and Academic Affairs Committee in writing.

(Please note: Although periodic progress reports are built into the system so the students have a good idea of their individual strengths and weaknesses, it is strongly recommended that if students feel uncertain about their progress in a given area, they should contact the course director. If satisfactory resolution is not reached, the student should contact either the department chair or PA Academic Affairs Committee chair.)
IV. Academic Distinction

**Academic Distinction** is earned by a student who receives “Honors” in greater than 50% of the required courses and has no “Concern” or “Failure” course grades or any professionalism issues.

**Pre-Clinical Year**

**Marshals**

Pre-Clinical Year students who have completed all the required didactic year courses with the highest academic performance may be appointed as marshals by the faculty. The marshals help with graduation and are recognized during graduation. Their names are also listed in the graduation program.

**Katherine Anderson Award**

This award is given to a first-year student in recognition of exemplary performance and professional growth toward becoming a physician assistant during the Pre-Clinical Year. The award is named for the first medical director of the Physician Assistant Program and a much respected physician, both in the community and the institution. Academic success is but one of several criteria for this award. The recipient is chosen by the faculty of the Department of Physician Assistant Studies.

**Clinical Year**

**The James Franklin Wilson Award**

This award is presented in memory of a physician assistant graduate of the Class of 1973. It is presented annually at graduation to a selected student of the graduating class who shows the greatest aptitude and devotion to the profession. The recipient is selected by the chair of the Department of Physician Assistant Studies, the medical director, the director of clinical education, and a graduating student selected by the faculty. Potential names are submitted by the faculty. Academics play a large part in the selection but by no means are the only attribute of the honoree. Pre-Clinical Year success, Clinical Year success and/or improvement, class involvement, support of class projects, integrity, excitement of new knowledge and sharing that knowledge with classmates – these are some of the characteristics that could describe past participants. This is the highest award given to a physician assistant student.

**Kitty Bowman Excellence in Research Award**

This award is presented to a student in the graduating class who represents an outstanding commitment to research or to the integration of evidence-based medicine into clinical practice. It is presented annually at graduation. The recipient is selected by the Master Project director and the chair of the Department of Physician Assistant Studies. This award is named for the first registrar of the Physician Assistant Program, who was also a founding member of a community agency, AIDS Care Service.

V. Academic Standards

A. **PA Academic Affairs Committee Description**

This standing committee and its chair will be appointed by the chair of the Department of Physician Assistant Studies (department chair) or his designee. The committee will consist of the chair, three representatives of the Department of Physician Assistant Studies core faculty, and three other professional representatives. The chair and members of the PA Academic Affairs Committee have access to all grades. The committee may periodically review the total performance and progress of all students and recommend to the department chair or his designee promotion, probation, special requirements, or dismissal. If dismissal is under consideration, the student will be invited to address the committee. Any recommendations of the PA Academic Affairs Committee will be sent to the department chair or his designee for review. The department chair or his designee may accept the recommendations or adjust at their discretion and will then convey a final written decision to the student.
B. Academic Performance in the Pre-Clinical Year

1. Definitions
   a. The Pre-Clinical Year
      • Semesters I, II, and III
      • Units I-V
   b. Acceptable Academic Performance
      • “Honors” or “Competent” on all course grades.
   c. Academic Performance in Need of Improvement
      • First occurrence of “Concern” on one or more course grades within a unit as determined by the course director(s).
      • Receiving the above grade (Concern) from a course director(s) on the first occurrence during Unit I-IV requires the student to develop a written plan for improvement within one week of notification of grades by the registrar. The plan must be approved by the course director. If a student fails to successfully create an approved written plan for improvement, then the student is automatically placed on academic probation.
   d. Unacceptable Academic Performance (Academic Probation)
      • “Failure” on one or more course grades within a unit as determined by the course director(s), “Concern” on one or more course grades within a unit as determined by the course director(s) after earning a “Failure” in a previous unit, a subsequent occurrence of a “Concern” on one or more course grades within a unit as determined by the course director(s), or the first occurrence of a “Concern” on one or more course grades within Unit V as determined by the course director(s).
      • Receiving the above grades (Failure, Concern after Failure, Subsequent Concerns, First Concern during Unit V) from a course director(s) automatically places a student on academic probation.

2. Notification of Academic Probation
   a. The student will be notified in writing of his or her probationary status and academic deficiencies by the registrar.
   b. The registrar will forward a copy of this notification to the department chair or his/her designee and the chair of the PA Academic Affairs Committee.

3. Remediation of Academic Probation
   a. Remediation of a course and/or clinical course work is considered a privilege offered to students.
   b. Any student on Academic Probation must participate in the process of reviewing areas in need of remediation, formulate a remediation plan with the course director(s) and adhere to all recommendations developed to achieve the required level of competency.
   c. Recommendations for remediation will be formulated by the student and the course director(s).
   d. A student on Academic Probation may choose to decline remediation and withdraw from the program.
4. Removal from Probation
   a. Students who successfully complete remediation as directed and confirmed by the course director(s) may be considered for removal from probation.
   b. “Concern” or “Failure” course grades must be remediated by whatever means the course director(s) determine(s). Successful remediation can be reflected in a grade of “Concern” and results in no higher than a “Competent” grade. For the purpose of the student’s transcript notation, the remediated grade will be reflected below the first grade.

5. Dismissal from the PA Program in the Pre-Clinical Year
   a. Failure to meet conditions for removal from probation results in dismissal from the program.
   b. Dismissal is effective upon receipt of the letter of notification from the department chair or his designee.
   c. Any student who requires Remediation of Academic Probation in more than one unit, regardless of the number of courses involved, will automatically be considered for dismissal from the program.

6. All students must successfully complete the Pre-Clinical Year course work before being promoted to the Clinical Year.

C. Academic Performance in the Clinical Year

1. Definitions
   a. Acceptable Performance
      • “Competent” or “Honors” in all rotations and courses and Clinical Skills Assessments (CSA).
   b. Unacceptable Performance (Academic Probation)
      • One or more “Concern” or “Failure” rotation or course grades.

2. Measures of Clinical Competency
   a. Students are expected to gain steadily in clinical knowledge and skills during their rotations and to conduct themselves in a professional manner.
   b. A student failing to achieve acceptable progress as evidenced by performance evaluations, test scores, and judgments made by preceptors or the faculty of the Department of Physician Assistant Studies will be referred by the director of clinical education to the PA Academic Affairs Committee with notification to the department chair and registrar.

3. Remediation of Academic Probation
   a. Students earning “Concern” or “Failure” course grades within the Clinical Year may be offered the privilege to remediate course deficiencies. Any “Concern” or “Failure” rotation grade places the student on Academic Probation.
   b. Students will be notified in writing of academic deficiencies by the director of clinical education, and recommendations will be forwarded to the department chair or his designee, as well as the chair of the PA Academic Affairs Committee.
   c. Remediation activities may include repeating a course (rotation), repeating a rotation examination, or other activities prescribed by the director of clinical education in consultation with the preceptor(s), the student, and other core faculty members. All
remediation plans are forwarded to the department chair and the chair of the PA Academic Affairs Committee.

d. A student not meeting Competency on Clinical Skills Assessments (CSAs) will be subject to remediation of the required elements and retesting of those elements. If a student does not meet Competency in the second CSA, the student will enter into a focused remediation including the assignment of an individual faculty advisor, and the chair of the Academic Affairs Committee will be alerted. A third retesting opportunity will be scheduled by the director of clinical education.

4. Removal from Academic Probation
   a. Successful completion of all course work and CSAs at a level of “Competent” or above qualifies the student for removal from probation.
   b. A student who received a grade of “Concern” or “Failure” on a course (rotation) and successfully repeats this course/rotation will have both course grades reflected on his/her academic transcript.

5. Academic Criteria for Dismissal from Program in the Clinical Year
   a. Failure to meet conditions for removal from probation will automatically be considered as grounds for dismissal from the program. The process for this is described in the Student Appeal procedure located elsewhere in this document.
   b. Any student who was on Academic Probation at any time during the Pre-Clinical Year and subsequently requires remediation during the Pre-Clinical Year (Failure, Concern after Failure, Subsequent Concerns) and subsequently requires remediation in a course/rotation during the Clinical Year will be automatically referred to the PA Academic Affairs Committee for consideration for dismissal from the program with notification to the department chair and registrar.
   c. Any student who requires more than one repeated course/rotation will be automatically referred to PA Academic Affairs Committee for consideration for dismissal from the program with notification to the department chair and registrar.
   d. Any student not meeting Competency after a third Clinical Skills Assessment will automatically be referred to the PA Academic Affairs Committee for consideration for dismissal with notification to the department chair and registrar.
   e. Dismissal from the program is effective upon receipt of the letter of notification from the chair of the Department of Physician Assistant Studies or his designee.

D. Additional Issues Regarding Academic Deficiencies
   1. Failure to remediate a course, Master Project, or rotation successfully will result in dismissal from the program.
   2. Remediation of a course, rotation, or CSA may affect graduation dates.
   3. Master Project remediation may not exceed a 30-day period. Any delay in completion may affect a student’s graduation date.
   4. When a student on Academic Probation has successfully completed remediation as directed, the PA Academic Affairs Committee will be notified by the course director(s), and the PA Academic Affairs Committee may review the student’s progress to determine if the student has successfully completed all of the remediation requirements.
   5. The PA Academic Affairs Committee chair or his/her designee will provide written confirmation of removal from academic probation to the department chair and registrar. The registrar will then notify the student in writing.
VI. Student Appeal Procedure

Any student dismissed from the PA Program may appeal the action to the PA Academic Appeals Committee. Written notice of intent to appeal must be received by the registrar or his designee within three (3) working days of receipt of notification of dismissal. All requests for appeals will be processed by the registrar (or designee) within 3 working days. The registrar will notify the chair of the PA Academic Appeals Committee, the department chair, the chair of the Academic Affairs Committee, and the course directors. The PA Academic Appeals Committee will meet within ten (10) working days after receipt of the notice of appeal.

A. PA Academic Appeals Committee Description

The PA Academic Appeals Committee is appointed by the PA Program medical director or his designee and the department chair. This committee will serve a term of one year (June 1 through May 31) or until the completion of an ongoing appeal. This committee will have five members, at least three of whom will be physician assistants from the Medical Center or professional community. Three members will constitute a quorum, and a majority will rule. The chair of this committee is selected by majority vote of the appointed committee members.

B. Review of Student Appeal

1. If the PA Academic Appeals Committee determines that the appeal lacks sufficient merit to be heard, the appeal will be denied and the decision of the chair of the Department of Physician Assistant Studies or his designee will be supported. The recommendation of the PA Academic Appeals Committee will be forwarded within three (3) working days by the PA Program Academic Appeals Committee chair to the student, the chair of the Department of PA Studies or his designee, the chair of the PA Academic Affairs Committee, and the associate dean for education.

2. If the PA Academic Appeals Committee decides to hear the appeal, the chair of the Academic Appeals Committee will ask the chair of the PA Academic Affairs Committee to explain the rationale for its recommendation. The chair of the PA Academic Appeals Committee will notify the student in writing of the decision of the committee to hear the appeal, the nature of the deficiencies, the time and place of the meeting, and that the meeting will not be open to the public. This written notice will be delivered in no fewer than three (3) working days before the appeal is to be heard. With permission of the chair of the PA Academic Appeals Committee, the student may present letters of support and address the committee. The recommendation of the PA Academic Appeals Committee will be forwarded within three (3) working days by the chair of the PA Academic Appeals Committee to the student, the chair of the Department of Physician Assistant Studies or his designee, and the associate dean for education.

C. Associate Dean for Education

Decisions of the PA Academic Appeals Committee may be appealed to the associate dean for education. The appeal must be in writing and must be received within ten (10) days after the decision of the PA Academic Appeals Committee is received. The associate dean for education, or his designee, will judge the appeal and notify the student of the decision in writing. The chair of the Department of Physician Assistant Studies, the PA Academic Affairs Committee chair, and the PA registrar will also be informed of the decision.

D. Office of the Dean

With respect only to appeals heard by the PA Academic Appeals Committee and a subsequent decision of the associate dean for education to dismiss the student from the Wake Forest University School of Medicine Department of Physician Assistant Studies, the student will have ten (10) working days from the delivery of the written decision to file a written appeal with the Office of the Dean. The dean, or his designee, will judge the appeal and notify the student of the decision in writing. The chair of
the Department of Physician Assistant Studies, the PA Academic Affairs Committee chair, and the PA registrar will also be informed of the decision. The decision of the dean, or his designee, will be final and binding upon the student.

At each appropriate level of appeal, as defined above, the previous decision may be upheld, rejected, or modified with remediation or special requirements prescribed. The chair of the Department of Physician Assistant Studies or his designee and the chair of the PA Academic Affairs Committee will be apprised of the final decision in each case.

Courts in the United States have a strong tradition of according substantial deference to an institution’s professional academic judgment in the area of assessing academic performance. Consequently, legal counsel will not be present at any of the above committee meetings.

All written communication and notification of students will be delivered to the student’s Medical Center mailbox.

The final step in this process is for the student to follow the Exit Interview Procedure.

