# Table of Contents

About This Bulletin .................................................................................................................. 5
About Washington University in St. Louis .................................................................................. 6
   Trustees & Administration ........................................................................................................ 6
   Academic Calendar .................................................................................................................... 6
   Campus Resources .................................................................................................................... 7
   University Policies ................................................................................................................... 10
   University Affiliations ............................................................................................................. 15
School of Medicine .................................................................................................................... 17
Mission & Vision ......................................................................................................................... 17
Areas of Study ............................................................................................................................ 17
   Applied Health Behavior Research ......................................................................................... 17
   Audiology and Communication Sciences ................................................................................. 21
   Biology and Biomedical Sciences ............................................................................................ 27
   Biomedical Informatics ........................................................................................................... 31
   Biostatistics .............................................................................................................................. 34
   Clinical Investigation .............................................................................................................. 38
   Genetic Counseling ............................................................................................................... 42
   Medical Education .................................................................................................................... 45
   Medical Physics ....................................................................................................................... 45
   Occupational Therapy ............................................................................................................ 47
   Physical Therapy ..................................................................................................................... 54
   Population Health Sciences ...................................................................................................... 64
   Public Health ............................................................................................................................ 67
Degrees & Offerings .................................................................................................................... 68
   Applied Health Behavior Research ......................................................................................... 69
       Master of Science in Applied Health Behavior Research ..................................................... 69
       Graduate Certificate in Health Behavior Planning and Evaluation ........................................ 70
   Audiology and Communication Sciences ................................................................................. 70
       Doctor of Audiology ............................................................................................................. 70
       Master of Science in Deaf Education .................................................................................... 70
       PhD in Speech and Hearing Sciences ................................................................................... 71
       Minor in Speech and Hearing Sciences ............................................................................... 71
   Biology and Biomedical Sciences ............................................................................................ 71
       PhD Degrees in Biology & Biomedical Sciences .................................................................... 71
   Biomedical Informatics ............................................................................................................ 72
Master of Science in Biomedical Informatics ........................................................................... 72
Certificate in Biomedical Informatics .................................................................................. 73
Biostatistics .......................................................................................................................... 73
Master of Science in Biostatistics ......................................................................................... 73
Master of Science in Biostatistics and Data Science ............................................................. 74
Master of Science in Genetic Epidemiology .......................................................................... 75
Certificate in Biostatistics and Data Science ....................................................................... 75
Certificate in Genetic Epidemiology .................................................................................... 75
Clinical Investigation ........................................................................................................... 76
Master of Science in Clinical Investigation ......................................................................... 76
Graduate Certificate in Clinical Investigation ........................................................................ 77
Graduate Certificate in Dissemination and Implementation ..................................................... 78
Genetic Counseling ............................................................................................................. 78
Master of Science in Genetic Counseling ........................................................................... 78
Medical Education ............................................................................................................... 78
Doctor of Medicine ............................................................................................................... 78
Interdisciplinary Courses ..................................................................................................... 85
Doctor of Medicine (Five-Year Program) ............................................................................... 87
Doctor of Medicine and Master of Science in Clinical Investigation ................................... 87
Doctor of Medicine and Master of Population Health Sciences .......................................... 87
Doctor of Medicine and Master of Public Health .................................................................. 87
Doctor of Medicine and Master of Business Administration ............................................... 87
Doctor of Medicine and Doctor of Philosophy .................................................................... 88
Graduate Medical Education ............................................................................................... 88
Continuing Medical Education ............................................................................................ 89
Medical Physics ...................................................................................................................... 89
Master of Science in Medical Physics ................................................................................... 89
Post-PhD Graduate Certificate in Medical Physics ................................................................. 90
Occupational Therapy ........................................................................................................... 91
Master of Science in Occupational Therapy ....................................................................... 91
Doctorate of Occupational Therapy .................................................................................... 91
Physical Therapy ................................................................................................................. 92
Doctor of Physical Therapy .................................................................................................. 92
PhD in Movement Science ..................................................................................................... 93
Population Health Sciences .................................................................................................. 93
Master of Population Health Sciences .................................................................................. 93
Public Health ....................................................................................................................... 94
Master of Public Health .......................................................................................................................... 94
Academic Departments .......................................................................................................................... 94
  Anesthesiology ........................................................................................................................................ 95
  Biochemistry and Molecular Biophysics ................................................................................................. 106
  Cell Biology and Physiology ................................................................................................................. 111
  Developmental Biology .......................................................................................................................... 115
  Genetics .................................................................................................................................................. 119
  Medicine .................................................................................................................................................. 124
  Molecular Microbiology ......................................................................................................................... 189
  Neurology ............................................................................................................................................... 192
  Neuroscience .......................................................................................................................................... 207
  Neurosurgery .......................................................................................................................................... 212
  Obstetrics and Gynecology ..................................................................................................................... 217
  Ophthalmology and Visual Sciences ....................................................................................................... 227
  Orthopaedic Surgery ............................................................................................................................... 240
  Otolaryngology ...................................................................................................................................... 248
  Pathology and Immunology .................................................................................................................... 254
  Pediatrics ................................................................................................................................................ 265
  Psychiatry .............................................................................................................................................. 296
  Radiation Oncology ............................................................................................................................... 308
  Radiology ............................................................................................................................................... 313
  Surgery .................................................................................................................................................. 328
People ...................................................................................................................................................... 344
Policies & Guidelines of the School of Medicine .................................................................................... 348
  Absences & Leaves ................................................................................................................................. 350
  Admissions Policies ............................................................................................................................... 355
  CAPES: Assessing Academic Achievement & Professionalism ............................................................. 357
  Clinical Supervision Policy for Medical Students on Clinical Rotations .............................................. 367
  Committee for Academic Promotion Bylaws ......................................................................................... 368
  Competency Attainment and Clerkship Competency Committees’ Bylaws .......................................... 369
  Contesting Individual Assessments Procedure ...................................................................................... 372
  Continuous Quality Improvement ........................................................................................................... 372
  Course Credit Procedures ....................................................................................................................... 373
  Duty Hour Policy for Medical Students on Clerkships and Other Clinical Rotations .................... 373
  Evaluation and Grades ............................................................................................................................ 374
  Formal Appeal Procedures for Competency Attainment and Promotion Decisions ............................ 379
  Liability Insurance ................................................................................................................................. 381
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Student Mistreatment Reporting and Monitoring Policy</td>
<td>381</td>
</tr>
<tr>
<td>Monitoring of Student Time</td>
<td>384</td>
</tr>
<tr>
<td>Non-University-Affiliated Speaker Compensation</td>
<td>385</td>
</tr>
<tr>
<td>Policy for Non-Involvement of Providers of Student Health Services in Student Assessment</td>
<td>385</td>
</tr>
<tr>
<td>Policy for Review of Student Attainment of Competency</td>
<td>386</td>
</tr>
<tr>
<td>Policy for Student Promotion and Appeals</td>
<td>386</td>
</tr>
<tr>
<td>Professionalism</td>
<td>387</td>
</tr>
<tr>
<td>Professionalism &amp; Conduct Policies</td>
<td>391</td>
</tr>
<tr>
<td>Student Health &amp; Safety Policies</td>
<td>395</td>
</tr>
<tr>
<td>Student Rights Policies</td>
<td>396</td>
</tr>
<tr>
<td>Technical Standards for the Medical Program</td>
<td>397</td>
</tr>
<tr>
<td>Resources</td>
<td>397</td>
</tr>
<tr>
<td>Academic Assistance</td>
<td>398</td>
</tr>
<tr>
<td>Financial Information</td>
<td>398</td>
</tr>
<tr>
<td>Index</td>
<td>418</td>
</tr>
</tbody>
</table>
About This Bulletin

The graduate and professional Bulletins are the catalogs of programs, degree requirements, courses that may be offered and course descriptions, pertinent university policies and faculty of the following schools of Washington University in St. Louis: Architecture & Urban Design; Art; Arts & Sciences; Business; Engineering; Law; Medicine; and Social Work & Public Health.

The University College Bulletin is the catalog of University College, the professional and continuing education division of Arts & Sciences at Washington University in St. Louis. The catalog includes programs, degree requirements, course descriptions and pertinent university policies for students earning a degree through University College.

The 2021-22 Bulletin is entirely online but may be downloaded in PDF format for printing. Individual pages as well as information from individual tabs may be downloaded in PDF format using the PDF icon in the top right corner of each page. To download the full PDF, please choose from the following:

- University College Bulletin (undergraduate & graduate) (PDF) (http://bulletin.wustl.edu/grad/Bulletin_2021-22_UCollege.pdf)

The degree requirements and policies in the 2021-22 Bulletin apply to students entering Washington University during the 2021-22 academic year.

Courses at Washington University are coded by department and include a three- or four-digit number that generally means the following, although students should check with the school or department offering the courses to be certain:

- 100 to 199 are primarily for first-year students;
- 200 to 299 are primarily for sophomores;
- 300 to 399 are primarily for juniors;
- 400 to 499 are primarily for juniors and seniors, although certain courses may carry graduate credit; and
- 500 and above are offered to graduate students and to juniors and seniors who have met all stated requirements. (If there are no stated requirements, juniors and seniors should obtain permission of the instructor.)

For example: Course L07 105 is an introductory course offered by the Department of Chemistry (L07).

The presence of a course in this Bulletin signifies that it is part of the curriculum offered and may be scheduled for registration. Enrollment requirements are determined by term.

Every effort is made to ensure that the information, applicable policies and other materials presented in the Bulletin are accurate and correct as of the date of publication (October 14, 2021). To view changes that have taken place since the October 1, 2021, closing date of this edition, please visit the Program & Policy Updates page (http://bulletin.wustl.edu/prior/2021-22/programupdates/).

Washington University reserves the right to make changes at any time without prior notice. Therefore, the electronic version of the Bulletin may change from time to time without notice. The governing document at any given time is the then-current version of the Bulletin, as published online, and then-currently applicable policies and information are those contained in that Bulletin.

For the most current information about registration and available courses, visit WebSTAC (https://acadinfo.wustl.edu) and Course Listings (https://courses.wustl.edu/Semester/Listing.aspx), respectively. Please email the Bulletin editor, Jennifer Gann, (jennifer.gann@wustl.edu) with any questions concerning the Bulletin.
About Washington University in St. Louis

Who We Are Today

Washington University in St. Louis — a medium-sized, independent university — is dedicated to challenging its faculty and students alike to seek new knowledge and greater understanding of an ever-changing, multicultural world. The university is counted among the world's leaders in teaching and research, and it draws students from all 50 states, the District of Columbia, Guam, Puerto Rico and the Virgin Islands. Students and faculty come from more than 100 countries around the world.

The university offers more than 250 programs and 5,500 courses leading to associate, bachelor's, master's, and doctoral degrees in a broad spectrum of traditional and interdisciplinary fields, with additional opportunities for minor concentrations and individualized programs. For more information about the university, please visit the University Facts page of our website.

Enrollment by School

For enrollment information, please visit the University Facts page of our website.

Committed to Our Students: Mission Statement

Washington University's mission is to discover and disseminate knowledge and to protect the freedom of inquiry through research, teaching and learning.

Washington University creates an environment that encourages and supports an ethos of wide-ranging exploration. Washington University's faculty and staff strive to enhance the lives and livelihoods of students, of the people of the greater St. Louis community, of the country and of the world.

Our goals are as follows:

• to welcome students, faculty and staff from all backgrounds to create an inclusive community that is welcoming, nurturing and intellectually rigorous;

• to prepare students with the attitudes, skills and habits of lifelong learning and leadership, thereby enabling them to be productive members of a global society; and

• to be an institution that excels by its accomplishments in our home community of St. Louis as well as in the nation and the world.

To this end, we intend to do the following:

• to judge ourselves by the most exacting standards;

• to attract people of great ability from diverse backgrounds;

• to encourage faculty and students to be bold, independent and creative thinkers;

• to provide an exemplary, respectful and responsive environment for living, teaching, learning and working for present and future generations; and

• to focus on meaningful, measurable results for all of our endeavors.

Trustees & Administration

Board of Trustees

Please visit the Board of Trustees website for more information.

University Administration

In 1871, Washington University co-founder and then-Chancellor William Greenleaf Eliot sought a gift from Hudson E. Bridge, charter member of the university’s Board of Directors, to endow the chancellorship. Soon it was renamed the "Hudson E. Bridge Chancellorship."

Led by the chancellor, the officers of the university administration are detailed on the university website.

Academic Calendar

The academic calendar of Washington University in St. Louis is designed to provide an optimal amount of classroom instruction and examination within a manageable time frame, facilitating our educational mission to promote learning among both students and faculty. Individual schools — particularly our graduate and professional schools — may have varying calendars due to the nature of particular fields of study. Please refer to each school’s website for more information.

Fall Semester 2021

College of Arts & Sciences, McKelvey School of Engineering, Olin Business School, Sam Fox School of Design & Visual Arts, and University College
Washington University recognizes the individual student’s choice in observing religious holidays that occur during periods when classes are scheduled. Students are encouraged to arrange with their instructors to make up work missed as a result of religious observance, and instructors are asked to make every reasonable effort to accommodate such requests.

Campus Resources

Student Support Services

The Learning Center. The Learning Center is located on the lower level of the Mallinckrodt Center, and it is the hub of academic support at Washington University in St. Louis. We provide undergraduate students with assistance in a variety of forms. Most services are free, and each year more than 2,000 students participate in one or more of our programs. For more information, visit the Learning Center website (https://learningcenter.wustl.edu/) or call 314-935-5970. There are three types of services housed within the Learning Center:

- **Academic Mentoring Programs** offer academic support in partnership with the academic departments in a variety of forms. Academic mentoring programs are designed to support students in their course work by helping them develop the lifelong skill of “learning how to learn” and by stimulating their independent thinking. Programs include course-specific weekly structured study groups facilitated by highly trained peer leaders as well as course-specific weekly walk-in sessions facilitated by academic mentors in locations, at times and in formats convenient for the students. The Learning Center also offers individual consulting/coaching for academic skills such as time management, study skills, note taking, accessing resources and so on. Other services include fee-based graduate and professional school entrance preparation courses.

- **Disability Resources** supports students with disabilities by fostering and facilitating an equal access environment for the Washington University community of learners. Disability Resources partners with faculty and staff to facilitate academic and housing accommodations for students with disabilities on the Danforth Campus. Students enrolled in the School of Medicine should contact their program’s director. Please visit the Disability Resources website (https://students.wustl.edu/disability-resources/) or contact the Learning Center at 314-935-5970 for more information.

- **TRIO: Student Support Services** is a federally funded program that provides customized services for undergraduate students who are low income, who are the first in their family to go to college, and/or who have a documented disability. Services include academic coaching, academic peer mentoring, cultural and leadership programs, summer internship assistance and post-graduation advising. First-year and transfer students are considered for selection during the summer before they enter their first semester. Eligible students are encouraged to apply when they are notified, because space in this program is limited. For more information, visit the TRIO Program website (https://students.wustl.edu/trio-program/).
Medical Student Support Services. For information about Medical Student Support Services, please visit the School of Medicine website (https://medicine.wustl.edu).

Office for International Students and Scholars. If a student is joining the university from a country other than the United States, this office can assist that individual through their orientation programs, issue certificates of eligibility (visa documents), and provide visa and immigration information. In addition, the office provides personal and cross-cultural counseling and arranges social, cultural and recreational activities that foster international understanding on campus.

