UNIFORMED SERVICES UNIVERSITY
OF THE HEALTH SCIENCES
BOARD OF REGENTS

Academic Review Subcommittee
Findings and Recommendations

June 2011
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June 2011

TO: The Uniformed Services University of the Health Sciences Board of Regents

We the appointed members of the Academic Review Subcommittee, pursuant to the Terms of Reference dated October 13, 2010, hereby submit the results of our findings and our recommendations.

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ERRATA SHEET

June 30, 2011

CORRECTION:

The first finding on page 19 should read, "This prolonged period at the O-1 level fosters the misperception that promotion policy reinforces the perception that medical officers are different from their non-medical peers in matters of officership.” The words were deleted after the report’s publication.

USE OF TERMS:

“Training” is the acquisition of knowledge and skills related to specific competencies for students and faculty.

“Education” enhances the individual’s intellectual ability to address and solve problems and to become a well-rounded critical thinker. Education is a life-long exercise in gaining an understanding of principles and concepts that foster the development of new ideas.

While university-level students, including those at USUHS, must acquire necessary skills through didactic training, the scholarly education of students who will use those skills to test concepts and develop new ideas is the ultimate goal of the university.

The readers of the report may wish to replace the word “training” with “education” in the document as appropriate.
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Acknowledgements
The Subcommittee acknowledges and thanks everyone who has contributed to this report. The list includes the Uniformed Services University of the Health Sciences (USUHS) administrators and faculty who briefed the committee and provided materials, as well as Army, Air Force, and Navy personnel who came before the Subcommittee. The Subcommittee greatly appreciated the opportunity to interact with panels of students who took time from their studies to share their honest perspectives on the admissions process, and the mentoring, counseling, and support that they receive at this University. The Subcommittee dedicates this report to the students who are pursuing military health careers and the military and civilian faculty who train them.
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Executive Summary

The Uniformed Services University of the Health Sciences (USUHS) Board of Regents received approval on March 24, 2010, from the Office of the Secretary of Defense to establish an Academic Review Subcommittee to examine the University’s internal processes and policies.

The charge to the Subcommittee is set forth in the October 13, 2010 Terms of Reference (Appendix A). “The goal of the review is to report any critical shortcomings and provide recommendations to improve the University’s processes for ensuring the commitment of USUHS students and graduates to their oaths as physicians, health professionals, and Commissioned Officers.”

An eight-member Subcommittee was appointed on August 1, 2010 with Michael M.E. Johns, M.D., a member of the USUHS Board of Regents, as the Chair. The Subcommittee is comprised of individuals from academe and retired general officers of the Army and Marine Corps (Appendix B, Subcommittee Member Roster).

The Subcommittee was briefed by USUHS administrators, faculty, and Navy, Air Force, and Army personnel during four in-person meetings and four conference calls held between November 2010 and May 2011. During more than 40 hours of deliberation, the Subcommittee received briefings from some 33 people and met with panels of students at two of their four in-person meetings (Appendix C, Subcommittee Meeting Dates, Agendas, and Attendees). Documents reviewed included the School of Medicine Student Handbook, the Ethics curriculum, and various policies of USUHS, as well as the Naval Academy and West Point (Appendix D Documents and Reports Reviewed).

USUHS is a unique educational and military institution. It is not just a medical school or a graduate nursing or postgraduate dental college. The mission of USUHS is to admit and train medical and graduate students from the nursing, dental, medical, and other health care fields who can successfully fulfill dual roles as health care professionals and military officers prepared to operate in military environments around the world. As with all accredited medical schools, USUHS also incorporates a significant medical research component along with a portfolio of masters and doctoral degree programs.

The administration and faculty members are committed to this multi-dimensional and complex mission. They bring a level of academic expertise and military experience to ensure that the medical officers who are trained at this University are prepared to fulfill their duties as officers, as well as physicians, nurses, dentists and medical researchers. The USUHS medical school operates with high standards and achieves a commendable level of performance given that their students must meet the academic requirements of a medical education while also learning the intricacies of military medicine including practicing in austere-deployed settings. USUHS students perform well on national exams and residencies. Many have assumed senior leadership positions in the military medical system.
The dual nature of the University creates a complex organizational structure (Appendix E). The Subcommittee found that at times there has been confusion in oversight responsibility and that civilian faculty members are not always fully knowledgeable of the military mission and comportment standards expected of military officers. This lack of knowledge may impact their effectiveness in fulfilling their roles as student advisors. While recently established policies are addressing this issue in the Master of Public Health portion of certain residency and fellowship programs, in general University policies and procedures regarding the various roles and responsibilities of faculty and staff as they relate to the harmony and synchronization of the dual structures of the Brigade and academic enterprise are unclear.

Based on the information received and in fulfillment of its charge, the Subcommittee makes the following recommendations to the USUHS Board of Regents:

**ADMISSIONS**

Validate the admissions process by correlating the actual performance of medical and graduate students with the information available at the time of acceptance to the University

Require the respective Surgeons General or their designees to provide the final endorsement of military applicants for admissions to graduate programs and fellowships and ensure there is sufficient rigor to the process, particularly when there are few applicants for specific programs

**STUDENT PROFESSIONAL DEVELOPMENT**

Enhance military mentoring to ensure that all students in the School of Medicine are prepared to serve as Uniformed Services medical officers and to meet their obligations with complete understanding and acceptance of the oaths they take as military officers

Focus professional training on the attitudes and behaviors required to fulfill their responsibilities as Uniformed Services medical officers with a particular sensitivity to resolving conflicts that may arise between accomplishing the military mission and fulfilling the traditional duties of physicians

Promote medical students from the rank of Second Lieutenant or Ensign to the rank of First Lieutenant or Lieutenant Junior Grade at the end of the second year of training if their performance indicates they are ready to assume the duties of the higher rank

Prepare Uniformed Services medical personnel for the global responsibilities of the U.S. military by training them in the cultural, religious, and sociological factors that influence medical care delivery

Ensure expanded mentoring by line officers\(^1\) to enhance the medical students’ understanding of their roles in the overall military mission

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\(^1\) Line Officers are the combat arms and combat support arms branches of all the military Services. Special branch and professional branch (e.g. medical) officers are not “line officers.”
Establish a faculty position of Professor of Military Science to be filled by a line officer

Formalize objective peer input in the student evaluation system for all military students to increase student awareness of their professional obligations as officers and medical professionals

Assign military students enrolled in graduate programs at the USUHS Bethesda campus to the USUHS Medical Brigade Command rather than to their respective Service personnel offices

**STUDENT EVALUATIONS**

Develop more effective procedures for synchronizing the academic and military performance evaluations of USUHS students

Review and better define the obligations called for by the student honor code within the School of Medicine

Maintain and enhance annual post-admission student evaluations utilizing the most relevant metrics

Ensure that members of the USUHS faculty and staff are trained to understand their roles in the student evaluations process. Training should include how to recognize and report instances in which student performance warrants Brigade intervention.

Ensure that each student in the School of Medicine School of Graduate Studies has a committed and effective faculty advisor

Ensure a coordinated and comprehensive execution of performance assessments of Uniformed graduate students and graduate medical students by having a specific individual responsible for coordinating the annual officer performance review that includes the academic performance metrics for each student. When applicable, ensure student performance reviews are shared with residency and fellowship directors.

**POLICIES AND PROCEDURES FOR DISENROLLMENT**

Clarify the “academic chain of command” and stipulate who is responsible for the student while in the Master of Public Health program and in fellowship programs

Revisit probation, deceleration, and disenrollment policies to ensure that these processes are objective and uniformly implemented

Make clear the policy on student class attendance in light of curriculum reform, recent technological advances in the adult learning experience, and the duties incumbent of Uniformed Services members
SECURITY CLEARANCE

Establish a USUHS hotline number for security and other matters that are routinely handled by hotlines and publicize the number with posters and in student handbooks.

Add a personal security section to the School of Medicine Student Handbook.

FACULTY DEVELOPMENT

Hold the administrators and faculty accountable for teaching the values of leadership, mentorship, and the standards of conduct befitting Uniformed Services medical officers.

Ensure that a mandatory orientation process for civilian faculty emphasizes military issues, including the meaning of the Oath of Commissioned Officers, and that the importance of these matters is reinforced throughout their tenure on the faculty.

Enhance faculty orientation and training regarding their roles as advisors and mentors to improve their ability to recognize and address shortcomings in students’ non-academic performance in annual performance reviews.

Ensure that the entire University staff and faculty clearly understand that Uniformed Services students must comply with their responsibilities and obligations as Uniformed Services officers, regardless of their personal views.

Clarify that proper deportment in a military academic setting is the responsibility of all faculty, staff, and students.

Clarify for faculty and students the resources for and the routes to access appropriate counseling services.

Institute a process for tracking counseling and mentoring sessions between graduate students and their clinical/academic/research advisors and faculty and clarify the associated responsibilities in the University handbooks.

Employ the University handbooks in faculty orientation classes to clarify who within the military structure is in charge of officership.

Ensure that the limits on academic freedom inherent in an academic military environment are identified and clearly defined in written policy.
ORGANIZATIONAL/STRUCTURAL ISSUES

Conduct a comprehensive review of the USUHS organizational structure with a view toward reducing complexity and improving lines of communication

Formalize a process for periodic review of all academic programs and departments to identify opportunities for improvement, for elimination of programs no longer required, and for establishing a new program that should be implemented

Establish a full-time position to address the traditional Inspector General functions, i.e., inspections, investigations, and assistance
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Introduction

Background

On November 5, 2009, a former student of the Uniformed Services University of the Health Sciences (USUHS), Major Nadal Hasan, allegedly perpetrated an attack on his Army colleagues at Fort Hood, Texas. The Fort Hood case has led the USUHS Board of Regents to review its policies and procedures for admissions, security clearances, student and faculty development, and performance evaluations.

The USUHS Board of Regents received approval on March 24, 2010 from the Office of the Secretary of Defense to establish an Academic Review Subcommittee to examine the University’s internal processes and policies. As set forth in the October 13, 2010 Terms of Reference (Appendix A), “the goal of the review is to report any critical shortcomings and provide recommendations to improve the University’s processes for ensuring the commitment of USU students and graduates to their oaths as physicians, health professionals, and Commissioned Officers.”

Subcommittee Organization

The eight-member Subcommittee was appointed on August 1, 2010 with Michael M.E. Johns, M.D., a member of the USUHS Board of Regents, serving as Chair. The Subcommittee is comprised of individuals from academe and retired Army and Marine officers. A roster of Subcommittee members can be found at Appendix B.

The Subcommittee members serve as Special Government employees and the Subcommittee operated under the Federal Advisory Committee Act reporting to the USUHS Board of Regents. The Subcommittee was supported by an executive secretary, Roger Gibson, D.V.M., Ph.D., a member of the USUHS faculty.

Methodology

The Subcommittee held four in-person meetings and four conference calls between November 2010 and May 2011. The roster of Subcommittee members in attendance and the list of advisors at each meeting are included in Appendix C. A list of the reports and reference materials received by the Subcommittee is found in Appendix D.

The first three meetings were information-gathering sessions. The conference calls and the fourth in-person meeting focused on the Subcommittee’s recommendations and the report content. The first meeting opened with the USUHS President providing an introductory overview to the Subcommittee. Using the Terms of Reference, the Subcommittee was briefed on the admissions processes and performance evaluations of the School of Medicine, the Graduate School of Nursing, and the Postgraduate Dental College. Army and Navy personnel involved in clinical training and the Health Professions Scholarship Program also briefed the Subcommittee.
Additional briefings were based on the questions that the Subcommittee members raised at their meetings.

In more than 40 hours of meetings, discussions, and deliberations, the Subcommittee received briefings from some 33 people. The Subcommittee Chair presented the preliminary recommendations to the USUHS Board of Regents on May 20. The feedback received in that meeting is reflected in this final report.

A survey was conducted by the Executive Secretary to gather information from the directors of the Interdisciplinary Graduate Programs in the School of Medicine who did not appear before the Subcommittee. The survey captured information on program characteristics such as enrollments and disenrollments.

**Subcommittee Mission**

The October 13, 2010 Terms of Reference from the USUHS President to the Board of Regents asked the Subcommittee to address six topics and report its findings and recommendations no later than June 2011. The Subcommittee was instructed that they were not being asked to re-review the Fort Hood incident. The events of that day have been separately investigated by an Independent Review Panel led by former Secretary of the Army Togo West and former Chief of Naval Operations Admiral Vern Clark. In addition, USUHS President Dr. Charles Rice appointed MG Patrick Sculley (Ret) as the Reviewing Officer on March 21, 2010 to examine through the case of Dr. Hasan the shortfalls in USUHS policies, processes, and procedures. The Subcommittee members received the results of the internal University review addressing any issues during Nadal Hasan’s matriculation. While this Subcommittee gained insights regarding the execution of University policies and procedures during Major Hasan’s time at the University, the focus of their review was of a broader scope and included a number of policies, procedures and processes not examined in the University’s internal report. The Subcommittee’s primary goals were focused on the Terms of Reference and to make recommendations for improving admissions, student development, and faculty development for the future. Throughout this process, the Subcommittee assessed USUHS’ unique position as both a military medical and a health professions training university. As a result of these deliberations, the Subcommittee makes 33 recommendations to the Board of Regents.

**Subcommittee Activities**

The Subcommittee met with panels of students at two of their four meetings. The first panel was comprised of five USUHS student leaders. The second panel was composed of five students who volunteered to have a discussion with the Subcommittee. These were informal sessions that covered a range of topics from the admissions process to Basic Officer training, curriculum to performance evaluations. This candid exchange provided the Subcommittee with the students’ perspectives and enhanced the final set of recommendations.
Background on USUHS

USUHS is a multi-Services institution that confers medical degrees and graduate degrees in biomedical science, graduate degrees in nursing, and Oral Biology degrees to postgraduate dentists. These degrees are earned by members of the Uniformed Services, Federal government civilian employees, and other matriculated students. Its primary mission is to prepare scientists and health care providers for health-related careers within the U.S. Government.

As depicted in the organizational charts in Appendix E, the University houses three health professional schools and colleges; a School of Medicine (SOM), a Graduate School of Nursing (GSN), and a Postgraduate Dental College (PGDC).

