



THE UNIVERSITY OF
TENNESSEE
HEALTH SCIENCE CENTER.

Grading in the Clinical Years 2024-2025

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Objectives

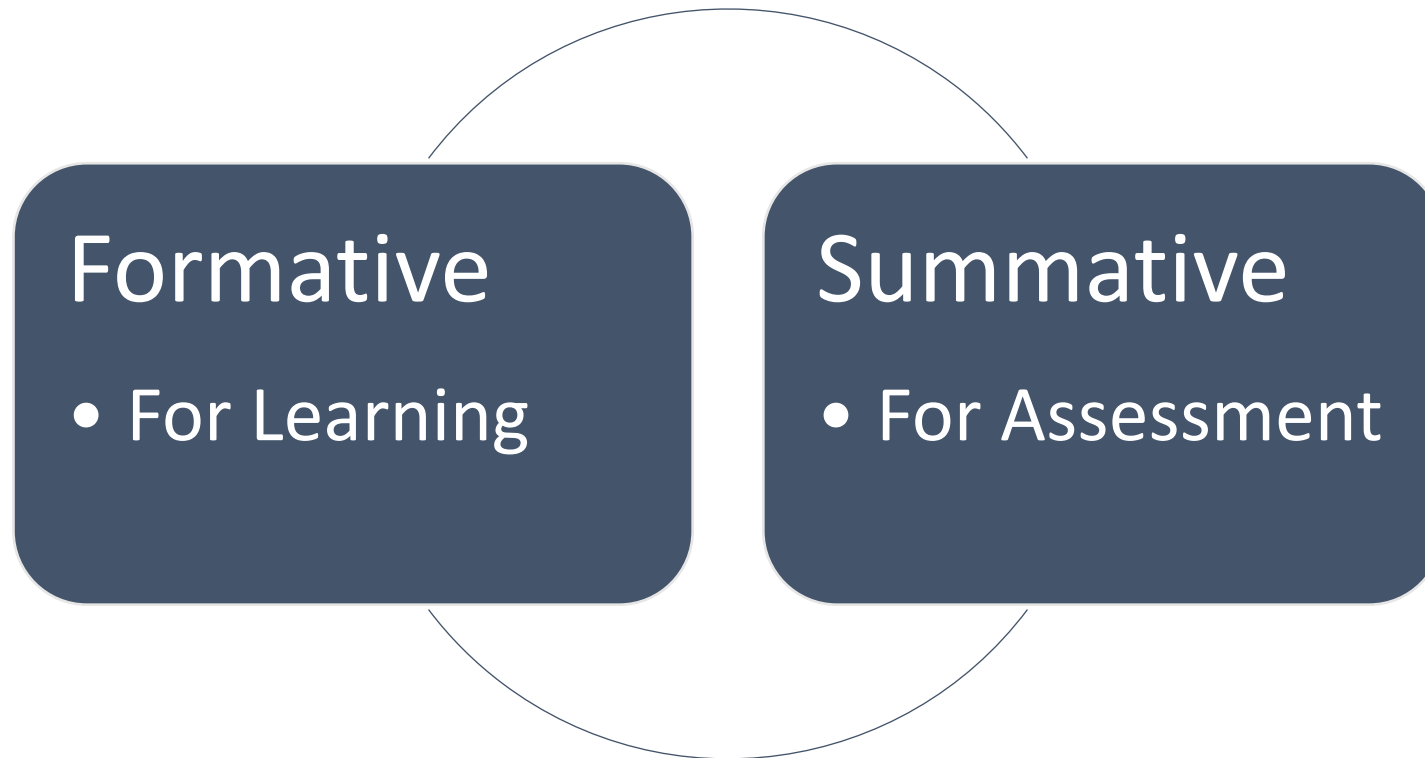
- Differentiate between formative feedback and summative assessments in the clinical years
- Describe the individual components that comprise grades in clerkships
- Understand how summative evaluations assess expected EPA progression through the M3 curriculum

What is feedback?