The Honor Code and System of the
Wake Forest University School of Medicine
Department of Physician Assistant Studies
Physician Assistant Program

I. Standards of Honor and Professional Conduct

The Standards of Honor and Professional Conduct Policies are guided by the mission and vision statements of our institution. Upon entering this institution, the Essential Values are expected to be our common understanding.

Physician Assistants are called to the highest standards of honor and professional conduct. Understanding that this responsibility begins not upon graduation but rather at the inception of one’s medical education, the students of the Wake Forest University School of Medicine uphold the following standards, which serve as an embodiment of conduct and integrity. These standards strive to foster an atmosphere of honesty, trust, and cooperation among students, instructors, patients, and society.

Behavior considered appropriate for a career in medicine includes, but is not limited to, honesty, trustworthiness, professional demeanor, respect for the rights of others, personal accountability, and concern for the welfare of patients. In these areas, PA students are bound by:

- **Honesty**
  - be truthful in communication with others.
  - refrain from cheating, plagiarism, or misrepresentation in the fulfillment of academic requirements.

- **Trustworthiness**
  - maintain the confidentiality of patient information.
  - maintain confidentiality of student assessment/evaluation information.
  - admit errors and not intentionally mislead others or promote ourselves at the student, peer, professional colleague, or patient’s expense.

- **Professional demeanor**
  - be thoughtful and professional when interacting with patients, their families, our professional colleagues, or student peers.
  - strive to maintain our composure under pressures of fatigue, professional stress, or personal problems.
  - avoid offensive language, gestures, or inappropriate remarks with sexual overtones.
• maintain a neat and clean appearance, and dress in attire that is reasonable as a student and accepted as professional to the patient population served.

• Respect for the rights of others
  • create an atmosphere which encourages learning, characterized by cooperative relationships to my student peers and/or to the patient population served.
  • deal with professional, staff, and peer members of the health team and in my study groups in a considerate manner and with a spirit of cooperation.
  • act with an egalitarian spirit toward all persons encountered in a professional capacity, regardless of race, religion, gender, sexual preference, socioeconomic status, or educational achievement.
  • respect the right of patients and their families to be informed and share in patient care decisions.
  • respect patients’, standardized patients’, or peers’ modesty and privacy.
  • respect the diversity of learning styles within my student class.

• Personal accountability
  • participate in our study groups and class assignments responsibly to the best of our ability.
  • participate responsibly in patient care to the best of our ability and with appropriate supervision.
  • undertake clinical duties and persevere until they are complete.
  • notify the responsible person if something interferes with our ability to perform clinical tasks effectively.

• Concern for the welfare of patients
  • treat patients, their families and our peers or professional colleagues with respect and dignity both in their presence and in discussions with others.
  • consider what is hurtful or helpful to patients and use that as a guide for participating in patients’ medical care.
  • consider what is hurtful or helpful to our student peers and use that as a guide for participating in our study groups.
  • discern accurately when supervision or advice is needed and seek these out before acting.
  • recognize when our ability to function effectively is compromised, and ask for relief or help.
  • avoid the use of alcohol or drugs in a way that could compromise patient care or our own performance.
  • avoid engaging in romantic, sexual, or other nonprofessional relationships with a patient, even upon the apparent request of a patient.

II. The Honor Code (hereinafter referred to as The Code):

• Standard
  • Students shall be committed to uphold the Standards of Honor and Professional Conduct as stated above.

• Dishonorable Actions
  All students shall refrain from dishonorable actions. These actions shall include the following:
  • Cheating, including, but not limited to, copying the answers of another student on an examination, unauthorized use of previous editions of examinations, or reproducing
information on an examination for other students who have not taken the examination (See Examination Policy for details).

- Failure to remove electronic testing material as required by the department.
- Plagiarism, including, but not limited to, dishonest representation of another person’s work as one’s own.
- Lying about academic affairs.
- Falsifying or deceitfully representing information regarding clinical work or patient care, including, but not limited to, reporting or documenting false lab values or other unverified patient information.
- Other actions deemed violations of the standards of honor and professional conduct.

### III. Honor Pledge

The Honor Pledge is a brief, but all encompassing statement concerning the appropriate and inappropriate behavior of PA students. The Honor Pledge is as follows:

_On my honor, I pledge that I will neither give nor receive unauthorized assistance or information on any academic work or examination, and I will not tolerate such conduct on the part of others. I also pledge absolute honesty in my role as physician assistant student as part of the health care team in clinical settings._

The above paragraph will appear on all written testing material and will be signed by the student.

### IV. Duties and Responsibilities of the PA Honor Council Regarding Honor System Issues

**A. PA Honor Council**

The PA Honor Council chair and two other faculty members are appointed from the PA faculty by the chair of the Department of Physician Assistant Studies (department chair), and student members are selected by the faculty. Student members shall include two first year students with one alternate. First year students will be elected to a term of 2 years. In the event that both appointed students are geographically unavailable during the Clinical Year, two other second year students shall be appointed to serve in their absence.

**B. Duties of the PA Honor Council**

The PA Honor Council shall educate the student body on The Honor Code and System and the duties of individuals in the Wake Forest University School of Medicine community living under the Honor Code.

Upon matriculation to the Wake Forest University School of Medicine Department of Physician Assistant Studies, each new student shall receive a copy of The Honor Code and Honor Pledge for signature. Signed copies will be kept in student record files.

**C. Responsibilities of the PA Honor Council**

The PA Honor Council shall be responsible for hearing accusations, initiating investigations of suspected honor code infractions, and trying cases in a fair and impartial manner. The Council shall seek objective evidence that an infraction has occurred in order to make recommendations to the department chair or his designee. At all times, the members of the PA Honor Council should maintain an attitude of impartiality when reviewing the evidence presented to them. Furthermore, all cases should proceed under the assumption that the accused is innocent until proven guilty of a violation of the Honor Code.

**D. Confidentiality regarding honor issues**

The integrity of the rights of the accused must be preserved at all times. The members of the PA Honor Council are duty bound to maintain the strictest measure of confidentiality when hearing Honor
Code accusations and proceeding with investigations or Hearings. The accused shall have a right to know his or her accuser and the charges alleged against him or her. Confidentiality is to be maintained by all parties regarding the investigation of violations. Breach of confidentiality will be considered an Honor Code violation.

V. Disciplinary Procedures for Reporting Infraction of The Honor System

A. Procedures for reporting and adjudication

1. When a member of the Wake Forest University community has reason to believe that a physician assistant student has violated the Honor Code, he or she should discuss the complaint with the Honor Council chair. The Honor Council chair will advise the accuser of the disciplinary procedures which will occur and will emphasize confidentiality of all information pertaining to this matter.

2. To then bring a formal charge before the Honor Council, the accuser should report the complaint in writing to the chair of the Honor Council. At this time, he or she must disclose his or her name, the name of the accused student, and the suspected violation.

3. Upon a non-guilty verdict by the Honor Council, the charges against the accused shall be dropped without further review at any level.

4. Upon a guilty verdict by the Honor Council, a formal written report shall be made to the department chair or his designee. Additionally, the Honor Council may offer recommendations regarding disciplinary action. The Honor Council chair will convene the committee and will communicate with the student.

5. All communication regarding alleged violations will be documented and reviewed during investigation and hearing.

B. Rights of the accused

Any student who has been accused of violating The Code shall have the following rights, which shall be explained to him or her in writing when he or she receives initial notification of the charges.

1. Right to immediate written notification of the charge(s) against him or her.

2. Right to have all details of any charges and knowledge of the PA Honor Council proceedings kept confidential. Only those individuals specifically outlined in this document shall have any knowledge of PA Honor Council business and proceedings.

3. Right to be subjected only to investigations of possible violations which are reported to have occurred within the preceding thirty (30) calendar days from the moment the violation became apparent to the time when the violation was reported.

4. Right to a prompt Hearing. Except under extenuating circumstances, the PA Honor Council Hearing shall be scheduled no later than ten business days after a formal complaint has been received, excluding scheduled vacation days.

5. After notification that a Hearing is to be conducted, the accused student shall have the right to know the names of his or her accusers, names of any witnesses to be called in the Hearing, and access to any documents or evidence gathered in the investigation which is to be presented in the Hearing.

6. Right to be accompanied at the Hearing by a student advocate. This advocate student of the Wake Forest University School of Medicine must be currently enrolled and not a licensed attorney, professional counsel, or paid advisor.

7. Right to present a statement in his or her own defense or refuse to testify at the Hearing.

8. Right to call and question witnesses at the Hearing.
9. Right to be presumed innocent until a determination has been made that there is substantial evidence that an action or behavior of the accused student is in violation of The Code.
10. Right to be judged solely on the evidence and testimony presented during the Hearing.
11. Right to appeal decisions as outlined in this document, on the grounds of procedural unfairness or harmful bias.

C. Investigation of Charge
1. The PA Honor Council shall immediately begin collecting the details surrounding the suspected violation. The Committee shall
   • interview the accused student;
   • interview the person(s) placing the complaint;
   • conduct interviews with any others, including students or faculty, who may have pertinent information relating to the alleged infraction;
   • review any document(s) or other evidence relevant to the suspected violation.
   • Inform the department chair of the investigation.
2. Following collection of all available facts pertinent to the suspected violation, the PA Honor Council will
   • schedule the date for the Hearing, if warranted. Except under extenuating circumstances, the date of the Hearing will be no later than 10 business days after the formal complaint has been received, excluding scheduled vacation days.
   • compile the list of formal charges;
   • deliver the charges to the accused and inform him or her of the date of the Hearing.
   • send notices to all persons who must be present at the Hearing, including all witnesses and other persons needed to present evidence.
3. During the investigation, the accused shall have access to all evidence to be presented at the Hearing.

D. The PA Honor Council Hearing
1. Participants
   a. All hearings are closed.
   b. In a closed hearing, only the following people are to be present:
      • accused and his or her designated advocate
      • members of the PA Honor Council
      • witnesses, allowed one at a time and only during their own testimony
      • other participants to present testimony as deemed necessary by the Honor Council or the accused.
2. Records of proceedings
   • A formal record of all proceedings of the Hearing, except the deliberations of the PA Honor Council, shall be kept in a locked file in the office of the department chair or his designee for a period of two years from the date of the Hearing, and then shall be destroyed for protection of the accused student.
   • This record shall be in the form of an audio recording.
   • These tapes shall be the sole property of the Wake Forest University School of Medicine.
   • Access to these tapes shall only be allowed with joint permission of the chair of the Honor Council and the department chair or his designee.
3. Council procedures

- Minutes of the proceedings will be kept and forwarded to department chair.

- The chair of the Honor Council shall call the Hearing to order, reminding those present that in a PA Honor Council Hearing the members of the Wake Forest University community are bound to honesty and integrity.

- The chair shall read the formal statement of charges.

- The chair shall call for the presentation of evidence of the PA Honor Council in summary format.

- The chair shall call for the testimony of involved individuals as called by the committee. Each presentation is followed by a period of time set aside for questioning by the chair, the accused and his or her advocate, followed by members of the PA Honor Council.

- The chair shall call for the presentation of evidence by the accused in summary format.

- The chair shall call for the testimony of involved individuals as called by the accused. Each presentation is followed by a period of time set aside for questioning by the accused and his or her representative, the investigators, followed by members of the committee, in that order.

- The chair shall call for clarifying remarks and final questions.

- Conclusion of the Hearing. All present are dismissed with the exception of the chair and members of the PA Honor Council.

E. Deliberations

It shall be the duty of the members of the PA Honor Council to determine if there is substantial evidence that the accused student has committed the action of which he or she is accused and that such actions constitute a violation of The Code. By this definition, the accused student is presumed innocent until the PA Honor Council determines that burden of proof was met in the presentation of evidence at the Hearing.

F. Decision

1. Upon completion of the deliberations, the members of the PA Honor Council shall vote on the verdict of the case. Two-thirds of the voting members must return a vote of guilty in order for a guilty verdict to be reached.

2. If the Honor Council has decided that a violation of The Code has occurred, a formal written report shall be made to the department chair or his/her designee, which includes the name of the student who was found in violation of The Code, the infraction(s) committed, a brief summary of the events surrounding the violation, the PA Honor Council decision and recommendation for disciplinary action.

3. The Council shall have discretionary authority to recommend disciplinary action up to and including suspension or expulsion. This notification should be hand delivered to the department chair or his designee before the end of the first business day following a Hearing.

4. If the PA Honor Council has decided upon a not-guilty verdict, the charges against the accused shall be dropped without further review at any level. The accused shall promptly be informed by the Honor Council that no violation has occurred.

5. All guilty verdicts will have formal documentation by the department chair in the student file.
VI. Student Appeals Process

A. The department chair of the Department of Physician Assistant Studies or his/her designee will review the PA Honor Council findings and act on the recommendations within five working days. Students may appeal Honor Council recommendations and request further investigation by a Faculty Committee on Student Discipline. The Faculty Committee on Student Discipline is appointed by the associate dean for education. Request for appeal of the PA Honor Council findings should be made within three working days after meeting with the department chair. All requests should be in written format and given to the department chair, who will notify the associate dean for education.