The Office for International Students and Scholars is located on the Danforth Campus in the Danforth University Center at 6475 Forsyth Boulevard, Room 330. The office can be found on the Medical Campus in the Mid Campus Center (MCC Building) at 4590 Children’s Place, Room 2043. For more information, visit the Office for International Students and Scholars website (http://oiss.wustl.edu) or call 314-935-5910.

Office of Military and Veteran Services. This office serves as the university’s focal point for military and veteran matters, including transitioning military-connected students into higher education, providing and connecting students with programs and services, and partnering across campus and in the community. Services include advising current and prospective students on how to navigate the university and maximize Department of Defense and Veterans Affairs (VA) educational benefits, transition support, Veteran Ally training for faculty and staff, veteran-unique programming, and connecting students to campus and community resources. Military-connected students include veterans, military service members, spouses, dependent children, caregivers, survivors and Reserve Officer Training Corps cadets. There are two university policies that apply to students who still serve in the Armed Forces and students who use VA educational benefits:

- The Policy on Military Absences, Refunds and Readmissions (https://veterans.wustl.edu/policies/policy-for-military-students/) applies to students serving in the U.S. Armed Forces and their family members when military service forces them to be absent or withdraw from a course of study.
- The Policy on Protections for VA Educational Benefit Users (https://veterans.wustl.edu/policies/policy-for-va-students/) applies to students using VA education benefits when payments to the institution and the individual are delayed through no fault of the student.

The Office of Military and Veteran Services is located in Umrath Hall on the Danforth Campus. Please visit the Military and Veteran Services website (https://veterans.wustl.edu/) or send an email to veterans@wustl.edu for more information.

Relationship and Sexual Violence Prevention (RSVP) Center. The RSVP Center offers free and confidential services including 24/7 crisis intervention, counseling services, resources, support and prevention education for all students on the Danforth Campus. The RSVP Center operates from a public health model and uses trauma-informed practices to address the prevalent issues of relationship and sexual violence. By providing support for affected students, it is our goal to foster post-traumatic growth and resilience and to help ensure academic retention and success. Our prevention efforts call for community engagement to engender an intolerance of violence and an active stance toward challenging cultural injustices that perpetuate such issues. Learn more at the RSVP Center website (https://rsvpcenter.wustl.edu/).

WashU Cares. WashU Cares assists the university with handling situations involving the safety and well-being of Danforth Campus students. WashU Cares is committed to fostering student success and campus safety through a proactive, collaborative and systematic approach to the identification of, intervention with and support of students of concern while empowering all university community members to create a culture of caring. If there is a concern about the physical or mental well-being of a student, please visit the WashU Cares website (https://washucares.wustl.edu/) to file a report.

The Writing Center. The Writing Center — a free service — offers writing advice to all Washington University undergraduate and graduate students. Tutors will read and discuss any kind of work in progress, including student papers, senior theses, application materials, dissertations and oral presentations. The Writing Center staff is trained to work with students at any stage of the writing process, including brainstorming, developing and clarifying an argument, organizing evidence, and improving style. Rather than editing or proofreading, tutors will emphasize the process of revision and teach students how to edit their own work.

The Writing Center is located in Mallinkrodt Center on the lower level. Appointments (http://writingcenter.wustl.edu) are preferred and can be made online.

Student Health Services, Danforth Campus

The Habif Health and Wellness Center provides medical and mental health care and health promotion for undergraduate and graduate students on the Danforth Campus. Habif staff members include licensed professionals in Medical Services, Mental Health Services and Health Promotion Services. Please visit Habif in the lower level of Dardick House on the South 40 or the Habif Health and Wellness Center website (http://shs.wustl.edu) for more information about Habif’s services and staff members.

Hours:
Monday-Thursday: 8 a.m.-6 p.m.
Friday: 9 a.m.-5 p.m.
Saturday: 9 a.m.-1 p.m. (urgent medical care only)
A nurse answer line and an after-hours mental health support line are available to answer any medical or mental health questions a student may have when Habif is closed. For after-hours care, please call 314-935-6666 and follow the prompts.

**Medical Services** staff members provide care for the evaluation and treatment of an illness or injury, preventive health care and health education, immunizations, nutrition counseling, and travel medicine and sexual health services. Habif Health and Wellness Center providers are participating members of the Washington University in St. Louis Physician's Network. Any condition requiring specialized medical services will be referred to an appropriate specialist. Habif accepts most health insurance plans and will be able to bill the plan according to plan benefits. The student health insurance plan requires a referral for medical care any time care is not provided at Habif (except in an emergency). Call 314-935-6666 or visit the Habif website to schedule an appointment (http://shs.wustl.edu).

Appointments are also available for the assessment, treatment, and referral of students who are struggling with substance abuse.

The Habif Health and Wellness Center lab provides full laboratory services. Approximately 20 tests can be performed in the lab. The remainder of all testing that is ordered by Habif is completed by LabCorp. LabCorp serves as Habif’s reference lab, and it is a preferred provider on the student health insurance plan. This lab can perform any test ordered by Habif providers or outside providers.

All incoming students must provide proof of immunization for measles, mumps, and rubella (i.e., two vaccinations after the age of one year old; a titer may be provided in lieu of the immunizations). Proof of receiving a meningococcal vaccine is required for all incoming undergraduate students. A PPD skin test in the past six months is required for students entering the university from certain countries; this list of countries may be found on the Habif website. It is also recommended that, during the five years before beginning their studies at Washington University, all students will have received the tetanus diphtheria immunization, the hepatitis A vaccine series, the hepatitis B vaccine series, and the varicella vaccine. Medical history forms (http://shs.wustl.edu) are available online. Failure to complete the required forms will delay a student’s registration and prevent their entrance into housing assignments. Please visit the Habif website for complete information about requirements and deadlines (http://shs.wustl.edu).

**Mental Health Services** staff members work with students to resolve personal and interpersonal difficulties, including conflicts with or worry about friends or family, concerns about eating or drinking patterns, and feelings of anxiety and depression. Staff members help each person figure out their own situation. Services include individual, group and couples counseling; crisis counseling; psychiatric consultation; and referral for off-campus counseling. Visit the Habif website to schedule an appointment (http://shs.wustl.edu), or call 314-935-6666 during business hours.

**Health Promotion Services** staff and Peer Health Educators provide free programs and risk reduction information related to stress, sleep, sexual health, alcohol/other drugs, and community care. For more information, visit the Zenker Wellness Suite in Sumers Recreation Center to learn about the programs on campus led by student peer health educators. For information, visit the Health and Wellness Digital Library (https://students.wustl.edu/health-wellness-digital-library/), follow Habif on Instagram (https://www.instagram.com/)(@washu_habif), or email wellness@wustl.edu.

In 2018, this department launched the WashU Recovery Group to provide an opportunity for students in recovery from substance use to connect with other students with similar experiences. The group provides local resources, support, meetings and activities. Members have 24/7 access to a private facility to study, meet and socialize (in-person services will resume as COVID-19 pandemic restrictions allow). The group is not a recovery program; it is a confidential resource that students can add to their support system. For more information, send an email to recovery@wustl.edu.

**Important Information About Health Insurance, Danforth Campus**

Washington University has a student health fee that was designed to improve the health and wellness of the entire Washington University community. This fee supports health and wellness services and programs on campus. In addition, all full-time, degree-seeking Washington University students are automatically enrolled in the Student Health Insurance Plan upon completion of registration, with an additional health insurance fee applied to their student account. Students may opt out of this coverage and receive a refund of the health insurance fee if they provide proof of existing comprehensive insurance coverage that meets all university requirements. Information concerning opting out of the student health insurance plan (http://shs.wustl.edu) can be found online after June 1 of each year. All students must request to opt out by September 5 of every year in which they wish to be removed from the Student Health Insurance Plan. Habif provides billing services to many of the major insurance companies in the United States. Specific fees and copays apply...
to students using Medical Services and Mental Health Services; these fees may be billable to the students’ insurance plans. More information is available on the Habif Health and Wellness Center website (http://shs.wustl.edu).

**Student Health Services, Medical Campus**

For information about student health services on the Medical Campus, please visit the Student & Occupational Health Services page (https://wusathealth.wustl.edu/students/) of the School of Medicine website.

**Campus Security**

The Washington University campus is among the most attractive in the nation, and it enjoys a safe and relaxed atmosphere. Personal safety and the security of personal property while on campus is a shared responsibility. Washington University has made safety and security a priority through our commitment to a full-time professional police department, the use of closed-circuit television, card access, good lighting, shuttle services, emergency telephones, and ongoing educational safety awareness programs. The vast majority of crimes that occur on college campuses are crimes of opportunity, which can be prevented.

The best protection against crime is an informed and alert campus community. Washington University has developed several programs to help make everyone’s experiences here safe and secure. An extensive network of emergency telephones — including more than 200 "blue light" telephones — is connected directly to the University Police Department and can alert the police to a person’s exact location. In addition to the regular shuttle service, an evening walking escort service and a mobile Campus Circulator shuttle are available on the Danforth Campus.

The Campus2Home shuttle will provide a safe ride home for those living in four designated areas off campus — Skinker-DeBaliviere, Loop South, north of the Loop, and just south of the campus — from 6:00 p.m. to 4:00 a.m. seven days a week. The shuttle leaves from the Mallinckrodt Center every 15 minutes and takes passengers directly to the front doors of their buildings. Shuttle drivers will then wait and watch to make sure passengers get into their buildings safely. Community members can track the shuttle in real time using the WUSTL Mobile App. The app can be downloaded free of charge from the Apple iTunes Store or the Google Play Store.

The University Police Department is a full-service organization staffed by certified police officers who patrol the campus 24 hours a day throughout the entire year. The department offers a variety of crime prevention programs, including a high-security bicycle lock program, free personal-safety whistles, computer security tags, personal safety classes for women and men, and security surveys. Community members are encouraged to download and install the WashU Safe personal safety app on their phones; this app allows users to call for help during emergencies, to use Friend Walk to track their walks on and off campus, and to access many additional safety features. For more information about these programs, visit the Washington University Police Department website (https://police.wustl.edu/).

In compliance with the Campus Crime Awareness and Security Act of 1990, Washington University publishes an annual report (http://police.wustl.edu/clery-reports-logs/) entitled **Safety & Security: Guide for Students, Faculty, and Staff — Annual Campus Security and Fire Safety Reports and Drug & Alcohol Abuse Prevention Program**. This report is available to all current and prospective students on the Danforth Campus and to university employees on the Danforth, North and West campuses. To request a hard copy, contact the Washington University Police Department, CB 1038, One Brookings Drive, St. Louis, MO 63130-4899, 314-935-9011.

For information regarding protective services at the School of Medicine, please visit the Security page (https://facilities.med.wustl.edu/security/) of the Washington University Operations & Facilities Management Department.

**University Policies**

Washington University has various policies and procedures that govern our faculty, staff and students. Highlighted below are several key policies of the university. Web links to key policies and procedures are available on the Office of the University Registrar website (http://registrar.wustl.edu) and on the university’s Compliance and Policies page (http://wustl.edu/policies/). Please note that the policies identified on these websites and in this Bulletin do not represent an entire repository of university policies, as schools, offices and departments may implement policies that are not listed. In addition, policies may be amended throughout the year.

**Nondiscrimination Statement**

Washington University encourages and gives full consideration to all applicants for admission, financial aid and employment. The university does not discriminate in access to, treatment during, or employment in its programs and activities on the basis of race, color, age, religion, sex, sexual orientation, gender identity or expression, national origin, veteran status, disability or genetic information.

**Policy on Discrimination and Harassment**

Washington University is committed to having a positive learning and working environment for its students, faculty and staff. University policy prohibits discrimination on the basis of race, color, age, religion, sex, sexual orientation, gender identity or expression, national origin, veteran status, disability or genetic information. Harassment based on any of these classifications
is a form of discrimination; it violates university policy and will
not be tolerated. In some circumstances, such discriminatory
harassment may also violate federal, state or local law. A copy of
the Policy on Discrimination and Harassment (http://hr.wustl.edu/
policies/Pages/DiscriminationAndHarassment.aspx) is available
on the Human Resources website.

**Sexual Harassment**

Sexual harassment is a form of discrimination that violates
university policy and will not be tolerated. It is also illegal under
state and federal law. Title IX of the Education Amendments of
1972 prohibits discrimination based on sex (including sexual
harassment and sexual violence) in the university’s educational
programs and activities. Title IX also prohibits retaliation for
asserting claims of sex discrimination. The university has
designated the Title IX Coordinator identified below to coordinate
its compliance with and response to inquiries concerning Title IX.

For more information or to report a violation under the Policy on
Discrimination and Harassment, please contact the following
individuals:

**Discrimination and Harassment Response Coordinator**

- Apryle Cotton, Assistant Vice Chancellor for Human
  Resources
- Section 504 Coordinator
- Phone: 314-362-6774
- apryle.cotton@wustl.edu

**Title IX Coordinator**

- Jessica Kennedy, Director of Title IX Office
- Title IX Coordinator
- Phone: 314-935-3118
- jwkennedy@wustl.edu

You may also submit inquiries or a complaint regarding civil
rights to the United States Department of Education’s Office
of Civil Rights at 400 Maryland Avenue, SW, Washington, DC
20202-1100; by visiting the U.S. Department of Education
website (https://www.ed.gov/); or by calling 800-421-3481.

**Medical Examinations**

Entering students must provide medical information to the Habif
Health and Wellness Center. This will include the completion of a
health history and a record of all current immunizations.

If students fail to comply with these requirements prior to
registration, they will be required to obtain vaccinations
for measles, mumps and rubella at the Habif Health and
Wellness Center, if there is no evidence of immunity. In
addition, undergraduate students will be required to obtain
meningitis vaccinations. Students will be assessed the cost of
the vaccinations. Students will be unable to complete registration
for classes until all health requirements have been satisfied.

Noncompliant students may be barred from classes and from all
university facilities, including housing units, if in the judgment of
the university their continued presence would pose a health risk
to themselves or to the university community.

Medical and immunization information is to be given via the Habif
Health and Wellness Center (https://students.wustl.edu/
habif-health-wellness-center/) website. All students who have
completed the registration process should access the website
and create a student profile by using their WUSTL Key. Creating
a student profile enables a student to securely access the
medical history form. Students should fill out the form and
follow the instructions for transmitting it to the Habif Health and
Wellness Center. Student information is treated securely and
confidentially.

**Student Conduct**

The Student Conduct Code sets forth community standards
and expectations for Washington University students. These
community standards and expectations are intended to foster
an environment conducive to learning and inquiry. Freedom of
thought and expression is essential to the university’s academic
mission.
Disciplinary proceedings are meant to be informal, fair and expeditious. Charges of non-serious misconduct are generally heard by the student conduct officer. With limited exceptions, serious or repeated allegations are heard by the campuswide Student Conduct Board or the University Sexual Assault Investigation Board where applicable.

Complaints against students that include allegations of sexual assault or certain complaints that include allegations of sexual harassment in violation of the Student Conduct Code are governed by the procedures found in the University Sexual Assault Investigation Board Policy (https://wustl.edu/about/compliance-policies/governance/usaib-procedures-complaints-sexual-assault-filed-students/), which is available online or in hard copy from the Title IX coordinator or the director of Student Conduct and Community Standards.

Students may be accountable to both governmental authorities and to the university for acts that constitute violations of law and the Student Conduct Code.

For a complete copy of the Student Conduct Code (https://wustl.edu/about/compliance-policies/academic-policies/university-student-judicial-code/), visit the university website.