1. the return to the input of a part of the output of a machine, system, or process (as for **producing changes** in an electronic circuit that improve performance or in an automatic control device that provide self-corrective action)
2. **a** : the partial reversion of the effects of a process to its source or to a preceding stage
b : the **transmission** of **evaluative** or **corrective** information about an action, event, or process to the original or controlling source; *also* : **the information so transmitted**
3. a **rumbling**, **whining**, or whistling sound resulting from an amplified or broadcast signal (such as music or speech) that has been returned as input and retransmitted

"FEEDBACK." MERRIAM-WEBSTER.COM. MERRIAM-WEBSTER, N.D. WEB. 22 JUNE 2017.

Types of Feedback



What is formative feedback?

Practice tests or questions

TBL groups with feedback

Standardized patients/OSCEs

Feedback on notes or presentations

Tips/pointers while performing a procedure

Reflective writing

Mid-rotation feedback

End of rotation feedback

How often should you receive feedback?

- Often!
- Absolutely at the mid-rotation point and at the end of rotation

Who provides feedback?

Attendings

Fellows

Residents

Interns

Nurses and
other staff

Clerkship
leadership

Patients!!

How to make the most of feedback



Be proactive



Identify your own goals and learning objectives



Ask for feedback!



Feedback is part of the learning process



Incorporate changes into your practice

Why grade at all?



Grading is the summative (ultimate) feedback for student performance.



Grading allows outside entities (residencies) to know how a student's performance compares with his/her/their peers in that institution.



Using national norms helps assure that the grading is meaningful outside of just our institution.

Grading in the pre-clinical years



Primarily based on Multiple-Choice Question Tests (MCQT)

Score likely reflects what the student would do on a similar test taken on any given day.

Caveat – it is complicated by the additional uneven skill of MCQT test-taking ability.

Grading in the clinical years becomes more complex



In addition to MCQT and other assignments, clinical skills and performance are assessed by faculty members and residents.



These evaluations should be fair, just, and objective; however, subjectivity and perception may influence feedback.



While this may seem unfair, this is exactly how patients and peers judge physicians in the real world.

Why should we grade at all?

- To reduce reliance on USMLE Step scores
- Because residencies read the MSPE (Dean's Letter) to see who will be successful in their program
- Most importantly, the only way for a student to improve their skills is by receiving valid, useful, timely, specific, discerning feedback

Transition to Honors/High Pass/Pass/Fail



- UTHSC COM moved from tiered ABCF grading to Pass/Fail grading in the preclinical curriculum with the entering Class of 2022 (graduating Class of 2026)
- Subsequently, the curriculum committees voted to transition the clinical curriculum from ABCF to Honors/High Pass/Pass/Fail starting with the graduating Class of 2026
- You started the curriculum Pass/Fail and your clerkships will be Honors/High Pass/Pass/Fail

Three Components of Clerkship Grading



Medical knowledge (expertise)

Assessed via NBME Subject (shelf) Exams (MCQTs)



Patient care - clinical skills and professionalism

Assessed via clinical evaluations from attendings and/or residents



Third metric

Activity and assessment varies by clerkship
Complements the perceived subjectivity of the evaluations and the objectivity of the MCQT

Medical Knowledge



Medical knowledge and reasoning ability → expertise.



Patients come to physicians for compassion and ethical treatment, but they expect *expertise* as well.



Expertise is more easily quantified through MCQT, which allows for national comparisons.

Assessing Medical Knowledge (Expertise) – Shelf Exams

What is a “shelf” exam?

- NBME Subject Exam

Why do we use this?

- National standards and validation
- USMLE-style questions to prepare you for Step 2 CK

How are the exams structured?

- 100-110 questions
- 2 hrs 40 minutes

Are accommodations possible?

- Yes, accommodations may be requested and approved through the Office of Accessibility and Accommodation.
- Reach out to Keri Snyder at ksnyde21@uthsc.edu to request accommodations.

Minimum Passing and Honors Scores

The NBME reports scores as “raw scores” which are mean equated percent correct scores, like a percent correct.

Minimum score to be eligible for Honors	75 th percentile
Minimum score to be eligible for High Pass	55 th percentile
Minimum score to Pass	5 th percentile

What about students at the beginning vs. the end of clerkships?