B. The accused student shall be notified in writing, not less than ten business days before the matter is to be heard by the Faculty Committee on Student Discipline:
   1. the nature of the alleged offense,
   2. the name or names of the accuser(s),
   3. the right of the student to be heard,
   4. the time and place of the Hearing,
   5. the right to be represented at the Hearing by legal counsel,
   6. the right to speak, write, or present witnesses,
   7. the right to cross-examine accusers or witnesses who may testify against him or her.

C. Communication from the legal counsel should be through the student or the chair of the Faculty Committee on Student Discipline. All written communication with and notification to students will be delivered to the student’s mailbox in the Department of Physician Assistant Studies. The student shall be advised that the Hearing will not be open to the public.

D. The decision shall be based on persuasive evidence, shall take the findings of the PA Honor Council into account, and shall be determined by a majority vote.

E. The Faculty Committee on Student Discipline shall have discretionary authority to recommend disciplinary action up to and including suspension or expulsion. The findings and recommendations of the Faculty Committee on Student Discipline will be communicated in writing to the associate dean for education within seven calendar days of its decision.

F. The associate dean for education will review the Faculty Committee on Student Discipline findings and recommendations and may sustain the decision, abrogate it, return it to the committee for further deliberations, or impose a different sanction. The associate dean for education, or his designee, will communicate his decision to the student within ten working days and will also advise the Faculty Committee on Student Discipline, the PA Honor Council chair, and the department chair or his designee as to the disposition of the matter.

VII. Appeals to the Dean

For sanctions less than suspension and dismissal, the decision of the associate dean for education will be final and not subject to appeal.

For sanctions involving either suspension or dismissal, the student shall have ten working days following notification to appeal to the dean, or his designee. The decision of the dean, or his designee, shall be final. The dean, or his designee, shall communicate the decision to the student no later than ten working days following receipt of the appeal. The associate dean for education will also be advised as to the disposition of the matter and will so advise the Faculty Committee on Student Discipline, the PA Honor Council, and the department chair or his designee.
VIII. Faculty Involvement

A. Faculty Support

The cooperation and support of the faculty are essential in carrying out the spirit and principles of the Honor Code. They, too, benefit from the freedom created by living in a community of honesty and trust. Likewise, the faculty have individual and corporate responsibility to uphold the Honor System.

B. Reporting a Violation

The faculty should report any suspected violation of the Honor Code to the chair of the PA Honor Council Committee, and the procedures explained in this document shall be implemented. The reporting faculty member shall have the same rights, obligations, and responsibilities under the Honor System as any student reporting a suspected violation.

C. No Other Penalty

All suspected or confirmed violations of the Honor Code shall be dealt with solely under the Honor System as described herein. No faculty member may take any other independent actions toward the accused or sanctioned student, such as lowering the student’s grade or failing him or her in the course. The only penalties or sanctions which may be imposed against an accused student are sanctions imposed under the Honor System.

D. Reducing Temptations and Misunderstandings

The faculty shall use their best efforts to minimize the potential for misunderstandings and to reduce temptations to violate the Honor Code. For example, the faculty shall:

1. Give clear directions and instructions concerning course requirements and the limits of acceptable collaboration in course work.
2. Carefully maintain the security of examinations.
3. Clearly explain whether old examinations may be used by students in preparing for current examinations, being sure to make such old examinations equally accessible to all students when their use is permitted.

PROFESSIONALISM

The quality, character, and conduct of a professional are reflected by his or her commitment, training, and competence. The essence of medical professionalism begins with ethics and carries a responsibility to the patient and others above all personal interests. In medicine, the Hippocratic Oath was the first Code of Ethics and Professionalism to define ideal conduct for the medical professional. Today, many characteristics have been further delineated which help define professionalism including integrity, honesty, accountability and responsibility, maturity, reliability, and altruism.

Our guidelines include

• Timeliness – Being on time for sessions, timely submission of assignments, evaluations, patient encounter forms and other required paperwork
• Participation - Appropriate contribution for the situation
• Appearance - Appropriate attire, hygiene, and presentation
• Behavior - Appropriate conduct, attentiveness, nondisruption, being prepared for assignments, being respectful and courteous, staying on task, collaborating, and being appropriately assertive
• Respect - Maintaining regard for patients, faculty, staff, colleagues, students, and others.
Physician Assistant Studies

- Education - Commitment to learning, defined as being able to assess one’s own learning needs, continually seeking new knowledge and understanding, accepting responsibility to seek learning and/or remediation
- Constructive Evaluation - Identifying sources of feedback, seeking out feedback, accepting feedback in a mature manner, using feedback to change behaviors, providing appropriate and constructive feedback
- Personal Accountability - Accepting responsibility for inappropriate behaviors and making appropriate changes, doing what is promised, acknowledging limitations, and respecting confidentiality of patients and fellow students
- Self-reflection - Demonstration of the understanding of the importance of self-reflection and a willingness to examine one’s own strengths, weaknesses and biases

These guidelines are not meant to be wholly inclusive but to be representative examples. In medical education, the relationship between students and teachers should be conducted in a professional manner, based on mutual trust, respect, and responsibility. This relationship will foster an environment that cultivates educational growth, excellence in patient care, and development of the ethical behavior society expects from health care professionals. A sense of professional conduct and learning in the student-teacher relationship will further develop the appropriate professional provider-patient relationship in clinical practice. It is upon this foundation that the following pledges are adopted:

The faculty pledge to

- Act as a role model for students.
- Foster an environment conducive to learning and professional growth.
- Ensure all components of the educational process are of the highest quality.
- Maintain high professional standards in all our interactions with patients, students, staff, and colleagues.
- Respect all individuals, without regard to race, gender, national origin, religion, sexual orientation, or age, and will not tolerate anyone who manifests disrespect or who expresses bias towards any other individual.
- Nurture both the intellectual and personal development of students, acknowledge and recognize expressions of professional attitudes and behaviors, as well as achievements of academic excellence.
- Encourage a balance of commitment to the educational process and personal well being to improve the vigor, enthusiasm, and performance of students and faculty.
- Encourage any student who experiences or witnesses lapses in professional behavior to report these incidences and further pledge to convey these reports of any faculty or student violations to the attention of the appropriate person. These reports will remain restricted and without reprisal or retaliation.
- Acknowledge the need for life-long learning and scholarship and to contribute to the body of knowledge of the profession.

The students pledge to

- Act as a role model for peers.
- Foster an environment conducive to learning and professional growth.
- Maintain high professional standards in all interactions with patients, faculty, staff, and peers.
• Use the utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives.

• Acknowledge that the educational objectives of Wake Forest University School of Medicine mark the beginning of a life-long learning process.

• Value the professional virtues of honesty, compassion, integrity, fidelity, reliability, accountability, and dependability.

• Respect all individuals, without regard to race, gender, national origin, religion, sexual orientation, or age.

• Embrace the highest standards of the medical profession and pledge to conduct ourselves accordingly in all interactions.

• Develop a balance of commitment to the educational process and personal well-being to improve the vigor, enthusiasm, and performance of ourselves and our peers.

• Fulfill our own obligations as professionals and to assist our fellow students in meeting their professional obligations.

• Bring any violations of policies to the attention of an appropriate person, with assurance that these reports will remain restricted and without reprisal or retaliation.

Medical School Substance Abuse Policy and Programs
(See page 47)

PA Substance Abuse Policy

All students are prohibited from attending the medical school (including clinical experiences and rotations) while adversely affected by alcohol.

We reserve the right to require a drug or alcohol screening test from individuals whose academic performance, behavior, or appearance reasonably suggests use of alcohol or illegal drugs. Failure or refusal to comply with a substance abuse screening test may result in disciplinary action, up to and including expulsion from the Physician Assistant Program. If a student is reasonably suspected of being under the influence of alcohol and/or illegal drugs, Security will be contacted and the student will be escorted to Student Health by Security, and further testing will take place in accordance with the policies of Student Health.

Some clinical rotation sites require drug testing as a condition of doing a rotation at their site. Students participating in these rotations will be required to undergo drug screening as per the clinical site requirements. Any student who refuses to partake in drug screening for a clinical rotation site may face disciplinary action. The cost of the drug screening will be borne by the student unless covered by the clinical rotation site. Any student who is dismissed from a clinical rotation site due to a positive drug screen will be required to explain in writing the circumstances surrounding the results of the screening test. The student may be required to submit to another drug screening test if the results of the first drug screen are not available to the director of clinical education. The results of this subsequent test will be forwarded to the director of clinical education. A refusal to submit to any subsequent drug testing or to supply the director of clinical education with the subsequent test results may lead to disciplinary action, including immediate dismissal from the program. A single negative drug test does not preclude the requirement of additional screens at future clinical sites.
Physician Assistant Code of Ethics

The Physician Assistant Code of Ethics can be viewed and printed at the following website:

Statement of Values of the Physician Assistant Profession

- Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- Physician assistants uphold the tenets of patient autonomy, beneficence, non-malfeasance, and justice.
- Physician assistants recognize and promote the value of diversity.
- Physician assistants treat equally all persons who seek their care.
- Physician assistants hold in confidence the information shared in the course of practicing medicine.
- Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.
- Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.
- Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.
- Physician assistants use their knowledge and experience to contribute to an improved community.
- Physician assistants respect their professional relationship with physicians.
- Physician assistants share and expand knowledge within the profession.
Primary Affiliations
North Carolina Baptist Hospital

The main teaching hospital of the School of Medicine is North Carolina Baptist Hospital (NCBH). School of Medicine and hospital buildings join to form a single unit, resulting in close correlation of clinical and basic medical science teaching programs.

N CBH contains 872 licensed beds. The facilities include a 75-bed intensive care unit; a 33-bed intermediate care unit; a 22-bed coronary care unit; a 160-bed Brenner Children’s Hospital including a 37-bed intensive care nursery; 87 cancer beds; a 12-bed bone marrow transplant unit; 44 psychiatry beds; a 39-bed rehabilitation unit; an 8-bed burn unit; a 40-room operating suite; and adjoining post-anesthesia units consisting of 83 beds. Patients come from all parts of north Carolina and many other states.

Patient admissions numbering more than 35,000 in 2007-2008, with more than 227,000 total patient days of care annually and more than 748,000 outpatient visits, allow medical students and house officers the opportunity to observe a broad range of common diseases and unusual medical problems.

Performed each year are more than 27,000 surgical procedures, 347,000 radiologic procedures, 2,500,000 laboratory tests, 76,000 medical ultrasound diagnostic tests, and 3,200 cardiac catheterizations.

Brenner Children’s Hospital

Founded in 1986, Brenner Children’s Hospital cares for children from western North Carolina as well as all over the United States. A part of Wake Forest University Baptist Medical Center, Brenner Children’s treats young patients from birth to age 21. In the spring of 2002, the Medical Center completed construction of Ardmore Tower West, a 400,000-square-foot addition that includes 11 new floors, six of which house Brenner Children’s Hospital. The Brenner Children’s Hospital includes single-occupancy rooms for pediatric patients and their families and family resource centers. More than 5,100 children are admitted to Brenner Children’s Hospital each year. In addition, more than 22,000 pediatric subspecialty visits occur annually at the hospital-based outpatient clinics. Children are admitted to the children’s hospital for treatment of a variety of serious conditions such as leukemia and congenital heart defects. The other five floors of the $115-million construction project house operating and surgical areas, space for outpatient hospital services, and cardiac catheterization labs.

Brenner Children’s Hospital provides a full continuum of care with the area’s only pediatric emergency room, pediatric and neonatal intensive care units, infant, child, and adolescent inpatient units, and outpatient clinics, in addition to being the only physician practice in Western North Carolina with physicians available in every pediatric medical and surgical specialty. The physicians also conduct 14 satellite clinics, seeing more than 6,500 outpatients annually in 11 counties across western North Carolina and southern Virginia.

In addition to clinical care, the pediatric faculty conducts basic and clinical research into diseases that affect children, which is supported by federal, state, foundation, and industrial funding.

Amos Cottage Children’s Treatment Program

Amos Cottage is the site of the Section on Developmental and Behavioral Pediatrics of the Department of Pediatrics. The facility is off campus, located approximately five minutes from the Medical Center in Winston-Salem.

Several programs are housed at Amos Cottage – neonatal follow-up clinics, the Therapeutic Day Program (TDP) for children 3-7 years of age with disruptive behavior disorders, referral clinics for faculty in the section, and the Children’s Developmental Services Agency (CDSA). The CDSA is part of a state-wide network of agencies that performs eligibility evaluations and coordinates early intervention services in a six-county region for children 0-3 years old with specific medical/neurologic diagnoses or documented delays.

The programs at Amos Cottage are staffed by a number of professionals representing medicine, physician extenders, speech pathology, psychology, music therapy, nutrition, nursing, social work, occupational therapy, physical therapy, recreation therapy, education, and infant-toddler specialists.
Primary Affiliations

Third-year medical students on pediatric clerkships or fourth-year medical students electing pediatrics can rotate at Amos Cottage for exposure to a multidisciplinary and interdisciplinary team approach to the evaluation and treatment of children with developmental/behavioral disorders. Residents in the Department of Pediatrics receive training in developmental and behavioral pediatrics during a required second-year rotation.