School of Medicine

The F. Edward Hébert School of Medicine offers a four-year curriculum culminating in a degree in medicine. The SOM provides all courses and all content required to maintain full Liaison Committee on Medical Education (LCME) accreditation status and provides 500 hours of training on military related matters to better prepare graduates for service as physicians and officers in the Armed Forces. The pass rate of USUHS medical students for the LCME is consistent with the national averages. In addition to training future physicians, the SOM offers graduate level training in a number of biomedical sciences leading to masters and doctoral degrees.

Since opening in 1976, the SOM has conferred more than 4,500 degrees. Approximately 75 percent of the graduating physicians continue on active duty until military retirement. On average, they stay on active duty three times longer than the physicians who enter the military via other commissioning routes. Moreover, they provide significant leadership to medical officers who enter the military through other avenues and without the benefit of the military aspect in their schooling. USUHS also has awarded more than 1,100 masters degrees and nearly 400 doctoral degrees since 1980.

The SOM has 165-180 students per class. The average entry age is 24-25 years old. There is a 3:1 male to female ratio. Half of the students have prior military service and by law all enter at Rank O-1, including those with prior commissioned service. The distribution by service in 2010 was 37 percent Army, 30 percent Navy, 30 percent Air Force, and 3 percent Public Health Service. These percentages reflect the Services’ needs for medial support.

Upon admission to the SOM, medical students start on a path of professional development that begins in the classroom, extends to hands-on clinical experience, and culminates with residency training in specialty areas (i.e., general surgery, internal medicine, pediatrics). Some USUHS graduates pursue fellowships and subspecialty training through other venues (e.g., gastroenterology, cardiology, neurology). Like trainees in civilian medical schools, military medical professionals educated at USUHS engage in life-long learning. USUHS contributes to this process by sponsoring continuing education seminars and through postgraduate degree programs focusing on health-related research and public health.
USUHS medical students follow the traditional academic pathway to professional medical training. The first two years of medical school, often referred to as the preclinical phase, consist primarily of lectures, small group sessions, and laboratory work. Students learn the normal structure and function of the human body through gross and microscopic anatomy, biochemistry, physiology, behavioral science, and neuroscience classes. Later they focus on changes and anomalies in body structure and function that lead to disease and the therapies employed to resolve these problems through classes in microbiology, immunology, pharmacology, and pathology. The clinical significance of this basic science material is stressed throughout the preclinical phase. Preclinical training always includes courses that introduce students to the concepts of the physical examination and how to interview patients to obtain a medical history.

The last two years of medical school are primarily devoted to education in the clinical setting. Periods of training called clerkships, range in length from approximately 4 to 12 weeks. Under the supervision of licensed physician faculty and senior residents, students get the opportunity to work with patients and their families in inpatient and outpatient settings and begin to learn the nuances of clinical practice. Clerkship training is conducted in internal medicine, pediatrics, psychiatry, surgery, obstetrics/gynecology, family medicine and neurology. About half of the clinical clerkships are completed at military hospitals including Walter Reed Army Medical Center, the National Naval Medical Center, Malcolm Grove Air Force Medical Center, and other large military hospitals around the country and in Germany; the other rotations occur at civilian institutions.

It is worth noting here that, following graduation, former medical students leave the circumstance of singular administrative control by USUHS and transition either to a circumstance of such control by a totally different entity, or possibly to a shared administrative control by USUHS and the National Capital Region’s National Capital Consortium. Other graduate students, including military physicians, nurses, and ancillary medical professionals, may come to USUHS as the singular administrative control entity.

Upon graduation, USUHS physicians typically enter residencies where they gain further training in a medical specialty (e.g., general surgery, internal medicine, pediatrics). The first year of residency training is sometimes referred to as the internship year. Residency training typically lasts from three to five years depending on the medical specialty. Some residencies, such as preventive and occupational medicine, require postgraduate training in public health. Upon completing residency training and successfully passing specialty examinations, these physicians are Board Certified to practice. Others may be selected to complete fellowships where they earn a certification in a subspecialty (e.g., gastroenterology, cardiology, neurology).

USUHS is a member of the National Capital Consortium, an alliance of major military medical treatment facilities (MTFs) in the National Capital Region that sponsors graduate medical education (GME). Under the leadership of the MTF commanding officers and the Dean of the USUHS SOM, the National Capital Consortium sponsors and supports residency, fellowship, and various GME programs involving physicians, dentists, and other healthcare professionals that are in full compliance with the Accreditation Council for Graduate Medical Education (ACGME) institutional requirements.
While USUHS does not independently conduct GME, USUHS faculty members support the National Capital Consortium mission through course work, residency program directorships, and clinical supervision. The administration of all students enrolled in graduation medical education in the NCR is under the direct control of the National Capital Consortium.

School of Medicine Faculty and Staff

In keeping with its mission of educating physicians who will serve as military officers, the University employs active duty and retired military personnel as faculty and staff who routinely interact with students. Of the approximately 400 faculty who support the University’s medical education mission, most of the basic science staff is civilian; the vast majority of the clinical sciences faculty is active or retired military.

There are approximately 160 enlisted personnel assigned to USUHS, including senior non-Commissioned Officers (NCOs) who support the educational mission. To reinforce the medical student’s future role as a military officer with duties beyond patient care, the University staff currently includes a Marine Corps line officer at the rank of Captain who interacts with students on a regular basis and helps them better understand their role in supporting the military mission. Seminars and briefings from senior military leaders and field training exercises also support this area of training.

Graduate Education at USUHS

Unlike other universities, USUHS does not have a separate graduate school *per se*. Instead, graduate degrees are offered in the SOM, the GSN, and the PGDC. These degrees are offered in programs based upon the needs of the Uniformed Services.

School of Medicine Graduate Programs

The SOM Graduate Programs in Biomedical Sciences offers several masters and doctoral degree programs, including the Master of Public Health (MPH). The programs include:

Interdisciplinary Ph.D. Programs
- Emerging Infectious Diseases
- Molecular and Cell Biology
- Neuroscience

Department-based Programs
- Medical and Clinical Psychology
  - Clinical Psychology (Ph.D.)
- Medical and Clinical Psychology (Ph.D.)
- Preventive Medicine and Biometrics (PMB)
  - Environmental and Occupational Health (Ph.D.)
  - Medical Zoology (Ph.D.)
- Doctor of Public Health (DrPH)
- Master of Science Public Health (MSPH)
- Master of Public Health (MPH)
Master of Tropical Medicine and Hygiene (MTM&H)
Master of Healthcare Administration and Policy (MHAP)
Master of Medical History
Physician Scientist (M.D./Ph.D.) Program

Medical and Clinical Psychology Department

The Ph.D. program in Clinical Psychology began in the early 1990s and trains psychologists to provide clinical service in the military. The Clinical Psychology Ph.D. program follows a scientist-practitioner model with a focus on application and training in clinical psychology, medical psychology, and military psychology. Designed for members of the Uniformed Services, it is the only program in the country with a special emphasis on military psychological health.

The Medical Psychology Ph.D. program focuses on biobehavioral research (human and animal). Civilian and Uniformed Services graduates pursue careers as university, college, and medical school faculty; scientists in public and private settings; health policy makers; and scientific administrators.

The Medical and Clinical Psychology Ph.D. program trains Uniformed Services and civilian psychologists to conduct clinically meaningful research and to become clinical researchers and educators. This program follows a scientist-practitioner model with a focus on application and training in clinical psychology, medical psychology, and public health. Graduates of this program pursue careers in research and academics in health-related areas.

Preventive Medicine and Biometrics (PMB) Department

The masters programs (MPH, MSPH, MHAP, MTM&H) are designed primarily for military matriculates, while the other degree programs within the SOM have a majority of civilian students. The Master of Healthcare Administration and Policy (MHAP) is a new one-year didactic and one-year practicum program. It took its first students in 2010. The MHAP is currently preparing for its accreditation.

The doctoral programs in PMB train both military and civilian students. The Environmental Health Science Ph.D. program enrolls primarily Army and Navy officers and provides training specifically designed to meet the scholarly needs of the military Departments for novel research in environmental assessment. The Medical Zoology Ph.D. program trains civilians and Uniformed Service members in vector borne disease ecology and prevention. The Doctor of Public Health degree program educates civilians and Uniformed Service members to careers as public health leaders. Graduates are expected to apply their training in the various disciplines of public health to preserve and improve the health of populations.
Graduate School of Nursing (GSN) and Postgraduate Dental College (PGDC)

The GSN offers two types of degree programs: the Master of Science in Nursing (MSN) and the Doctor of Philosophy in Nursing Science (Ph.D.). The MSN programs include a Family Nurse Practitioner (FNP), a Nurse Anesthesia (NA) program, a Clinical Nurse Specialist (CNS), and an Adult Psychiatric Mental Health Practitioner (PMH-NP).

The PGDC was established in 2010 at the request of the Navy and Air Force for USUHS to provide a Master of Science in Oral Biology for selected graduate dental residency programs. Selection for the residency is determined by Service-specific procedures. Admission to the master’s program is based on application and selection by an admission committee composed of senior PGDC faculty members. The Army has requested to join the PGDC and subject to accreditation by the Middle States Commission on Higher Education, it will matriculate its first master’s students in July 2011.
ADMISSIONS

TERM OF REFERENCE

Policies and procedures for USU admission to the School of Medicine, Postgraduate Dental College; and the Graduate School of Nursing programs

Determine whether the University admission processes assess the full range of future students’ attributes necessary to best fulfill their dual roles as professionals and uniformed officers.

Compare USU requirements with those of the Health Professions Scholarship Programs and/or other programs with similar purposes.

DISCUSSION

Each of the USUHS programs (the SOM, the Graduate Programs in Biomedical Sciences within the SOM, the GSN, and PGDC) has its own admissions process. Within the SOM Graduate Programs, each degree program has its own admission committee and process for admissions.

School of Medicine Admissions

The USUHS medical school admissions processes are governed by DoD Instruction 6010.20. USUHS participates in the admissions consortium of the American Medical College Application Service® (AMCAS®). In addition to the AMCAS® application requirements, USUHS asks prospective students to submit a secondary application that includes an essay on why they want to serve in the military, their ACT or SAT scores, and a letter of recommendation from a clinical evaluator who they have observed providing care in the clinical setting. There are no admission quotas based on sex, race, religion, national origin, marital status, or state of residence.

The Medical School Admissions Committee is comprised of faculty (Ph.D.s and M.D.s), military retirees, and representatives of the Surgeons General (SGs) from the Army, Navy, Air Force and Public Health Service. The Admissions Committee makes decisions about who should be interviewed and accepted based on their academic records, military service where appropriate, and other characteristics that promise effective service as a medical officer.

The interviews are 30-45 minutes in length. Fourth year students support the interview process through informal dialogue with the applicants, but are not a part of the Admissions Committee. The interviewers are blind to the applicants’ test scores and grades, and are only provided with the applicants’ personal and secondary statements.

During the interview day, applicants also have the opportunity to speak informally with deans and associate deans. There is a lunch panel with current students and without faculty present, where the applicants can ask questions before the interview takes place in the afternoon.
The interview is an important component of the admissions process. Applicants are evaluated on their cognition, speech, and their answers to the questions presented by the interviewer. The interviewer provides an opinion as to the applicant’s suitability for medical training and military service, and whether he/she did well in the interview.

The Admissions Committee forms three subcommittees that are each comprised of three members and divides the applications among them. Each subcommittee member scores the applications on a scale of 1-5. Total scores of 11 or above are presented to the full Admissions Committee. The subcommittee member who gave the application the highest score makes the presentation to the Admissions Committee. A more in-depth discussion ensues for applicants with a score of 11. Some of these applicants may be recommended for post-baccalaureate consideration; others may be recommended to be placed in a hold status pending updated grades/MCAT scores, etc.

Decisions of the Admissions Committee to accept/reject/place as an alternate are by majority vote. If the applicant is not accepted on the initial vote, the chair asks for a secondary review of the application and committee members state their rationale for their decisions. Final recommendations from the Admissions Committee go to the Dean who may accept the recommendation or return the package back to the Admissions Committee if the Dean believes there is insufficient information to make a decision on admittance.

The Admissions Committee uses the whole person concept to determine whether an applicant will become a good physician. When a Brigade Commander or Officer in Charge writes a letter of recommendation in support of the person’s application, this is carefully reviewed for indicators of the applicant’s success while in the military. This letter also indicates whether the Service will release the person from duty to attend USUHS. The Admissions Committee does not review previous military evaluation reports.

Numbers of applications for the SOM class entering in fall 2011 continued their upward trend and exceeded 2500 for the first time. Of these, 727 were invited for interviews, 232 were offered admission and 171 acceptances have been received including 22 under-represented minorities. Average GPA and MCAT scores of students matriculating at USUHS (3.42 and 27.9 respectively for the class expected to enter in fall 2011) have steadily increased in recent years are above the national average, and remain similar to those of most state university medical school matriculates. Seventy percent of the students did not have prior military experience. Matriculation begins after the students complete a five-week officer training program conducted by their Service. Further details regarding medical school admissions are in Appendix F.

The Office for Student Affairs assigns USUHS medical students as mentors to applicants invited for interviews. The applicants can stay with students during their interview visits. There are extensive briefings conducted by University faculty and staff on the morning of the interview day. Counseling begins before the medical students matriculate.

Accepted applicants and those on the waiting list and their families are invited to the campus for a second look. This visit includes more exposure to both the clinical and military components and an opportunity to tour the Simulation Center.
The Associate Dean of Recruitment and Admissions personally calls the accepted candidates and offers them conditional acceptance. Once accepted, the candidate must sign a contract, undergo a DoD-level physical, and go through a National Security Agency background check. By May 1, candidates must decide whether to attend USUHS. Those who accept the offer to matriculate are then commissioned and attend officer orientation through their respective Services. That training lasts four to six weeks depending on the Service.

The student panels told the Subcommittee about their experiences with the admissions process. They said that having the fourth-year students in the admissions process is a good thing. It created ownership and trust in the next class. One student said that the application process at USUHS was the best one that he went through.

The Subcommittee asked the student panels why they chose USUHS. For one student it was a decision to serve soldiers; for another, it was a family decision to stay in the Washington area. Another student applied to multiple M.D./Ph.D. programs and decided that because of the quality of the education, USUHS was the place to attend. For another student, USUHS was his number #1 choice because he had been a military medic and had known USUHS physicians.