**Undergraduate Student Academic Integrity Policy**

Effective learning, teaching and research all depend upon the ability of members of the academic community to trust one another and to trust the integrity of work that is submitted for academic credit or conducted in the wider arena of scholarly research. Such an atmosphere of mutual trust fosters the free exchange of ideas and enables all members of the community to achieve their highest potential.

In all academic work, the ideas and contributions of others must be appropriately acknowledged, and work that is presented as original must be, in fact, original. Faculty, students and administrative staff all share the responsibility of ensuring the honesty and fairness of the intellectual environment at Washington University.

**Scope and Purpose**

This statement on academic integrity applies to all undergraduate students at Washington University. Graduate students are governed by policies in each graduate school or division. All students are expected to adhere to the highest standards of behavior. The purpose of the statement is twofold:

1. To clarify the university’s expectations with regard to undergraduate students’ academic behavior; and
2. To provide specific examples of dishonest conduct. The examples are only illustrative, **not** exhaustive.

**Violations of This Policy Include but Are Not Limited to the Following:**

1. **Plagiarism**
   
   Plagiarism consists of taking someone else's ideas, words or other types of work product and presenting them as one's own. To avoid plagiarism, students are expected to be attentive to proper methods of documentation and acknowledgment. To avoid even the suspicion of plagiarism, a student must always do the following:
   
   - Enclose every quotation in quotation marks and acknowledge its source.
   - Cite the source of every summary, paraphrase, abstraction or adaptation of material originally prepared by another person and any factual data that is not considered common knowledge. Include the name of author, title of work, publication information and page reference.
   - Acknowledge material obtained from lectures, interviews or other oral communication by citing the source (i.e., the name of the speaker, the occasion, the place and the date).
   - Cite material from the internet as if it were from a traditionally published source. Follow the citation style or requirements of the instructor for whom the work is produced.

2. **Cheating on an Examination**
   
   A student must not receive or provide any unauthorized assistance on an examination. During an examination, a student may use only materials authorized by the faculty.

3. **Copying or Collaborating on Assignments Without Permission**
   
   When a student submits work with their name on it, this is a written statement that credit for the work belongs to that student alone. If the work was a product of collaboration, each student is expected to clearly acknowledge in writing all persons who contributed to its completion.

   Unless the instructor explicitly states otherwise, it is dishonest to collaborate with others when completing any assignment or test, performing laboratory experiments, writing and/or documenting computer programs, writing papers or reports, or completing problem sets.

   If the instructor allows group work in some circumstances but not others, it is the student’s responsibility to understand the degree of acceptable collaboration for each assignment and to ask for clarification, if necessary.

   To avoid cheating or unauthorized collaboration, a student should never do any of the following:
• Use, copy or paraphrase the results of another person’s work and represent that work as one’s own, regardless of the circumstances.
• Refer to, study from or copy archival files (e.g., old tests, homework, solutions manuals, backfiles) that were not approved by the instructor.
• Copy another’s work or permit another student to copy one’s work.
• Submit work as a collaborative effort if they did not contribute a fair share of the effort.

4. Fabrication or Falsification of Data or Records
It is dishonest to fabricate or falsify data in laboratory experiments, research papers or reports or in any other circumstances; to fabricate source material in a bibliography or “works cited” list; or to provide false information on a résumé or other document in connection with academic efforts. It is also dishonest to take data developed by someone else and present them as one’s own. Examples of falsification include the following:
• Altering information on any exam, problem set or class assignment being submitted for a re-grade.
• Altering, omitting or inventing laboratory data to submit as one’s own findings. This includes copying laboratory data from another student to present as one’s own; modifying data in a write-up; and providing data to another student to submit as one’s own.

5. Other Forms of Deceit, Dishonesty or Inappropriate Conduct
Under no circumstances is it acceptable for a student to do any of the following:
• Submit the same work, or essentially the same work, for more than one course without explicitly obtaining permission from all instructors. A student must disclose when a paper or project builds on work completed earlier in their academic career.
• Request an academic benefit based on false information or deception. This includes requesting an extension of time, a better grade or a recommendation from an instructor.
• Make any changes (including adding material or erasing material) on any test paper, problem set or class assignment being submitted for a re-grade.
• Willfully damage the efforts or work of other students.
• Steal, deface or damage academic facilities or materials.
• Collaborate with other students planning or engaging in any form of academic misconduct.
• Submit any academic work under someone else’s name other than one’s own. This includes but is not limited to sitting for another person’s exam; both parties will be held responsible.
• Engage in any other form of academic misconduct not covered here.

This list is not intended to be exhaustive. To seek clarification, students should ask the professor or the assistant in instruction for guidance.

Reporting Misconduct

Faculty Responsibility
Faculty and instructors are strongly encouraged to report incidents of student academic misconduct to the academic integrity officer in their school or college in a timely manner so that the incident may be handled fairly and consistently across schools and departments. Assistants in instruction are expected to report instances of student misconduct to their supervising instructors. Faculty members are expected to respond to student concerns about academic dishonesty in their courses.

Student Responsibility
If a student observes others violating this policy, the student is strongly encouraged to report the misconduct to the instructor, to seek advice from the academic integrity officer of the school or college that offers the course in question, or to address the student(s) directly.

Exam Proctor Responsibility
Exam proctors are expected to report incidents of suspected student misconduct to the course instructor and/or the Disability Resource Center, if applicable.

Procedure

Jurisdiction
This policy covers all undergraduate students, regardless of their college of enrollment. Cases will be heard by school-specific committees according to the school in which the class is listed rather than the school in which the student is enrolled. All violations and sanctions will be reported to the student’s college of enrollment.

Administrative Procedures
Individual undergraduate colleges and schools may design specific procedures to resolve allegations of academic misconduct by students in courses offered by that school, so long as the procedures are consistent with this policy and with the Student Conduct Code.

Student Rights and Responsibilities in a Hearing
A student accused of an academic integrity violation — whether by a professor, an assistant in instruction, an academic integrity officer or another student — is entitled to do the following:
• Review the written evidence in support of the charge
• Ask any questions
• Offer an explanation as to what occurred
• Present any material that would cast doubt on the correctness of the charge
• Receive a determination of the validity of the charge without reference to any past record of misconduct

When responding to a charge of academic misconduct, a student may do the following:
• Deny the charges and request a hearing in front of the appropriate academic integrity officer or committee
• Admit the charges and request a hearing to determine sanction(s)
• Admit the charges and accept the imposition of sanctions without a hearing
• Request a leave of absence from the university (however, the academic integrity matter must be resolved prior to re-enrollment)
• Request to withdraw permanently from the university with a transcript notation that there is an unresolved academic integrity matter pending

A student has the following responsibilities with regard to resolving the charge of academic misconduct:
• Admit or deny the charge. This will determine the course of action to be pursued.
• Provide truthful information regarding the charges. It is a Student Conduct Code violation to provide false information to the university or anyone acting on its behalf.

Sanctions

If Found Not in Violation of the Academic Integrity Policy

If the charges of academic misconduct are not proven, no record of the allegation will appear on the student's transcript.

If Found in Violation of the Academic Integrity Policy

If, after a hearing, a student is found to have acted dishonestly or if a student has admitted to the charges prior to a hearing, the school's academic integrity officer or committee may impose sanctions, including but not limited to the following:
• Issue a formal written reprimand
• Impose educational sanctions, such as completing a workshop on plagiarism or academic ethics
• Recommend to the instructor that the student fail the assignment (a given grade is ultimately the prerogative of the instructor)
• Recommend to the instructor that the student fail the course

• Recommend to the instructor that the student receive a course grade penalty less severe than failure of the course
• Place the student on disciplinary probation for a specified period of time or until defined conditions are met. The probation will be noted on the student's transcript and internal record while it is in force.
• In cases serious enough to warrant suspension or expulsion from the university, refer the matter to the Student Conduct Board for consideration.

Additional educational sanctions may be imposed. This list is not intended to be exhaustive.

Withdrawing from the course will not prevent the academic integrity officer or hearing panel from adjudicating the case, imposing sanctions or recommending grade penalties, including a failing grade in the course.

A copy of the sanction letter will be placed in the student's academic file.

Appeals

If a student believes the academic integrity officer or the committee did not conduct a fair hearing or if a student believes the sanction imposed for misconduct is excessive, they may appeal to the Student Conduct Board within 14 days of the original decision. Appeals are governed by Section VII C of the Student Conduct Code.

Records

Administrative Record-Keeping Responsibilities

It is the responsibility of the academic integrity officer in each school to keep accurate, confidential records concerning academic integrity violations. When a student has been found to have acted dishonestly, a letter summarizing the allegation, the outcome and the sanction shall be placed in the student's official file in the office of the school or college in which the student is enrolled.

In addition, each school's academic integrity officer shall make a report of the outcome of every formal accusation of student academic misconduct to the director of Student Conduct and Community Standards, who shall maintain a record of each incident.

Multiple Offenses

When a student is formally accused of academic misconduct and a hearing is to be held by an academic integrity officer, a committee, or the Office of Student Conduct and Community Standards, the person in charge of administering the hearing shall query the Office of Student Conduct and Community Standards about the student(s) accused of misconduct. The director shall provide any information in the records concerning that student to the integrity officer. Such information will be
used in determining sanctions only if the student is found to have acted dishonestly in the present case. Evidence of past misconduct may not be used to resolve the issue of whether a student has acted dishonestly in a subsequent case.

Reports to Faculty and Student Body
School and college academic integrity officers are encouraged to make periodic (at least annual) reports to the students and faculty of their school concerning accusations of academic misconduct and the outcomes, without disclosing specific information that would allow identification of the student(s) involved.

Graduate Student Academic Integrity Policies
For graduate student academic integrity policies, please refer to each individual graduate school.

Statement of Intent to Graduate
Students are required to file an Intent to Graduate at WebSTAC (https://acadinfo.wustl.edu/) prior to the semester in which they intend to graduate. Additional information is available from school dean's offices and the Office of the University Registrar (http://registrar.wustl.edu).

Student Academic Records and Transcripts
Under the Family Educational Rights and Privacy Act of 1974 (FERPA) — Title 20 of the United States Code, Section 1232g, as amended — current and former students of the university have certain rights with regard to their educational records. The university policy that enacts these rights is available via the Office of the University Registrar's website (http://registrar.wustl.edu).

All current and former students request transcripts via either WebSTAC (if they remember their WUSTL Key) or Parchment (if they do not have or cannot remember their WUSTL Key). Instructions and additional information are available on the Office of the University Registrar's website (http://registrar.wustl.edu).

University Affiliations

The Graduate School is a founding member of both the Association of Graduate Schools (AGS (https://www.aau.edu/taxonomy/term/446)) and the Council of Graduate Schools (CGS (https://cgsnet.org/)).

The Graduate School of Architecture & Urban Design's Master of Architecture degree is accredited by the National Architectural Accreditation Board (NAAB (https://www.naab.org/)), and its Master of Landscape Architecture degree is accredited by the Landscape Architectural Accreditation Board (LAAB (https://www.asla.org/accreditationlaab.aspx)).

The Sam Fox School of Design & Visual Arts is a founding member of and accredited by the National Association of Schools of Art and Design (NASAD (https://nasad.arts-accredit.org/)).

The Olin Business School is a charter member (1921) of and accredited by the Association to Advance Collegiate Schools of Business International (AACSB (https://www.aacsb.edu/)). Olin Business School is also accredited by the Association of MBAs (AMBA (https://www.associationofmbas.com/)).

In the McKelvey School of Engineering, many of the professional degrees are accredited by the Engineering Accreditation Commission of ABET (http://abet.org).

University College is a member of the University Professional and Continuing Education Association (UPCEA (https://upcea.edu/)), the International Center for Academic Integrity (ICAI (https://www.academicintegrity.org/)), the American Association of Collegiate Registrars and Admissions Officers
(AACRAO (https://www.aacrao.org/)), the National Academic Advising Association (NACADA (https://nacada.ksu.edu/)), the National Association of Advisors for Health Professions (NAAHP (https://www.naahp.org/)), and the National Association Student Personnel Administrators (NASPA (https://www.naspa.org/)).

Business-related programs in University College are not accredited by the Association to Advance Collegiate Schools of Business International (AACSB (https://www.aacsb.edu/)).


The School of Medicine is a member of the Liaison Committee on Medical Education (LCME (https://www.aamc.org/services/first-for-financial-aid-officers/lcme-accreditation/)).

The Brown School at Washington University is accredited by the Council on Social Work Education (CSWE (https://www.cswe.org/)) and the Council on Education for Public Health (CEPH (https://ceph.org/)).

The University Libraries are a member of the Association of Research Libraries (ARL (https://www.arl.org/)).

The Mildred Lane Kemper Art Museum is nationally accredited by the American Alliance of Museums (AAM (https://www.aam-us.org/)).

Additional information about professional and specialized accreditation can be found on the Office of the Provost website (https://provost.wustl.edu/assessment/accreditors/).
School of Medicine

Washington University School of Medicine is a world leader in medical education, research and patient care. Its graduate programs in medical education (p. 45), occupational therapy (http://www.ot.wustl.edu/), physical therapy (https://pt.wustl.edu/) and audiology (https://pacs.wustl.edu/) are perennially ranked among the nation’s best by U.S. News & World Report. Faculty lead a robust research enterprise, supported by $487.8 million from the National Institutes of Health during the fiscal year ending June 30, 2020. The school’s physicians provide care in partnership with the nationally ranked Barnes-Jewish Hospital (http://www.barnesjewish.org) and St. Louis Children's Hospital (http://www.stlouischildrens.org).

Official Course Catalog

The Bulletin of Washington University School of Medicine presents the academic policies, services, and course and degree program offerings of the school. It also includes academic calendars, leadership, and directories for faculty, students and staff.

Contact Information

Washington University School of Medicine
660 S. Euclid Ave.
St. Louis, MO 63110
Website: https://medicine.wustl.edu/education

Mission & Vision

Our Vision

Washington University School of Medicine will lead in advancing human health through the promotion of wellness and delivery of outstanding health care, innovative research and the education of tomorrow’s leaders in biomedicine within a culture that supports diversity, inclusion, critical thinking and creativity.

Our Mission

In leading the advancement of human health, Washington University School of Medicine will:

• Use our academic excellence and scientific rigor to continually advance and enhance health care in a way that ensures access, compassion, high value, equity and evidence-based care for all people in our community, including those who are underserved and uninsured
• Observe the highest standards of ethics, integrity and humanity across all missions
• Apply advances in research, education and health care to the betterment of the human condition locally and globally

The School of Medicine Vision and Mission were approved by the Executive Faculty on Sept. 8, 2021.

Areas of Study

• Applied Health Behavior Research (p. 17)
• Audiology and Communication Sciences (p. 21)
• Biology and Biomedical Sciences (p. 27)
• Biomedical Informatics (p. 31)
• Biostatistics (p. 34)
• Clinical Investigation (p. 38)
• Genetic Counseling (p. 42)
• Medical Education (MD, GME, CME) (p. 45)
• Medical Physics (p. 45)
• Occupational Therapy (p. 47)
• Physical Therapy (p. 54)
• Population Health Sciences (p. 64)
• Public Health (p. 67)

Applied Health Behavior Research

Health behavior research is a multidisciplinary field that applies psychology, public health, behavioral medicine, communication science and statistics to promote health and prevent disease. Researchers in this area do the following: (1) study the broad range of factors that influence health behaviors and their impact on health outcomes and quality of life; (2) design and test innovative interventions to promote health and reduce disparities; and (3) disseminate evidence-based programs in diverse settings globally. Health behavior research is an important component of clinical research involving human participants, because benefits from medical care are dependent on health behaviors such as clear doctor-patient communication, patient adherence, self-management and risk avoidance.