Northwest Area Health Education Center

The Northwest Area Health Education Center (AHEC) is an educational and training program designed to enhance the health of the public in its seventeen-county region by improving the supply, distribution, and quality of health and human service personnel, especially in primary care, through diverse community/academic partnerships. As a center of Wake Forest University School of Medicine and a part of the North Carolina AHEC program, Northwest AHEC offers educational activities across the continuum of education in the following types of activities and services:

- Health Careers recruitment information and programs for students from kindergarten to postsecondary education;
- Health Sciences student support for primary care community-based rotations – especially free/low-cost regional housing for students and payments to the regional physicians and pharmacists for teaching the students;
- Primary care and psychiatry Graduate Medical Education and patient services support funding for overall residency program operations, resident salary support, recruitment/travel funds, and cultural competency training support;
- Continuing education for all healthcare professionals - a current list of available courses can be found online at http://northwestahec.wfubmc.edu;
- Information and Library Services offers medical library information and online resources to healthcare professionals and training by medical librarians on how to use these online resources in the most effective and efficient manner.

Virginia Tech - Wake Forest University School of Biomedical Engineering and Sciences

By integrating engineering, life sciences, and medicine, the Virginia Tech - Wake Forest University School of Biomedical Engineering and Sciences (SBES), a fully joint venture of Wake Forest University and Virginia Tech, integrates the capabilities of both universities to make possible the application of engineering principles to human medicine. The mission of SBES is to provide a framework for the generation and dissemination of knowledge through research and education for the improvement of human and animal health through cooperative advancements in engineering, science, and medicine.

Diplomas carry the seals of Virginia Tech and Wake Forest University. Students may take classes on either campus or via distance learning while residing on their home campus in either Blacksburg, Virginia, or Winston-Salem, North Carolina.

The following degree programs are offered: M.S. or Ph.D. in biomedical engineering, M.D./Ph.D. (Wake Forest University School of Medicine), and D.V.M./Ph.D. (Virginia-Maryland Regional College of Veterinary Medicine on the Virginia Tech campus).

Although the curriculum is flexible, focused tracks are available in Imaging (image processing, image analysis, and medical imaging modalities), Biomechanics (mechanics as related to the human body), Cell and Tissue Engineering (working with faculty at the Wake Forest Institute for Regenerative Medicine who are pioneering methods for growing new tissues and organs from patients’ own cells), and Medical Physics (basic radiation physics, radiation biology, physics of imaging, and physics of radiation treatment).

Additional information on the Virginia Tech-Wake Forest University School of Biomedical Engineering and Sciences is available at the SBES website: http://www.sbes.vt.edu/.
Primary Affiliations

W.G. (Bill) Hefner Salisbury Veterans Affairs Medical Center

The School of Medicine is affiliated with the W.G. (Bill) Hefner Salisbury Veterans Affairs Medical Center, located approximately 50 miles southeast of Winston-Salem in Salisbury, N.C. The VA Medical Center is a 372-bed general medical, surgical, and mental health facility serving more than 60,000 veterans in the Piedmont Triad area of North Carolina. The VA Medical Center also provides a full range of outpatient health care in Salisbury, Winston-Salem, and the community-based outpatient clinic in Charlotte.
Multidisciplinary Research Centers and Institutes
Wake Forest Institute for Regenerative Medicine
Director: Anthony Atala, M.D.

The Wake Forest Institute for Regenerative Medicine (WFIRM) is based in the Piedmont Triad Research Park. The WFIRM applies the principles of regenerative medicine to treat human diseases and disabilities, and is an international leader in the translation of scientific discovery to clinical therapies. The WFIRM is helping to realize the clinical promise of emerging technologies in tissue engineering, cellular therapeutics, and biomedical engineering. These technologies include the creation of tissues and organs from the patients’ own cells for repair and replacement.

The institute’s world-renowned team of researchers, based at the Wake Forest University School of Medicine, with a joint program with the School of Biomedical Engineering and Science at Virginia Polytechnic Institute and State University, includes physicians and basic scientists in the fields of biomedical and chemical engineering, cell and molecular biology, biochemistry, physiology, materials science, nanotechnology, genomics, proteomics, and drug delivery.

The multidisciplinary research teams benefit from ready access to the clinical setting and successful academic and clinical translation partnerships and are the basis of the institute’s position as a predominant training facility for regenerative medicine. Postdoctoral fellowships, graduate student opportunities, and summer internships attract an international cohort that represents the future leaders and pioneers in the field.

The institute expands knowledge in the field through aggressive innovation and rapid technology transfer to realize the classical “from bench to bedside” medical model. More than 10 institute technologies are in clinical testing, and several new technologies are in preclinical trials. The institute recently reported the successful human transplantation of engineered bladders in patients now with over a 5-year follow-up. The bladder study represents the culmination of more than 17 years of research and development in engineered bladders. Starting in 1999, the first laboratory-grown organs were transplanted into patients with poor bladder function due to birth defects. To avoid rejection, the engineered bladders were grown from the patients’ own cells. Prior to publishing results, the patients were followed for a number of years to verify that the new bladders were durable.

Also recently, the institute reported the discovery of amniotic fluid- and placental-derived stem cells. The amniotic fluid surrounds the baby in the developing womb, and the placenta is the afterbirth which is delivered immediately after the baby is born. These stem cells may represent a valuable intermediate stage between embryonic stem cells and adult stem cells. These cells exhibit a high degree of flexibility and growth potential, similar to that of human embryonic stem cells, which are believed capable of generating every type of adult cells. The cells have the capacity to remain stable for years without forming tumors, unlike other stem cells, which are often tumorigenic because of uncontrolled growth.

The amniotic fluid and placental stem cells also avoid ethical issues, as they are obtained from usually discarded sources, and a cell bank could be easily established, as there are more than 4 million births per year in the U.S. Stem cells derived from amniotic fluid and placenta have been shown to go into different lineages, including muscle, cartilage, bone, liver, nerve, and blood vessels.

One of the most important missions at the institute is to share its technologies with scientific and industrial communities worldwide to further accelerate clinical translation to patients in need. Toward this goal, the WFIRM continuously pursues extramural collaborative research efforts, together with education and training in regenerative medicine for motivated scientists from the U.S. and around the world.

Regenerative medicine will play a critical role in the continued expansion and development of the life sciences. With the national cost of caring for persons who might benefit from engineered tissues or organs exceeding $600 billion annually, regenerative medicine promises to be one of the most pervasive influences on public health in the modern era.

For more information, please visit www.wfirm.org.
Wake Forest University Translational Science Institute
Director: Charles E. McCall, M.D.
Associate Directors: David M. Herrington, M.D., M.H.S., Sally A. Shumaker, Ph.D.

The Wake Forest University Translational Science Institute (WFU TSI) was established in March 2007, and its mission is to accelerate the discovery and application of new knowledge to improve human health. Programs within the WFU TSI include (1) Pilot and Collaborative Studies; (2) Biostatistics and Study Design; (3) Bioethics, Health, and Society; (4) Non-human Primate Models, Novel Methodologies and Tool Development; (5) Bioinformatics and Communication; (6) Transdisciplinary Team Science; (7) Participant and Clinical Interactions Resources (which include our current General Clinical Research Center); (8) Community Engagement; (9) Translational Technologies and Resources; and (10) Research Education, Training, and Career Development. The programs are designed specifically to foster interdisciplinary and multidisciplinary teams of investigators with varied backgrounds and perspectives – the “translational” approach. These teams will apply new tools, technologies, and knowledge to research that will ultimately improve public health and patient care. This translational initiative seeks to expand biomedical research outside of the medical center through the involvement of a number of regional partners and the integration of the community in its approach. The WFU TSI aims to train, and promote the careers of, a new generation of biomedical researchers capable of working in multidisciplinary teams.

A new and innovative M.M.S./Ph.D. program in Clinical and Translational Science has been established to foster the development of these scientists. Furthermore, the WFU TSI endeavors to cultivate vital relationships with community groups and other regional and national academic and private entities, to make available the tools, products, and results of our translational research and educational programs to the broader community. Ultimately, the WFU TSI seeks to transform the ways in which research to improve human health is designed, conducted, taught, and communicated to scientists and the public.

Brain Tumor Center of Excellence
Director: Waldemar Debinski, M.D., Ph.D.

The Brain Tumor Center of Excellence (BTCOE) was established in 2004 on the foundations of excellence in both clinical care and clinical research in patients with brain tumors. The BTCOE focuses on improving the management of brain neoplasia, since many brain tumors represent unmet needs in medicine. This goal of BTCOE is being achieved in a highly collaborative academic environment that brings together basic scientists with clinical researchers and patient care takers in order to conduct translational brain tumor research: from the bench to the bedside and back to the bench. This translational research is a complex multidisciplinary effort encompassing several scientific and clinical disciplines. The BTCOE has currently five thematic groups composed of scientists, physicians, and physician-scientists working within and across the groups, various departments, and centers: (1) Molecular Therapeutics; (2) Modulation of Treatment-induced Brain Injury/Quality of Life; (3) Bioanatomic Imaging; (4) Pre-clinical Models of Disease; and (5) Immunobiology and Immuno-Gene Therapy Group. Thus, the BTCOE groups design and test new molecular drugs; new ways to deliver cytotoxic radioenergy while protecting normal brain from ionizing radiation or other stress- or treatment-induced injuries; new noninvasive means to image brain tumors at cellular and molecular levels, including response to treatment; canine brain tumors as a model of human disease; and complex interactions of brain tumors with immune system and possible therapeutic interventions, including anti-cancer vaccines. The core facilities that are important for the conduct of the BTCOE investigations are the Brain Tumor Bank, Small Animal Imaging Laboratory, biostatistical support, and the GLP/GMP laboratory.

The mission of the BTCOE is to generate and evaluate new clinical interventions at Wake Forest School of Medicine. This mission is well supported by the National Institutes of Health, public and private research foundations, and industry.
Center for Biomolecular Imaging  
Director: Kerry M. Link, M.D.

The Center for Biomolecular Imaging (CBI) is a multidisciplinary, multitechnology center comprising state-of-the-art imaging modalities available to all institutional researchers. All CBI equipment is solely dedicated to research scanning and is located across the campus. A 16-MDCT scanner, 1.5 MRI scanner, PET scanner, MicroPET scanner, cyclotron facility, and metabolic laboratory are located in the MRI Building. A 7T small animal MicroMR scanner is located in the Nutrition Building. A 32-MDCT scanner and MicroCT scanner are housed in the BRF-1 building in the Piedmont Triad Research Park.

The CBI has a strategic alliance with the imaging research conducted by the Department of Radiation Oncology’s Bioanatomic Imaging and Treatment (BAIT) Program. This research relies on a PET/CT scanner and 3T MRI scanner.

In the MRI building, the CBI also houses two GE Advantage workstations and a TeraRecon Aquarius workstation, which are dedicated 4-dimensional workstations used for post-image acquisition data manipulation, including temporal analysis of 3-dimensional data sets.

In addition, CBI houses a TeraRecon AquariusNET server that distributes real-time interactive 3D imaging capabilities across the enterprise. A similar TeraRecon server and two TeraRecon workstations are also located in BRF-1 building.

The CBI was created in response to the pivotal role imaging technologies are playing in both clinical and basic sciences research. The center fosters an environment that provides academic growth for faculty engaged in all areas of research, especially those that focus on significant technology advances in research imaging opportunities related to physiologic/functional imaging and molecular imaging. The goals of the center are to provide new research opportunities by encouraging interdisciplinary cooperation; supporting public and private grant-funded research; integrating all researchers utilizing imaging techniques; engaging in hardware and software development; sponsoring grants for technical development; and encouraging industry-funded research. In addition, the CBI oversees the Imaging Cores of the GCRC and Comprehensive Cancer Center.

The CBI is committed to keeping Wake Forest University of Medicine on the cutting edge of imaging research.

Center for Diabetes Research  
Director: Donald W. Bowden, Ph.D.

The goals of the Center for Diabetes Research are to identify the causes and to develop new approaches for prevention and treatment of diabetes and diabetes-associated complications. The prevalence of diabetes in our population is growing at an alarming rate, especially in the Southeast. As a systemic disease, diabetes impacts almost all facets of clinical care. Establishment of the Center for Diabetes Research in 2006 reflects that diabetes is a major and growing component of research in the School of Medicine. Within the Wake Forest community, the center acts to increase awareness of diabetes and facilitate continued growth in diabetes-related research through the development of programs that integrate basic and clinical research. Diabetes research studies at the Medical Center cover the entire spectrum of modern research. These studies range from laboratory studies investigating basic cellular mechanisms leading to diabetes through participation in major clinical trials of prevention and treatment programs. The medical school has special strengths in several areas of diabetes research. Of note are studies of the genetic contributors to diabetes and diabetes complications, such as cardiovascular disease and nephropathy. Genetic research in minority populations is a special area of emphasis. In addition, Wake Forest is a major participant in NIH-sponsored clinical trials targeting diabetes prevention and prevention of cardiovascular disease and other complications in people with diabetes. During the last year, the center successfully recruited several researchers with skills in the analysis of cellular and animal models of diabetes and obesity. The current goal of the Center for Diabetes Research is to continue expansion of basic sciences to complement the visible strengths in genetics and epidemiology, thereby developing a nationally recognized, balanced, multidisciplinary program for diabetes research.
Center for Human Genomics

Co-Directors: Eugene R. Bleecker, M.D.; Deborah A. Meyers, Ph.D.
Associate Directors: Donald Bowden, Ph.D.; Jianfeng Zu, Ph.D.; Stephen Peters, Ph.D.