**Graduate Program Admissions**

The total 2010 enrollment in the SOM Graduate Programs was 183 students; half are Ph.D. candidates. Approximately 60 students are admitted to the SOM Graduate Programs per year. The Graduate School Programs account for 25 percent of the SOM’s enrollment. A majority of the enrollees are civilians. In each of the past five years, there has been support for three international students on student visas to work with specific faculty in basic sciences. The MPH program also has foreign military students. Unlike graduate programs in other universities where graduates seek employment at federal or state agencies, in academia, or in health-related businesses, USUHS advanced degree graduates tend to seek employment with federal agencies. Eighty percent of doctoral degree graduates and over 90 percent of the masters degrees serve in the Federal Government.

**Graduate Programs in Public Health**

Most applicants for the Master of Public Health (MPH) are military personnel. The MPH Admissions Committee is composed of one member from each of the PMB Departmental Divisions. All completed applications are reviewed by each Committee member and scored. Scores are based on the applicant’s grade point average (GPA), a Graduate Record Exam (GRE) score, a letter of intent, and a letter of recommendation. The scoring guidelines for the GPA take into account the level of difficulty of the subject area, degree program, and institution. Every application is discussed at an Admissions Committee meeting. Decisions to accept or reject are always based on a majority decision.
Detailed admission statistics for the 2010-2011 academic year show that of 107 applicants, 50 were offered admission, and 44 matriculated. The Admissions Committee admits people who they believe are the most qualified and have the greatest potential to succeed. The Admissions Committee is responsible for assigning faculty advisors to matriculating students.

The Graduate Programs in Public Health have been fully accredited since the 1980s by the Council on Education for Public Health (CEPH). The total number of PMB Graduate students in 2011 is 51 of whom 16 are Army, 13 Navy, 8 Air Force, 2 Public Health Service, and 12 civilians. Uniformed Services applicants are sponsored and undergo preliminary review and approval by their respective Services before they submit an application to USUHS.

In general, the applicants approved by the Uniformed Services are of high quality. The average GRE score for 2011-2012 matriculates (1187) is above the 70th percentile of composite GRE scores nationally and exceeds admission standards for most masters degree programs by over 100 points. These students believe that it is a privilege to come to USUHS for training and questions rarely arise as to whether students will be successful. There are, however, instances when candidates are rejected due to concerns regarding their academic ability and in the case of civilians, their contributions to the class and the ability of the PMB to accommodate their research or academic interests.

Most MPH students succeed. Ninety-eight percent graduate and 99 percent of these students graduate on time. The USUHS graduation rates are higher than many civilian schools because of the military makeup of the students. Failure to complete or withdrawal from their Service Component sponsored degree program could impact the student’s medical career and result in a potentially significant payback for the free educational services. In the civilian sector, many MPH students are aspiring to enter medical school, and when accepted withdraw from their MPH program.

The Disaster and Preventive Psychiatry (DPP) Program is a two-year fellowship for the study of clinical care of disaster affected communities and individuals. Addressing a highly relevant area of military health protection, the program employs primary, secondary, and tertiary prevention as principles of clinical care. Since its inception in 2005, the program has enrolled five students, four of whom have graduated. The current student is in the second year.

Medical and Clinical Psychology (MPS) Department

At the request of the Congress 17 years ago, USUHS implemented a graduate program in a Medical and Clinical Psychology (MPS) Department that is tailored to the military-specific requirement for clinical psychologists. The admissions process involves all MPS faculty in rating and scoring the applicants. Based on the scores, applicants are brought in for interviews and are given the opportunity to meet with graduate students. All faculty members interview the candidates. The faculty as a whole makes decisions and only the best are accepted.

In the Clinical Psychology – Military Track, both active duty U.S. Navy (USN) personnel and civilians are eligible to apply for the USN slots. Currently, only active duty U.S. Air Force (USAF) personnel are eligible to apply for USAF slots. For U.S. Army (USA) slots, non-U.S.
Army applicants need waivers through the Army to attend USUHS. In 2010, the program received 22 applications for three USN slots; eight individuals were invited to interview (six civilians, two active duty), and two were admitted. In the same year, the program received 10 applications for the two USAF slots; three individuals were invited to interview, and two were admitted. The program received 22 applications for the three USA slots; nine individuals were invited to interview (seven active duty, one ROTC, one civilian); and three were admitted. All have a military service requirement obligation after program completion.

**Graduate School of Nursing Admissions**

The USUHS Graduate School of Nursing (GSN) has separate Admissions Advisory Groups reviewing the MSN program applications and the Ph.D. program applications. The Admissions Advisory Group includes faculty and members of four Services (Army, Navy, Air Force, and Public Health Service). Both Admissions Advisory Groups follow the same process.

Admission to the MSN Program is open to qualified commissioned registered nurses (RNs) in the Army, Navy, Air Force, and Public Health Service. Approval and sponsorship of the Service is required as the students must be enrolled full-time and will incur additional service obligation. Applicants must have a Baccalaureate of Science (BS) in Nursing, hold a current State RN license, and be a U.S. citizen. The Committee looks for a GPA of at least 3.0 on a 4.0 scale and minimum GRE scores of 500 verbal and 500 quantitative taken within the past five years. The average GPA and GRE scores for those accepted into the 2011-2012 class are 3.4 and 1014 (approximately the 50th percentile of GRE scores nationally) respectively. A personal statement from the applicant and three letters of support and reference from individuals familiar with the candidates are required. In addition, clinical practice experience and a current certificate in Current Basic Life Support are prerequisites.

The Program Director of each of the MSN programs reviews all of the applicant packages in his/her program to select the best qualified candidates. She/he consults with the Federal Nursing sector education representative to determine the Services’ preferences and concerns, particularly regarding the individual’s service requirements for the upcoming academic year. A list of qualified applicants is sent to the Admission Advisory Group, which is chaired by a GSN faculty member with six voting members (the GSN Commandant, two GSN faculty, three Uniformed Service/Federal Nursing sector education representatives and a student representative). The non-voting members of the Admissions Advisory Group are the GSN Registrar, two Uniformed Service/Federal Nursing sector education representatives and all Masters Program Directors. The Admissions Advisory Group makes recommendations to the Dean regarding students to be admitted. The Ph.D. program admission requirements were presented in similar detail to the Subcommittee.
**Postgraduate Dental College (PGDC) Admissions**

The PGDC was established to provide a Master of Science in Oral Biology for selected graduate dental residency programs. Selection for the residency is determined by Service-specific procedures. Each Service convenes a selection board to review applications for residency programs (graduate dental education). Successful applicants are those who are considered most likely to succeed during rigorous residency training. The Services use the whole person concept to determine potential for success and to create an order of merit list. Transcripts, GPA (where available), letters of recommendation, results on National Dental Boards, and efficiency/fitness reports are all reviewed to determine the final order of merit list and those applicants who will receive residency training. Masters candidates are accepted from the resident-selects based on further review by the Service’s Admission’s Committee composed of senior faculty of the PGDC. The Committee reviews data similar to that previously reviewed by the Residency Selection Boards. Successful applicants are those considered capable of fully accomplishing the residency including the research component.

**Graduate Medical Education**

Upon graduation, USUHS SOM graduates must enter into internships, which in most cases comprise the first year of their residency training. All the candidates apply for internship at three locations of their choice. They must have successfully completed all three components of the U.S. Medical Licensing Exam (USMLE) and upon acceptance at their training location, enter into a binding contract for the first year of training and pass a physical fitness test including conformance to military height and weight standards. For the USUHS class graduating in 2011, more than 93 percent passed these exams on their first attempt. USUHS is not involved in internship/residency program admission. A comparison of USUHS student USMLE scores to national averages is included in Appendix G.

The Tri-Service Selection Board establishes scoring panels comprised of Army, Navy and Air Force residency program directors. They score the candidates on all six competencies of the ACGME and assign ratings to make the process as objective as possible based on the content of the applicants’ records. The Board presents their recommendations to the Chiefs of the Medical Corps for a final decision on the residency type and training location. Surgeons General endorsement is not usually a requirement for selection.

Military physicians apply to their respective military departments for fellowships. This may be self initiated or assigned by the Service. For the Service member, there is time-in-service obligation and no special bonus. Admission to a fellowship is highly selective.

**Assessments of USUHS Admissions Processes**

All USUHS schools and graduate programs conduct some sort of assessment of their respective admissions processes. Most are based on the success of their matriculates during academic training. PMB reports that they conduct postgraduate surveys to determine students’ satisfaction with the training program and gauge their success as public health professionals.
Survey results show that more than 90 percent of students were well satisfied with their USUHS educational experience and have continuing employment in the public health and preventive medicine field. Most have assumed positions of increased responsibility and rank after graduation.

**USUHS Compared with the Health Professions Scholarship Program (HPSP)**

The Health Professions Scholarship Program (HPSP) is an Inactive Ready Reserve (IRR) program for students who are accepted to an accredited civilian health professions training program in medicine, dentistry, optometry, or a physician assistant’s masters program. The HPSP provides a monthly stipend, tuition, and reimbursement for books and equipment. These are roughly comparable to USUHS students’ benefits. However, time in the IRR does not count for retirement or pay longevity, as time spent as USUHS does. There is a four-year Service obligation for the four HPSP years. The obligation for USUHS students is seven years after internship/completion of residency. Students cannot discharge any of their service obligations while in training status.

HPSP provides approximately 80 percent of the new military physicians annually and USUHS the other 20 percent; a few physicians come from ROTC programs and direct commissions. USUHS SOM graduates compared to HPSP civilian medical school graduates typically have higher MCAT scores and GPAs. The feedback from military commanders has been very positive saying that USUHS graduates are very well trained and well prepared for their military duties. USUHS graduates have gone on to become the directors of clinical programs and leaders in the military medical system. Some 75 percent of USUHS graduates remain in military service until retirement compared with less than half of HPSP graduates.

While statistics comparing the promotion rate of HPSP-trained physicians to USUHS medical school graduates are not available, the information provided in Appendix H shows that USUHS graduates have highly successful careers. Currently, one-third of the U.S. forces major command surgeons are USUHS graduates. Thirteen active or retired USUHS alumni achieved flag or general officer rank including two major generals and one selected for lieutenant general. Thirty percent of the specialty leaders within the Departments’ medical corps are USUHS graduates and several MTFs are commanded by USUHS alumni. Moreover, it appears that USUHS medical officers provide good models for those medical officers joining the military from other venues.

**FINDINGS ON Admissions**

The USUHS admission requirements to all programs and processes are well established and rigorously administered. Academic admission standards for entering the USUHS SOM continue to meet or exceed most U.S. medical colleges, and involve consideration of the applicant’s ability to serve as a Uniformed Service medical officer. The holistic look at the students for admissions is the right approach.

An Admissions Committee review of the applicants’ prior military evaluation reports would not enhance the admissions process.
At this time, there is not a sufficient ongoing assessment to validate student performance post graduation. Such feedback could lead to adjustments in the process and help assure the Board of Regents that the admissions processes are selecting the right students.

The competition for acceptance varies across fellowship programs. Many are highly desired by physicians while other programs receive only one or two applicants yearly. Programs with few students are resource intensive and in programs with few applicants there may be a tendency to fill fellowship positions with less than optimal candidates, so the program can remain viable.

**RECOMMENDATIONS FOR ADMISSIONS**

Validate the admissions process by correlating the actual performance of medical and graduate students with the information available at the time of acceptance to the University

 Require the respective Surgeons General or their designees to provide the final endorsement of military applicants for admissions to graduate programs and fellowships and ensure there is sufficient rigor to the process, particularly when there are few applicants for specific programs
STUDENT PROFESSIONAL DEVELOPMENT

TERM OF REFERENCE

University training regarding the values required for service as a uniformed officer to include oaths and oaths’ requirements, expectations, and understanding

DISCUSSION

Many activities are accorded the term “profession” (medical, legal, military, etc.). Each has what may be identified as a set of ethical behaviors, (or behavioral obligations and limits based on what society expects from those who are committed to the field). While there can be many precepts in common with other professions, there are also usually definable differences that derive from the core purpose of the specific profession. In the field of medicine, these are condensed into the Hippocratic Oath. For military officers, the Department-specific Commissioned Officer’s Oaths establish the standards of behavior required to support national security.

Medical students enter the USUHS SOM after completing Basic Officer training at their respective Services. If they were previously in military service, they resign their commissions and by law enter with the rank of Second Lieutenant, but retain their previous level of pay. USUHS SOM students assume two roles—medical and military. These roles are joined together from the beginning of their academic studies. At the end of the first academic year, students participate in a “White Coat” ceremony that commemorates their entry into the medical profession and the special nature of the doctor-patient relationship. This is revalidated at commencement when the Hippocratic Oath is administered.

The Brigade Commander is the senior military Commander of all active duty medical students who matriculate at the USUHS SOM. Medical students are assigned to the USUHS Brigade. The Brigade’s responsibility is to foster military professionalism and officership. Through Brigade Commander, Commandant briefings, and Company Commander ‘calls’, they address such topics as stress management, suicide prevention, sexual harassment, and mental health resources. Brigade staff counsel and mentor the students on being U.S. Commissioned Officers. They perform physical fitness testing, drug screening, accounting, travel interactions, and conduct military training exercises (Kerkesner and Bushmaster). Senior military leaders are brought in as guest speakers and panel members for student seminars.

Military graduate students in the SOM and GSN who are assigned to USUHS Brigade through their Commands are under the supervision of their respective Commandants who report to the Brigade Commander. However, not all military students who come to the USUHS SOM Graduate Programs are assigned to the USUHS Brigade. The direct oversight of some students is left with the Commands to which the officers are assigned. Those Commands maintain responsibility for the officers’ leave, fitness reports and other military obligations.
Overarching Professional Development

The Office for Student Affairs is the official liaison between the student body and university faculty and administration. Students have extensive access to the staff of the Office for Student Affairs. A student from the preceding class is assigned to each newly arriving medical student to serve as a mentor.

At medical student orientation, there is an introduction to the services that the Office for Student Affairs provides. Staff introduces themselves to the students and makes it clear that they are there to help with academic and personal matters that may affect the learning experience. The SOM Student Handbook also addresses the services of the Office for Student Affairs.