Applied research seeks to solve practical, real-world problems; to develop innovative treatments, interventions and methods; and to immediately and practically apply its findings in clinical and community settings.
The skills-based graduate programs in Applied Health Behavior Research (AHBR) (https://crtc.wustl.edu/programs/degrees/ahbr/) are offered through the Washington University School of Medicine. The AHBR program provides a strong foundation for graduates to contribute to the development and evaluation of programs and research trials to improve health behaviors, healthcare quality, health outcomes and quality of life.

**Location**

All courses are held on the School of Medicine campus after 4:00 p.m. to accommodate working professionals and full-time students participating in mentored research activities.

**Additional Information**

Request Information (https://www.applyweb.com/fixie/form/s/T8o1ho3/)

Sara O’Neal, PhD, M.Ed
Senior Project Manager
Email: ahbr@wustl.edu

Amy McQueen, PhD
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Washington University School of Medicine
Applied Health Behavior Research Program
Division of General Medical Sciences
600 South Taylor Avenue, CB 8005
St. Louis, MO 63110

Email: ahbr@wustl.edu
Website: https://ahbr.wustl.edu

**Degrees & Offerings**

- Master of Science in Applied Health Behavior Research (p. 69)
- Graduate Certificate in Health Behavior Planning and Evaluation (p. 70)

**Research**

The graduate programs in Applied Health Behavior Research (AHBR) (https://crtc.wustl.edu/programs/degrees/ahbr/) provide a deeper understanding of the growing fields of health behavior research and behavioral medicine, which conduct research and disseminate findings across a variety of academic and hospital settings, nonprofit organizations, government agencies and private industry.

For professionals currently working in health-related fields, the skills-based curriculum provides hands-on methods and resources to enhance the knowledge and practical skills needed for career advancement. Courses (https://crtc.wustl.edu/courses/class-list/ahbr-courses/) prepare students for project management, leadership, research design and evaluation, data management, and analysis, and they increase students’ content expertise in health behavior theory and methods.

For recent graduates planning for their future, the one-year research-intensive master’s degree option (https://crtc.wustl.edu/programs/degrees/ahbr/one-year-ahbr/) provides opportunities for students to fulfill specific medical and graduate school core competencies and to enhance the competitiveness of their applications, making the program an ideal gap-year option. Through the mentored research experience provided, students develop theoretical knowledge and gain practical experience to pursue careers in medicine, allied health, psychology, public health, and other research or health-related fields.

AHBR graduates (https://crtc.wustl.edu/programs/degrees/ahbr/ahbr-student-experiences/) are prepared to conduct all phases of research: intervention design and implementation, survey development and administration, participant recruitment and tracking, data collection, data management and data analysis. In academic settings, graduates work for MD or PhD researchers in labs or research centers. In industry, graduates work for health insurance companies, managed care organizations and corporate wellness programs. For nonprofit and community organizations, graduates may lead the design, implementation, evaluation and dissemination of health and wellness programs; contribute to grant applications; and develop partnerships across agencies.

**Faculty**

Patricia Cavazos-Rehg, PhD (https://psychiatry.wustl.edu/people/patricia-cavazos-rehg-phd/)
Associate Professor of Psychiatry
Department: Psychiatry

Melissa Chapnick, RD, MS, MPH (https://crtc.wustl.edu/people/melissa-chapnick-rd-ms-mp/hp)
Clinical Research Study Assistant II
Department: Obstetrics & Gynecology – Research & Operations, Washington University

Robert Culverhouse, PhD (https://generalmedicalsciences.wustl.edu/directory/robert-culverhouse-phd/)
Assistant Professor of Medicine
Department: General Medical Sciences, Washington University

Michael Elliott, PhD (https://www.slu.edu/public-health-social-justice/faculty/elliott-michael.php)
Lecturer, AHBR
Department: Biostatistics, School of Public Health, Saint Louis University
Matthew Ellis, MPE (https://crtc.wustl.edu/people/matthew-ellis-mpe/)
Clinical Lab Manager; Lecturer, AHBR
Department: Psychiatry

Robert Fitzgerald, PhD, MPH (https://psychiatry.wustl.edu/people/robert-fitzgerald-phd-mph/)
Research Instructor
Department: Psychiatry (Child)

Shannon Lenze, PhD (https://psychiatry.wustl.edu/people/shannon-lenze-phd/)
Assistant Professor of Medicine
Department: Psychiatry

Julia López, PhD, MPH, LCSW (https://publichealth.wustl.edu/scholars/julia-d-lopez/)
Research Instructor
Department: Obstetrics & Gynecology

Amy McQueen, PhD (https://generalmedicalsciences.wustl.edu/directory/amy-mcqueen-phd/)
Assistant Professor of Medicine
Department: Internal Medicine
Division: General Medical Sciences

Don Rickert, PhD (https://crtc.wustl.edu/people/don-rickert-phd/)
Lecturer, AHBR
Department: Pharmacy Administration, St. Louis College of Pharmacy

Enbal Shacham, PhD (https://crtc.wustl.edu/people/enbal-shacham-phd/)
Lecturer, AHBR
Department: Public Health & Social Justice, Saint Louis University

Amaris Tippey, PhD (https://crtc.wustl.edu/people/amaris-tippey-phd/)
Lecturer, AHBR
Department: Alvin J. Siteman Cancer Center, Barnes-Jewish Hospital

Courses

M88 AHBR 505 Mentored Research
Students are paired with faculty researchers to obtain hands-on experience and exposure to directed research. (Not offered for Graduate Certificate).
Credit 3 units.

M88 AHBR 508 Project Management in Clinical and Community Settings
This course trains students in the day-to-day management of research projects and/or health behavior programs in clinical and community settings, including a review of ethics, data collection and management. Students develop skills for managing and coordinating all aspects of health behavior projects, including recruitment and retention of participants, developing and maintaining various databases for study/program tracking and analysis, writing reports, managing a project team, and using basic statistical tools for project reporting. Successful completion of this course enables students to better manage health-related studies and programs.
Credit 3 units.

M88 AHBR 514 Health Behavior Theory
This course features analysis and application of health behavior theories to health promotion/education planning, implementation, and evaluation in a variety of settings. Primary emphasis is on research related to determinants of health behavior such as personal, family and sociocultural factors that influence health, and lifestyle issues related to behavior change and adherence.
Strategies and techniques used by professionals to foster human health are also featured.
Credit 3 units.

M88 AHBR 515 Health Psychology
This course explores the complex interactions between biological, psychological and social factors as they influence health, health behaviors and coping with illness. In a seminar format, students read, present and discuss empirical literature related to health psychology. Specific class topics include the history and current roles of health psychology as a professional discipline, theoretical models of health and illness prevention with an emphasis on the biopsychosocial model, stress, pain, and the role of biopsychosocial factors in several specific medical illnesses including diabetes, asthma, heart disease and cancer. Developmental issues related to health knowledge and perception, disease management and coping with illness are also discussed.
Credit 3 units.

M88 AHBR 524 Foundations of Health Care Research
This course provides an introduction to the basic scientific concepts and methods of investigation used in health care, social science and behavioral science. Students develop an advanced understanding of all phases and components of the research process. Topics include generating research questions and hypotheses, designing a study, selecting a study sample, measuring variables and constructs, collecting data, and planning data analysis and presentation. Prerequisite: M88-525 Introduction to Biostatistics.
Credit 3 units.

M88 AHBR 525 Introduction to Biostatistics
This course introduces the basic principles and methods of biostatistics, providing a sound methodological foundation for applications in health care, medicine, public health and epidemiology. Basic statistics, including probability, descriptive statistics, inference for means and proportions, and regression methods are presented. Course work and assignments are designed to provide regular feedback, require repetition of core techniques necessary for mastery of statistical thinking and analysis, challenge students to tackle both straightforward
and difficult applications of descriptive and analytic statistics to practical public health problems, and incorporate statistical tools and results into oral and written presentations, emphasizing proper use of language and effective communication.

Credit 1 unit.

M88 AHBR 535 Health Disparities: Applications in Clinical Settings
This course explores how membership in a diverse/special group can impact health and health care, the identification of barriers to research participation, and effective strategies for improving recruitment efforts of minority and underserved populations. Exploration of health care services and policies governing these services is also included. Students are encouraged to give critical thought to the question of what it means to deliver culturally competent care. The goal of this course is to understand what it means to create environments (social and otherwise) that help to make individuals and communities healthy.

Credit 3 units.

M88 AHBR 536 Health Education: Methods, Planning, and Evaluation
This course provides the basic concepts of learning theory as they relate to health behavior. Students become familiar with teaching/learning processes, teaching methods, community resources, and selection of appropriate evaluation strategies. Focus is on the role played by individual and community behavior as well as environmental and policy factors in preventing chronic and communicable diseases. Students attain the knowledge and skills to plan, develop, implement, monitor and evaluate behavior change programs for improving health status, as well as how to assess the health needs of communities and organizations.

Prerequisite: M88-514 Health Behavior Theory.

Credit 3 units.

M88 AHBR 540 Community Health Promotion
In this course students explore concepts in health promotion including community assessment, resource identification, intervention strategies and evaluation. State and national interventions for lifestyle change and model school and work site programs are featured.

Prerequisite: M88-514 Health Behavior Theory.

Credit 3 units.

M88 AHBR 547 Power and Sample Size
Students learn the theoretical and practical aspects of how to calculate sample size for common study designs under various constraints (time, resources, etc.). An overview of statistical power computations for a variety of experimental and epidemiological study designs is provided. These include single sample designs, two-sample designs, cohort designs, case-control designs and various other experimental designs based on the Analysis of Variance model. The concepts of statistical power, statistical precision, sample size and effect size are also reviewed.

Prerequisite: M88-525 Introduction to Biostatistics.

Credit 1 unit.

M88 AHBR 548 Applied Data Management
This class is designed as an advanced seminar intended for students in the health and social sciences who plan to engage in applied research and includes a survey of important data management topics and techniques including: data programming and manipulation, data storage and security, data cleaning, relational database theory, and legal and ethical issues of data management. Students develop skills in data programming and manipulation, data storage and security, data cleaning, and relational database theory using software such as SPSS, SAS, Excel and Microsoft Access.

Prerequisite: M88-525 Introduction to Biostatistics.

Credit 3 units.

M88 AHBR 550 Introduction to Using REDCap for Research
Students will learn the purpose and benefits of using sophisticated software platforms such as REDCap for conducting research. Through in-class demonstrations and exercises, students will gain critical hands-on experience using various features of REDCap software, including creating new projects and assigning user rights; development vs. production mode; participant tracking; project calendars and scheduling features; data collection and management; customizable survey design and administration mode; database design; database import and export functions; default and custom reporting tools; audit trails; file sharing; interoperability with other data systems (EMR) and software, including common reporting tools (Excel) and statistical packages (SPSS, SAS, R); and more. Students will learn about the HIPAA compliance standards of REDCap and how the same databases can be used across sites in a multisite study. Students will apply their skills to a proposal for using REDCap to address a specific research objective of their choosing.

Credit 1 unit.

M88 AHBR 560 Survey Methods: Design and Evaluation
This applied course focuses on methodological issues regarding the design, implementation, analysis, and interpretation of surveys and questionnaires in public health research. Essential theoretical concepts are addressed, and practical applications are emphasized. Survey design and planning, sampling, and data collection procedures are three of the major topic areas covered.

Credit 3 units.

M88 AHBR 562 Leadership and Change in Health Care Services
Students engage in the advanced study of leadership, integrating theory, research and application in a diagnostic approach. Leadership skills for managing planned organizational change are developed through group discussions, class exercises, case studies, and the application of organizational approaches to change and innovation. Topics include personal effectiveness, team building, and creating learning environments in organizations.

Credit 3 units.

M88 AHBR 582 Evaluation of Health Services Programs
This course introduces students to the fundamentals of program evaluation methodology, methods of data collection, and related measurement reliability and validity. The curriculum features practical applications and illustrations. Topics include the link between program planning and program evaluation; evaluation research designs and their limitations; integrating process and outcome approaches; and methods of data collection and the
utilization of evaluation results. This course is offered fully online, with lectures and certain activities conducted asynchronously via Canvas. Three to five required synchronous sessions will be held throughout the semester. Prerequisite: M88 536 recommended. Credit 3 units.

M88 AHBR 584 Internship
Provides an opportunity to participate in health promotion through various health promotion agencies. Students work with agency site supervisor for 42 contact hours developing, implementing and evaluating a health promotion project. Also, students meet monthly for 2.5-hour seminars with HCS internship adviser. Students must submit an application (to be obtained in Health Care Services office) and résumé. Approved applicants will be interviewed by agency site supervisor. Deadline for application: one month before registration deadline of intended semester. Credit 3 units.

M88 AHBR 588 Epidemiology for Clinical Research
The purpose of this course is to provide an understanding of the use of epidemiological concepts and methods in clinical research. Two primary foci are included: 1) common applications of epidemiologic principles and analytic tools in evaluating clinical research questions; and 2) student development of skills to review and interpret the medical literature and utilize publicly available datasets to address clinical research questions. Credit 3 units.

Audiology and Communication Sciences
The Program in Audiology and Communication Sciences (PACS) offers exceptional graduate education programs in clinical audiology (AuD), deaf education (MSDE), and speech and hearing sciences (PhD) as well as an undergraduate minor in speech and hearing (http://bulletin.wustl.edu/undergrad/artsci/speechhearing/#minors). As a member of a consortium of programs known as the Central Institute for the Deaf at Washington University School of Medicine, PACS is closely affiliated with the clinical and research programs of the Department of Otolaryngology (https://oto.wustl.edu/), including adult audiology clinics, the cochlear implant clinic, the dizziness and balance center, basic research centers, clinical research efforts and applied research centers. PACS offers the following graduate degree programs:

Doctor of Audiology (AuD)
The AuD is a four-year course of study that prepares students as independent clinical audiologists. Established in 1947, the audiology training program is among the oldest and most prestigious of its kind. Today, its curriculum serves as a national model, immersing students in academic course work, clinical experiences and research opportunities. The AuD program welcomes students from all undergraduate backgrounds, with no specific prerequisite course work required to apply. The AuD program is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association (https://www.asha.org/).

Master of Science in Deaf Education (MSDE)
The MSDE is a two-year course of study that prepares students as teachers of children who are deaf or hard of hearing from birth to grade 12. With origins dating back to 1914, the program is internationally recognized as a leader in training educators and leaders in the field of deaf education. The program's comprehensive curriculum, emphasis on immersion in practice teaching, and experienced faculty attract students nationally from a wide variety of backgrounds. The MSDE program welcomes students from all undergraduate backgrounds, with no specific prerequisite course work required to apply. The MSDE program is accredited by the Missouri Department of Elementary and Secondary Education (https://dese.mo.gov/) and the Council on Education of the Deaf (https://councilondeafed.org/).

Speech and Hearing Sciences (PhD)
The PhD program prepares students for academic and research careers in the speech and hearing sciences. Established in 1947, the program is dedicated to fostering scientific inquiry in the speech and hearing sciences and related disciplines. PhD students complete required course work, mentored teaching experiences, and research — including the dissertation — under the close mentorship of a faculty member. General areas of emphasis include audiology, deaf education, sensory neuroscience, and speech and language. An academic background in the field and research experience are required to be considered for admission to the PhD program.