The Center for Human Genomics is a multidisciplinary research center at Wake Forest funded by public and private grants. The overall mission of the Center for Human Genomics includes the following: (1) facilitate the identification of genes that contribute to common human disease; (2) determine how these genes interact with environmental risk factors; (3) define the context under which interventions can be devised to prevent disease; and (4) promote the development of novel therapeutic regimens. Within the center are three general subdivisions: clinical, molecular, and analytical/informatics. These three divisions work closely together to examine common complex diseases with a genetic component such as aging-related disorders, cardiovascular disease, diabetes and its complications, cancer with specific emphasis on prostate cancer, and respiratory diseases (allergy, asthma, chronic obstructive pulmonary disease, and sleep disorders).

The clinical laboratory collects individual and population information from patients and families for genetic and pharmacogenetic studies. The DNA samples are obtained from samples collected by scientists at Wake Forest University School of Medicine and from collaborators from all over the world to identify genetic components of common diseases. The center possesses the technology necessary to identify genetic regions of interest through genome wide screens, study specific polymorphisms in genes (including functional studies), and sequence DNA to determine the specific genetic cause of a disease. The analytical/informatics laboratory is a critical component combining the information collected in the clinical laboratory and molecular laboratory. In addition, informatics approaches are used as well as modeling of the epidemiological patterns of diseases to further understand the basis of common diseases. The molecular group has expertise in DNA sequencing, genotyping, and the various methods needed to study the function of the genes identified in our genetic studies. The overall approaches in the center include identifying genes that affect disease susceptibility and expression (severity) in order to understand pathophysiologic mechanisms in common diseases, explore gene environment interactions, and promote the development of novel therapeutic approaches and new methods for early disease identification and prevention.

Center of Excellence for Research, Teaching, and Learning

Director: Ann Lambros, Ph.D.
Co-Director: Stanford R. Hill, Ph.D.

The Center of Excellence for Research, Teaching, and Learning (CERTL) has existed as an informal center at Wake Forest School of Medicine since 1996. CERTL became a formal center in 2004. CERTL represents an innovative partnership between the medical school, Winston-Salem State University, and Winston-Salem/Forsyth County Schools. The CERTL mission is to advance the quality of science literacy and public school education by

• enhancing teacher quality through long-term and continuous professional development
• enriching the curriculum to align with the National Goals Education Panel recommendations and the National Science Education Standards
• providing enrichment experiences for K-12 students designed to sustain interest and increase learning in science topics.

A long-term goal is to attract talented students, especially from underrepresented groups, to careers in science, mathematics, technology, and, ultimately, to the biomedical field. CERTL is externally funded by the National Institutes of Health and the Howard Hughes Medical Institute to accomplish its mission in the local community. CERTL also provides services and consultations to distant areas through existing regional and national collaborations.
Comprehensive Cancer Center of Wake Forest University
Interim Director: A. Julian Garvin, M.D., Ph.D.
Associate Director of Administration: Rebecca H. Rankin
Program Directors: Nancy E. Avis, Ph.D.; A. William Blackstock, M.D.; Douglas S. Lyles, Ph.D.; Alan J. Townsend, Ph.D.

The Cancer Center continues as a driving force in the rapid and sustained growth of cancer programs within the institution. The institution has a strong cancer research funding base with 123 peer-reviewed grants and contracts from the National Cancer Institute, the National Institutes of Health, the American Cancer Society, and the Department of Defense. Cancer Center members are also leaders in multi-institutional studies and several national cooperative groups. The Cancer Center encourages translational research targeting a set of well-defined cancer problems focused around four programmatic themes:

**DNA Damage and Cellular Defense Program**
Director: Alan Townsend, Ph.D.
- Mechanisms of DNA damage and response to DNA damage
- Oxidant damage and signaling
- Mismatch repair: involvement in carcinogenesis and chemotherapy
- Chemopreventive responses that mitigate DNA damage
- Structural biology

**Cell Growth and Survival Program**
Director: Douglas Lyles, Ph.D.
- Growth regulatory and cell death pathways
- Natural Products: modification of growth regulatory pathways
- Inflammation, innate immunity, and adaptive immunity
- Peroxide signaling
- Viruses as novel anti-tumor therapeutics
- Epigenetic regulation of cancer

**Clinical Research Program**
Director: A. William Blackstock, M.D.
- Translational research
- Study of natural chemopreventives and therapeutics
- Radiosensitizers and chemosensitizers
- Recombinant cytotoxins
- Biomolecular imaging

**Cancer Control**
Director: Nancy Avis, Ph.D.
- Cancer epidemiology and prevention
- Cancer survivorship
- Cancer genetics
- Minority and underserved populations

These initiatives are carried out within the four programs by just over 100 independent investigators. In addition to the programs, the Cancer Center has “idea incubators”: Centers of Excellence in prostate cancer, breast cancer, and brain cancer. These Centers of Excellence bring together multidisciplinary groups focused on a single disease site as a catalyst for translational research designed to directly and promptly benefit patients suffering from these diseases. Innovative research is also under way on many other cancers, including oral/head-and-neck cancer, leukemia, and lung and colon cancer.
General Clinical Research Center  
Director: Kevin High, M.D.

The primary mission of the General Clinical Research Center (GCRC) is to provide clinical investigators with the fundamental resources and controlled environment necessary to conduct research with human subjects. The GCRC participates in a network of approximately 90 such centers in the U.S., located primarily in academic medical centers and funded by the National Institutes of Health (NIH), through the National Center for Research Resources (NCRR). The GCRC is in the process of transforming into a component of the Participant Clinical Interaction Resource Program (PCIR), which will exist as an expanded resource for conducting clinical and translational research as a part of the Wake Forest University Translational Science Institute (TSI).

The transformative changes in the GCRC as it evolves to become the PCIR are in the formative stage. They include establishing an Acute Care Participant Unit (anchored in the Emergency Medicine Department/Division of Surgical Sciences); a Pediatric Participant Unit; a Mobile Translational Research Unit; a Community Engagement Program, and a formal connection with the Clinical Research Center at Mission/Saint Joseph Hospital, Asheville, North Carolina. The PCIR will also expand as a site to support the Practicum in Team Research being formed by the Educational Program of the TSI. More possibilities for GCRC transformation are expected during the next academic year.

Wake Forest University Baptist Medical Center (WFUBMC) GCRC helps investigators to translate basic scientific knowledge into new or improved methods of patient care. The center opened in late August 1993, and to date more than 500 diverse studies have been reviewed and approved to use the GCRC. Grant protocols have included the following major areas of research: anesthesiology, cardiovascular disease, endocrinology, gastroenterology, genetics, geriatrics, hematology and oncology, infectious diseases, nephrology, neurology, pediatrics, psychiatry, pulmonary diseases, rheumatology, surgery, urology, and women’s health. At present the GCRC has 48 active protocols.

The center also seeks to develop and maintain a core of competent, experienced clinical investigators within the institution. To accomplish these goals, the center’s resources include expert nursing, dietary, and laboratory personnel trained in research techniques; fully equipped inpatient and outpatient rooms; patient monitoring devices; a metabolic kitchen and dining area; a sample-processing laboratory; a molecular genetics laboratory; a computer center; biostatistical, safety, and demographic expertise; and funding for routine ancillary testing. The newest addition is the first geriatric GCRC in the nation, which opened in February 2003.

Education and research training are important objectives of the GCRC. The center also sponsors the weekly Translational Science Institute Conference, formerly the GCRC Clinical Research Series for young investigators. The seminars involve “how-to” talks with senior investigators, didactic lectures on technical subjects by established faculty, and research-in-progress presentations by the investigators themselves. Often outside speakers present “News and Views” in clinical research. With attendance of approximately 150 per week, it is the largest regular conference in the institution.

The GCRC is available to all clinical investigators within the School of Medicine who show a need for the center’s resources and who will conduct clinical research of significant scientific merit. NIH-funded research has top priority to use the center, but studies funded by foundations, industry, and other sources are also welcome. A physician must be associated with the study, as principal investigator, co-investigator, collaborator, or consultant and is considered ultimately responsible for all patient care relating to the research protocol. However, other health care professionals can be principal investigators on studies. All investigators and co-investigators must be certified in the human subjects curriculum, CRICC (Clinical Research Investigator/Coordinator Certificate Program). The GCRC has approximately 8,000 research visits per year and conducts more than 70 human research protocols annually.

A description of services may be found on the Medical Center’s GCRC Web page at http://www.gcrc.wfubmc.edu
Multidisciplinary Research Centers and Institutes

Hypertension and Vascular Research Center
Director: Carlos M. Ferrario, M.D.

Our center was established in 1992 to amalgamate various efforts in the investigation of the fundamental mechanisms of high blood pressure and vascular disease within a program that allows for the lineal integration of basic and clinical research and patient care. The mission of the center is to attend to the human causes of high blood pressure and related diseases of the heart and blood vessels through investigation of the genetic, molecular, and clinical mechanisms of hypertension in the setting of medical research and patient care.

The center bridges the span between fundamental research and human disease processes by consolidating the focused programmatic approach of the basic science faculty with the interest and expertise of the physicians who render patient care and investigate the pathobiology of hypertension and vascular disease in human subjects. Insights gained into the causes and mechanisms of high blood pressure and vascular diseases are translated into approaches that address aspects of secondary and primary prevention of cardiovascular diseases through the activities of the participating faculty in postgraduate medical educational activities and community-based awareness programs. Two important outreach initiatives are “The STREAM of Forsyth Initiative” that establishes the Hypertension and Vascular Research Center as an Enhanced Dissemination and Utilization Center, funded by NIH to reduce the incidence of stroke morbidity and mortality in African-Americans, and the “Cardiovascular Surveillance Via a Hypertension Registry” funded by the CDC that establishes a registry for hypertension through the Emergency Department and develops a plan for identification and follow-up care for patients with hypertension. In addition, the center has an active outreach program through our Health on Wheels™ screening efforts performed within the community.

The funding for the center’s research efforts comes from a program project and other grants from the National Institutes of Health, as well as from the American Heart Association, private foundations, and the pharmaceutical industry. Training opportunities at the undergraduate, predoctoral, and postdoctoral level are supported by NIH and AHA, and center-based initiatives are integral to school-wide efforts to increase diversity at all levels of training. Faculty members from the center participate in training students from a variety of graduate programs, including physiology and pharmacology, molecular medicine, neuroscience, and molecular genetics.

J. Paul Sticht Center on Aging and Rehabilitation
Director: Stephen B. Kritchevsky, Ph.D., M.S.P.H.

The J. Paul Sticht Center on Aging is the hub of a comprehensive, coordinated effort to learn more about aging, to teach others what is learned, and to improve the health of older people. The center’s research is funded by numerous grants from industry, scientific foundations, and the National Institutes of Health, including a Claude D. Pepper Older Americans Independence Center grant from the National Institute on Aging. Research at the center focuses on preventing disability and maintaining the independence of older adults and is pursued by using an interdisciplinary approach that traverses the entire spectrum of biomedical investigation, including molecular biology, in vitro and animal studies, clinical research, behavioral and social sciences, and epidemiology. The Roena Kulynych Dementia Center, which is part of the Center on Aging, focuses on the impact of cognition on physical independence. More than 60 scientists participate in the research program of the Center on Aging.

The center offers a large training program for clinicians and scientists that provides training in gerontology and geriatrics for medical students, residents, and fellows, as well as for junior faculty members. The Center on Aging has gained national and international recognition for excellence by attracting scientists and trainees from the U.S. and throughout the world. The center is a leader in clinical care, providing innovative services to meet the special health care needs of older adults, including outpatient care as well as acute, subacute, and long-term care; home care; rehabilitation; and psychiatric care for the elderly.
Maya Angelou Center for Health Equity
Director: Ronny A. Bell, Ph.D.

The Maya Angelou Center for Health Equity, established in 2002 as the Maya Angelou Research Center on Minority Health, is a multidisciplinary research center that addresses growing concerns regarding disparities in health and health care among racial and ethnic minority groups. It was founded on the premise that health and disease cannot be viewed solely as biological occurrences, but also as mental and physical consequences of underlying behavioral, social, and cultural phenomena. In 2008 the center adopted its new name to more adequately reflect the mission of the center and to broaden its reach to other disparate populations.

The center has three program areas: (1) Research and Evaluation, (2) Community Outreach, and (3) Faculty and Student Development. The Research and Evaluation program aims to foster health equity research across the Medical Center and to translate and disseminate research findings to those communities with the greatest needs. The center has more than 30 faculty affiliates represented by 14 academic departments. In addition to engaging in funded research focusing on health equity, the center has sponsored research conferences focusing on cancer and cardiovascular disease.