It is a requirement that at least one staff member of the Office for Student Affairs meets with every medical student in the first semester. Students are encouraged to come back to the office any time they need help with time management, study skills, professional development, etc. A full range of educational and personal counseling is available through the Office for Student Affairs. The SOM School Handbook specifically identifies the availability of mental health services and encourages students to come forward to the Office for Student Affairs if they are concerned with the mental health status of any fellow student.

A full-time Chaplain at USUHS addresses spiritual issues. The Chaplain’s services are available to all students regardless of their faiths. This is similar to the way religious/spiritual issues are handled at all military installations/units. Students also have access to religious leaders of various faiths through the network of Chaplains in the National Capital Region.

Medical Ethical Professional Development

Ethical guidelines for the medical profession are well developed and promulgated through USUHS publications, the SOM Student Handbook, the other University handbooks, and are posted on the USUHS website. An ethics course is taught in the second year of medical school. In addition to covering ethical issues common to the practice of medicine, the course addresses a number of scenarios unique to the military. Guest speakers with extensive experience in military medicine provide examples of instances where the immediate needs of a military mission come into tension with the medical provider’s ethical standards and how these situations were resolved. The students also experience laboratory exercises consisting of vignettes that portray ethical dilemmas they may experience in medical practice. In small groups, the students are asked to explain how they would deal with these problems. These experiences help students in a non-threatening environment develop the skills needed to resolve ethical conflicts.

Military Professional Development

The curriculum is designed to instill military values and reinforce military standards of conduct. In comparison to other medical schools, USUHS has a unique curriculum with courses in combat field resuscitation (cognitive); more than 500 hours of military-specific subject matter, a two-week field experience at Indiantown Gap Military Reservation; and emphasis on preventive medicine to ensure troop readiness.
A comprehensive list of courses was provided to the Subcommittee. As with all medical schools, curricular reform is an ongoing process. The goal of the current USUHS curriculum reform, which the Subcommittee endorses, is to better integrate and reinforce the basic medical sciences with interdisciplinary training during the clinical training.

The U.S. military has global requirements mandating historical and cultural sensitivity as important attributes of military medical officers. Cultural context orientations are prerequisites for all military members who visit foreign countries on official business. Military Medical History is a part of the curriculum.

Current students believe that military discipline is an important component of their USUHS education. Two student panels discussed their perspectives on training to serve as uniformed medical officers and shared the following thoughts with the Subcommittee:

The students with prior military experience said that they police themselves more than students who do not have prior military experience.

Students are eager to help each other live up to professional military standards. When students perceive that someone is falling short of those standards, other students are willing to step in and help.

The students acknowledged that there are open doors to the counselors. They also noted that an initiative is underway to form a peer-development group within the student body that would serve as a resource for students who need additional help in academic and professional performance matters. The students recognize that they are being held accountable as professional military officers.

Several students with prior military experience thought a greater presence of line officers in the Brigade would be helpful to develop their officership skills. The Subcommittee believes that the current approach of bringing in line officers to conduct seminars with the students on occasion is a reasonable alternative.

**FINDINGS ON STUDENT PROFESSIONAL DEVELOPMENT**

*The SOM brings together young people from diverse backgrounds. There are students who were infantry officers, pilots, nurses, and in the Special Forces and who have combat experience; however, about half of the medical students do not have any prior military experience. The diversity of the student body fosters the development of the appropriate discipline and leadership evidenced in USUHS graduates.*

*Unlike other Commissioned Officers who enter their respective Departments at the rank of Second Lieutenant or Ensign (O-1) and are promoted to the rank of First Lieutenant or Lieutenant Junior Grade (O-2) after 18-24 months of successful performance, medical students at USUHS begin their duties at the O-1 rank and continue at that grade until graduation. At graduation, all medical students are promoted to the rank of Captain or Navy Lieutenant (0-3).*
This prolonged period at the O-1 level fosters the misperception that medical officers are different from their non-medical peers in matters of officership.

Oversight of some graduate students in the SOM provides a special challenge because the Commands to which the officers are assigned may not have day-to-day contact with the graduate students. It may be difficult to provide appropriate oversight and attention to their on-going requirements as Uniformed Services officers.

There is a richness of military structure already present at USUHS. Students are taught to understand how to practice medicine within a military environment. There is a unique set of values embedded in the military oath and in the medical ethic that is enhanced when taught by someone with military experience. A military line (non-medical) Marine Corps officer is assigned to the Brigade affording medical students the opportunity to better understand their role in national security and combat support. Officers with combat and tactical command experience can provide real-world examples of how medical officers support the mission while adhering to their medical oaths and the tenets of the Geneva Convention. The presence of experienced line officers on staff supports the already robust training in medical ethics afforded to USUHS students. Augmenting of this training with special seminars conducted by senior line officers enhances this training.

The faculty position of Professor of Military Sciences exists at other universities with Reserve Officer Training Corps units. Normally a field grade uniformed line officer, the Professor of Military Science directs training in military history, leadership, officer professional development, national security strategy, and tactical mission accomplishment. At USUHS, a Professor of Military Science, separate from but linked to the Brigade, could support field exercises, coordinate senior leadership seminars, and serve as subject matter expert on all military matters.

The students are taught that ethical dilemmas for medical personnel can potentially arise during military missions. The USUHS medical school curriculum buttresses the students’ skills to address the duality of their responsibility to the individual patient and to the military organization.

Although the military ethic is consistent with the Hippocratic Oath, there are theoretical circumstances when they can be interpreted as unaligned. These can be effectively addressed through the further development of conflict resolution skills.

Some appropriate insight into both understanding and resolving such military medical ethics can be gained from a workshop organized by the Institute of Medicine (IOM) in 2009. Military medical ethics: Issues regarding dual loyalties: Workshop summary. Washington, DC: The National Academies Press is a useful resource.

The American Association of Medical Colleges, the American Medical Association, and other organizations consider the promotion of professionalism a core requirement of medical school education. The attention that USUHS pays to military and medical professionalism makes it a clear leader in this regard.
While USUHS (with its motto of “Good Medicine in Bad Places”) maintains an environment that virtually bathes its students in the compatibility of the dual professional loyalties, the two associated oaths are formally articulated only twice. There is a months-long course in Medical Ethics, but it is unclear to this Subcommittee how much insightful instruction is provided regarding the precise meanings contained within the Military Oath (e.g., the voluntary subordination of other loyalties to dedication to our country and the Constitution).

Students are supportive of one another and do refer other students for counseling. Additional information is always helpful. Faculty and students could use further education on the resources and routes to access mental health counseling resources. With this information, they will be able to help guide students to the appropriate counseling services when needed and at the same time recognize with the concerns about being stigmatized for seeking mental health counseling.

The military offers training on the culture of the country before sending troops overseas. For medical officers, additional training is needed to practice cultural competence.

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<th>RECOMMENDATIONS ON PROFESSIONAL DEVELOPMENT</th>
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<tr>
<td>Enhance military mentoring to ensure that all students in the School of Medicine are prepared to serve as Uniformed Services medical officers and to meet their obligations with complete understanding and acceptance of the oaths they take as military officers</td>
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<tr>
<td>Focus professional training on the attitudes and behaviors required to fulfill their responsibilities as Uniformed Services medical officers with a particular sensitivity to resolving perceived conflicts that may arise between accomplishing the military mission and fulfilling the traditional duties of physicians</td>
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<td>Promote medical students from the rank of Second Lieutenant or Ensign to the rank of First Lieutenant or Lieutenant Junior Grade at the end of the second year of training if their performance indicates they are ready to assume the duties of the higher rank</td>
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<td>Prepare Uniformed Services medical personnel for the global responsibilities of the U.S. military by training them in the cultural, religious, and sociological factors that influence medical care delivery</td>
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<tr>
<td>Ensure expanded mentoring by line officers to enhance the medical students’ understanding of their roles in the overall military mission</td>
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<td>Establish a faculty position of Professor of Military Science to be filled by a line officer</td>
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<td>Formalize objective peer input in the student evaluation system for all military students to increase student awareness of their professional obligations as officers and medical professionals</td>
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<tr>
<td>Assign military students enrolled in graduate program at the USUHS Bethesda campus to the USUHS Medical Brigade Command rather than to their respective Service personnel offices</td>
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STUDENT EVALUATIONS

TERM OF REFERENCE

Policies and procedures for evaluating academic and military performance and promotion
Are evaluations fairly and objectively applied?

Does the student evaluation process accurately assess progress toward professional preparedness?

Is appropriate action taken when student progress is determined as inadequate?

Is there an attitude of “political correctness” at USU? If so, does it affect education or the assessment of military and health professionalism?

DISCUSSION

School of Medicine Evaluations

Medical students are evaluated on academic and military performance. The Academic Efficiency Reports (AER) are completed by the Brigade with input from the Office for Student Affairs. The Office for Student Affairs focuses on academic performance (e.g., grades, clinical rotation evaluations, the USMLE). The Brigade monitors officership (e.g., physical fitness, annual drug screening, military evaluation reports). While the Office for Student Affairs is similar to that of other medical schools; the Brigade is unique to USUHS. The Office for Student Affairs is proposing a new process to address alleged violations of professionalism in medicine.

For the past 6-8 years, the Commandant has been a non-voting member of the Student Promotion Committee. This is the pathway through which the Commandant gives input to the Student Promotion Committee on any officership problem.

The Brigade evaluation is undergoing review to better capture the student’s overall academic performance (e.g., GPA, academic awards, USMLE pass/fail and probationary status for academic or professional reasons, and deceleration). Leadership positions, capabilities, potential limitations, and any non-judicial punishment or court-martial actions are included in the evaluation.

The USUHS Assistant Dean for Clinical Sciences oversees the clerkships and the clerkship advisors who evaluate professional traits, including military attributes.

Graduate Program Evaluations

The oversight of student performance in the Graduate Programs is regularized. A faculty advisor is assigned to each student before the academic year begins in July. That faculty member is alerted to academic problems that arise in midterm exams during each quarter.
If any student receives less than a grade of “B” in any quarter, the student’s record is reviewed by the Graduate Affairs Committee (GAC). Usually no formal remediation is recommended unless the “C” grade is in a core subject. A student with less than a 3.0 grade point average is placed on academic probation and the program director contacts the student’s military command. Students who do not improve while on probation can be removed from the program and assigned to other duties in their respective Services.

If issues of academic dishonesty, plagiarism or misconduct arise, the student’s situation is reviewed by the GAC and then is referred to the USUHS SOM Graduate Education Committee (GEC).

**Evaluations in the Graduate Programs in Public Health**

There is an Information Handbook for Graduate Medical and Public Health Programs The Department of Preventive Medicine and Biometrics (PMB) that is used by both graduate students and faculty. It sets forth the policies on academic honesty, grading, promotion, probation, and dismissal procedures. The Handbook also provides the guidelines for the students’ independent projects and practicum experiences.

The PMB Admissions Committee assigns faculty advisors, aligning the interests of the students with the faculty. As a thesis/project advisor, the faculty member guides the student through the research process. If students have difficulties, the advisors bring the issues to the Vice Chair for Graduate Programs, PMB, and the Associate Dean, Graduate Education. Students who have health problems are referred to the Student Health Office.

Preventive Medicine and Occupational Medicine residents are required to earn an MPH degree during their second (post internship) residency year. During this MPH year, the resident’s academic progress is reviewed by the PMB Department. If academic problems arise, they are concurrently brought to the attention of the GAC and the residency program director.

An example of a resident with academic problems during his MPH year was presented to the Subcommittee to demonstrate how the academic evaluation procedures worked. The head of the residency brought the student’s case to the PMB’s GAC where it was extensively discussed and a plan of action proposed. During the subsequent six months, the student’s progress was reported to the committee. The remedial plan developed for the student was successful and he graduated with his class. The MPH program has greater than a 98 percent graduation rate.

**Medical and Clinical Psychology (MPS) Department Evaluations**

The MPS program has a public health perspective with an emphasis on organizational psychology. The goal is to teach skills and provide a knowledge base for leadership, management, and creative problem solving as many of these psychologists are likely to serve in health settings such as pain clinics.
The MPS is a four-year program with one year spent in a clinical facility. An Annual Student Evaluation form is used to evaluate year-by-year skills attainment. A Clinical Training Plan Follow-up evaluation form is used by supervisors at the various clinical sites to complete quarterly evaluations. The evaluations are discussed with the students.

The MPS program students take a qualifying exam at the end of their second year. If the student doesn’t pass, he/she may be required to re-take the exam or re-take a course. Any plan for remediation is approved by the GEC and the student is put on academic probation. There is currently one student out of 43 on academic probation. The Subcommittee also heard examples of when students stepped in to help their fellow students with personal difficulties and referred them to the appropriate staff.

Postgraduate Dental College Evaluations

Academic evaluations are accomplished consistent with the Commission on Dental Accreditation, which requires periodic evaluation (at least three times annually). An assessment is provided to the student after each evaluation. Officer fitness reports are accomplished annually according to Service-specific policies.

Graduate Medical Education Evaluations

Oversight of medical residency and fellowship programs in the National Capital Region is through the National Capital Consortium, which coordinates the evaluation procedures. USUHS faculty members contribute to the academic evaluation of residents and fellows by assigning grades for courses taught to these students. In some instances, residency and fellowship program directors also serve as USUHS faculty. Two residencies, preventive medicine and occupational medicine, and one fellowship, Disaster Prevention Psychiatry, require their students to complete an MPH as a part of their program. Students are evaluated by the applicable USUHS faculty.

A Hearing Subcommittee, comprised of 15 program directors and 5 trainees, discusses adverse actions and may place students on academic probation. Most probations involve some combination of lack of professionalism; lack of medical knowledge; not communicating effectively; and concern for patient safety. During the past two years, 42 people were put on probation. Approximately 700 residents and fellows are enrolled in the National Capital Region programs at any given time. Ninety-five percent pass their respective boards the first time.

Many of the USUHS faculty members have dual roles (teaching at USUHS and clinical supervision at the residency facilities). Every residency program has a faculty training committee. Faculty members are educated in the evaluation process and are responsible for the evaluation of the residents. All trainees report to their program directors and the program directors report to the National Capital Consortium Director for GME.