Additional Information
Application and admission information (https://pacs.wustl.edu/admissions/) can be found on the PACS website. Additional information about the degrees offered by PACS can be found via links on the Degrees & Offerings (p. 22) tab of this page. For complete information, please visit the PACS website (https://pacs.wustl.edu/).

Washington University School of Medicine
Program in Audiology and Communication Sciences
CB 8042, 660 S. Euclid Ave.
St. Louis, MO 63110

Phone: 314-747-0104
Email: pacs@wustl.edu
Website: https://pacs.wustl.edu
Degrees & Offerings

- Doctor of Audiology (p. 70)
- Master of Science in Deaf Education (p. 70)
- PhD in Speech and Hearing Sciences (p. 71)
- Minor in Speech and Hearing Sciences (http://bulletin.wustl.edu/undergrad/artsci/speechhearing/#minors)

Research

The integration of research into the curriculum is a distinctive feature of the PACS graduate programs. All students receive research training through course work and the completion of an independent research project. Additional opportunities to pursue individual research interests are also available, including via Grand Rounds, colloquia, brown-bag seminars, journal clubs and similar opportunities. In addition, elective summer research opportunities, which include a stipend, are also available for interested and qualified AuD students.

The affiliated Department of Otolaryngology’s (https://oto.wustl.edu/) Harold W. Siebens Hearing Research Center provides focused research in two primary areas. The Fay & Carl Simons Center for the Biology of Hearing and Deafness is made up of a group of investigators within the department who study the cellular and molecular mechanisms of auditory signal transduction, sensory cell death, and regeneration and development. Ongoing and new studies within this group are adding to our understanding of the molecular and cellular processes of the development of neural connections, hearing loss and the potential for future treatments. In the Center for Childhood Deafness and Adult Aural Rehabilitation, researchers are achieving a better understanding of how communication disorders can be measured, treated and overcome.

Additional areas of research focus within the department include the study of normal vestibular function and vestibular disorders, hearing aids, cochlear implants, auditory brain stem implants, age-related and noise-induced hearing loss, and the education of children who are deaf or hard of hearing.

Faculty

Casey Reimer, PhD (https://pacs.wustl.edu/people/casey-reimer-phd/)
Director of Deaf Education Studies
Assistant Professor of Otolaryngology

Amanda Ortmann, PhD (https://pacs.wustl.edu/people/amanda-j-ortmann-phd/)
Director of Audiology Studies
Assistant Professor of Otolaryngology
Assistant Professor of Audiology and Communication Sciences

Courses

Visit online course listings to view offerings for M89 PACS (https://courses.wustl.edu/CourseInfo.aspx?sch=M&dept=M89).

M89 PACS 324 Acoustics and Speech Perception
Topics include principles of acoustics, with applications to speech and hearing. Basic physics of sound -- including simple harmonic motion, wave propagation in air, resonance, sound measurement and spectral analyses, filtering, and digital sound processing -- are discussed. For hearing aids will be applied to the production and physical properties of speech. An overview of the acoustic characteristics of individual speech sounds and of suprasegmental speech patterns will be provided. Perceptions of speech and non-speech sounds are discussed.
Credit 3 units.

M89 PACS 344 Observation and Methods in Speech-Language Pathology
This course surveys a broad range of speech and language disorders in terms of associated characteristics, assessment techniques, and treatment considerations. Prerequisite: Permission of department required.
Credit 3 units.

M89 PACS 360 Introduction to Audiology
This course covers the role of the audiologist in the diagnosis and treatment of hearing loss; the administration and interpretation of audiologic test results; and amplification systems and assistive devices. It explores practical experience with the clinical issues professionals will face when working with individuals who are deaf or hard of hearing. This course is recommended for future practitioners in speech-language pathology/audiology/deaf education who will be serving individuals with hearing loss across the lifespan.
Credit 3 units.

M89 PACS 401 Anatomy and Physiology of Speech and Hearing
Introduction to anatomy and physiology of the peripheral hearing system and central nervous system, including functional descriptions of the systems and processes underlying speech and hearing function and dysfunction.
Credit variable, maximum 3 units.

M89 PACS 4011 Behavior Management
Introduction to various behavior management systems effective in both individual and group environments. Behavior interventions, classroom management strategies, environmental controls, psychodynamic techniques, and biophysical interventions are discussed, observed, and practiced. Focus is on working with children who are deaf or hard of hearing.
Prerequisite: Permission of department required.
Credit 2 units.
M89 PACS 416 Evaluation Techniques for Children Who Are Deaf or Hard of Hearing
A basic introduction to psychometrics with emphasis on the selection, interpretation and evaluation of assessments. Specific techniques for evaluating intellectual, educational, and linguistic abilities and achievement in children who are deaf or hard of hearing, from infancy through adolescence, are discussed and demonstrated. Prerequisite: Permission of department required. Credit 3 units.

M89 PACS 421 Introduction to Electroacoustics
Introduction to the physics of sound. Topics include production, transmission and reception of sound and factors affecting human communication. Includes discussion, lectures, problems and lab. Credit 3 units.

M89 PACS 424 Speech and Hearing Sciences
Surveys a broad array of speech and hearing science topics. Focus is on how speech and hearing science research findings can be applied to the practice of deaf education. Credit 1 unit.

M89 PACS 4301 Sign Language I
Basics of American Sign Language are introduced, including vocabulary, grammatical structure, fingerspelling and cultural information about the deaf community. This is a highly interactive and participatory course. Credit 2 units. EN: H

M89 PACS 4302 Sign Language II
Continues development of American Sign Language with additional vocabulary, emphasis on expressive and receptive abilities, conversational skills, and knowledge of deaf culture. This is a highly interactive and participatory course. Prerequisite: PACS 4301-Sign Language I. Credit 2 units. EN: H

M89 PACS 434 Typical Language Development
Study of typical language development, including the phonologic, morphologic, semantic, syntactic and metalinguistic aspects. Interactions between linguistic and other areas of child development will be discussed. Contrasts will be explored between typical and atypical child development to shed light on language learning processes. Credit 3 units.

M89 PACS 438 Early Literacy Development of Children Who Are Deaf or Hard of Hearing
Development of early print-recognition, reading and writing of children who are typically hearing and children who are deaf or hard of hearing. Focus is on the years leading up to kindergarten. An overarching theme is the interaction between early language and early literacy development. Evidence-based strategies for differentiated instruction will also be discussed. Permission of department required. Credit 3 units.

M89 PACS 443 Speech and Language Disorders
This course surveys a broad range of speech and language disorders in terms of associated characteristics, assessment techniques and treatment considerations. Prerequisite: Permission of department required. Credit 3 units.

M89 PACS 444 Amplification Systems and Aural Rehabilitation for Children
This course will provide students with a broad understanding of amplification systems and principles and methods of aural rehabilitation as they apply to children who are deaf or hard of hearing. Amplification systems to be covered will include digital hearing aids, cochlear implants and a full range of assistive devices. Aural rehabilitation topics will emphasize patient management and will include communication strategies, conversation styles and speech recognition assessment. Students will be provided with videotapes, live demonstrations and in-class activities. Direct contact with children and technological devices will also be used to support lectures and discussions. Prerequisite: Permission of department required. Credit 2 units.

M89 PACS 4511 Practicum in Deaf Education
Supervised practicum in education of children who are deaf or hard of hearing. Students will be placed in field experiences (early, mid-level and culminating levels) in a variety of educational settings with a variety of age ranges, using interventions in areas such as language, speech, auditory training, reading, math and other content areas. Prerequisite: Permission of department required. Credit 6 units.

M89 PACS 4512 Practicum in Deaf Education
Supervised practicum in education of children who are deaf or hard of hearing. Students will be placed in field experiences (early, mid-level and culminating levels) in a variety of educational settings with a variety of age ranges, using interventions in areas such as language, speech, auditory training, reading, math and other content areas. Prerequisite: Permission of department required. Credit 7 units.

M89 PACS 4515 Language Instruction for Children Who Are Deaf or Hard of Hearing
Principles and methods of developing competence in spoken English in children who are deaf or hard of hearing, birth to grade 12. Includes presentation of differentiated instructional techniques for teaching a diverse population of children who are deaf or hard of hearing English vocabulary, syntax and pragmatics, as well as techniques for auditory training. Evaluations and data-driven lesson planning/IEP/IFSP development will be discussed, as well as the role of families as engaged, educational partners in spoken language development. Prerequisite: Permission of department required. Credit 3 units.
M89 PACS 4525 Foundations of Literacy Theory and Instruction
Principles and methods of developing reading and writing competence in children who are typically hearing, with an emphasis on the stages of development and appropriate teaching sequences. Based on this foundation, strategies and methods will be presented for making appropriate differentiated learning adaptations and interventions for reading instruction with students who are deaf or hard of hearing who have language and reading deficits. Additional topics include the use of children's literature in instruction, the intersection of language and reading development, content literacy, and general language arts instruction. Prerequisite: Permission of department required. Credit 3 units.

M89 PACS 4526 Literacy Lab: A Focus on Typical and Atypical Learners
Emphasizes observation and some practice planning and teaching reading and writing with students who are typical and atypical learners, including children who are deaf or hard of hearing and who struggle to develop appropriate literacy skills. Observations will focus on areas such as how teachers use differentiated learning strategies for diverse learners, the use of children's literature in instruction, the intersection of language and reading development, instruction in content literacy, and general language arts instruction. Prerequisite: Permission of department required. Credit 2 units.

M89 PACS 454 Mathematics and Content-Area Instruction for Children Who Are Deaf or Hard of Hearing I
Principles and methods of teaching mathematics to students who are typically hearing and those who are deaf or hard of hearing. Strategies for other content-area instruction (science, social studies), use of instructional technology, and strategies for improving content literacy will also be discussed, with an emphasis on techniques for working with children who are deaf or hard of hearing. Students will practice developing and implementing lesson plans that are aligned to state and national standards. Prerequisite: Permission of department required. Credit 3 units.

M89 PACS 455 Mathematics and Content-Area Instruction for Children Who Are Deaf or Hard of Hearing II
A continuation of PACS 454. Principles and methods of teaching mathematics to students who are typically hearing and those who are deaf or hard of hearing. Strategies for other content-area instruction (science, social studies), use of instructional technology, and strategies for improving content literacy will also be discussed, with an emphasis on techniques for working with children who are deaf or hard of hearing. Students will practice developing and implementing lesson plans that are aligned to state and national standards. Prerequisites: PACS 454 and permission of department required. Credit 3 units.

M89 PACS 457 Counseling Parents of Children Who Are Deaf or Hard of Hearing
Examines the psychological needs of families who have children who are deaf or hard of hearing. The aim of the course is to help teachers of children who are deaf or hard of hearing interact more effectively with parents and caregivers, using a collaborative model that views families as engaged partners in the educational process. Students will develop a repertoire of interviewing and counseling skills, as well as learn about a wealth of resources to share with families. Prerequisite: Permission of department required. Credit 3 units.

M89 PACS 458 Speech for Children Who Are Deaf or Hard of Hearing
Development, improvement and maintenance of speech skills for children who are deaf or hard of hearing through multisensory approaches. Articulation, voice and rhythm patterns are considered. Lectures, demonstrations and practice. Prerequisite: Permission of department required. Credit 3 units.

M89 PACS 460 Audiology Staffing
Discussion and presentations of clinical cases and issues related to practice in clinical audiology. Prerequisite: Permission of department required. Credit 1 unit.

M89 PACS 4611 Practicum in Audiology
Supervised practicum in audiology. Prerequisite: permission of department required. Credit 1 unit.

M89 PACS 4612 Practicum in Audiology
Supervised practicum in audiology. Prerequisite: permission of department required. Credit 1 unit.

M89 PACS 4613 Practicum in Audiology
Supervised practicum in audiology. Prerequisite: permission of department required. Credit 3 units.

M89 PACS 4621 Practicum in Audiology
Supervised practicum in audiology. Prerequisite: permission of department required. Credit 2 units.

M89 PACS 4622 Practicum in Audiology
Supervised practicum in audiology. Prerequisite: permission of department required. Credit 2 units.

M89 PACS 4623 Practicum in Audiology
Supervised practicum in audiology. Prerequisite: permission of department required. Credit 4 units.

M89 PACS 4631 Practicum in Audiology
Supervised practicum in audiology. Prerequisite: permission of department required. Credit 2 units.

M89 PACS 4632 Practicum in Audiology
Supervised practicum in audiology. Prerequisite: permission of department required. Credit 2 units.
M89 PACS 4633 Practicum in Audiology
Supervised practicum in audiology. Prerequisite: permission of department required.
Credit 6 units.

M89 PACS 463A Pre-Clinical Externship
Credit 1 unit.

M89 PACS 4641 Clinical Externship in Audiology
Clinical externship in audiology (on campus). Prerequisite: permission of department required.
Credit 9 units.

M89 PACS 4642 Clinical Externship in Audiology
Clinical externship in audiology (off campus). Prerequisite: permission of department required.
Credit 9 units.

M89 PACS 4651 Clinical Externship in Audiology
Clinical externship in audiology (off campus). Prerequisite: permission of department required.
Credit 9 units.

M89 PACS 4652 Clinical Externship in Audiology
Clinical externship in audiology (off campus). Prerequisite: permission of department required.
Credit 9 units.

M89 PACS 466 Rehabilitative Audiology
This course presents principles and methods of aural rehabilitation, with an emphasis on patient management.
Topics include communication strategies and conversation styles, speech recognition assessment, and hearing aid service provisions for adults, older persons, children, and family members. Prerequisite: Permission of department.
Credit 3 units.

M89 PACS 468 Pediatric Audiology
Fundamentals of audologic assessment for infants and children. Behavioral and electrophysiologic procedures, and assessment of auditory processing abilities, are presented. Prerequisite: permission of department required.
Credit 3 units.

M89 PACS 470 Business Practices
Issues relating to establishing a private practice including clinical management, small business and accounting practices, models of private practice, referrals and reimbursement, and managed care. Prerequisite: permission of department required.
Credit 2 units.

M89 PACS 5001 Electrophysiologic Techniques I
Introduces basic concepts in administration and interpretation of physiologic and electrophysiologic measures, with focus on auditory evoked potentials (AEP). Content covers basic instrumentation, parameters and variables affecting the AEP, auditory brainstem response (ABR), middle (MLR) and late (LLR) evoked potentials, auditory steady state response (ASSR) and otoacoustic emissions (OAE). Prerequisite: permission of department required.
Credit 3 units.

M89 PACS 5002 Electrophysiologic Techniques II
Advanced concepts related to the administration and interpretation of physiologic and electrophysiologic measures. Content includes in-depth study of ABR and other auditory evoked potentials, and the clinical application of these for the audiologist. Additional topics include study of electrocochleography (ECoG), P300 auditory responses, and mismatched negativity (MMN). This course will include a thorough study of intraoperative monitoring including neurophysiology and anatomy review, cranial nerve monitoring, spinal cord monitoring, and facial nerve monitoring. Prerequisites: permission of department required.
Credit 1 unit.

M89 PACS 502 Pharmacology
Includes basic information related to medications utilized for treating common hearing/balance disorders. Hearing and balance side effects of medications are discussed, as are ototoxic and preventative mechanisms related to pharmacology. Prerequisites: permission of department required.
Credit 1 unit.