Students naturally improve their performance on the shelf exams throughout the year.

These cutoff scores will be based on the “quarter” of the year determined by how many clerkships a student has completed.

The NBME reports all of these scores annually!

# of Clerkships Completed	Score used
0-1	Q1
2-3	Q2
4-5	Q3
6-7	Q4

Family Medicine: Shelf Exam Cut-off Scores 2024-2025

Quarterly Conversions		Q1	Q2	Q3	Q4
Number of clerkships completed PRIOR to the START of THIS rotation		0-1	2-3	4-5	6
Honors cutoff	75 th percentile	78	79	80	80
High Pass cutoff	55 th percentile	75	76	76	76
Pass cutoff	5 th percentile	61	62	63	63

Internal Medicine: Shelf Exam Cut-off Scores 2024-2025

Quarterly Conversions		Q1	Q2	Q3	Q4
Number of clerkships completed PRIOR to the START of THIS rotation		0-1	2-3	4-5	6
Honors cutoff	75 th percentile	78	79	80	80
High Pass cutoff	55 th percentile	73	74	76	76
Pass cutoff	5 th percentile	57	57	60	60

Neurology: Shelf Exam Cut-off Scores 2024-2025

Quarterly Conversions		Q1	Q2	Q3	Q4
Number of clerkships completed PRIOR to the START of THIS rotation		0-1	2-3	4-5	6
Honors cutoff	75 th percentile	85	85	86	86
High Pass cutoff	55 th percentile	81	82	82	82
Pass cutoff	5 th percentile	66	68	68	68

OB/GYN: Shelf Exam Cut-off Scores 2024-2025

Quarterly Conversions		Q1	Q2	Q3	Q4
Number of clerkships completed PRIOR to the START of THIS rotation		0-1	2-3	4-5	6
Honors cutoff	75 th percentile	82	83	83	83
High Pass cutoff	55 th percentile	79	79	80	80
Pass cutoff	5 th percentile	63	64	65	65

Pediatrics: Shelf Exam Cut-off Scores 2024-2025

Quarterly Conversions		Q1	Q2	Q3	Q4
Number of clerkships completed PRIOR to the START of THIS rotation		0-1	2-3	4-5	6
Honors cutoff	75 th percentile	82	82	83	84
High Pass cutoff	55 th percentile	78	78	79	79
Pass cutoff	5 th percentile	62	63	63	64

Psychiatry: Shelf Exam Cut-off Scores 2024-2025

Quarterly Conversions		Q1	Q2	Q3	Q4
Number of clerkships completed PRIOR to the START of THIS rotation		0-1	2-3	4-5	6
Honors cutoff	75 th percentile	87	88	88	88
High Pass cutoff	55 th percentile	85	85	86	86
Pass cutoff	5 th percentile	72	73	73	74

Surgery: Shelf Exam Cut-off Scores 2024-2025

Quarterly Conversions		Q1	Q2	Q3	Q4
Number of clerkships completed PRIOR to the START of THIS rotation		0-1	2-3	4-5	6
Honors cutoff	75 th percentile	78	79	79	79
High Pass cutoff	55 th percentile	73	75	75	75
Pass cutoff	5 th percentile	57	59	60	60

Clinical Evaluations

Clinical Evaluations

- COM moved to evaluations based on the AAMC Core Entrustable Professional Activities (EPAs) in 2019.
- EPAs are a set of 13 core skills or tasks that students should be able to do by the end of medical school.
- Each clerkship evaluates a sampling of these EPAs.

Entrustable Professional Activities (EPAs)

1. Gather a **history** and perform a **physical exam**.
2. Develop a prioritized **differential diagnosis**.
3. **Recommend and interpret** common diagnostic and screening **tests**.
4. Enter and discuss **orders and prescriptions**.
5. Provide **documentation** of a clinical encounter.
6. Provide an **oral presentation**.
7. Form **clinical questions** and retrieve evidence.
8. Give or receive **patient handover**.
9. Participate as a member of an **inter-professional team**.
10. **Recognize** a patient requiring **urgent/emergent care**.
11. Obtain **informed consent**.
12. Perform the **general procedures** of a physician.
13. Identify **system failures** and contribute to a culture of **safety and improvement**.