The GAC has responsibility for monitoring students who are concurrently enrolled in a fellowship and a graduate degree program. They meet monthly to discuss problems involving professionalism issues. For every student, there are two chains of command: through the military and the program director.
Cases of poor academic performance have come through the program directors to the National Capital Consortium Director. All adverse actions are reported to the USUHS Dean.

While ACGME requires annual evaluation of the residents, the Army Graduate Medical Education program evaluates residents at least twice a year. There are annual assessments of Uniformed Service performance, physical fitness, and compliance with height and weight requirements. The USUHS Brigade is already working with the Services and strengthening the Uniformed Services performance assessment process.

**Student Panel**

The students told the Subcommittee that the faculty is accessible and indicated that the evaluation process was functional. The students are very much aware of their level of performance and any problems that they have are known by the faculty.

**FINDINGS ON STUDENT EVALUATIONS**

Responding to the question of whether or not an attitude of “political correctness” exists at USUHS, and if so, whether it affects education or assessments of Uniformed Services members’ health professionalism, the Subcommittee found no evidence that student evaluations are based on “political correctness.” Instead they found that faculty was at times uncertain about how to address non-academic problems, how to manage sensitive issues, and who and what resources they might turn to for assistance.

The Subcommittee finds that USUHS is in complete compliance with all applicable laws regarding gender, race, and ethnicity selections of its student body, faculty, and administration. It does not seek quotas for such groups when considering admission to its programs. It does seek to provide an opportunity for its students to experience optimal educational outcomes by the incorporation of the best educational practices into its programs including in particular the educational importance of diversity. According to an IOM report an array of empirical evidence exists from colleges and universities across the country which documents that diversity enhances the learning outcomes for students.

Students may raise a controversial issue in class that the instructors may not have the expertise to address on their own. There should be a well-defined mechanism for the instructor to share this issue with colleagues and others to determine the best response. The response of the University should be one that will assist the student and faculty to clarify the best path forward. This is especially necessary for situations where cultural context is critical to understanding people’s words.

Because the SOM Office for Student Affairs and the Brigade address different standards and core competencies, the coordination between the two offices must be well defined and well-known.

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*Institute of Medicine In the Nation’s Compelling Interest Ensuring Diversity in the Health Care Workforce*, page 345 February 5, 2004
The USUHS student honor code encompasses academically-related areas but only marginally addresses non-academic issues that relate to performance in the classroom and as members of the Uniformed Services. The Military Academies’ honor codes address non-academic issues. Using the Military Academies’ honor code models at USUHS would likely result in better outcomes, as well as, a more formalized student peer evaluation system. There are studies which correlate unprofessional behavior in medical schools with disciplinary actions by State licensure boards.

Clear standards about fellowship outcomes and requirements are needed to measure students’ progress in achieving these outcomes. USUHS should have rigorous post-admission student evaluations.

The roles of USUHS faculty, advisors, and the Brigade in the student evaluation process are confusing, especially in the case of graduate programs. Members of the USUHS community in some programs do not understand their role in the Uniformed Services student evaluation process. Shortfalls include the knowledge of the processes and procedures for efficiency/fitness reports and providing input to the same. Documentation and training in the processes and procedures in some graduate programs is incomplete.

The concept of probation has changed since the current Dean of the School of Medicine assumed this position. Students are now less likely to be allowed to decelerate and instead will be disenrolled.

Two-thirds of graduate students remain assigned to their military Commands and not to USUHS.

There is limited guidance on reporting issues or concerns to the Brigade. Faculty training on what and when to report to the Brigade will improve the lines of communication.

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RECOMMENDATIONS ON STUDENT EVALUATIONS

Develop more effective procedures for synchronizing the academic and military performance evaluations of USUHS students.

Review and better define the obligations called for by the student honor code within the School of Medicine.

Maintain and enhance annual post-admission student evaluations utilizing the most relevant metrics.

Ensure that members of the USUHS faculty and staff are trained to understand their roles in the student evaluations process. Training should include how to recognize and report instances in which student performance warrants Brigade intervention.

Ensure that each student in the School of Medicine School of Graduate Studies has a committed and effective faculty advisor.

Ensure a coordinated and comprehensive execution of performance assessments of Uniformed graduate students and graduate medical students by having a specific individual responsible for coordinating the annual officer performance review that includes the academic performance metrics for each student. When applicable, ensure student performance reviews are shared with residency and fellowship directors.
POLICIES AND PROCEDURES FOR DISENROLLMENT

TERM OF REFERENCE

Policies and procedures for disenrollment

Are there sufficient and equitable processes for disenrollment and non-stigmatizing alternatives to continuation of academic progress for students who develop ethical, moral, religious, or personal conflicts to health or military career training while at the University?

DISCUSSION

There are three committees that a student whose performance is not meeting acceptable standards can be referred to for consideration of disenrollment. For medical students, it is the Student Promotions Committee. The committee in the Graduate School of Nursing is similarly named. For SOM graduate students, it is called the Graduate Education Committee. The Hearing Subcommittee of the National Capital Consortium Board of Directors performs this function for the residents and fellows. In each case, academic as well professional aspects of the student’s performance are considered. Disenrollment is an infrequent occurrence.

Residents and fellows in graduate studies at USUHS are assigned to other Commands and their Uniformed Services fitness reports are completed by those Commands. [See the Student Evaluation section.] Students are at USUHS primarily for academic purposes, but secondarily and importantly to strengthen their officership skills. There are historic reasons for this division of academic and officership oversight.

USUHS emphasizes officership and fitness for duty as a Uniformed Services officer. The Brigade Commandant is a non-voting member of the Student Promotion Committee of the SOM. This is the pathway through which the Commandant alerts the Student Promotion Committee to any problems with a student.

The Brigade monitors fitness testing, drug screening, accountability, and travel for those students assigned to the Brigade. Issues of deportment may be included in the students’ fitness reports.

The Office for Student Affairs evaluates student performance through grades, clerkships, and performance on the licensing exam. The Academic Efficiency Report contains information on academic performance, as well as fitness measures such as height and weight.

The most common reason for disenrollment is failure to thrive academically. This accounts for 95-98 percent of the disenrollments. Any grade of “D” or “F” results in the Student Promotions Committee reviewing the entire record. More often than not, such academic underperformance is found to be related to non-academic issues. Other dismissals occur when students cannot effectively adapt to the clinical environment.
Rarely is there a review for issues related to professionalism. The Office for Student Affairs is reviewing and proposing new procedures for identifying any alleged violation of professionalism as either Uniformed Officers or physicians.

PMB Graduate Program

On a quarterly basis, the PMB Graduate Affairs Committee reviews the performance of each student. Academic probation is given for a grade of “C” or below or for a GPA of less than “B.” This Committee can refer students to the GEC for dismissal, remedial action, or “other action appropriate to the specific cause under review.”

Residency Program

The National Capital Consortium makes available handbooks on the policies and procedures for each residency program. If clinical faculty members identify problems, they consult the associate program director or program director. Adverse actions go to the Consortium Hearing Subcommittee. Cause for probation may include a lack of medical knowledge and failure of a clinical rotation. Terminations are not that common. Some trainees who were reviewed for probation instead resigned. Adverse actions are handled through Uniformed Services channels.

Program directors have been educated in and are becoming more sophisticated at identifying and reporting issues. Training committees of key faculty meet monthly to address any issues that have arisen. The communication flow is good as the programs have become more integrated. The Consortium follows all ACGME procedures.

FINDINGS ON POLICIES AND PROCEDURES FOR DISENROLLMENT

Roles and responsibilities are not clear for student oversight during graduate medical fellowship programs for Uniformed physicians who are involved in courses and degree programs at USUHS. This is complicated by the fact that there is not a consistent policy on class attendance for students across graduate studies as a part of fellowship programs.

Failure to attend classes is not normally grounds for disenrollment at USUHS. In light of new modalities for delivering information, e.g., webcasting lectures, student attendance in the classroom is changing. Educational research has shown that class attendance is not a critical factor in the academic performance of medical students. Class attendance is notoriously low in American medical schools since many students find that their time can be more productively spent in the library or clinic. It is well recognized that health care providers must develop socialization skills if they are to successfully interact with patients and colleagues. While small group seminars and exercises provide an alternative learning environment to lectures and stimulate classmate and faculty interaction, they are sometimes difficult to conduct in a standardized manner. As Uniformed Services officers, even in an academic setting students are accountable to their Commander for their activities.

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5 Information Handbook for Graduate Medical and Public Health Programs The Department of Preventive Medicine and Biometrics 2011-2012 Revised December 2010
The dual nature of the Uniformed Services and professional academic mission of USUHS can at times create tension regarding the issue of class attendance. While the current University policy on class attendance addresses much of this tension, the changing educational environments and methods incumbent USUHS medical school curriculum reform will likely make current policies outdated.

Unity of command is a military construct that may be lacking for some students at USUHS. In light of the multiple Services involved and the academic and military complexity, this could suggest that no one is in charge. The 2010 internal review also found there to be an issue regarding unity of command and questioned who had responsibility for the students while in the MPH and fellowship programs.

RECOMMENDATIONS ON POLICIES AND PROCEDURES FOR DISENROLLMENT

Clarify the “academic chain of command” and stipulate who is responsible for the student while in the Master of Public Health program and in fellowship programs

Revisit probation, deceleration, and disenrollment policies to ensure that these processes are objective and uniformly implemented

Make clear the policy on student attendance in light of curriculum reform, recent technological advances in the adult learning experience, and the duties incumbent of Uniformed Services members
SECURITY CLEARANCE

TERM OF REFERENCE

Policies and procedures for initial determination and periodic review of security clearance

DISCUSSION

All Commissioned Officers require a security clearance. The process begins when a prospective student applies. He/she completes an application for a Background Investigation. The application asks about foreign travel and all foreign contacts, including family and friends. The USUHS Security Office reviews all applications and brings any issues of concern to the Admissions Committee. Among the issues they flag are job stability, ability to pay bills, and driving under the influence of alcohol or other convictions. Those with dual citizenship are also noted and must sign a statement of loyalty to the United States.

Once a student matriculates, a Background Investigation is conducted by the Office of Personnel Management. The Washington Headquarters Service decides to grant or revoke clearance to USUHS students based upon the investigative evidence. There are three levels of clearance – Top Secret, Secret and Confidential. USUHS students must have a Secret clearance by the time they graduate. The Security Office reviews all students in their junior year to ensure that they have been adjudicated.

Security Office staff provides students with an initial security briefing where they are told to report the following:

- Adverse information concerning yourself or a coworker; adverse information includes, but is not limited to recent arrests, alcohol or drug-related programs, and/or financial difficulties;
- All continuing contacts with foreign nationals to include shared living quarters and marriage; and
- Suspicious contacts with/by foreign nationals.

The Security Office coordinates with the Brigade on infractions and reporting procedures.

Civilian faculty members undergo Background Investigations. The faculty members are given an initial security briefing; there is no follow up.
FINDINGS ON SECURITY CLEARANCE

USUHS does not have a hotline number for use in reporting the above bulleted items. The DoD hotline number (1-800-424-9098) is used at USUHS.

The SOM Student Handbook does not address responsibilities and procedures on potential security breaches.

The SOM Student Handbook does not address issues of personal security, such as sexual harassment or inappropriate behavior of fellow students, faculty or staff. While the Brigade covers some aspects of personal security during student meetings and other venues, a quick reference is not readily available.

RECOMMENDATIONS ON SECURITY CLEARANCE

Establish a USUHS hotline number for security and other matters that are routinely handled by hotlines and publicize the number with posters and in university handbooks

Add a personal security section to the School of Medicine Student Handbook
FACULTY DEVELOPMENT

TERM OF REFERENCE

Policies and procedures for recognizing and addressing circumstances when students’ ethical, moral, religious or personal values conflict with current or future duties as healthcare professionals and military officers.

Are University faculty properly trained and informed of procedures for recognizing and dealing with such conflicts?

Are students aware of counseling and other services available when such conflicts arise?

Are counseling services and mental health services at USU sufficient?

DISCUSSION

Policies and Procedures for Recognizing Non-academic Issues

SOM and graduate programs handbooks address processes for dealing with non-academic issues, such as mental health problems and personal value conflicts, which may affect the academic performance of students. The SOM Student Handbook is very clear in this regard and highlights the responsibility of students in the recognition of unusual behavior among fellow students. The SOM Office for Student Affairs is experienced at handling non-academic issues involving medical students and is well staffed. The graduate programs handbooks vary with regard to the depth to which non-academic issues are addressed and the administrative chain for reporting when personal values conflicts arise.

Voicing context-appropriate personal views on ethical, religious, and other matters in the classroom is clearly consistent with the principles of academic freedom as enunciated by USUHS. If such views are out of context, issues of academic freedom are not involved and it is the instructor’s responsibility to follow up in an appropriate manner. Material in the SOM Student Handbook is very explicit about issues of academic freedom and any issues that arise for students and/or faculty can be referred to appropriate bodies for resolution. The existing handbooks need to be updated on these issues, although according to an informal survey conducted by the Subcommittee’s Executive Secretary, faculty members are generally aware of the contents of the various handbooks and how to report any concerns in this area, as well as with any concerns in other non-academic areas.

Faculty Development

New faculty members are encouraged, but not required, to attend new faculty orientation. In the past two years, 80 percent of new faculty attended orientation.
During orientation, faculty members are advised on the organizational structure of the University, administrative support available to them, and their roles as educators and/or researchers. A mentoring program for new faculty is currently under consideration.

Of the 129 military faculty members, there is 20 percent turnover each year. The civilian faculty does not have as much turnover; six faculty members out of approximately 200 resigned or retired in 2010.

In addition to teaching, faculty members have research and service roles. Faculty members serve as academic advisors, project and thesis mentors, and as class advisors. Faculty members say their role is to give feedback to the students and to maximize the students’ opportunities for success. Faculty delivers feedback in one-on-one sessions, within small group settings, or classrooms. For medical students, feedback is also delivered on the clinical wards and in the Simulation Center. Faculty guides the students in their large group projects and in the distributed learning project. In a recent survey, the faculty attested that they were well informed of their responsibilities as advisors.

A professional development initiative began in the summer of 2010 to help SOM and GSN faculty become better educators and administrators. Faculty members were asked to rate themselves in this regard and asked how they would like to become even better informed with respect to these important responsibilities. Based on this needs assessment, the faculty asked that there be additional faculty-to-faculty mentoring.