M89 PACS 505 Auditory Neuroscience
Development of an in-depth understanding of issues related to auditory neurophysiology from the auditory nerve to the cortex. Prerequisites: permission of department required.
Credit 2 units.

M89 PACS 506 Genetics in Hearing Loss
Study of the genetic causes of hearing loss and balance disorders, and syndromes affecting the auditory and vestibular systems. Prerequisites: Permission of department required.
Credit 1 unit.

M89 PACS 507 Vestibular Disorders
Comprehensive course covering the assessment, diagnosis and treatment of vestibular disorders. Prerequisites: Permission of department required.
Credit variable, maximum 3 units.

M89 PACS 510 Auditory Perception
Study of how the listener perceives parameters of and differences in acoustical stimuli. Perception of the speech stimulus is also studied in detail, both for listeners who are typically-developing and those who are deaf or hard of hearing. Prerequisites: Permission of department required.
Credit 3 units.

M89 PACS 511 Hearing Conservation
This course will cover topics related to hearing conservation, including effects of noise on hearing, environmental noise, classroom acoustics, federal regulations, interactions of noise and other agents, and ototoxicity. Additional topics may vary year-to-year. Prerequisites: Permission of department required.
Credit 3 units.
M89 PACS 517 Counseling for Audiology
Examines the relationship between clinician and patient in audiology. Topics include counseling theory and practices, and principles and methods of effective interviewing and counseling across the lifespan. Prerequisites: Permission of department required.
Credit 2 units.

M89 PACS 519 Psychosocial and Educational Foundations of Deafness
Examines psychological, social, educational, legal, historical, and cultural influences related to individuals who are deaf or hard of hearing. Additional topics include IEPs and interprofessional collaboration related to post-high-school transitions. Prerequisite: Permission of department required.
Credit 2 units.

M89 PACS 551 Research Seminar
A seminar of variable topics related to research in speech and hearing sciences. Each semester/section has its own specific area of focus, which may include an investigation of active areas of research, an overview of outcomes-based research and evidence-based practice for students' research projects, or thorough analysis and discussion of a specific area of active research. Refer to section description for information on specific topics by section. Prerequisite: Permission of department required.
Credit variable, maximum 3 units.

M89 PACS 554 Fundamentals of Early Intervention and Child Development
Course provides information about general and exceptional child development, focusing on ages birth through five years. Course also discusses historical and philosophical tenets of early intervention practice, focusing on a collaborative coaching model, which views families as engaged partners in the child's education. Other topics include addressing needs of families from a variety of cultural and economic backgrounds, linking families to resources, and federal laws that govern special education services for children with disabilities including transitions in service provisions for children at the age of 3 years. Prerequisites: Permission of department required.
Credit 1 unit.

M89 PACS 555 Early Intervention: Serving Children Who Are Deaf or Hard of Hearing, Birth to Age 5
This course provides an overview of early childhood development of children who are deaf or hard of hearing, birth to age 5, with particular focus on early speech and language development, intervention strategies, assessment techniques, instructional strategies, and aural rehabilitation. Course discusses the philosophical tenets of early intervention practice, which views families as engaged partners in the child's education, and respects cultural and linguistic diversity. Students will learn about IFSP and IEP development, as well as a variety of resources that can be provided to families. Prerequisite: Permission of department required.
Credit 3 units.

M89 PACS 558 Pre-Service Teacher Preparation
This course is designed to help students in the deaf education teacher training program create a teaching portfolio that reflects their own teaching development. Students will demonstrate their ability to reflect on and critique their own teaching practice, especially in relation to course planning, instructional strategies, differentiated learning, data-based decision making, tiered systems for supporting instruction, and classroom management.
Professional issues, including developing a résumé and conducting interviews, will also be discussed. Prerequisite: permission of department required.
Credit 1 unit.

M89 PACS 5601 Clinical Audiology I
An introduction to the field of clinical audiology. Covers the role of the audiologist in the diagnosis and treatment of hearing disorders; the administration and interpretation of audiologic test results; and amplification systems and assistive devices, such as DM/FM technology. Additional topics may include relevant calibration and instrumentation requirements, audiology as a career, aural rehabilitation, and legal and ethical issues in the field. Prerequisites: Permission of department required.
Credit 3 units.

M89 PACS 5602 Clinical Audiology II
Covers hearing evaluation and diagnosis in clinical audiology from infancy through adulthood. Topics include auditory processing disorders, functional hearing loss, and other advanced measures. Prerequisites: Permission of department required.
Credit 3 units.

M89 PACS 5611 Hearing Devices in Audiology I
Philosophical issues related to the selection and evaluation of hearing devices, including hearing aids and alternative devices. Means of adjusting hearing devices and measuring their function and benefit are covered.
Credit 4 units.

M89 PACS 5612 Hearing Devices in Audiology II
Advanced issues related to the selection and evaluation of hearing aids. Means of adjusting hearing aids and measuring their function and benefit. Prerequisite: permission of department required.
Credit 3 units.

M89 PACS 5653 Hearing Devices in Audiology III
Course covers a variety of topics related to selection, fitting and rehabilitation of cochlear implant patients. Lectures and practical experience in psychophysical testing, programming of the cochlear implant, and auditory training. Prerequisite: permission of department required.
Credit 3 units.

M89 PACS 569 Hearing Disorders
This course covers the nature and causes of hearing disorders, including outer and middle ear, cochlear, retrocochlear and central nervous system. Prerequisites: Permission of department required.
Credit 2 units.
M89 PACS 570 Independent Study
Students engage in independent work on the Independent Study, which demonstrates advanced critical thinking and writing skills. Prerequisites: Permission of department required. Credit variable, maximum 6 units.

M89 PACS 5700 Capstone Project
Independent work on the Capstone Project. Prerequisites: Permission of department required. Credit variable, maximum 6 units.

M89 PACS 5701 Capstone Project Seminar
This weekly, joint meeting is intended to provide extra and preliminary support for initiation of the Capstone Project. Areas will include but are not limited to: journal article critique, scientific writing, overview of research design and methodologies, statistical review, support for graph and table construction, and others. Prerequisites: Permission of department required. Credit 1 unit.

M89 PACS 574 Statistics and Research Methods
Examines experimental and field research methods as they apply to audiology and communication sciences. Covers such methods as surveys, survey interviews, content analysis, and experimental design. Prerequisites: Permission of department required. Credit 3 units.

M89 PACS 575 Special Topics
Special topics in speech and hearing sciences, audiology and/or education of the deaf or hard of hearing. Contact the department for more information. Prerequisites: Permission of department required. Credit variable, maximum 4 units.

M89 PACS 577 Research in Speech and Hearing
Prerequisites: Permission of department required. Credit variable, maximum 12 units.

M89 PACS 587 Dissertation Research
Prerequisites: Permission of department required. Credit variable, maximum 12 units.

M89 PACS 600 Mentored Teaching Experience in Speech and Hearing
This course involves mentored teaching experience as a graduate teaching assistant. Under faculty supervision, credit may be earned through the instruction of undergraduate or graduate students in courses offered by PACS. Corequisite: LGS 600-48. Credit variable, maximum 12 units.

M89 PACS 9000 Full-Time Graduate Study/Research
For AuD and MSDE students only; PhD students register under LGS 9000.

M89 PACS 9001 Full-Time Graduate Study in Absentia
For AuD and MSDE students only; PhD students register under LGS 9001.

Biology and Biomedical Sciences
The Division of Biology & Biomedical Sciences at Washington University offers exceptional doctoral education at one of the nation's preeminent biomedical research centers. The Division includes 13 doctoral programs:

- Biochemistry, Biophysics and Structural Biology
- Biomedical Informatics and Data Science
- Cancer Biology
- Computational and Systems Biology
- Developmental, Regenerative and Stem Cell Biology
- Evolution, Ecology and Population Biology
- Human and Statistical Genetics
- Immunology
- Molecular Cell Biology
- Molecular Genetics and Genomics
- Molecular Microbiology and Microbial Pathogenesis
- Neurosciences
- Plant and Microbial Biosciences

A collaborative, interdisciplinary approach to research and education is a hallmark of Washington University and the Division. As a universitywide consortium, the Division transcends departmental lines and removes traditional boundaries of scientific fields. Faculty and graduate students regularly cross disciplines, devising novel questions and approaches that might otherwise go unexplored. The Division consists of approximately 690 PhD and MD PhD students, with more than 500 faculty members from 38 departments.

Washington University in St. Louis provides unique opportunities for translating basic science into practical application. In addition, the Division's associations with internationally prominent local institutions provide exciting opportunities: students in the biomedical sciences enrich their work with the clinical perspective of our outstanding medical school; students in plant, population, evolutionary and ecological sciences benefit from our close affiliation with the internationally renowned Missouri Botanical Garden (http://www.missouribotanicalgarden.org/) and the Danforth Plant Science Center (http://www.danforthcenter.org/).

To help prepare graduates for careers in academia, government, industry or another field of their choice, educational opportunities are offered for skills development and career exploration. The DBBS offers career-planning curriculum, and students can pursue noncredit elective credentials to build transferable professional skills in four areas that apply to a wide variety of scientific careers: leadership, entrepreneurship, science communication, and teaching. Through the Initiative for Maximizing Student Development Career Pathway Talks program, professionals from a variety of fields (e.g., biotech
startups, patent law) provide presentations and Q&A sessions to students throughout the year. In addition — through partnerships with groups such as the Teaching Center, the Career Center, and student organizations such as ProSPER, InPrint, Sling Health, the BALSA Group, and the Young Scientist Program — students have additional opportunities to develop experiences relevant to their future career goals.

Additional Information

Further information, including full program descriptions, may be obtained in the following ways:

Mailing address:
Division of Biology & Biomedical Science
Washington University in St. Louis
660 S. Euclid Ave., CB 8226
St. Louis, MO 63110

Physical location:
Bernard Becker Medical Library, Fourth Floor
660 S. Euclid Ave.
St. Louis, MO 63110

Email: dbbsphdadmissions@wustl.edu
Website: http://dbbs.wustl.edu

Degrees & Offerings

• PhD Degrees in Biology & Biomedical Sciences (p. 71)

Research

Biochemistry, Biophysics and Structural Biology (http://dbbs.wustl.edu/divprograms/biophysics/Pages/BBSB.aspx)

Areas of study:
• Enzymology and allostery
• Mechanisms of neural degeneration
• Molecular signaling
• Biochemistry of host-pathogen interactions
• Mechanisms of microbial immune evasion
• Protein-nucleic acid interactions
• Cell cycle regulation
• Computational biophysics
• Cellular transport and trafficking
• Nanotechnology and chemical biology

Visit our website for information about our Biochemistry, Biophysics and Structural Biology faculty (http://dbbs.wustl.edu/divprograms/biophysics/Pages/Faculty.aspx).

Biomedical Informatics and Data Science (http://dbbs.wustl.edu/divprograms/BIDS/Pages/default.aspx)

Areas of study:
Training opportunities will include the five areas as defined by the American Medical Informatics Association (AMIA (https://www.amia.org/)):
• Applied Clinical Informatics (ACI): applying innovative measurement and informatics approaches to inform and improve clinical practice
• Consumer Health Informatics (CHI): investigating consumers’ needs and integrating consumers’ preferences into health information systems
• Clinical Research Informatics (CRI): managing information related to clinical trials as well as secondary use of clinical data
• Translational Bioinformatics (TBI): developing storage, analytic and interpretive methods to optimize the transformation of biomedical data
• Population Health Informatics (PopHI): integrating aspects of public health, clinical informatics and health care delivery

Visit our website for information about our Biomedical Informatics and Data Science faculty (http://dbbs.wustl.edu/divprograms/BIDS/Pages/Faculty.aspx).

Cancer Biology (http://dbbs.wustl.edu/divprograms/cancerbiology/Pages/default.aspx)

Areas of study:
• Apoptosis and autophagy
• Tumor cell biology
• Chromosome stability and genome maintenance
• Cell motility and metastasis
• DNA repair, replication and recombination
• Transcriptional and translational regulation
• Metabolism
• Imaging technologies
• Receptor-ligand interactions
• Signal transduction molecules and pathways
• Biomarker studies
• Genomic mutation profiles and informatics
• Non-coding RNAs
• Tumor immunology and vaccines
• Tumor viruses
• Hematopoiesis
- Cancer disparities
- Small molecule and nanotechnology discoveries
- Tumor microenvironments
- Clinical trial research

Visit our website for information about our Cancer Biology Faculty (http://dbbs.wustl.edu/divprograms/cancerbiology/Pages/Faculty.aspx)

**Computational and Systems Biology** (http://dbbs.wustl.edu/divprograms/compbio/Pages/default.aspx)

*Areas of study:*
- Large-scale genetic network analysis and reconstruction
- Technology development for high-throughput collection of genetic and biochemical data
- Real-time, single-cell analyses of genetic regulatory circuits
- Specificity and evolution of DNA-protein interactions
- Algorithm development for comparison of DNA, RNA, and protein sequences
- Synthetic biology
- Metagenomics and microbiomes
- Epigenetics and epigenomics
- Functional genomic studies of population genetic variation
- Big-biodata integration and modeling

Visit our website for information about our Computational and Systems Biology faculty (http://dbbs.wustl.edu/divprograms/compbio/Pages/Faculty.aspx).

**Developmental, Regenerative and Stem Cell Biology** (http://dbbs.wustl.edu/divprograms/devbio/Pages/default.aspx)

*Areas of study:*
- Regenerative and stem cell biology
- Organogenesis
- Animal models of human developmental disorders
- Aging and longevity
- Neuronal development, differentiation and plasticity
- Genetic/developmental basis of cancer
- Growth factors and cell signaling during development
- Establishment of cell and tissue polarity
- Circadian rhythms
- Growth control and nutrition
- Hormonal regulation
- Gene regulatory networks/systems biology
- Epigenetic control of development

Visit our website for information about our Developmental, Regenerative and Stem Cell Biology faculty (http://dbbs.wustl.edu/divprograms/devbio/Pages/Faculty.aspx).

**Evolution, Ecology and Population Biology** (http://dbbs.wustl.edu/divprograms/eepb/Pages/default.aspx)

*Areas of study:*
- Levels and maintenance of genetic variation in natural plant and animal populations
- Variation at medically relevant genes and candidate loci
- Molecular evolution of genes
- Mechanisms of speciation and adaptation
- Factors that contribute to biodiversity across space and time
- Interaction of species and how such interactions affect biodiversity
- Restoration and conservation of species
- Biology of invasive species
- Role of species in the functioning of entire ecosystems
- Phylogenetic relationships among populations, species and higher taxa

Visit our website for information about our Evolution, Ecology and Population Biology faculty (http://dbbs.wustl.edu/divprograms/eepb/Pages/Faculty.aspx).

**Human and Statistical Genetics** (http://dbbs.wustl.edu/divprograms/hsg/Pages/default.aspx)

*Areas of study:*
- Detection of loci for simple and complex/quantitative traits in humans
- Association analyses for common and rare variants
- Development of novel statistical methods for gene discovery
- Mapping of simple and quantitative traits in model organisms
- Genomic approaches to gene expression, transcriptional regulation, and development
- Functional analysis of genes and variants for human disease

Visit our website for information about our Human and Statistical Genetics faculty (http://dbbs.wustl.edu/divprograms/hsg/Pages/Faculty.aspx).