Sample Evaluation

Leave the following blank if you are the evaluator.

I am submitting this evaluation on behalf of:

It is appropriate for me to evaluate this student (i.e. no familial, personal, doctor-patient relationship).

Yes

No

Please choose **the option that best describes this student**. Please note that scores will be adjusted according to the individual student's level within the academic year (or 3rd year).

Complete Evaluation for Rubric "2024-25 EPA 01: History & Physical"

	(5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.95)	(10)
Obtain a complete and accurate history in an organized fashion. (1 point)	<input type="radio"/> Gathers insufficient or overly exhaustive information	<input type="radio"/>	<input type="radio"/> Gathers some information or occasionally too much information	<input type="radio"/>	<input type="radio"/> Obtains an acceptable history in a mostly organized fashion.	<input type="radio"/>	<input type="radio"/> Obtains a complete and accurate history in an organized fashion.
Identify, describe, and document normal and abnormal physical exam or mental status exam findings. (1 point)	<input type="radio"/> Misses key findings.	<input type="radio"/>	<input type="radio"/> Identifies, describes, and documents normal findings.	<input type="radio"/>	<input type="radio"/> Identifies, describes, and documents normal and abnormal physical exam or mental status exam findings.	<input type="radio"/>	<input type="radio"/> Routinely identifies, describes, and documents normal and abnormal findings and uses the exam to help prioritize the working differential diagnoses.

Complete Evaluation for Rubric "2024-25 EPA 02: Differential Diagnosis"

	(5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.95)	(10)
Organizing a Differential Diagnosis (1 point)	<input type="radio"/> Unable to formulate a Differential Diagnosis despite coaching	<input type="radio"/>	<input type="radio"/> Can construct a basic differential diagnosis with coaching	<input type="radio"/>	<input type="radio"/> Constructs a basic differential diagnosis for common presentations independently	<input type="radio"/>	<input type="radio"/> Independently constructs and prioritizes differential diagnosis for common presentations
Clinical Reasoning (1 point)	<input type="radio"/> Unable to articulate a clinical impression	<input type="radio"/>	<input type="radio"/> Inconsistently able to articulate a clinical impression	<input type="radio"/>	<input type="radio"/> Consistently able to articulate a reasonable clinical impression but has difficulty integrating new information as it emerges.	<input type="radio"/>	<input type="radio"/> Consistently able to articulate a reasonable clinical impression and update accordingly as new information emerges.

Complete Evaluation for Rubric "2024-25 EPA 03: Recommend & interpret tests"

	(5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.95)	(10)
Provide rationale for decision to order tests, taking into account available evidence-based practices and patient preference (1 point)	<input type="radio"/> Unable to justify or recognize use of testing	<input type="radio"/>	<input type="radio"/> Inappropriately recommends tests	<input type="radio"/>	<input type="radio"/> Recommends mostly appropriate and patient-centered testing	<input type="radio"/>	<input type="radio"/> Recommends consistent evidence-based and patient-centered testing
Interpret results of basic studies (1 point)	<input type="radio"/> Cannot explain clinical importance of results	<input type="radio"/>	<input type="radio"/> Fails to recognize or react to abnormal results	<input type="radio"/>	<input type="radio"/> Interprets and reports clinically relevant results	<input type="radio"/>	<input type="radio"/> Distinguishes common, insignificant abnormalities from clinically important ones

Complete Evaluation for Rubric "2024-25 EPA 04: Orders & prescriptions"

	(5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.95)	(10)
Demonstrate an understanding of common orders and prescriptions (1 point)	<input type="radio"/> Lacks basic knowledge needed to propose orders or prescriptions	<input type="radio"/>	<input type="radio"/> Unable to articulate rationale behind orders and prescriptions	<input type="radio"/>	<input type="radio"/> Articulates rationale behind orders or prescriptions	<input type="radio"/>	<input type="radio"/> Articulates how an order or prescription will change management