The Community Outreach program seeks to develop partnerships with community organizations to conduct community-focused research and enhance opportunities to increase health awareness and health care access in disparate populations. The center has established partnerships with public and private agencies across the state to achieve this goal.

The Faculty and Student Development program aims to support the recruitment and retention of minority faculty and staff at the Medical Center and to increase the number of minority students pursuing degrees in health care and graduate biomedical sciences. The center actively partners with area historically black colleges and universities (HBCUs) and with the Wake Forest School of Medicine Student National Medical Association. The center sponsors minority medical students conducting summer research projects focusing on health disparities.

Women’s Health Center of Excellence for Research, Leadership, Education
Director: Mary Lou Voytko, Ph.D.

The Women’s Health Center of Excellence for Research, Leadership, Education (WHCoE) is dedicated to improving the health of women through research, leadership, and education. The center aims to develop excellence and innovation in women’s health research; enhance the promotion, recruitment, and retention of women faculty; and educate health professionals and the public about important women’s health issues.
2008-2009

Faculty
Faculty

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Joseph R. Tobin, M.D., Chair

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Corey Matthew Passman, M.D.

**Instructor**

William H. Boyce, M.D.
R. Lawrence Kroovand, M.D.
David L. McCullough, M.D.

**Wake Forest Institute for Regenerative Medicine**

Anthony J. Atala, M.D., Director

**Professors**

Anthony J. Atala, M.D.

**Associate Professors**

Shay Soker, M.Sc., Ph.D.
James J. Yoo, M.D., M.S., Ph.D.

**Assistant Professors**

Benjamin S. Harrison, Ph.D.
Jan Rohozinski, Ph.D.
Mark E. Van Dyke, Ph.D.

**Assistant Professors, continued**

Stephen J. Walker, M.S., Ph.D.
Yuanyuan Zhang, M.D., Ph.D.

**Instructors**

Sang Jin Lee, Ph.D.
Baisong Lu, Ph.D.
Weixin Zhao, M.D.

**Assistant Instructor**

Bryan W. Tillman, M.D., Ph.D.

**Other Distinguished Faculty**

**Creative Communications**

Professor Emeritus

George C. Lynch

**Library Science**

Associate Professor Emeritus

Michael D. Sprinkle, M.S.L.S.

**Medical Education**

Associate Professor Emerita

Velma G. Watts, M.Ed., M.S., Ph.D.

**Student Admissions**

Associate Dean

Lewis M. Nelson III, M.D.
The standing committees, which are advisory to the dean and the president for WFU Health Sciences, are appointed to assist in the administration of the academic and professional activities of the school and to give the faculty a significant voice in the development of policies that relate to these activities.

**ADMISSIONS AND PREMEDICAL RELATIONS**

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**ANIMAL CARE AND USE**

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**BIOSAFETY (Biohazards)**

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Standing Committee Appointments
2008-2009

DEAN’S ADVISORY COMMITTEE

Dr. William Applegate, Chair
Dr. Steven Block, Vice Chair
Dr. Maryam Ahmed 2009
Dr. Elizabeth Arnold 2009
Dr. Nancy Avis 2009
Dr. Michael Cartwright 2009
Dr. Gary Schwartz 2009
Dr. Jeffrey Weiner 2009
Dr. Evelyn Anthony 2010
Dr. Colin Bishop 2010
Dr. Sarah Bodin 2010
Dr. Chip Celestino 2010
Dr. Allan deGuzman 2010
Dr. Judith Messura 2010
Dr. Gil Yosipovitch 2010
Dr. Anthony Bleyer 2011
Dr. Mark Cline 2011
Dr. Ashok Hegde 2011
Dr. Rajender Deora 2011
Dr. Catherine Rees 2011
Ms. Gail Curtis 2011
Dr. Katherine Poehling 2011
Dr. Jim Rose 2011
Dr. Mary Sorci-Thomas (Basic Dept. Rep.) Ex officio 2009
Dr. William Rice (Clinical Dept. Rep.) Ex officio 2010
Dr. David Coates (Reynolda Campus) Ex officio w/o vote

DIVERSITY

Dr. Patricia Adams, Chair
Dr. William Blackstock 2009
Dr. Kathy Orms 2009
Dr. Griffith Parks 2009
Dr. Patricia Petrozza 2009
Dr. Omar Sangueza 2009
Ms. Sandra Cultra 2010
Dr. Nancy Denizard-Thompson 2010
Ms. Donna Hamilton 2010
Dr. Lewis Nelson 2010
Dr. Charles Turner 2010
Mr. Mark Archambault 2011
Dr. Jorge Calles 2011
Dr. Doug Easterling 2011
Dr. Brenda Latham-Sadler 2011
Ms. Jean Price 2011
Dr. Vernon Ross 2011
Dr. Ronny Bell Ex officio
Dr. Steven Block Ex officio
Dr. Linda McPhail Ex officio
Ms. Kathy Townsend Ex officio
Dr. Mary Lou Voytko Ex officio
Ms. Adriene Cunningham Exec. Sec.

FACULTY DEVELOPMENT ADVISORY COMMITTEE

Dr. Mary Lou Voytko, Chair
Dr. Jeffrey Carr 2009
Dr. Karen Gerancher 2009
Dr. Bill Gmeiner 2009
Dr. Amy McMicheal 2009
Dr. Elizabeth Palavecino 2009
Dr. Beth Reboussin 2009
Dr. Doug Rieie 2009
Dr. Karl Andersson 2010
Mr. Mark Archambault 2010
Dr. Kathy Greven 2010
Dr. Gordon McIlorie 2010
Dr. John Spangler 2010
Dr. Aimee Wilkin 2010
Dr. Hal Elliott 2011
Dr. Karl Karlson 2011
Dr. David Kretzschmar’ 2011
Dr. Brian McCool 2011
Dr. David Ornelles’ 2011
Dr. Maria Sam 2011
Dr. Michael Tytell 2011
Dr. Mike Bettmann (Co-chair RRPT) Ex officio
Ms. Pat Bird Ex officio
Dr. Steven Block Ex officio
Ms. Sandra Cultra Ex officio
Dr. Michael Lischke Ex officio
Dr. Charles McCall Ex officio
Dr. Sally Shumaker Ex officio
Standing Committee Appointments
2008-2009

FACULTY EXECUTIVE COUNCIL

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FACULTY EXECUTIVE COUNCIL ACADEMIC APPEALS

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<tr>
<th>Name</th>
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<td>Dr. Barry Stein</td>
<td>2009</td>
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<tr>
<td>Dr. William Ward</td>
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<tr>
<td>Dr. Gretchen Wells</td>
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<td>Dr. Sarah Bodin</td>
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<td>Dr. Allison Brashear</td>
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<td>Dr. Lawrence Hopkins</td>
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<td>Dr. Alain Bertoni</td>
<td>2011</td>
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<tr>
<td>Dr. Margaret Brock</td>
<td>2011</td>
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<tr>
<td>Dr. Michael Coates</td>
<td>2011</td>
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<tr>
<td>Dr. Steven Block</td>
<td>Ex officio, w/o vote</td>
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<tr>
<td>Dr. Patrick Ober</td>
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<tr>
<td>Dr. Burton Reifler</td>
<td>Ex officio, w/o vote</td>
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FRINGE BENEFIT COMMITTEE

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<tr>
<td>Dr. John Wilson, Chair</td>
<td>2009</td>
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<tr>
<td>Dr. Iris Edwards, Co-Chair</td>
<td>2011</td>
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<tr>
<td>Dr. Alison Snow-Jones, Past Chair</td>
<td>2009</td>
</tr>
<tr>
<td>Dr. Mike Adler</td>
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<tr>
<td>Dr. Paul Meis</td>
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<tr>
<td>Mr. John Stillerman</td>
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<td>Dr. Robert Coghill</td>
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<td>Dr. J. C. Gerancher</td>
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<td>Ms. Patricia Gibson</td>
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<td>Dr. Jason Grayson</td>
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<td>Dr. Russell Howerton</td>
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<td>Ms. Pattie Smith</td>
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<td>Dr. Heather Furlong</td>
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<td>Dr. Iris Leng</td>
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<td>Dr. Charles Massler</td>
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<td>Dr. Stacie Zelman</td>
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<td>Mr. Brian McGinn</td>
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<td>Mr. Marc Sears</td>
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<td>Dr. Sally Shumaker</td>
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<tr>
<td>Dr. Anne Boyle (Reynolda Campus)</td>
<td>Ex officio w/o vote</td>
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</tbody>
</table>
Faculty

Standing Committee Appointments
2008-2009

GENERAL CLINICAL RESEARCH CENTER ADVISORY

Dr. Robert Byington, Co-Chair
Dr. Robert D. Hite, Co-Chair
Dr. Laura Coker
Dr. Paul Dawson
Dr. Ross Holmes

Dr. Paul Laurienti
Dr. Anthony Liguori
Dr. Bayard Powell
Dr. Vandana Shashi
Dr. Kaycee Sink

GRADUATE MEDICAL EDUCATION

Dr. Patricia Petrozza, Chair
Dr. Jon Abramson
Dr. Margaret Brock
Dr. Michael Chang
Dr. Lisa David
Dr. Tom DuBose
Dr. Harold Elliott
Dr. Rita Freimanis
Ms. Ala Jo Koonts
Dr. Peter Lichstein
Dr. Wayne Meredith
Dr. Girish Mishra
Ms. Gina Ramsey
Dr. Patrick Reynolds
Dr. Raymond Roy
Dr. Mitchell Sokolosky

Dr. Constance Stanton
Dr. John Wilson
Dr. Marcia Wofford
Resident Representatives (4)
Dr. Patricia Adams
Dr. Mark Andrews
Dr. Robert Applegate
Mr. Gerald Finley
Dr. Karen Gerancher
Mr. Terry Hales
Dr. Dan Kirse
Dr. Amy McMichael
Dr. Wendy Moore
Dr. K. Patrick Ober
Mr. Ron Small
President, Senior Class

GRADUATE SCHOOL BIOMEDICAL SCIENCES

Dr. Lorna Moore, Chair
Dr. Steven Akman
Dr. Martha Alexander-Miller
Dr. Donald Bowden
Dr. Bridget Brosnihan
Dr. Dwayne Godwin
Dr. David Goff
Dr. Craig Hamilton
Dr. Kevin High
Dr. Sara Jones
Dr. Paul Laurienti
Dr. Charles McCall

Dr. Michelle Naughton
Dr. Ronald Oppenheim
Dr. John Parks
Dr. Emilio Salinas
Dr. Karin Scarpinato
Dr. Suzy Torti
Dr. Jeff Weiner
Dr. Linda McPhail
Dr. Patrick Ober
Dr. Randall Rogan
Dr. Sally Shumaker
Dir., Postdoctoral Affairs

Ex officio
Ex officio
Ex officio
Ex officio
Ex officio
Ex officio
Ex officio
Ex officio
Ex officio
Ex officio
### Faculty

**Standing Committee Appointments**  
2008-2009

**INSTITUTIONAL REVIEW BOARD**

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<td>Dr. Greg Hawkins, Chair, (Board 2)</td>
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<td>Dr. Patrick Reynolds</td>
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<td>Dr. Anthony Liguori, Chair, (Board 3)</td>
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<td>Dr. Paul Savage</td>
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<td>Dr. Lisa Washburn</td>
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<td>Dr. Alain Bertoni, Vice Chair, (Board 4)</td>
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<td>Mr. Scott Rushing, Vice Chair, (Board 1)</td>
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<td>Mr. Parks Welch</td>
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<td>Dr. Scott Rhodes, Vice Chair, (Board 2)</td>
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<td>Dr. James Winslow</td>
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<td>Ms. Allison Ashe-Card</td>
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<td>Ms. Cheryl Byers</td>
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<td>Ms. Diane Behar</td>
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<td>Dr. Jinhong Ding</td>
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<td>Dr. Sara Cartwright</td>
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<td>Ms. Linda Easter</td>
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<td>Mr. Mark Furth</td>
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<td>Ms. Beth Hubbart</td>
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<td>Dr. Saju Joy</td>
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<td>Dr. Michael Kutcher</td>
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<td>Dr. David Mount</td>
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<td>Ms. Tonya Oliver</td>
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<td>Dr. Mark Pettenati</td>
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<td>Mr. Francis Rivers</td>
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<td>Dr. Elizabeth Arnold</td>
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<td>Ms. Nancy Buchheimer</td>
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<td>Mr. Tim Craven</td>
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<td>Dr. Alan Fleischer</td>
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<td>Mr. Gray Dull</td>
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<td>Ms. Janice Grace</td>
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<td>Dr. Daniel Fried</td>
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<td>Dr. Sanjay Gandhi</td>
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<td>Dr. Heather Mertz</td>
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<td>Dr. Leann Kennedy</td>
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<td>Ms. Rachel Williams</td>
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<td>Dr. Stephen Kramer</td>
<td>2010</td>
<td>Ms. Katherine Foster</td>
<td>Community Rep.</td>
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<td>Ms. Valar McClellan</td>
<td>2010</td>
<td>Dr. Osvaldo Delbono</td>
<td>Alternate</td>
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**INTRAMURAL RESEARCH SUPPORT**