Using a University of Illinois Medical School program model, USUHS has launched an education certificate program with multiple courses with the following five modules:

- Educator Skills
- Evaluation and Assessment
- Research Skills
- Career Development and Progression
- Academic Leadership

A Certificate in Medical Education is awarded upon the successful completion of 30 hours of training.

As a part of its normal process of periodic re-evaluation, USUHS is undergoing curriculum reform. A new program, Survival Boot Camp for Curriculum Reform, started on January 19, 2011, is preparing faculty for this reform. Participants will receive a certificate upon completion of the program.

Other faculty training involves lectures and case-based studies with students’ names removed so that faculty can work through issues such as when students are in trouble with poor academic performance or non-academic issues. This should improve faculty knowledge, skills, and ability to address non-academic issues.
Counseling

There are multiple avenues of counseling for both educational and personal issues at USUHS through the Office for Student Affairs and the Brigade. [See also Student Professional Development section.] There are both the academic and personal counseling through the faculty and staff of the Office for Student Affairs. The staff of the Office for Student Affairs has an open door policy for the students. There is a full-time team of mental health counselors and a full-time Chaplain available to students and their families.

At the all hands meeting with the Brigade Commander in October 2010, there was a discussion about looking out for one another and when such referrals are appropriate. Students told the Subcommittee that they were satisfied with their access to faculty for counseling.

FINDINGS ON FACULTY DEVELOPMENT

The USUHS administrators and faculty are responsible for instilling the values of leadership, mentorship, and the standards of conduct befitting Uniformed Services medical officers.

The various University handbooks address the processes for dealing with interpersonal conflicts and academic freedom to varying degrees. USUHS needs to do more to clarify some of these issues and ensure that they are handled consistently and procedures are defined in sufficient detail.

Line officers can contribute to the students’ learning experiences. Professional counseling by officers who have served in the military is important.

Civilian employees who miss new faculty orientation and who do not receive a formal military orientation are at a disadvantage when it comes to discharging their responsibilities. Acculturation to the Uniformed Services medical education is critically important.

It is important that faculty members are trained to address non-academic issues in student performance and their roles as advisors and mentors. While faculty are well trained in their academic disciplines, the nuances of advising students and mentoring colleagues is not well addressed in most university environments. A number of resources addressing the skills needed to successfully mentor students and fellow faculty are available within the military departments and other academic settings.

Deportment is not just a military issue as it concerns everyone and must be addressed throughout the University. Proper deportment will enhance the education experience for both students and faculty.

Current University policies and handbooks do not make staff and faculty sufficiently aware that Uniformed Services students must comply with the responsibilities and obligations as Uniformed Services officers regardless of their personal ethical, moral, and religious views in keeping with their oath of office. While all students are expected to act with civility towards their fellow
students and faculty members, the standard for Uniformed Services members exceeds that required of civilian students at USUHS.

Faculty advisors serve as the first points of contact for graduate students to raise personal and academic concerns about themselves or others. Class advisors serve a similar function for medical students.

The degree to which issues of academic freedom is addressed in student and faculty orientation varies within departments and schools. While academic freedom is discussed in University handbooks, the implications of what academic freedom means in a military academic setting remain somewhat vague.

The process for assigning graduate student advisors is defined specifically in the University Handbook. Current implementation is inadequate.

The faculty and the Brigade appear to maintain effective contact with the medical students in their third and fourth-year rotations.

Because of the enormous responsibilities of medical professionals and Uniformed Services officers, it is critical for ethics to be emphasized throughout the educational process.
RECOMMENDATIONS ON FACULTY DEVELOPMENT

Hold the administrators and faculty accountable for teaching the values of leadership, mentorship, and the standards of conduct befitting Uniformed Services medical officers.

Ensure that a mandatory orientation process for civilian faculty emphasizes military issues, including the meaning of the Oath of Commissioned Officers, and that the importance of these matters is reinforced throughout their tenure on the faculty.

Enhance faculty orientation and training regarding their roles as advisors and mentors to improve their ability to recognize and address shortcomings in students’ non-academic performance in annual performance reviews.

Ensure that the entire University staff and faculty clearly understand that Uniformed Services students must comply with their responsibilities and obligations as Uniformed Services officers, regardless of their personal views.

Clarify that proper deportment in a military academic setting is the responsibility of all faculty, staff, and students.

Clarify for faculty and students the resources for and the routes to access appropriate counseling services.

Institute a process for tracking counseling and mentoring sessions between graduate students and their clinical/academic/research advisors and faculty and clarify the associated responsibilities in the University handbooks.

Employ the University handbooks in faculty orientation classes to clarify who within the military structure is in charge of officership.

Ensure that the limits on academic freedom inherent in an academic military environment are identified and clearly defined in written policy.
ORGANIZATIONAL/STRUCTURAL ISSUES

TERM OF REFERENCE

In addition to the six terms of reference, the Academic Subcommittee addressed the University’s administrative organizational/structural issues.

FINDINGS ON ORGANIZATIONAL/STRUCTURAL ISSUES

USUHS has a complex organizational structure. The organizational charts in Appendix E show the multifaceted academic structure. There is the added complexity of the military Brigade. The institution operates in some instances with a lack of clarity in delineating roles, lines of responsibilities, and the lines of communications in both military and academic structures.

Accretion of mission and programs has added to the organizational complexity. Given the changes that take place over time, a periodic organizational review is useful to determine program relevance to the Uniformed Services, as well as meeting the academic requirements of an accredited medical university.

An Inspector General (IG) position is not evident on the organizational chart. Some of the traditional IG functions related to the investigation of misconduct are performed by the Chief, Customer Support. Compliance with policies falls under the office of the Assistant Vice President for Accreditation and Organizational Development. Assistance to faculty and students is accomplished through various offices within the University and the ethics officer. This current structure appears fragmented and may result in confusion in dealing with problems.

RECOMMENDATIONS ON ORGANIZATIONAL/STRUCTURAL ISSUES

Conduct a comprehensive review of the USUHS organizational structure with a view toward reducing complexity and improving lines of communication.

Formalize a process for periodic review of all academic programs and departments to identify opportunities for improvement, for the elimination of programs no longer required, and for establishing a new program that should be implemented.

Establish a full-time position to address the traditional Inspector General functions, i.e., inspections, investigations, and assistance.
Conclusions

This Subcommittee has conducted a thorough review of USUHS policies and procedures. Given the inherent complexity of being a multi-Services organization training students in multiple medical disciplines while contributing to residencies and fellowships and managing a wide array of graduate medical, graduate nursing and biomedical research programs, the quality and cohesiveness of current operations is remarkable. USUHS structure has evolved in response to the duality of requirements within an accredited academic institutional environment when simultaneously adhering to changing military training requirements. While a number of processes involved in accomplishing this mission can be improved upon, none were found to be deficient.

The training and ongoing support of members of the health care team that includes physicians, nurses, dentists, and other Uniformed Services healthcare practitioners must continually take into account that the students are both professional Uniformed Services officers and professional healthcare providers. As a result, they must be able to carry out their professional responsibilities inside a particular command structure and perhaps in an arena of armed conflict. Dealing effectively with these dual responsibilities requires careful and distinctive training in the medical and residency years. USUHS admirably accomplishes this training in a manner that cannot be fully replicated in civilian medical institutions.

The findings and recommendations of this Subcommittee address the degree to which the University’s current policies and processes either contribute to or distract from its mission of preparing its students to fulfill their dual roles as health care professionals and Uniformed Services officers prepared to operate in a military environment around the world. The stated recommendations are intended to prompt improvements in University operations. They are not designed to eliminate the risk that a future USUHS graduate may act in an unacceptable or dangerous manner. Even if all recommendations are fully instituted, there is no certainty that the tragic events at Fort Hood may not be repeated somewhere by another military medical officer trained at USUHS who has sworn an oath of allegiance and is ethically bound to do no harm.

In summary, USUHS greatly contributes to the national security and to medical science through its mission of training professionals who embrace their roles as health care providers and uniformed officers. The University’s senior leadership and faculty understand the importance of this mission and work diligently at its execution. The Subcommittee hopes the recommendations provided in this report will serve to enhance an already excellent national resource.
MEMORANDUM FOR THE CHAIRMAN, BOARD OF REGENTS

SUBJECT: Terms of Reference ---Academics Subcommittee

The tragic events of November 5, 2009 at Fort Hood, Texas, allegedly perpetrated by an Army Medical Officer and a former student of the Uniformed Services University, raised numerous questions across the Department of Defense regarding security, leadership, professionalism, integrity, supervision, and accountability. The Independent Review Panel led by former Secretary of the Army Togo West and former Chief of Naval Operations Admiral Vern Clark has completed its DoD-wide investigation of the incident and forwarded its report to Secretary Gates. It is now time to broadly focus on the University's policies and processes as they relate to educating and training health professionals fully committed to the nation's military medical mission.

The Office of the Secretary of Defense has approved our request to establish an Academic Review Subcommittee and its members have been officially appointed. The goal of the review is to report any critical shortcomings and provide recommendations to improve the University's processes for ensuring the commitment of USU students and graduates to their oaths as physicians, health professionals, and commissioned officers.

Request the Subcommittee shall specifically address, as a minimum, the following:

- Policies and procedures for USU admission to the School of Medicine, Postgraduate Dental College and Graduate School of Nursing programs. Determine whether the University's admissions processes assess the full range of future students' attributes necessary to best fulfill their dual roles as health professionals and uniformed officers. Compare USU requirements with those for Health Professions Scholarship Programs and/or other programs with similar purposes.

- University training regarding the values required for service as a uniformed officer to include oaths and oaths' requirements, expectations, and understandings.

- Policies and procedures for evaluating academic and military performance and promotion. Are evaluations fairly and objectively applied? Does the current evaluation process accurately assess progress toward professional preparedness? Is appropriate action taken when student progress is determined as inadequate? Is there an attitude of "political correctness" at USU? If so, does it affect education or the assessment of military and health professionalism?

Learning to Care for Those in Harm's Way
• Policies and procedures for disenrollment. Are there sufficient and equitable processes for disenrollment and non-stigmatizing alternatives to continuation of academic progress for students who develop ethical, moral, religious, or personal conflicts to health or military career training while at the University?

• Policies and procedures for initial determination and periodic review of security clearances.

• Policies and procedures for recognizing and addressing circumstances when students’ ethical, moral, religious, or personal values conflict with their current or future duties as healthcare professionals and military officers. Are University faculty properly trained and informed of procedures for recognizing and dealing with such conflicts? Are students aware of counseling and other services available when such conflicts arise? Are counseling services and mental health services at USU sufficient?

Request the Subcommittee function under the Academics Committee and report its findings and recommendations to the Board of Regents no later than May 2011 with a final written report co-signed by you no later than June 2011. The Subcommittee shall have access to such documents, personnel and support as required to complete its mission.

The Subcommittee shall operate in accordance with DoD Instruction 5105.04, the “DoD Federal Advisory Committee Management Program” and under the provisions of Public Law 92-463, the “Federal Advisory Committee Act.” It is not anticipated that this subcommittee will need to go into any “particular matters” within the meaning of Title 18, United States Code, Section 208, nor will it cause any member to be placed in the position of acting as a procurement official.

Charles L. Rice, M.D.
President
Appendix B. Subcommittee Member Roster

Michael M.E. Johns, M.D., Chair
Chancellor, Emory University

Ambassador Akbar Ahmed, Ph.D.
Ibn Khaidun Chair of Islamic Studies
American University

John D. Altenburg, Jr. MG U.S. Army (Ret)
Of Counsel, Greenberg Traurig
Greenberg Traurig, LLP

Lonnie Bristow, M.D.
Former President of the American Medical Association

Jordan Cohen, M.D.
Former President of the American Association of Medical Colleges

Ronald Griffith, GEN U.S. Army (Ret)

Carol Mutter, LtGen U.S. Marine Corps (Ret)
Carol Mutter Associates

Harold T. Shapiro, Ph.D.
President Emeritus and Professor of Economics and Public Affairs
Princeton University
Appendix C. Subcommittee Meeting Dates, Attendees, and Agendas

Meeting #1
November 17, 2010

Subcommittee Members
Michael M.E. Johns, M.D., Chair
Akbar Ahmed, Ph.D.
John D. Altenburg, Jr. MG (Ret)
Lonnie Bristow, M.D., via Skype
Jordan Cohen, M.D.
Ronald Griffith, GEN (Ret)
Carol Mutter, LtGen (Ret)

Other Advisors
Bradley Beall
Sandra Bibb, DSN, RN
Margaret Calloway, CAPT MC, USN
Roger Gibson, Ph.D.
Eleanor Metcalf, Ph.D.
Lisa Pearse, CDR MC, USN
Charles Rice, M.D.
Patrick Sculley, MG (Ret)

AGENDA

Terms of Reference
Ethics Briefing Mr. Beall, Designated Agency Ethics Official
USUHS Overview Dr. Rice, President
USUHS Admissions 101
Medical School
Medical Programs CAPT Calloway, Associate Dean,
Recruitment and Admissions
Graduate Programs Dr. Metcalf, Associate Dean, Graduate Education
Graduate School of Nursing Dr. Bibb, Department Chair, Health Systems, Risk, and Contingency Management

Academic and Military Performance Evaluation Process
Medical Students CDR Pearse, Commandant, School of Medicine (Interim)
Graduate Students Dr. Metcalf, Associate Dean, Graduate Education
Postgraduate Dental College Admissions/Evaluation MG Sculley, Senior Vice President, University Program Southern Region

USUHS Internal Review MG Sculley, Senior Vice President, University Program Southern Region
Meeting #2  
January 4-5, 2011

Subcommittee Members  
Michael M.E. Johns, M.D., Chair  
Akbar Ahmed, Ph.D., Ambassador  
John D. Altenburg, Jr. MG (Ret)  
Lonnie Bristow, M.D.  
Jordan Cohen, M.D.  
Ronald Griffith, GEN (Ret)  
Carol Mutter, LtGen (Ret)

Other Advisors  
Bill Boyce, LtCol.  
Margaret Calloway, CAPT MC, USN  
Richard Conran, COL  
Jerri Curtis, CAPT  
Roger Gibson, Ph.D.  
Paul Hemmer, COL  
Chris Jankosky, CAPT  
Jason Kaar  
Louis Loman  
Dr. Richard MacDonald  
Bruce Mentzer, Chaplain  
Lisa Moores, COL  
Lisa Pearse, CDR MC, USN  
Dr. Charles Privitere  
Mike Rajnik, LtCol  
Patrick Sculley, MG (Ret)  
Truman Sharp, CAPT  
George Turiansky, COL  
Dr. Donna Waechter  
Dr. Bill Wittman

AGENDA

Counseling Services for USUHS Students  
Dr. Richard MacDonald, Associate Dean for Student Affairs Colonel, MC, USA (Ret), Professor of Psychiatry

Academic Performance Evaluation Process  
Dr. Richard MacDonald Medical Students

Medical Student Panel

Security Clearance Procedures  
Mr. Louis Loman, Director, Security

USUHS Residencies and Fellowships  
CAPT Jerri Curtis, Associate Dean, Graduate Medical Education
Meeting #3
February 8, 2011

Subcommittee Members
Michael M.E. Johns, M.D., Chair
John D. Altenburg, Jr. MG (Ret)
Lonnie Bristow, M.D.
Jordan Cohen, M.D.
Carol Mutter, LtGen (Ret) via Skype

Other Advisors
Margaret Calloway, CAPT MC, USN
Dr. David Cruess
Dr. Michael Feuerstein
Roger Gibson, Ph.D.
Dr. Tomoko Hooper
Dr. David Krantz
Dr. Gerald Quinnan
Dr. Brian Reamy
Dr. Marlene Sanchez
Patrick Sculley, MG (Ret) by telephone
Dr. Andrew Waters
Cindy Wilson, Ph.D.
Sandra Yerkes, M.D., CAPT MC, USN

AGENDA

Faculty Affairs and Development
Dr. Brian Reamy, Associate Dean, Faculty
Dr. Cindy Wilson

Graduate Program Student Performance Evaluation/ Advisory Policies and Processes
Dr. Gerald Quinnan, Department Chair, PMB
Dr. David Cruess,
Dr. Tomoko Hooper

Preventive Medicine and Biometrics Dept.