Complete Evaluation for Rubric "2024-25 EPA 05: Document clinical encounter"

	(5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.95)	(10)
Prioritize and synthesize information (1 point)	<input type="radio"/> Significant deficit(s) in content or organization	<input type="radio"/>	<input type="radio"/> Misses some key information or contains multiple errors OR disorganized content	<input type="radio"/>	<input type="radio"/> Contains key information in an organized fashion but includes unnecessary details or redundancies	<input type="radio"/>	<input type="radio"/> Provides organized, accurate narrative that illustrates clinical reasoning
Professional expectations for documentation (1 point)	<input type="radio"/> Excessive and inappropriate use of copy/paste function OR copies information directly from resident/attending notes OR unable to complete notes in a reasonable time.	<input type="radio"/>	<input type="radio"/> Includes copy/paste without revision and/or has difficulty meeting expectations for note turnaround times	<input type="radio"/>	<input type="radio"/> Notes are accurate, timely, and updated with appropriate use of templates	<input type="radio"/>	<input type="radio"/> Notes are accurate, timely, and appropriately updated; goes beyond basic template by incorporating multidisciplinary perspectives in notes

Complete Evaluation for Rubric "2024-25 EPA 06: Oral presentation of clinical encounter"

	(5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.95)	(10)
Data organization and presentation skills (1 point)	<input type="radio"/> Presentation is disorganized, or is often not prepared to present.	<input type="radio"/>	<input type="radio"/> Presentation is somewhat organized, but key elements are incompletely or exhaustively addressed.	<input type="radio"/>	<input type="radio"/> Presentation is organized and succinct but the assessment and/or plan are underdeveloped.	<input type="radio"/>	<input type="radio"/> Presentations are consistently organized, succinct, and prioritized with a well-reasoned assessment and plan
Ability to adjust the oral presentation to the situation or the audience (1 point)	<input type="radio"/> Does not make appropriate adjustments.	<input type="radio"/>	<input type="radio"/> Makes some appropriate adjustments, but key elements are mishandled.	<input type="radio"/>	<input type="radio"/> Makes appropriate adjustments to length or complexity with prompting.	<input type="radio"/>	<input type="radio"/> Consistently makes appropriate adjustments to the length and complexity depending on the clinical situation and audience.

Complete Evaluation for Rubric "2024-25 EPA 07: Evidence-based medicine"

	(5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.95)	(10)
Develop well-formed, pertinent clinical questions (1 point)	<input type="radio"/> Unaware of medical knowledge gaps Not actively engaged in asking questions or seeking new information	<input type="radio"/>	<input type="radio"/> Occasionally asks relevant questions with prompting	<input type="radio"/>	<input type="radio"/> Begins to independently form clinical questions	<input type="radio"/>	<input type="radio"/> Develops well-formed, pertinent clinical questions and demonstrates active engagement in learning by asking questions or seeking new resources
Utilize appropriate evidence-based resources to answer clinical questions (1 point)	<input type="radio"/> Unaware of available resources Declines to use new information technologies due to unfamiliarity or unwillingness	<input type="radio"/>	<input type="radio"/> Uses vague or inappropriate search strategies Unable to cite primary source where information was gleaned	<input type="radio"/>	<input type="radio"/> Routinely refers to peer reviewed resources to acquire relevant information	<input type="radio"/>	<input type="radio"/> Interprets, articulates, and applies acquired information to clinical situation

Complete Evaluation for Rubric "2024-25 EPA 08: Handovers"

	(5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.95)	(10)
Document and update a paper or electronic handover tool (1 point)	<input type="radio"/> Provides information that includes multiple errors or is missing important data	<input type="radio"/>	<input type="radio"/> Provides patient information that is disorganized or too detailed	<input type="radio"/>	<input type="radio"/> Provides relevant information with occasional "holes"	<input type="radio"/>	<input type="radio"/> Provides relevant information that is prioritized, complete and succinct

Complete Evaluation for Rubric "2024-25 EPA 09: Interprofessionalism"