**Immunology** (http://dbbs.wustl.edu/divprograms/immunology/Pages/default.aspx)

*Areas of study:*
- Detection of loci for simple and complex/quantitative traits in humans
- Association analyses for common and rare variants
- Development of novel statistical methods for gene discovery
- Mapping of simple and quantitative traits in model organisms
- Genomic approaches to gene expression, transcriptional regulation, and development
- Functional analysis of genes and variants for human disease
• Tumor immunobiology
• Autoimmune diseases
• Host-pathogen interactions
• Immune system development
• Lymphocyte function
• Molecular immunology
• Cytokine function
• Lymphocyte differentiation
• Lymphocyte signaling
• Computational modeling of immune responses

Visit our website for information about our Immunology faculty (http://dbbs.wustl.edu/divprograms/immunology/Pages/Faculty.aspx).

Molecular Cell Biology (http://dbbs.wustl.edu/divprograms/cellbio/Pages/default.aspx)

Areas of study:
• Apoptosis
• Cancer cell biology
• Chromosome biology and genome maintenance
• Cytoskeleton assembly, cell motility and chemotaxis
• DNA repair, replication, and recombination
• Extracellular matrix and tissue mechanics
• Mechanisms of enzyme catalysis and inhibition
• Mechanisms of transcription and tissue-specific transcription regulation
• Membrane excitability
• Metabolism
• New imaging technologies for cells and whole animals
• Organelle biogenesis
• Prion diseases and neural degeneration
• Protein trafficking
• Receptor-ligand interactions in regulation of cell growth and cell phenotype
• Regulation of gene expression and translational control
• Signal transduction molecules and pathways
• Vascular biology and coagulation

Visit our website for information about our Molecular Cell Biology faculty (http://dbbs.wustl.edu/divprograms/cellbio/Pages/Faculty.aspx).

Molecular Genetics and Genomics (http://dbbs.wustl.edu/divprograms/genetics/Pages/default.aspx)

Areas of study:
• Genetic basis of human disease
• Epigenetics
• Animal models of human disease
• Cancer genetics
• Model organism genetics
• Computational genomics and epigenomics
• Regulation of transcription and translation
• Population genetics
• Developmental genetics
• Gene therapy
• Gene regulatory networks/systems biology
• Genetic basis of microbial development and pathogenesis
• Functional genomics
• Sequence analysis and gene-structure prediction

Visit our website for information about our Molecular Genetics and Genomics faculty (http://dbbs.wustl.edu/divprograms/genetics/Pages/Faculty.aspx).

Molecular Microbiology and Microbial Pathogenesis (http://dbbs.wustl.edu/divprograms/micro/Pages/default.aspx)

Areas of study:
• Microbial physiology
• Molecular genetics
• Genomics
• Structural biology
• Environmental microbiology
• Microbial bioenergy
• Bacteriology
• Mycology
• Parasitology
• Virology
• Host defense, allergy and inflammation
• Cell biology of host-pathogen interactions
• Imaging technologies for cells and whole animals
• Immune responses to pathogens

Visit our website for information about our Molecular Microbiology and Microbial Pathogenesis faculty (http://dbbs.wustl.edu/divprograms/micro/Pages/Faculty.aspx).

Neurosciences (http://dbbs.wustl.edu/divprograms/neuro/Pages/default.aspx)

Areas of study:
Visit our website for information about our Neurosciences faculty (http://dbbs.wustl.edu/divprograms/neuro/Pages/Faculty.aspx).

Faculty

For a list of divisions and their areas of study, including more information about program faculty members, please refer to the Research (p. 28) section of this page.

Courses

For a full listing of courses offered through the Division of Biology and Biomedical Sciences, please visit the university's online course listings (https://courses.wustl.edu/CourseInfo.aspx?sch=L&dept=L41&crslvl=5:9).

Biomedical Informatics

The mission of the Institute for Informatics (I²) focuses on the informatics landscape at Washington University School of Medicine in order to transform research, education and patient care by emphasizing precision medicine and efforts to improve the quality of health care and public health initiatives locally, nationally and worldwide.

Our vision at I² is to serve as the academic and professional home for a preeminent interdisciplinary program of research, education and service in informatics at Washington University by enabling advances in biomedical research and improvements in the quality of health care.

The institute coordinates informatics efforts across the Medical Campus and the Danforth Campus while also developing partnerships with the Health Systems Innovation Laboratory at BJC HealthCare, the Cortex Innovation Community and other regional partners.

I² offers a Master of Science (MS) and a certificate program in biomedical informatics. The purpose of the MS and certificate courses is to provide comprehensive and competency-based training in core biomedical informatics theories and methods for the following individuals:

- Recent college graduates with backgrounds in the biological and/or computational sciences
- In-career learners with a broad range of experiences in biomedicine/biosciences, mathematics, physical or computer information sciences or engineering, and cognitive and/or social sciences

Website: https://informatics.wustl.edu/

Degrees & Offerings

- PhD in Biomedical Informatics (http://dbbs.wustl.edu/divprograms/BIDS/Pages/default.aspx)
- Master of Science in Biomedical Informatics (p. 72)
- Certificate Program in Biomedical Informatics (p. 73)
Research

Joanna Abraham, PhD (https://informatics.wustl.edu/research-lab-joanna-abraham/), is focused on improving collaborative practices in health care using principles and techniques from informatics to promote patient safety, quality and care continuity.

Research interests: handoffs, care transitions, care coordination, decision making, health IT, medical errors, mixed methods, systematic reviews, evidence synthesis

Chih-Hung Chang, PhD (https://informatics.wustl.edu/research-lab-chih-hung-chang/), is focused on the integration of methodology and technology to advance clinical care, research and education.

Research interests: item response theory, Rasch measurement, computerized adaptive testing, psychometrics, informatics, smart testing and smart learning, health-related quality of life, patient-reported outcomes, clinical outcomes, shared decision making, quality improvement

Randi Foraker, PhD (https://informatics.wustl.edu/research-lab-randi-foraker/), is focused on applying epidemiology and informatics techniques to solve problems in the population health domain.

Research interests: approaches for the integration of socioeconomic and patient-reported outcome data with electronic health record data; interventional approaches to the use of electronic health records in order to address modifiable risk factors for disease and enable patient-centered decision making; study design methodology and data analysis

Thomas Kannampallil, PhD (https://informatics.wustl.edu/research-lab-thomas-kannampallil/), is focused on integrating cognitive, behavioral and computational informatics techniques to develop health information technology solutions in the areas of clinical decision support, clinical reasoning and clinical workflow.

Research interests: clinical decision support applications for tracking, monitoring and evaluating electronic health record–based activities such as medication/lab orders, decision-making for chronic care, and opioid management; tracking and analysis of medical errors in a variety of situations (e.g., medication orders, transitions of care, clinical decision-making) and evaluating their impact on clinical outcomes and patient safety; use of cognitive and human factors approaches for identifying behavioral, collaborative and workflow challenges in the design and use of health information technology

Albert M. Lai, PhD (https://informatics.wustl.edu/research-lab-albert-lai/), is focused on applying computer science and informatics techniques to solve problems in the clinical domain.

Research interests: clinical research informatics, clinical informatics, consumer health informatics, telemedicine, usability, natural language processing, mobile health

Fuhai Li, PhD (https://informatics.wustl.edu/research-lab-fuhai-li/), is focused on applying statistical, machine learning, deep learning and data mining approaches to diverse biomedical dataset integration and interpretation to solve the challenges of bioinformatics, systems biology and image informatics.

Research interests: integrative large-scale pharmacogenomics analysis for target, signaling network, drug and drug combination discovery; genomics data driven tumor-stromal communication discovery and modeling

Philip R.O. Payne, PhD, FACMI (https://informatics.wustl.edu/research-lab-philip-payne/), is the founding director of I² at Washington University in St. Louis, where he also serves as the Robert J. Terry Professor and Professor of Computer Science and Engineering. Previously, Dr. Payne was Professor and Chair of the Department of Biomedical Informatics at The Ohio State University.

Research interests: knowledge-based approaches to the discovery and analysis of biomolecular and clinical phenotypes and the ensuing identification of precision diagnostic and therapeutic strategies in cancer; interventional approaches to the use of electronic health records in order to address modifiable risk factors for disease and enable patient-centered decision making; the study of human factors and workflow issues surrounding the optimal use of health care information technology

Po-Yin Yen, PhD, RN (https://informatics.wustl.edu/research-lab-po-yin-yen/), is focused on applied clinical informatics research to support clinicians adapting to health information technology.

Research interests: clinical informatics, usability, technology acceptance, human–computer interaction, literature mining, data visualization, workflow analysis, time motion study
Faculty

Philip R.O. Payne, PhD, FACMI (https://informatics.wustl.edu/research-lab-phillip-payne/)
Director, Institute for Informatics
Robert J. Terry Professor
Professor of Medicine, Division of General Medical Sciences, School of Medicine
Professor of Computer Science and Engineering, School of Engineering and Applied Science
Joanna Abraham, PhD (https://informatics.wustl.edu/research-lab-joanna-abraham/)
Assistant Professor of Anesthesiology, School of Medicine
Chih-Hung Chang, PhD (https://informatics.wustl.edu/research-lab-chih-hung-chang/)
Professor of Occupational Therapy and of Medicine, Division of General Medical Sciences, School of Medicine
Randi Foraker, PhD, MA, FAHA (https://informatics.wustl.edu/research-lab-randi-foraker/)
Associate Professor of Medicine, Division of General Medical Sciences, School of Medicine
Director, Center for Population Health Informatics
Thomas Kannampallil, PhD (https://informatics.wustl.edu/research-lab-thomas-kannampallil/)
Assistant Professor of Anesthesiology, School of Medicine
Associate Chief Research Information Officer, School of Medicine
Albert M. Lai, PhD (https://informatics.wustl.edu/research-lab-albert-lai/)
Deputy Director, Institute for Informatics
Chief Research Information Officer, School of Medicine
Associate Professor of Medicine, Division of General Medical Sciences, School of Medicine
Fuhal Li, PhD (https://informatics.wustl.edu/research-lab-fuhai-li/)
Assistant Professor of Pediatrics, School of Medicine
Aristeidis Sotiras, PhD (https://informatics.wustl.edu/dr-aristeidis-sotiras/)
Assistant Professor of Medicine, School of Medicine
Po-Yin Yen, PhD, RN (https://informatics.wustl.edu/research-lab-po-yin-yen/)
Assistant Professor of Medicine, Division of General Medical Sciences, School of Medicine
Assistant Professor, Goldfarb School of Nursing, Barnes-Jewish College

Courses


M18 BMI 5200 Biomedical Informatics Journal Club
Trainees will attend weekly one-hour seminars and student-led journal club discussions in which current peer-reviewed publications relevant to biomedical informatics will be reviewed and discussed.
Credit 1 unit.

M18 BMI 5201 Biomedical Informatics Rotation
Students will be responsible for arranging two rotations to identify a thesis lab or capstone project site. Each rotation will last approximately one month, with the goal being to expose students to research and practical biomedical informatics opportunities in both academic and industry settings.
Credit 1 unit.

M18 BMI 5204 Mixed Methods in Biomedical Informatics
Building on the fundamentals of biomedical informatics in BMI I & II, this course will introduce students to the various research methods and underlying theories used to conduct biomedical informatics research studies. This course will cover research methods, including the systematic review of published research as well as qualitative, quantitative, and mixed methods. Under each topic, we will focus on the formulation of research questions/hypotheses, the selection of appropriate study design, data collection and analysis methods, and methods to ensure rigor and reproducibility of research. The course will encompass several hands-on components for students to practice and apply their learned skills.
Credit 3 units.

M18 BMI 5302 Introduction to Biomedical Informatics I
This survey and methods course provides an overview of the theories and methods that comprise the field of biomedical informatics. Topics to be covered include the following: (1) information architecture as applied to the biomedical computing domain; (2) data and interoperability standards; (3) biological, clinical, and population health relevant data analytics; (4) health care information systems; (5) human factors and cognitive science; (6) the evaluation of biomedical computing applications; and (7) ethical, legal, and social implications of technology solutions as applied to the field of biomedicine. The course will consist of both didactic lectures and experiential learning opportunities, including hands-on laboratory sessions and journal-club-style discussions. The course will culminate with a capstone project requiring the in-depth examination, critique, and presentation of a student-selected topic related to the broad field of biomedical informatics. Biomedical Informatics I is designed primarily for individuals with a background in the health and/or life sciences who have completed a course in introductory statistics (e.g., Math 1011). No assumptions are made about computer science or clinical background; however, some experience with computers and a high-level familiarity with health care will be useful. This course does not require any programming knowledge, and it will not teach students how to program.
Credit 3 units.

M18 BMI 5303 Introduction to Biomedical Informatics II
This course introduces students to the methods needed to apply the foundational theories covered in Biomedical Informatics I. The course will cover a broad spectrum of such methods -- that can be employed in the design, conduct, and analysis of basic science, clinical, and translational research programs.
This course is intended to enable individuals to critically select such methods and evaluate their results as part of both the design of new projects as well as the review of results available in the public domain (e.g., literature, public datasets). Core concepts to be reviewed during this course include basic computational skills, data modeling and integration, formal knowledge representation, in silico hypothesis generation, quantitative data analysis principles, and critical thinking skills surrounding the ability to ask and answer questions about the complex and heterogeneous biomedical data. Prerequisite: M18 5302 or permission of instructor.

Credit 3 units.

M18 BMI 5304 Introduction to Biomedical Data Science I
This course (formerly Biomedical Computing I) provides an introduction to fundamental principles of informatics tools and data analysis, and it is expected to fulfill the requirements of computer science prerequisites for suggested biomedical informatics electives. Competencies and concepts covered will include the following: (1) an overview of the Linux/Unix command line interface; (2) an introduction to programming using Python and R; (3) database models, management, and querying using MySQL; (4) basic data manipulation, analysis, and visualization using Excel, Python, and R; and (5) an introduction to the development of web applications. This course is designed primarily for individuals who wish to learn the basic skills required for biomedical informatics-based research and who have little or no computational experience using command line shells, programming, and databases. No assumptions are made about computer science or clinical background; however, some experience with computers and a high-level familiarity with the health and life sciences will be useful. The course will consist of both didactic lectures as well as experiential learning opportunities including hands-on laboratory sessions and a culminating project.

Credit 3 units.

M18 BMI 5305 Introduction to Biomedical Data Science II
Building upon the fundamental principles of informatics tools and data analysis taught in Biomedical Computing I, this course provides students with more advanced methods in the areas of biomedical computing, including data analysis, machine learning, deep learning models, natural language processing, deployment of data analysis models on supercomputers, and development of web apps. Both theory and coding applications and practices will be introduced for usage in the space of genomics, imaging, and medical records data analysis to help students apply learned computational tools and models.

Credit 3 units.

M18 BMI 5401 Biomedical Informatics Capstone
Students will demonstrate how to synthesize and apply the full spectrum of biomedical informatics theories and methods used in the program curriculum. The capstone project focuses on an applied informatics problem with relevance to health care research or delivery at the individual or population level, resulting in a report that outlines the student's problem selection and the design, conduct, and results of the student's research. Each trainee will also be expected to present their project and its outcomes or findings in a public seminar, where questions will be posed by both the audience and a committee of faculty members. The specific selection of the capstone or thesis project track as part of a trainee's degree program is to be discussed with and approved by the individual's faculty and academic adviser.

Students who do not enroll in the thesis course will enroll in the capstone course. Prerequisites: Introduction to Biomedical Informatics I and II (M18 5302 and M18 5303), Introduction to Biomedical Data Science I and II (M18 5304 and M18 5305), and a minimum of one Advanced Topics course. Permission of the faculty and adviser is also required.