Graduate Program Student Performance Evaluation/ Advisory Policies and Processes
Dr. David Krantz, Department Chair, MPS
Dr. Andrew Waters
Dr. Michael Feuerstein

Health Professions Scholarship Program
CAPT Margaret Calloway, Associate Dean, Recruitment and Admissions
CAPT Sandra Yerkes, Program Manager, Medical Accessions, Navy

Medical and Clinical Psychology Dept.

Graduate Program Student Performance Evaluation/ Advisory Policies and Processes
Medical Students

Medical Student Panel
(Army) Graduate Medical Education Selection
Process

COL John Powers, Director of Medical Education for the Office of the United States Army Surgeon General

Conference Call
March 15, 2011

Subcommittee Members in Attendance
Michael M.E. Johns, M.D., Chair by phone
John D. Altenburg, Jr. MG (Ret) by phone
Lonnie Bristow, M.D. by phone
Ronald Griffith, GEN (Ret)

Executive Secretary in Attendance
Roger Gibson, Ph.D.

Conference Call
April 1, 2011

Subcommittee Members in Attendance
Michael M.E. Johns, M.D., Chair by phone
John D. Altenburg, Jr. MG (Ret) by phone
Lonnie Bristow, M.D. by phone
Ronald Griffith, GEN (Ret)
Carol Mutter, LtGen by phone

Executive Secretary in Attendance
Roger Gibson, Ph.D.

Conference Call
April 18, 2011

Subcommittee Members in Attendance
Michael M.E. Johns, M.D., Chair by phone
John D. Altenburg, Jr. MG (Ret) by phone
Lonnie Bristow, M.D. by phone
Jordan Cohen, M.D.
Carol Mutter, LtGen by phone

Executive Secretary in Attendance
Roger Gibson, Ph.D.
Meeting #4
April 26-27, 2011

Subcommittee Members in Attendance
Michael M.E. Johns, M.D., Chair
Akbar Ahmed, Ph.D., Ambassador
John D. Altenburg, Jr. MG (Ret)
Lonnie Bristow, M.D. by Skype
Jordan Cohen, M.D.
Ronald Griffith, GEN (Ret)
Carol Mutter, LtGen (Ret)
Harold T. Shapiro, Ph.D.

Advisors in Attendance
Lisa Pearse, CDR MC, USN
Roger Gibson, Ph.D.
Patrick Sculley, MG (Ret)

Conference Call
May 25, 2011

Subcommittee Members in Attendance
Michael M.E. Johns, M.D., Chair
Akbar Ahmed, Ph.D., Ambassador
Lonnie Bristow, M.D.
Jordan Cohen, M.D.
Ronald Griffith, GEN (Ret)
Carol Mutter, LtGen (Ret)
Harold T. Shapiro, Ph.D.

Executive Secretary in Attendance
Roger Gibson, Ph.D.
Appendix D. Documents and Reports Reviewed

**USUHS Documents**

Academic Freedom Policy

Attendance Policy

Ethics Course Materials – Facilitator Guides and Class Sessions

Fingertip Facts

Graduate Education Handbook School of Medicine

Handout: Disaster & Preventive Psychiatry Fellowship

Information Handbook for Graduate Medical and Public Health Programs

Medical Student Handbook and 2010-2011 Academic Planner

Policies of the PMB Department

USUHS Internal Review

Terms of Reference- Academics Subcommittee October 13, 2010

What You Need to Know

**Institute of Medicine Documents**

*In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*: February 5, 2004.


**Other Documents**

*Synopsis* Published by Gray & Associates, LC 15 February 2011 Editor: Ellen Altman Milhiser

Senate Homeland Security Committee Hearing
National Capital Consortium Annual Report


West Point Honor Code

Naval Academy Honor Code

26 August 2000 USMA POLICY MEMORANDUM NUMBER 79-00 SUBJECT: Academic Freedom

<table>
<thead>
<tr>
<th>CLASS</th>
<th>TOTAL APPLICANTS</th>
<th>NUMBER OF PRELIMINARY AND SECONDARY REJECTIONS</th>
<th>NUMBER INVITED FOR INTERVIEW</th>
<th>NUMBER WHO ACCEPTED INTERVIEW INVITATION</th>
<th>TOTAL ACCEPTANCES OFFERED</th>
<th>CLASS SPACES</th>
<th>ACCEPTANCE RATE</th>
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<td>1674</td>
<td>1111</td>
<td>563</td>
<td>487</td>
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<td>171</td>
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<tr>
<td>2011</td>
<td>1908</td>
<td>1335</td>
<td>573</td>
<td>506</td>
<td>280</td>
<td>170</td>
<td>61%</td>
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<tr>
<td>2012</td>
<td>1950</td>
<td>1293</td>
<td>657</td>
<td>570</td>
<td>276</td>
<td>171</td>
<td>62%</td>
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<tr>
<td>2013</td>
<td>2343</td>
<td>1705</td>
<td>638</td>
<td>566</td>
<td>285</td>
<td>171</td>
<td>60%</td>
</tr>
<tr>
<td>2014</td>
<td>2398</td>
<td>1730</td>
<td>668</td>
<td>594</td>
<td>264</td>
<td>171</td>
<td>65%</td>
</tr>
<tr>
<td>2015</td>
<td>2545</td>
<td>1818</td>
<td>727</td>
<td>624</td>
<td>232</td>
<td>171</td>
<td>75%</td>
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### SERVICE ALLOCATIONS

<table>
<thead>
<tr>
<th>CLASS</th>
<th>ARMY</th>
<th>NAVY</th>
<th>AIR FORCE</th>
<th>PHS</th>
<th>MEAN AGE OF APPLICANTS (ENTRANTS)</th>
<th>PERCENTAGE OF APPLICANTS (ENTRANTS) BY SEX</th>
<th>NUMBER OF ENTRANTS BY SEX</th>
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<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>MALE</td>
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<tr>
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<td>51</td>
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<td>24.7(23.9)</td>
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<td>63</td>
<td>52</td>
<td>53</td>
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<td>2013</td>
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<td>54</td>
<td>52</td>
<td>3</td>
<td>24.2(24.7)</td>
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<td>36(26)</td>
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<tr>
<td>2014</td>
<td>61</td>
<td>54</td>
<td>52</td>
<td>4</td>
<td>24.4(24.4)</td>
<td>67(73)</td>
<td>33(27)</td>
</tr>
<tr>
<td>2015</td>
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<td>4</td>
<td>24.5(24.4)</td>
<td>64(68)</td>
<td>36(32)</td>
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*Currently holding 175 spaces—171 spaces will be the final class size

### SUMMARY OF APPLICANTS' (ENTRANTS') ACADEMIC CREDENTIALS

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<thead>
<tr>
<th>CLASS</th>
<th>CUM GPA</th>
<th>SCI GPA</th>
<th>BIO SCI</th>
<th>PHYS SCI</th>
<th>VERB REAS</th>
<th>ESSAY</th>
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<tbody>
<tr>
<td>2010</td>
<td>3.37(3.54)</td>
<td>3.23(3.48)</td>
<td>9.3(9.9)</td>
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<td>8.9(9.7)</td>
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<td>3.35(3.51)</td>
<td>3.22(3.45)</td>
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<td>3.25(3.47)</td>
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<td>3.29(3.45)</td>
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<td>3.40(3.54)</td>
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<td>O(O)</td>
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<td>2015</td>
<td>3.42(3.58)</td>
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#### PERCENTAGE OF APPLICANTS (ENTRANTS) BY REGION

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<th>WEST</th>
<th>CENTRAL</th>
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<td>25(27)</td>
<td>30(24)</td>
<td>35(34)</td>
<td>10(15)</td>
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<tr>
<td>2011</td>
<td>23(21)</td>
<td>31(38)</td>
<td>33(28)</td>
<td>13(13)</td>
</tr>
<tr>
<td>2012</td>
<td>22(22)</td>
<td>30(41)</td>
<td>35(28)</td>
<td>13(9)</td>
</tr>
<tr>
<td>2013</td>
<td>22(22)</td>
<td>31(36)</td>
<td>33(34)</td>
<td>14(8)</td>
</tr>
<tr>
<td>2014</td>
<td>25(30)</td>
<td>30(24)</td>
<td>32(34)</td>
<td>13(12)</td>
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<td>2015</td>
<td>24(17)</td>
<td>30(37)</td>
<td>31(40)</td>
<td>15(7)</td>
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#### NUMBER OF APPLICANTS (ENTRANTS) BY RACE/ETHNIC GROUP

<table>
<thead>
<tr>
<th>CLASS</th>
<th>BLACK AMERICAN</th>
<th>AMER INDIAN ALASKAN/HAWAIIAN</th>
<th>WHITE</th>
<th>ASIAN/PACIFIC ISLANDER</th>
<th>PUERTO RICAN</th>
<th>MEXICAN AMERICAN/CHICANO</th>
<th>OTHER HISPANIC</th>
<th>RACE NOT REPORTED</th>
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<tbody>
<tr>
<td>2010</td>
<td>112(1)</td>
<td>29(4)</td>
<td>963(119)</td>
<td>346(26)</td>
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<td>32(3)</td>
<td>56(3)</td>
<td>117(15)</td>
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<td>2011</td>
<td>130(3)</td>
<td>24(2)</td>
<td>1077(118)</td>
<td>449(25)</td>
<td>15(2)</td>
<td>51(4)</td>
<td>52(2)</td>
<td>110(14)</td>
</tr>
<tr>
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<td>120(3)</td>
<td>28(2)</td>
<td>1051(123)</td>
<td>447(17)</td>
<td>21(3)</td>
<td>51(2)</td>
<td>63(6)</td>
<td>169(15)</td>
</tr>
<tr>
<td>2013</td>
<td>157(5)</td>
<td>32(1)</td>
<td>1296(118)</td>
<td>559(25)</td>
<td>9(0)</td>
<td>45(4)</td>
<td>60(4)</td>
<td>184(14)</td>
</tr>
<tr>
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<td>37(4)</td>
<td>1370(111)</td>
<td>484(34)</td>
<td>18(1)</td>
<td>56(6)</td>
<td>56(1)</td>
<td>221(13)</td>
</tr>
<tr>
<td>2015</td>
<td>175(7)</td>
<td>30(2)</td>
<td>1309(108)</td>
<td>692(30)</td>
<td>31(5)</td>
<td>68(8)</td>
<td>71(1)</td>
<td>169(13)</td>
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#### DECLINATIONS

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<th>ASIAN/PACIFIC ISLANDER</th>
<th>PUERTO RICAN</th>
<th>MEXICAN AMERICAN/CHICANO</th>
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<td>2</td>
<td>9</td>
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<td>1</td>
<td>65</td>
<td>9</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>11</td>
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<tr>
<td>2015</td>
<td>1</td>
<td>2</td>
<td>37</td>
<td>11</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
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## Appendix G: Uniformed Services University of the Health Sciences USMLE Examination Performance Among First Time Takers