	(5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.95)	(10)
Multidisciplinary team communication and respect (1 point)	<input type="radio"/> Dismisses input from nonphysician members of team	<input type="radio"/>	<input type="radio"/> Exhibits limited participation with or does not consistently incorporate input from other team members	<input type="radio"/>	<input type="radio"/> Engages actively with other members of the team and incorporates their input	<input type="radio"/>	<input type="radio"/> Discusses recommendations and collaborates with interprofessional team members when appropriate

Complete Evaluation for Rubric "2024-25 EPA 10: Recognize & initiate urgent care"

	(5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.95)	(10)
Recognize severity of a patient's illness and indications for escalating care (1 point)	<input type="radio"/> Unable to recognize medical emergencies Fails to seek help when a patient requires urgent or emergent care	<input type="radio"/>	<input type="radio"/> Recognizes abnormal vitals and decompensating patients	<input type="radio"/>	<input type="radio"/> Recognizes decompensating patient and initiates appropriate emergent intervention (e.g. BLS)	<input type="radio"/>	<input type="radio"/> Responds appropriately to clinical deterioration and seeks timely help

Complete Evaluation for Rubric "2024-25 EPA 11: Informed consent"

	(5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.95)	(10)
Describe the key elements of informed consent: indications, contraindications, risks, benefits, alternatives and potential complications of the intervention (1 point)	<input type="radio"/> Unable to articulate any of the elements of informed consent	<input type="radio"/>	<input type="radio"/> Misses multiple key elements of informed consent due to limited understanding	<input type="radio"/>	<input type="radio"/> Describes the key elements of informed consent, but may require some prompting	<input type="radio"/>	<input type="radio"/> Able to articulate the key elements of informed consent accurately and completely

Complete Evaluation for Rubric "2024-25 EPA 12: Perform general procedures"

	(5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.95)	(10)
Demonstrates technical skills required for the procedure (1 point)	<input type="radio"/> Unable to perform the procedure secondary to lack of preparation or understanding.	<input type="radio"/>	<input type="radio"/> Unable to complete procedure alone due to having only basic technical skills / understanding	<input type="radio"/>	<input type="radio"/> Performs important aspects of the procedure with close supervision	<input type="radio"/>	<input type="radio"/> Consistently performs procedure correctly
Understands the anatomy, physiology, indications, contraindications, risks, benefits, alternatives, and potential complications of the procedure (1 point)	<input type="radio"/> Displays obvious knowledge gaps or unprepared for procedure	<input type="radio"/>	<input type="radio"/> Verbalizes key procedural elements with prompting	<input type="radio"/>	<input type="radio"/> Verbalizes key procedural elements without prompting	<input type="radio"/>	<input type="radio"/> Verbalizes key procedural elements, anticipates complications, and considers alternatives for the procedure

Overall Narrative Feedback

Summative Narrative Comment (not automatically included on the MSPE/Dean's letter): Please include at least 4 sentences with specific examples when possible. Please include discussion of at least 1-2 strengths and 1-2 areas for improvement. Please include a comment for any EPA marked below average.

I have provided the student verbal and/or written feedback.

Yes

No

Grading evaluations

	Raw Clinical Evaluation Score
Honors	≥95%
High Pass	≥90%
Pass	≥70%

Third Metric

- Chosen via consensus decision with statewide CDs.
- These metrics and their grading will be discussed in greater detail at the individual clerkship orientations.

Clerkship	Third metric
Family Medicine	EBM Presentation
Internal Medicine	Case presentation write-up
Neurology	Clinical presentation
Ob/Gyn	Patient presentation
Pediatrics	Outpatient/newborn evaluation
Psychiatry	Biopsychosocial formulation
Surgery	Oral exam