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<td>Dr. Gregory Shelness, Chair One</td>
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<td>Dr. Barbara Nicklas, Chair Two</td>
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<td>Dr. Beverly Snively, Vice Chair</td>
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<td>Dr. Edward Ip, Vice Chair</td>
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<td>Dr. Mark Chappell</td>
<td>2009</td>
<td>Dr. Waldemar Debinski</td>
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<td>Dr. Raymond Penn</td>
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<td>Dr. Carl Langefeld</td>
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<td>Dr. William Swords</td>
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<td>Dr. Yongmei Liu</td>
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<td>Dr. Robert Coghill</td>
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<td>Dr. Sharon Castellino</td>
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<td>Dr. Steven Kridel</td>
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<td>Dr. Duncan Hite</td>
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<td>Dr. Ann Geiger</td>
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<td>Dr. George Christ</td>
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<td>Dr. Allyn Howlett</td>
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<td>Dr. Paul Laurienti</td>
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<td>Dr. Todd Lowther</td>
<td>2011</td>
<td>Dr. Katherine Poehling</td>
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# Radiation Safety Committees

**General:**
- Dr. Ann Tallant, Chair
- Ms. Michelle Adkins 2009
- Dr. Charles Eldridge 2009
- Dr. Lawrence Rudel 2009
- Mr. Dwayne Stanley 2009
- Dr. Iris Edwards 2010
- Dr. George Kulik 2010
- Dr. Michael Seeds 2010
- Dr. Gregory Sheliness 2010
- Dr. Ulrich Bierback 2011
- Dr. Larry Daniels 2011
- Dr. Greg Hundley 2011
- Dr. Patrick Koty 2011
- Dr. Michael Robbins 2011
- Dr. David Lyons Ex officio
- Dr. Richard Young Ex officio
- Mr. Steve Motsinger Ex officio, w/o vote
- Mr. Lonnie West Ex officio, w/o vote

**Medical:**
- Dr. Anita Thomas, Chair 2010
- Dr. Pradeep Garg 2009
- Dr. Mahta Mirzaei 2009
- Dr. James Ball 2010
- Dr. Hollins Clark 2011
- Dr. Martha Wasserman 2011
- Mr. Feodor Bijkersma Ex officio
- Mr. John Blalock Ex officio
- Ms. Kathy Flowers Ex officio
- Dr. Paul Stroud Consultant, w/o vote
- Dr. Richard Witcofski Consultant, w/o vote

# Recruitment, Retention, Promotion, and Tenure

**Dr. Lynne Wagenknecht, Chair 2010**
- Dr. Joseph Tobin 2010

**Dr. Michael Bettmann, Co-Chair 2011**
- Dr. Alan Townsend 2010

**Dr. Ivor Hill, Past Chair 2009**
- Dr. Ronny Bell 2011

**Dr. William Blackstock 2009**
- Dr. Cheryl Bushnell 2011

**Dr. Charles Branch 2009**
- Dr. Sara Jones 2011

**Dr. Jay Kaplan 2009**
- Dr. Stephen Krtichevsky 2011

**Dr. Samuel Lentz 2009**
- Dr. Richard Loeser 2011

**Dr. Mark Miller 2009**
- Dr. Griffith Parks 2011

**Dr. Perry Shen 2009**
- Dr. Stephen Rapp 2011

**Dr. Sara Sinal 2009**
- Dr. James Van Rhee 2011

**Dr. Jorge Figueroa 2010**
- Dr. Gil Yosipovitch 2011

**Dr. Barry Freedman 2010**
- Dr. Steven Block Ex officio

**Dr. Craig Henkel 2010**
- Dr. Lorna Moore Ex officio

**Dr. Michelle Naughton 2010**
- Dr. Patrick Ober Ex officio

**Dr. Shay Soker 2010**
- Dr. Sally Shumaker Ex officio

# Research Advisory Committee

**Dr. Carol Shively, Chair 2010**
- Dr. William Applegate Ex officio w/o vote

**Dr. Stephen Rapp, Co-Chair 2011**
- Dr. Steven Block Ex officio w/o vote

**Dr. David Herrington, Past Chair 2009**
- Mr. Doug Edgeton Ex officio w/o vote

**Dr. Thomas Arcury 2009**
- Dr. Brad Jones (Reynolda Campus) Ex officio, w/o vote

**Dr. Robert Byington 2009**
- Dr. Linda McPhail Ex officio w/o vote

**Dr. Sara Jones 2009**
- Ms. Paula Means Ex officio w/o vote

**Dr. Michael Robbins 2009**
- Ms. Laurie Molloy Ex officio w/o vote

**Dr. Edward Ip 2010**
- Dr. Lorna Moore Ex officio w/o vote

**Dr. Suzy Torti 2010**
- Ms. Audrey Stone Ex officio w/o vote

**Dr. James Yoo 2010**
- Dr. Sally Shumaker Ex officio w/o vote

**Dr. Cheryl Bushnell 2011**
- Dr. Mark Welker Ex officio w/o vote

**Dr. Terrence Stanford 2011**
- Ms. Vicky Zickmund Ex officio w/o vote

**Dr. Joel Stitzel 2011**
- Deputy Associate Dean Ex officio w/o vote

**Dr. Mark Cline 2011**
- Deputy Associate Dean Ex officio w/o vote
Standing Committee Appointments
2008-2009

RISK AND INSURANCE MANAGEMENT ADVISORY COUNCIL

Professional Insurance Committee
Ms. Gina Ramsey, Co-Chair
Dr. Jon Abramson
Dr. Patricia Adams
Dr. Charles Branch
Dr. Thomas DuBose
Mr. Douglas Edge
Mr. Gerald Finley
Dr. A. Julian Garvin
Dr. Wayne Meredith

Dr. David Merrill
Dr. Raymond Roy
Mr. Steve Snelgrove
Mr. Greg Bray
Ms. Denise Fetter
Mr. Terry Hales
Ms. Ala Jo Koonts
Mr. Jerold Smith

Risk Prevention Committee
Dr. Steven Block, Chair
Dr. Howard Blumstein
Dr. Thomas DuBose
Dr. Allen Elston
Dr. John Hammon
Dr. Russell Howerton

Dr. Wayne Meredith
Dr. David Merrill
Dr. Marcus Simpson
Mr. Ron Small
Mr. Jerold Smith

SCIENTIFIC INTEGRITY AND RESEARCH ETHICS (S.I.R.E)

Dr. Nancy King, Chair  2011
Dr. Linda McPhail, Co-Chair  2009
Dr. David Goff  2009
Dr. Kevin High  2009
Dr. Beth Reboissin  2010
Dr. Darren Seals  2009
Dr. Carol Shively  2009
Dr. Mark Hall  2010
Christine Coughlin  2010
Dr. Michael Bettmann  2010

Dr. Alan Farney  2011
Dr. Justin Saul  2011
Dr. Constance Stanton  2011
Mr. Larrie Dawkins  Ex officio
Dr. Curt Furberg  Ex officio
Mr. Brian McGinn  Ex officio
Ms. Paula Means  Ex officio
Dr. Sally Shumaker  Ex officio
Dr. Richard Weinberg  Ex officio
Ms. Vicky Zickmund  Ex officio

SECURITY ADVISORY

Dr. Michelle Naughton, Chair
Dr. Elizabeth Allen
Dr. Michael Callahan
Dr. Mark Cline
Dr. Sonia Crandall
Dr. Don Gage
Ms. Joanne Lyell
Dr. James (Whit) Mims
Dr. Peter Morris
Dr. Greg Shelness
Dr. Francis Walker
Mr. John Boehme
Dr. Linda McPhail

Dr. Patrick Ober
Ms. Pat Bird
Mr. David Brown
Mr. Gerald Finley
Mr. Steve Holladay
Mr. Neil Kearn
Lt. David Kiger
Dr. Brenda Latham-Sadler
Mr. Jerold Smith
Dr. Rick Young
House Officer Rep.
Mr. Pradip Chaudhari

Ex officio
Ex officio, w/o vote
Ex officio, w/o vote
Ex officio, w/o vote
Ex officio, w/o vote
Ex officio, w/o vote
Ex officio, w/o vote
Ex officio, w/o vote
Ex officio, w/o vote
Ex officio, w/o vote
Ex officio, w/o vote
Ex officio, w/o vote
Ex officio, w/o vote

STUDENT DISCIPLINE

Dr. Rita Freimanis, Chair  2009
Dr. Jack Smith  2009
Dr. Peter Santago  2010
Dr. John Spangler  2010

Ms. Gail Curtis  2011
Dr. Anthony Liguori  2011
Dr. Richard Lord  2011
Dr. Burton Reifler  Ex officio, w/o vote
Standing Committee Appointments
2008-2009

STUDENT PROMOTIONS AND PROGRESS
Dr. Charles McCall, Chair
Dr. David Riddle, Vice Chair 2009
Dr. Henderson McGinnis 2009
Dr. Amy McMichael 2009
Dr. Mike Tytell 2009
Dr. Lisa Washburn 2009
Dr. Jorge Figueroa 2010
Dr. David Jackson 2010

UNDERGRADUATE MEDICAL EDUCATION
Dr. Patrick Ober, Chair
Dr. Ann Lambros, Vice Chair
Dr. Michael Beaty
Dr. Sarah Bodin
Dr. Joel Bruggen
Dr. Cynthia Burns
Dr. Randall Clinch
Dr. Scott Cramer
Dr. Jorge Figueroa
Dr. Rita Freimanis
Dr. Craig Henkel
Dr. James Johnson
Dr. Mark Knudson
Dr. Amy McMichael
Dr. Judith Messura
Dr. Michelle Naughton
Dr. Donald Peters
Dr. Thomas Pranikoff

VETERANS AFFAIRS DEAN’S COMMITTEE
Executive Committee
Dr. William Applegate, Chair
Dr. Dean Assimos
Dr. William Blackstock
Dr. Michael Coates
Dr. Tom DuBose
Dr. Allen Elster
Dr. Alan Fleischer
Dr. Craig Greven
Dr. John Hammon
Mr. Michael Lee
Dr. Charles McCall

Committee Members
Dr. Chandra Altemare  VA Rep.
Dr. Mary Averill  VA Rep.
Dr. Stephen Beuttell  VA Rep.
Dr. Corinne Deurdualian  VA Rep.
Dr. Charles Graham  VA Rep.
Dr. Robin Hurley  VA Rep.
Ms. Lisa Kelly  VA Rep.
Dr. Greg Scott  VA Rep.
Dr. Joseph Sutter  VA Rep.
Mr. John Patella  Ex officio
Dr. James Robinson  Ex officio
Ms. Katherine Veal  Ex officio
Ms. Ruth Wheeler  Ex officio
Standing Committee Appointments  
2008-2009

WAKE FOREST UNIVERSITY PHYSICIANS  
(coordinated by Medical Director’s Office)

Dr. Raymond Roy, Chair

Executive Committee

Dr. Jon Abramson
Dr. Tom DuBose
Dr. Craig Greven
Dr. Neal Kon
Dr. William Little
Dr. Wayne Meredith

Dr. Bayard Powell
Dr. Raymond Roy
Dr. William Applegate
Dr. Patricia Adams
Mr. Doug Edgeton
Mr. Robin Meter

Ex officio, with vote
Ex officio, w/o vote
Ex officio, w/o vote
Ex officio, w/o vote
Ex officio, w/o vote
Ex officio, w/o vote

Council Members

Dr. Jon Abramson
Dr. William Bell
Dr. Allison Brashear
Dr. Joel Bruggen
Dr. Michael Coates
Dr. Anthony DeFranzo
Dr. Tom DuBose
Dr. Allen Elster
Dr. Alan Fleischer
Dr. A. Julian Garvin
Dr. Larry Givner
Dr. Craig Greven
Dr. James Hoekstra
Dr. Andrew Koman
Dr. Neal Kon
Dr. Samuel Lentz
Dr. William Little
Dr. Richard Lord
Dr. Vaughn McCall
Dr. Wayne Meredith
Dr. David Merrill
Dr. Catherine Messick
Dr. Bayard Powell
Dr. William Rice
Dr. Raymond Roy

Dr. Edward Shaw
Dr. Stephen Tatter
Dr. Joseph Tobin
Dr. Ronald Zagoria
Dr. William Applegate
Dr. Anthony Atala
Dr. Eugene Bleecker
Dr. Charles Branch
Dr. J. Dale Browne
Mr. Doug Edgeton
Dr. Carlos Ferrario
Dr. Barry Freedman
Dr. Kevin High
Ex officio, w/o vote
Ex officio, w/o vote
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Ex officio, w/o vote
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Ex officio, w/o vote
Ex officio, w/o vote

WAKE FOREST UNIVERSITY SENATORS

Dr. Michelle Naughton  2009  Dr. Mark Miller  2011
Dr. Edward Haponik    2010  Dr. Ronald Zagoria  2011
Dr. Martha Alexander-Miller  2011  Dr. William Ward  2012
### APPENDIX