<table>
<thead>
<tr>
<th>GRADUATION YEAR</th>
<th>STEP 1 USUHS SOM %Pass/ Mean</th>
<th>NATION AL %Pass/ Mean</th>
<th>STEP 2 CK USUHS SOM %Pass/ Mean</th>
<th>NATION AL %Pass/ Mean</th>
<th>STEP 2 CS USUHS SOM %Pass (N)</th>
<th>NATION AL %Pass</th>
<th>STEP 3 USUHS SOM %Pass/ Mean</th>
<th>NATION AL %Pass/ Mean</th>
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<tbody>
<tr>
<td>2000</td>
<td>97%/215</td>
<td>95%/216</td>
<td>96%/208</td>
<td>95%/213</td>
<td></td>
<td></td>
<td>98%</td>
<td>95%</td>
</tr>
<tr>
<td>2001</td>
<td>93%/210</td>
<td>93%/215</td>
<td>97%/210</td>
<td>95%/215</td>
<td></td>
<td></td>
<td>97%</td>
<td>96%</td>
</tr>
<tr>
<td>2002</td>
<td>94%/210</td>
<td>92%/215</td>
<td>98%/212</td>
<td>96%/216</td>
<td></td>
<td></td>
<td>98%</td>
<td>96%</td>
</tr>
<tr>
<td>2003</td>
<td>91%/208</td>
<td>90%/215</td>
<td>96%/209</td>
<td>96%/216</td>
<td></td>
<td></td>
<td>97%</td>
<td>96%</td>
</tr>
<tr>
<td>2004</td>
<td>90%/211</td>
<td>91%/216</td>
<td>95%/210</td>
<td>94%/218</td>
<td></td>
<td></td>
<td>95%</td>
<td>97%</td>
</tr>
<tr>
<td>2005</td>
<td>90%/210</td>
<td>92%/216</td>
<td>92%/213</td>
<td>94%/220</td>
<td>94% (160/170)</td>
<td>96%</td>
<td>96%</td>
<td>97%</td>
</tr>
<tr>
<td>2006</td>
<td>93%/211</td>
<td>92%/216</td>
<td>93%/217</td>
<td>94%/221</td>
<td></td>
<td>98%</td>
<td>97%</td>
<td>96%</td>
</tr>
<tr>
<td>2007</td>
<td>97%/213</td>
<td>93%/217</td>
<td>97%/218</td>
<td>95%/225</td>
<td>97% (157/162)</td>
<td>97%</td>
<td>96%</td>
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<tr>
<td>2008</td>
<td>92%/209</td>
<td>94%/219</td>
<td>95%/218</td>
<td>96%/226</td>
<td>96% (155/162)</td>
<td>97%</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>2009</td>
<td>91%/213</td>
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<td>97%</td>
</tr>
<tr>
<td>2010</td>
<td>88%/210</td>
<td>93%/222</td>
<td>95%/218</td>
<td>97%/230</td>
<td>98%(162/165)</td>
<td></td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td>2011</td>
<td>93%/216</td>
<td>93%/222</td>
<td>94%/219</td>
<td>97%/233</td>
<td>96% (154/160)</td>
<td></td>
<td>98%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
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<td></td>
<td>97%(158/163)</td>
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</table>

RED = PRELIMINARY REPORTS
After reviewing data from the Army, Navy and Air Force on all of the major military treatment facilities in the Military Health System, the following information is provided:

**A. Medical Treatment Facilities Commanders –**

1) **Navy** - There are currently four USU alumni serving as Commanding Officers of major Naval medical MTFs, including the Naval Medical Center San Diego; Naval Hospital Jacksonville, Fla.; Naval Hospital, Naples, Italy, and the CAPT James A. Lovell Federal Health Center (VA/DoD) in Great Lakes, Illinois. In addition, a USU graduate commands the MTF aboard the hospital ship, USNS MERCY.

2) **Army** – There are currently 12 USU alumni serving as Commanders of major Army MTFs, including MEDDAC Bavaria, Germany; Baynes-Jones Army Community Hospital, Ft. Polk, La.; Brooke Army Medical Center, San Antonio, Texas; Dunham Army Health Clinic, Carlisle Barracks, PA.; Guthrie Army Health Clinic, Ft. Drum, NY; Fort George G. Meade MEDDAC, Ft. Meade, MD; Landstuhl Regional Medical Center, Germany; Leonard Wood Army Community Hospital, Ft. Leonard Wood, MO; Madigan Army Medical Center, Tacoma, WA; Martin Army Community Hospital, Ft. Benning, GA; Reynolds Army Community Hospital, Ft. Sill, OK; Winn Army Community Hospital, Ft. Stewart, GA. Several current commanders will be replaced by USU alumni this summer, including SHAPE Army Health Clinic, Brussels, Belgium; and Walter Reed Army Medical Center.

3) **Air Force** – There are currently nine USU alumni serving as Commanders of major Air Force MTFs, including 88th Medical Group, Wright-Patterson AFB, OH; 633rd Medical Group, Langley AFB, VA; 96th Medical Group, Eglin AFB, FL; 1st Special Operations Medical Group, Hurlburt Field, FL; 81st Medical Group, Keesler AFB, MS; 59th Medical Wing, Lackland AFB, TX; 355th Medical Group, Davis-Monthan AFB, AZ; and the 673rd Medical Group, Elmendorf AFB, AK. In addition, USU graduates hold 23 positions as Medical Chiefs of Staff of major Air Force MTFs.

**B. Operational Leadership Roles –**

1) **U.S. Forces** – USU alumni represent approximately 1/3 of the U.S. forces major command Surgeons, including U.S. CENTCOM Surgeon; U.S. SOCCENT Surgeon; U.S. AFRICOM Surgeon; and U.S. TRANSCOM Surgeon. Additionally, at least two of the Deputy Surgeons are USU alumni, including U.S. SOUTHCOM and U.S. AFRICOM. The U.S. CENTCOM Surgeon, will be replaced soon by another USU alumni. The U.S. SOCOM Surgeon will soon be replaced by a USU alumnus.

2) **Marine Corps** – Six Marine Forces commands that have Command Surgeons; two of the six are Command Surgeons are USU alumni, including Marine Forces Pacific (MARFORPAC) and Marine Special Operations Forces (MARSOC). Until the very recent change in leadership, a USU alumnus held the command surgeon role for Marine Central Forces (MARCENT). Additionally, the III MEF Surgeon is a USU graduate.

3) **Navy** – USU alumni account for two of the U.S. Navy’s fleet/force surgeons, including U.S. Pacific Fleet Surgeon and U.S. Navy Submarine Forces Surgeon. The U.S. Navy Air Forces Surgeon is a USU MPH alumnus.)
4) Air Force – USU alumni are well represented in the USAF major forces commands. The PACAF Command Surgeon, a USU alumnus, will be transferring to Washington D.C. this summer and will be replaced by another USU alumnus. Command Surgeons in AFCENT USAFE, AFSOC, AFGSC, and HQ, 3rd Air Force are all USU alumni.

5) Army – USU alumni hold numerous Commander/Command Surgeon roles within the Army medical department, including the 10th Combat Support Hospital; 18th Medical Command 30th MEDCOM; I Corps; Warrior Transition Command; U.S. Army Safety Center and School; U.S. Army Special Operations Command; U.S. Army Africa Command; U.S. Army Accessions Command; and U.S. Army Training Doctrine Command. In addition, several USU alumni hold Division Surgeon positions, including 1st Armored Division; 1st Cavalry Division; 3rd Infantry Division; 10th Mountain Division; and 25th Infantry Division.

C. Surgeons General/The Medical Officer of the Marine Corps

1) Marine Corps – The Medical Officer of the Marine Corps is a USU alumnus. In addition, there is one USU M.D. program graduate on his leadership team, who serves as the Preventive Medicine director.

3) Air Force – At least 10 USU alumni are holding senior positions within the Surgeon General’s office include the Deputy Surgeon General; Chief of Medical Readiness; Deputy Director of the Medical Corps; Medical Informatics (2); Associate Dean, Aerospace Medicine, USAF School of Aerospace Medicine; Chief, Physical Standards + 1 staff member; Chief, Preventive Medicine Operations; and Director, International Health Specialist Program.

D. Graduate Medical Education

1) Specialty Leaders/Consultants to the SG

   a) Navy – USU alumni account for 14 of 43, or approximately 30%, of the medical corps specialty leaders within the Navy. These include Anesthesiology, Dermatology, Diagnostic Radiology, Allergy/Immunology, Gastroenterology, Nephrology, Pulmonary/Critical Care, General Internal Medicine, Intern Matters, Neonatology, Neurology, Ophthalmology, Psychiatry and Radiation Oncology.

   b) Air Force – Eighteen of 59, approximately 30%, of the medical consultants to the Air Force Surgeon General are USU alumni, including Allergy and Immunology, Emergency Medicine, Family Medicine, Endocrinology, Hematology-Oncology, Neurology, Obstetrics and Gynecology, Occupational Medicine, Ophthalmology, Refractive Surgery, Developmental Pediatrics, Pediatric Endocrinology, Pediatric Neonatology, Diagnostic Radiology, General Surgery, Neurosurgery, Pediatric Surgery, and Trauma/Critical Care Surgery.

2) Postgraduate Education Programs

   a) National Capital Consortium – Of 65 medical residency/fellowship programs in the NCC, 23 USU alumni are program directors (more than one-third) and 20 assistant program directors.

   b) San Antonio Uniformed Services Health Education Consortium – Of 35 SAUSHEC medical residency/fellowship programs, 14 USU alumni are program directors (more than one-third) and six assistant program directors.
E. USU Assigned Faculty Members

Currently there are more than 25 USU M.D. alumni serving as full-time faculty/staff members at the university, including two serving as interim department chairs (Obstetrics and Gynecology and Surgery; both previously held permanently by a USU alumnus), one as a University Vice President, and one as an Associate Dean in the School of Medicine. They also include the University’s Brigade Commander and School of Medicine Commandant and the Deputy Commander and director of the Radiobiology Ph.D. program.

F. Flag/General Officers

USU alumni count 13 active or retired flag/general officers in their ranks, including two two-star generals, and one O-7 select.

G. Anecdotal information

1) USU alumni account for more physicians on the White House medical staff than from any other medical school in the U.S.

2) Currently, a USU alumnus is serving on the staff of the Physician to Congress on Capitol Hill.

3) A USU alumnus is assigned to provide medical consultation on the immediate staff of the Chairman, Joint Chiefs of Staff.

4) The trauma surgeon in charge of the care of Rep. Gabrielle Giffords after she was shot in Arizona is a USU alumnus. One of the two consultants he called in immediately afterwards was a USU alumnus (the other was a USU department chair).

5) The trauma surgeon in charge at St. Josephs Regional Medical Center in Joplin, Missouri, who responded immediately in the aftermath of the devastating tornado on May 22, is a USU alumnus.

6) The physician who was the Family and Community Medicine department chief in charge of the SRP, the location of the Fort Hood shooting -- at the time of the shooting -- is a USU alumnus.
Appendix I. Glossary of Terms and Acronyms

Glossary of Terms

Academic Review Subcommittee
Established by Charles L Rice, M.D., President Terms of Reference. October 13, 2010

All hands meeting
A meeting between the Brigade staff and all students. It is the forum for the Commander to impart military guidance and training U.S. Public Health Service.

Military structure
Organizational constructs processes and that support the military's mission

Line officers
Are the combat arms and combat support arms branches of all the military Services. Special branch and professional branch officers are not “line officers.”

Non-academic issues
Relates to the more procedural and technical skills necessary to be a physician. Includes interpersonal relationships, communications skills, motivation, adherence to ethical and military norms, disruptive behaviors and class absences

Officer Fitness Reports
Periodic assessments of an officer’s performance of duties commiserate with his or her rank and position. The content and format of officer fitness reports vary by Department. Department-specific nomenclature for the fitness reports are as follows

- Air Force Officer Performance Report (OPR)
- Army Officer Evaluation Report (OER)
- Commissioned Corps Officer Effectiveness Report
- Marine Officer Performance Report
- Navy Fitness Report (FTREPS)

Officership
Performance of duties in accordance with military standards and the execution of leadership and ethical decision making in a military setting.

Political correctness
Operating in a manner in which individuals or subjects are treated with unequal or excessive deference due to racial, ethnic, religious, moral or political background. In current usage, the term is primarily pejorative

Uniformed Services
The seven Uniformed Services are:
1. United States Army
2. United States Marine Corps
3. United States Navy
4. United States Air Force
5. United States Coast Guard
6. United States Public Health Service Commissioned Corps
7. National Oceanic and Atmospheric Administration Commissioned Corps

In the context of USUHS and the training provided to Service members, matriculates primarily come from U.S. Army, U.S. Navy, U.S. Air Force, and U.S. Public Health Service. The Uniformed Services which have Surgeons General are U.S. Army, U.S. Navy, U.S. Air Force, and the U.S. Public Health Service

List of Acronyms

AER Academic Efficiency Reports
AFB Air Force Base
ACGME Accreditation Council for Graduate Medical Education
AMCAS® American Medical College Application Service®
BS Baccalaureate of Science
CEPH Council on Education for Public Health
CNS Clinical Nurse Specialist
DoD Department of Defense
DPP Disaster and Preventive Psychiatry Program
FNP Family Nurse Practitioner
GAC Graduate Academic Committee
GEC Graduate Education Committee
GME Graduate Medical Education
GPA Grade Point Average
GRE Graduate Record Exam
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>GSN</td>
<td>USUHS Graduate School of Nursing</td>
</tr>
<tr>
<td>HPSP</td>
<td>Health Professions Scholarship Program</td>
</tr>
<tr>
<td>IOM</td>
<td>Institute of Medicine of the National Academy of Sciences</td>
</tr>
<tr>
<td>IRR</td>
<td>Inactive Ready Reserve</td>
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<tr>
<td>LCME</td>
<td>Liaison Committee on Medical Education</td>
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<tr>
<td>MCAT®</td>
<td>Medical College Admission Test</td>
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<tr>
<td>MOUs</td>
<td>Memoranda of Understanding</td>
</tr>
<tr>
<td>MHAP</td>
<td>Masters in Health Administration and Policy</td>
</tr>
<tr>
<td>MPH</td>
<td>Master of Public Health</td>
</tr>
<tr>
<td>MPS</td>
<td>Medical and Clinical Psychology Department</td>
</tr>
<tr>
<td>MSN</td>
<td>Masters of Science in Nursing</td>
</tr>
<tr>
<td>MTF</td>
<td>Military Training Facility</td>
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<tr>
<td>NA</td>
<td>Nurse Anesthesia</td>
</tr>
<tr>
<td>NCO</td>
<td>Non-commissioned Officer</td>
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<tr>
<td>PGDC</td>
<td>Postgraduate Dental College</td>
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<tr>
<td>Ph.D.</td>
<td>Doctor of Philosophy</td>
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<tr>
<td>PMB</td>
<td>Department of Preventive Medicine and Biometrics</td>
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<tr>
<td>PMH-NP</td>
<td>Psychiatric Mental Health Practitioner</td>
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<tr>
<td>ROTC</td>
<td>Reserve Officers’ Training Corps</td>
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<tr>
<td>SG</td>
<td>Surgeon General</td>
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<tr>
<td>US</td>
<td>United States</td>
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<tr>
<td>USMLE</td>
<td>United States Medical Licensing Examination</td>
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<tr>
<td>USU</td>
<td>Uniformed Services University of the Health Sciences</td>
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<tr>
<td>USUHS</td>
<td>Uniformed Services University of the Health Sciences</td>
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