Third Metric Cutoffs

Clerkship	FM	IM	Neuro	OB/GYN	Peds	Psych	Surgery
Third Metric	EBM Presentation	Case report	Clinical Presentation	Patient Presentation	Outpt/ Newborn eval	Biopsychosocial form.	Oral exam
Honors	≥ 19/20	≥ 25/30	≥ 46/48	≥ 77/85 (≥ 90%)	≥95	≥95	≥ 90 and Honors box checked
High Pass	≥ 18/20	≥ 20/30	≥ 42/48	≥ 68/85 (≥ 80%)	≥90	≥90	≥ 80 and HP box checked
Pass	≥ 10/20	≥ 11/30	≥ 35/48	≥ 47/85 (≥ 55%)	≥70	≥70	≥ 70 and Pass box checked
Fail	< 10/20	≤ 10/30	< 35/48	≤ 46/85 (< 55%)	<70	<70	< 70

Importance of incorporating the third metrics

- If all student evaluations are glowing, the shelf exam becomes the discriminating factor by default
- Each clerkship has created a third metric that is discerning and complements the perceived subjectivity of the clinical evaluations and the objectivity of the shelf exam
- Each clerkship has selected thresholds in the grading of their 3rd metric to vary the importance that this metric has on their clerkship's final grade

Why utilize three components?

- It's vital that all three aspects contribute to the summative clerkship grade
 - Good physicians must be competent in all areas.
 - Students often excel in one aspect or another. Sometimes in all.
 - Grading, therefore, must fairly evaluate all three domains.
 - It allows students to identify strengths and weaknesses.
 - It helps inform residencies which students would best fit their discipline.
 - It satisfies the public that medical schools are producing competent physicians.

Grading

- A student must show competency exceeding the thresholds for each metric to obtain their final H/HP/P grade
 - To Pass (P) the rotation, a student must demonstrate competency by surpassing the Passing (P) threshold in each of the three components
 - Students who surpass the High Pass (HP) threshold by demonstrating competency at least at this level in each of the three components will achieve a final grade of High Pass (HP)
 - Students who surpass the Honors (H) threshold by demonstrating competency at this level in each of the three components will achieve a final grade of Honors (H)

Potential Grading Outcomes

- Confident, capable, compassionate clinical performance (Evaluation = High Pass) but average performance on the shelf (Pass) and third metric (Pass)
 - Clerkship Grade: Pass
- Solid clinical performance and professionalism, sometimes goes above and beyond expectations (High Pass), Exceptional performance on shelf exam (Honors), Above average third metric (High Pass)
 - Clerkship Grade: High Pass
- Excellent performance on the wards, intimately integrated into the team, comments that they are already acting like a JI or intern (Honors), makes the cutoff for honors on the shelf exam (Honors), knocks the third metric out of the park (Honors).
 - Clerkship Grade: Honors
- The student must excel in all areas to receive Honors in the clerkship.
- Students must meet High Pass minimum standards in all 3 area to receive High Pass.

COM Grading Policy - COM107

Take time to review this policy on OLSEN

Outlines the components of grading

Discusses entire grade appeals process

- automatically revert to an F.
5. A student may appeal a final grade if they feel that it was assigned inappropriately and not in accordance with the course syllabus or clerkship statement of policy distributed at the beginning of the program. For courses during the pre-clinical years and for longitudinal courses (Longitudinal Scholar's Program and Principles of Clinical Medicine), students have until 30 days after the start of the next semester to appeal a final grade. For clerkships and other clinical rotations, students have until 4 weeks after submission of the final grade to request additional clinical evaluations that may affect the final grade. The decision to allow additional evaluations will be at the discretion of the clerkship/course director. Appeals are to be directed initially to the course/clerkship director within 4 weeks of submission of the grade, and if not resolved, then an appeal may be made in writing within 5 business days to the Memphis course/clerkship director. Further appeal may be made to the campus-specific department chair, within 5 business days of



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the decision by the Memphis course/clerkship director. If unresolved at the department level, and for pre-clinical and longitudinal courses, additional sequential appeals may be made in writing to the appropriate Senior Assistant Dean/Assistant Dean, then to the Associate Dean of Medical Education, and finally to the Executive Dean of the COM. Appeals to the each of the Deans must be made in writing within five (5) business days of receipt of written notification of the prior recommendation. The decision of the Executive Dean is final.



Questions? Email us!

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