#### SUMMARY OF CITY, STATE AND FEDERAL LAWS AND ORDINANCES

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<thead>
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<tr>
<td>WS §38-6</td>
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<tr>
<td>WS §38-7</td>
<td>Consumption of alcohol on city owned premises</td>
<td>Misdemeanor</td>
<td>Fine up to $500 or imprisonment for up to 30 days</td>
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<td>WS §38-9</td>
<td>Public consumption</td>
<td>Misdemeanor</td>
<td>Fine up to $500 or imprisonment for up to 30 days</td>
</tr>
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<td>FC §15-26</td>
<td>Consumption in county parks</td>
<td>Class 1 Misd.</td>
<td>Fine and/or imprisonment of up to 120 days</td>
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<td>NC §18B-301</td>
<td>Consumption on public streets and highways</td>
<td>Class 1 Misd.</td>
<td>Fine and/or imprisonment of up to 120 days</td>
</tr>
<tr>
<td>NC §18B-302</td>
<td>Selling/giving alcohol to any person under 21 years of age</td>
<td>Class 1 Misd.</td>
<td>Fine of $250-$500, 25-150 hours of community service and/or imprisonment of up to 120 days; possible 1 year license revocation</td>
</tr>
<tr>
<td>NC §18B-302</td>
<td>Possession or purchase by a person less than 21 years of age</td>
<td>Class 1 Misd.</td>
<td>Fine and/or imprisonment of up to 120 days; possible 1 year license revocation</td>
</tr>
<tr>
<td>NC §18B-302</td>
<td>Purchase or possession by a 19 or 20 year old</td>
<td>Class 3 Misd.</td>
<td>Fine and/or imprisonment of up to 20 days</td>
</tr>
<tr>
<td>NC §18B-302</td>
<td>Aiding and abetting minor to purchase or possess alcohol if underage</td>
<td>Class 2 Misd.</td>
<td>Fine and/or imprisonment of up to 60 days</td>
</tr>
<tr>
<td>NC §18B-302</td>
<td>Aiding and abetting minor to purchase or possess alcohol if 21 years of age or older</td>
<td>Class 1 Misd.</td>
<td>Fine of $500-$1,000, 25-150 hours of community service and/or imprisonment of up to 120 days; possible 1 year revocation of license</td>
</tr>
<tr>
<td>NC §14-444</td>
<td>Use of or allowing use of fraudulent identification</td>
<td>Class 1 Misd.</td>
<td>Fine and/or imprisonment of up to 120 days; 1 year revocation of license</td>
</tr>
<tr>
<td>NC §90-11322</td>
<td>Disruptive public intoxication</td>
<td>Class 3 Misd.</td>
<td>Fine and/or imprisonment of up to 20 days; may jail until sober</td>
</tr>
<tr>
<td>NC §90-95</td>
<td>Manufacture, sell, or deliver, or possess with intent to manufacture, sell, or deliver a controlled substance:</td>
<td>Class 1 Misd.</td>
<td>Fine and/or imprisonment of up to 120 days</td>
</tr>
<tr>
<td>NC §90-95</td>
<td>Schedule I or II (opiates, hallucinogenics, depressants and stimulants with no medical use or severely restricted use)</td>
<td>Felony (possess)</td>
<td>4 to 25 months imprisonment</td>
</tr>
<tr>
<td>NC §90-95</td>
<td>G Felony (sell)</td>
<td>8 to 36 months imprisonment</td>
<td></td>
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<tr>
<td>NC §90-95</td>
<td>Schedule III, IV, V or VI (certain barbiturates, narcotics, stimulants, steroids and depressants)</td>
<td>I Felony (possess)</td>
<td>3 to 12 months imprisonment</td>
</tr>
<tr>
<td>NC §90-95</td>
<td>H Felony (sell)</td>
<td>4 to 25 months imprisonment</td>
<td></td>
</tr>
<tr>
<td>NC §90-95</td>
<td>Create, sell or deliver, possess with intent to deliver a counterfeit controlled substance</td>
<td>I Felony</td>
<td>3 to 12 months imprisonment</td>
</tr>
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## APPENDIX, continued

**SUMMARY OF CITY, STATE AND FEDERAL LAWS AND ORDINANCES**

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<tr>
<th>NC §90-95</th>
<th>Possession of a Schedule I, II, III, IV controlled substance</th>
<th>I Felony</th>
<th>3 to 12 months imprisonment and possible fine</th>
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<tr>
<td></td>
<td>Possession of a Schedule V controlled substance</td>
<td>Class 2 Misd.</td>
<td>Fine and/or imprisonment up to 60 days</td>
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<tr>
<td></td>
<td>Possession of a Schedule VI controlled substance</td>
<td>Class 3 Misd.</td>
<td>Fine and/or imprisonment up to 20 days</td>
</tr>
<tr>
<td></td>
<td>Possess or distribute an immediate precursor</td>
<td>H Felony</td>
<td>4 to 25 months imprisonment</td>
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<td></td>
<td>Second drug violations</td>
<td></td>
<td>Increased penalty</td>
</tr>
<tr>
<td></td>
<td>Offense under §90-95(a)(1) by any person 21 years of age or</td>
<td>E Felony</td>
<td>15 to 74 months minimum imprisonment and possible fine</td>
</tr>
<tr>
<td></td>
<td>older within 300 feet of child care center, elementary or secondary school, or playground in a public park</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Possession of a controlled substance by any person age 18 years or older to a person under 16 but more than 13 years of age or pregnant female</td>
<td>D Felony</td>
<td>38 to 183 months imprisonment and possible fine</td>
</tr>
<tr>
<td></td>
<td>Possession of a controlled substance by any person age 18 years or older to a person 13 years of age or younger</td>
<td>C Felony</td>
<td>44 to 210 months imprisonment and possible fine</td>
</tr>
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<td></td>
<td>Trafficking in marijuana 10-50 lbs</td>
<td>H Felony</td>
<td>25 to 30 months imprisonment and no less than $5,000 fine</td>
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<td></td>
<td>50-2,000 lbs</td>
<td>G Felony</td>
<td>35 to 42 months imprisonment and no less than $25,000 fine</td>
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<td></td>
<td>2,000-10,000 lbs</td>
<td>F Felony</td>
<td>70 to 84 months imprisonment and no less than $50,000 fine</td>
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<tr>
<td></td>
<td>10,000+ lbs</td>
<td>D Felony</td>
<td>175 to 219 months imprisonment and no less than $200,000 fine</td>
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<td>Trafficking in methaqualone (depending upon quantity)</td>
<td>G – D Felony</td>
<td>35 to 219 months imprisonment; minimum $25,000-$200,000 fine</td>
</tr>
<tr>
<td></td>
<td>Trafficking in cocaine (depending upon quantity)</td>
<td>G – D Felony</td>
<td>35 to 219 months imprisonment; minimum $50,000-$250,000 fine</td>
</tr>
<tr>
<td></td>
<td>Trafficking in opium or heroine (depending upon quantity)</td>
<td>G – D Felony</td>
<td>70 to 279 months imprisonment; minimum $50,000-$600,000 fine</td>
</tr>
<tr>
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<td>Trafficking in methamphetamine or amphetamine (depending upon quantity)</td>
<td>G – D Felony</td>
<td>70 to 279 months imprisonment; minimum $50,000-$250,000 fine</td>
</tr>
<tr>
<td></td>
<td>Trafficking in lysergic acid diethylamide (depending upon quantity)</td>
<td>G – D Felony</td>
<td>35 to 219 months imprisonment; minimum $25,000-$200,000 fine</td>
</tr>
<tr>
<td></td>
<td>Trafficking in MDA/MDMA (depending upon quantity)</td>
<td>G – D Felony</td>
<td>35 to 219 months imprisonment; minimum $25,000-$250,000 fine</td>
</tr>
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<td>NC §14-401.16</td>
<td>Contaminate food or drink with controlled substance to render one incapacitated or physically helpless or to sell, deliver, manufacture or possess with an intent to violate this section</td>
<td>H – G Felony</td>
<td>4 to 35 months imprisonment</td>
</tr>
<tr>
<td>NC §20-138.1 et seq</td>
<td>Impaired Driving</td>
<td>Misdemeanor</td>
<td>1 year license suspension, possible fines, imprisonment, substance abuse assessment, education or treatment, or community service</td>
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<tr>
<td>Second impaired driving conviction</td>
<td>Misdemeanor</td>
<td>4 year license suspension, possible fines, imprisonment, substance abuse assessment, education or treatment, or community service</td>
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<tr>
<td>Third or more impaired driving conviction within 5 years</td>
<td>Misdemeanor</td>
<td>Permanent revocation of license, possible fines, imprisonment, substance abuse assessment, education or treatment, or community service</td>
<td></td>
</tr>
<tr>
<td>NC § 20-138.7</td>
<td>Transporting an open container of alcoholic beverage while driving a motor vehicle on a highway or the right-of-way of a highway</td>
<td>Class 3 – Class 2 Misdemeanor</td>
<td>Up to 20 days imprisonment for Class 3 misdemeanor and up to 60 days and/or imprisonment for Class 2 misdemeanor. Revocation of license under NCGS 20-17 for second or subsequent conviction</td>
</tr>
<tr>
<td>Controlled Substances Manufacture, sale or possession with intent to sell - large amounts of narcotics (heroin, morphine, cocaine crack) - PCP, LSD - marijuana (1,000 kilograms or more)</td>
<td>Felony</td>
<td>Minimum 10 years imprisonment; fine up to $10,000,000*</td>
<td></td>
</tr>
<tr>
<td>Manufacture, sale or possession with intent to sell - smaller amounts of narcotics (heroin, morphine, cocaine crack) - PCP, LSD, or marijuana (100 kilograms or more)</td>
<td>Felony</td>
<td>Minimum 5 years imprisonment; fine up to $5,000,000*</td>
<td></td>
</tr>
<tr>
<td>Manufacture, sale or possession with intent to sell small amounts of narcotics (heroin, morphine, cocaine crack), PCP, LSD, or marijuana</td>
<td>Felony</td>
<td>Up to 5 years imprisonment; fine up to $1,000,000*</td>
<td></td>
</tr>
<tr>
<td>Controlled Substances Use of mail, telephone, radio or other communication facility to commit acts that violate laws against manufacture, sale and possession of drugs</td>
<td>Felony</td>
<td>Up to 4 years imprisonment and/or fine up to $30,000*</td>
<td></td>
</tr>
<tr>
<td>Controlled Substances Simple possession of any controlled substance</td>
<td>Felony</td>
<td>Up to 1 year imprisonment and/or minimum fine of $1,000*</td>
<td></td>
</tr>
<tr>
<td>Controlled Substances Distribution of a controlled substance by a person over 18 to a person under 21</td>
<td>Felony</td>
<td>At least 1 year imprisonment, other penalties may be doubled*</td>
<td></td>
</tr>
<tr>
<td>21 USC 860 Violations within 1,000 feet of a school, college or university</td>
<td>Felony</td>
<td>Double penalty for charged violation*</td>
<td></td>
</tr>
<tr>
<td>21 USC 846 Conspiracy to violate controlled substance acts</td>
<td>Felony</td>
<td>Same penalty as prescribed for offense*</td>
<td></td>
</tr>
<tr>
<td>21 USC 952 Importation of large amounts of narcotics (heroin, morphine, cocaine), PCP, LSD, marijuana (1,000 kilograms or more)</td>
<td>Felony</td>
<td>Minimum 10 years imprisonment; fine up to $10,000,000</td>
<td></td>
</tr>
<tr>
<td>Importation of smaller amounts of narcotics (heroin, morphine, cocaine crack), PCP, LSD, marijuana (100 kilograms or more)</td>
<td>Felony</td>
<td>Minimum 5 years imprisonment; fine up to $5,000,000</td>
<td></td>
</tr>
<tr>
<td>Importation of Schedule I, II, III, or IV drugs</td>
<td>Felony</td>
<td>Up to 20 years imprisonment; fine up to $1,000,000</td>
<td></td>
</tr>
<tr>
<td>Importation of PCP, LSD, amphetamines, barbiturates, and marijuana (less than 50 kilograms)</td>
<td>Felony</td>
<td>Up to 5 years imprisonment; fine up to $1,000,000</td>
<td></td>
</tr>
</tbody>
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*Prior conviction under any state or federal law regarding the distribution or possession of a controlled substance may result in increased sanction (21 USC 851).
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Wake Forest University is committed to administer all educational and employment activities without discrimination because of race, color, religion, national origin, age, sex, veteran status, handicapped status or disability as required by law. In addition, Wake Forest rejects hatred and bigotry in any form and adheres to the principle that no person affiliated with the school be judged or harassed on the basis of perceived or actual sexual orientation. In affirming its commitment to this principle, Wake Forest does not limit freedom of religious association or expression, does not presume to control the policies of persons or entities not affiliated with Wake Forest, and does not extend benefits beyond those provided under other policies of Wake Forest. The University has adopted a procedure for the purpose of resolving discrimination complaints. Inquiries or concerns should be directed to the Director of Employee Relations at (336) 716-6123.