Credit 3 units.

M18 BMI 5402 Biomedical Informatics Thesis
Students will demonstrate how to synthesize and apply the full spectrum of biomedical informatics theories and methods included in the program curriculum. The thesis project requires students to formulate research questions that focus on the development or extension of a theoretical framework or a novel method with relevance to the field of informatics, resulting in a report that outlines the student's topic selection and the design, conduct, and results of the student's research. Each trainee will also be expected to present their project and its outcomes or findings in a public seminar, where questions will be posed by both the audience and a committee of faculty members. The specific selection of the capstone or thesis project track as part of a trainee's degree program is to be discussed with and approved by the individual's faculty and academic adviser.

Students who do not enroll in the thesis course will enroll in the capstone course. Prerequisites: Introduction to Biomedical Informatics I and II (M18 5302 and M18 5303), Introduction to Biomedical Data Science I and II (M18 5304 and M18 5305), and a minimum of one Advanced Topics course. Permission of the faculty and adviser is also required.

Credit 3 units.

Biostatistics


The Washington University School of Medicine is known for being at the forefront of medical research and primary care; the school engages students in research and practical training so that they can contribute to improving health outcomes. Our programs train students as critical thinkers and collaborators in biostatistics, genetics, and data science. We seek those with undergraduate degrees in the quantitative and biomedical sciences, including fields such as mathematics, statistics, computer science, informatics, and biomedical engineering.
Our programs are designed to teach students how to manage, analyze, and interpret health data using statistical and data science approaches. Internationally renowned faculty from multiple disciplines — including biostatistics, genetics, informatics, medicine, and public health — will train a new generation of quantitative scientists. The curriculum offers a unique training experience that combines core data science learning in statistical and computational methodologies with practical training in real-world data analysis of cutting-edge biomedical and genomics research.

NIH-Sponsored Training Program

The PRIDE Summer Institute in Cardiovascular Genetics and Epidemiology (CVD-CGE) focuses on cardiovascular and other heart, lung, blood, and sleep disorders. This all-expenses-paid summer institute is supported by funding from the National Heart, Lung, and Blood Institute. The goal is to mentor junior faculty from underrepresented minorities as well as faculty with disabilities into independent research careers in the biomedical sciences. For more information, visit the PRIDE CVD-CGE website (https://biostatistics.wustl.edu/education/pridecge/) or email the program administrator (schreierl@wustl.edu).

Academic Calendar

The academic programs begin in early July each year. They start with preparatory workshops, which are followed by intensive summer semester courses. For fall and spring courses, the program follows the Washington University academic calendar (p. 6).

Location

The program is located in the Division of Biostatistics, which can be found on the fifth floor of the Bernard Becker Medical Library (660 S. Euclid Ave., St. Louis, MO 63110) in rooms 500 through 508.

Additional Information

Kim Freels
Program Manager
Phone: 314-362-1384
Email: kfreels@wustl.edu

DC Rao, PhD
Program Director
Email: rao@wustl.edu

Lei Liu, PhD
Associate Program Director
Email: lei.liu@wustl.edu

Washington University School of Medicine
Biostatistics Education Programs
Division of Biostatistics
660 S. Euclid Ave., CB 8067
St. Louis, MO 63110-1093

Phone: 314-362-1384
Email: biostat-msibs@email.wustl.edu
Website: https://biostatistics.wustl.edu

Degrees & Offerings

- Master of Science in Biostatistics (p. 73)
- Master of Science in Biostatistics and Data Science (p. 74)
- Master of Science in Genetic Epidemiology (p. 75)
- Certificate in Biostatistics and Data Science (p. 75)
- Certificate in Genetic Epidemiology (p. 75)

Research

Master’s students have multiple opportunities to engage in biomedical research. After completing the first summer semester, students in the MSIBS and MSBDS program are eligible to work as part-time research assistants. These positions are frequently available, both within the Division of Biostatistics as well as in other departments and research labs on the Medical School campus. In addition, depending on the degree program, students will intern and/or work on an independent mentored research project to hone their research skills, including study design, data analysis, and interpretation. GEMS students will work on a mentored research project to explore and characterize the interplay between genes and the environment that affects the biological processes underlying disease.

Faculty

Chengjie Xiong, PhD
Division Interim Director
Visit our website for more information about our faculty (https://biostatistics.wustl.edu/faculty-staff/) and their appointments.

C

Ling Chen, MPH, MS, PHD
Assistant Professor of Biostatistics (primary appointment)
Assistant Professor of Medicine
MPH University South Carolina 2003
MS Beijing Medical University 1998
BS Beijing Medical University 1996
PHD University of MO Columbia 2009

G

Charles William Goss, MS, PHD
Instructor in Biostatistics (primary appointment)
Instructor in Medicine
BS University of Michigan 2003
MS Florida International 2018
PHD Ohio State University 2014
BA University of Michigan 2018
Chi Gu, PHD, MS
Associate Professor of Biostatistics (primary appointment)
Associate Professor of Genetics
BS Nanjing Medical University 1982
PHD Washington Univ in St. Louis 1992
MS Nanjing Medical University 1985

Aditi Gupta, PHD, MS1
Instructor in Biostatistics (primary appointment)
BS UNIVERSITY OF DELHI 2005
PHD Indapastha Inst. of Informati 2015
MS1 UNIVERSITY OF DELHI 2008

J. Philip Miller
Professor of Biostatistics (primary appointment)
Professor of Medicine
Tenure Held At-Large in the Medical School
BA Washington Univ in St. Louis 1965

Treva Kay Rice, MA, PHD
Professor of Biostatistics (primary appointment)
Professor of Psychiatry
MA University of Colorado Boulder 1984
BS University of Texas Arlington 1981
PHD University of Colorado Boulder 1987

Courses

M21 MSB 503 Statistical Computing with SAS
Intensive hands-on summer training in SAS (Statistical Analysis System) during seven full weekdays. Students will learn how to use SAS for handling, managing, and analyzing data. Instruction is provided in the use of SAS programming language, procedures, macros, and SAS SQL. The course will include exercises using existing programs written by SAS experts. Contact the Program Managers for details, to register or to obtain permission of the Course Master (biostat-msibs@email.wustl.edu).
Credit 2 units.

M21 MSB 506 Introduction to R for Data Science
This is an introduction to the R Statistical Environment for new users. R is “a freely available language and environment for statistical computing and graphics which provides a wide variety of statistical and graphical techniques: linear and nonlinear modeling, statistical tests, time series analysis, classification, clustering, etc.” The goal is to give students a set of tools to perform statistical analysis in medicine, biology, or epidemiology. At the conclusion of this primer, students will: be able to manipulate and analyze data, write basic models, understand the R environment for using packages, and create standard or customized graphics. This primer assumes some knowledge of basic statistics as taught in a first-semester undergraduate or graduate sequence. Topics should include: probability, cross-
obtain permission from the course director.
Credit 2 units.

M21 MSB 512 Ethics in Biostatistics and Data Science
This course prepares biostatisticians to analyze and address ethical and professional issues in the practice of biostatistics across the range of professional roles and responsibilities of a biostatistician. The primary goals are for biostatisticians to recognize complex situational dynamics and ethical issues in their work and to develop professional and ethical problem-solving skills. The course specifically examines ethical challenges related to research design, data collection, data management, ownership, security, and sharing, data analysis and interpretation, and data reporting and provides practical guidance on these issues. The course also examines fundamentals of the broader research environment in which biostatisticians work, including principles of ethics in human subjects and animal research, regulatory and compliance issues in biomedical research, publication and authorship, and collaboration in science. By the conclusion of the course, participants will understand the ethical and regulatory context of biomedical research; identify ethical issues, including situational dynamics that serve to foster or hinder research integrity, in the design and conduct of research and the management, analysis and reporting of data; and utilize strategies that facilitate ethical problem-solving and professionalism. Contact the program manager for details, to register, or to obtain permission of the course director (by email (biostat-msibs@email.wustl.edu) for details, to register, or to obtain the required permission of the course director, contact the MSIBS program manager (by email (biostat-msibs@email.wustl.edu) or phone: 314-362-1384).
Credit 3 units.

M21 MSB 515 Fundamentals of Genetic Epidemiology
In this course, lectures cover causes of phenotypic variation, familial resemblance and heritability, Hardy-Weinberg equilibrium, ascertainment, study designs, and basic concepts in genetic segregation, linkage, and association. The computer laboratory portion is designed for the hands-on practice of fundamental concepts. Students will gain practical experience with various genetics computer programs (e.g., SOLAR, MERLIN, QTDT, PLINK). Auditors will not have access to the computer lab sessions. Prerequisite: M21 506. Contact the program manager for details, to register, or to obtain permission from the course director (by email (biostat-msibs@email.wustl.edu) or phone: 314-362-1384).
Credit 2 unit.

M21 MSB 5483 Human Genetic Analysis
Basic Genetic Concepts: meiosis, inheritance, Hardy-Weinberg equilibrium, linkage, segregation analysis; Linkage Analysis: definition, crossing over, map functions, phase, LOD scores, penetrance, phenocopies, liability classes, multipoint analysis, nonparametric analysis (sibpairs and pedigrees), quantitative trait analysis, determination of power for Mendelian and complex trait analysis; Linkage Disequilibrium Analyses: allelic association (case control designs and family bases studies), QQ and Manhattan plots, whole genome association analysis; and collaboration in science. By the conclusion of the course, students will understand the ethical and regulatory context of human genetic analysis and interpretation, and data reporting and provides practical guidance on these issues. The course also examines fundamentals of the broader research environment in which biostatisticians work, including principles of ethics in human subjects and animal research, regulatory and compliance issues in biomedical research, publication and authorship, and collaboration in science. By the conclusion of the course, participants will understand the ethical and regulatory context of human genetic analysis; identify ethical issues, including situational dynamics that serve to foster or hinder research integrity, in the design and conduct of research and the management, analysis and reporting of data; and utilize strategies that facilitate ethical problem-solving and professionalism. Contact the program manager for details, to register, or to obtain permission of the course director (by email (biostat-msibs@email.wustl.edu) or phone: 314-362-1384).
Credit 3 units.

M21 MSB 550 Introduction to Bioinformatics
This course provides broad exposure to the basic concepts, methodology, and application of bioinformatics to solve biological problems. Specifically, the students will learn the basics of online genomic/protein databases and database mining tools, and they will acquire understanding of mathematical algorithms in genome sequence analysis (alignment analysis, gene finding/predicting), of gene expression microarray (genechip) analysis, and of the impact of recent developments in protein microarray technology. Prerequisite: M21 506. Contact the program manager for details, to register, or to obtain permission from the course master (biostat-msibs@email.wustl.edu).
Credit 3 units.

M21 MSB 560 Biostatistics I
This course is designed for students who want to develop a working knowledge of basic methods in biostatistics. The course is focused on biostatistical and epidemiological concepts and on practical hints and hands-on approaches to data analysis rather than on details of the theoretical methods. We will cover basic concepts in hypothesis testing, introduce students to several of the most widely used probability distributions, and discuss classical statistical methods that include t-tests, chi-square tests, regression analysis, and analysis of variance. Both in-class examples and homework assignments will involve extensive use of SAS. Prerequisite: M21 503 or sufficient practical experience with SAS. Students are required to participate in the "Computing/Unix" workshops offered free of charge prior to this course. For details, to register, or to obtain the required permission of the course director, contact the program master (biostat-msibs@email.wustl.edu).
Credit 3 units.

M21 MSB 570 Biostatistics II
This course is designed for students who have taken Biostatistics I or the equivalent and who want to extend their knowledge of biostatistical applications to more modern and more advanced methods. Biostatistical methods to be discussed include logistic and Poisson regression, survival analysis, Cox regression analysis, and several methods for analyzing longitudinal data. Students will be introduced to modern topics that include statistical genetics and bioinformatics. The course will also discuss clinical trial design, the practicalities of sample size and power computation and meta analysis, and will ask students to read journal articles with a view toward encouraging a critical reading of the medical literature. Both in-class examples and homework assignments will involve extensive use of SAS. Prerequisite: M21-560, Biostatistics I or its equivalent as judged by the course directors. For details, to register, and/or to obtain the required permission of the course director, contact the program manager (by email (biostat-msibs@email.wustl.edu) or phone: 314-362-1384).
M21 MSB 600 Mentored Research
Student undertakes supervised research in a mentor's lab. The goal is to acquire important research skills as well as good writing and presentation skills. The student finds a mentor and they together identify a research topic. A written thesis based on the research, prepared in the format of an actual scientific publication, must be submitted and presented to a select audience. The course masters will organize a few meetings throughout to facilitate the whole process. The course masters will determine the grade (pass/fail) in consultation with the mentors. Permission of the course masters is required.
Credit 3 units.

M21 MSB 617 Study Design and Clinical Trials
The course will focus on statistical and epidemiological concepts of study design and clinical trials. Topics include: different phases of clinical trials, various types of medical studies (observational studies, retrospective studies, adaptive designs, and comparative effectiveness research), and power analysis. Study management and ethical issues are also addressed. Students will be expected to do homework and practice power analysis during lab sessions. Prerequisites: M21-560 Biostatistics I and M21-570 Biostatistics II. Permission of the course director required. For details, to register, and to receive the required permission of the course director, contact the program manager (biostat-msibs@email.wustl.edu).
Credit 3 units.

M21 MSB 618 Survival Analysis
This course will cover the basic applied and theoretical aspects of models to analyze time-to-event data. Basic concepts will be introduced including the hazard function, survival function, right censoring, and the Cox-proportional hazards (PH) model with fixed and time dependent covariates. Additional topics will include regression diagnostics for survival models, the stratified PH model, additive hazards regression models and multivariate survival models. Permission of the course director required.
Prerequisites: M21-560 Biostatistics I and M21-570 Biostatistics II. For details, to register, and to receive permission from the course director, contact the program manager (by email (biostat-msibs@email.wustl.edu) or phone: 314-362-1384).
Credit 3 units.

M21 MSB 621 Computational Statistical Genetics
This course is designed to give the students computational experience with the latest statistical genetics methods and concepts so that they will be able to computationally implement the method(s) and model(s) developed as part of their thesis. By concentrating on the applications of genomics and computing, it deals with creating efficient new bioinformatical tools to interface with some of the latest, most important genetic epidemiological analysis software and addresses how to derive, design, and implement new statistical genetics models. The course also includes didactic instruction on haplotype estimation and the modeling of relationship to phenotype, LD mapping, DNA pooling analysis methods, analysis approaches in pharmacogenomics (with an emphasis on possible genomic role in drug response heterogeneity), and epistasis (GxG) and GxE interactions; data mining methods, including clustering, recursive partitioning, boosting, and random forests; and fundamentals of meta-analysis, importance sampling, permutation tests, and empirical p-values, as well as the design of Monte Carlo simulation experiments. Prerequisite: Biostatistics I and II and permission of instructor. Contact the program manager for the required permission of the course master (biostat-msibs@email.wustl.edu).
Credit 3 units.

M21 MSB 630 Internship
The primary goal of the Internship program is for students to acquire critical professional experience so that they will be well prepared to enter the job market upon graduation. This provides an opportunity for students to develop contacts, build marketable skills and perceive likes and dislikes in the chosen field. Students will have an opportunity to work with experienced mentors (PIs) on a range of projects that may include data management, data analysis, study design, and protocol development among other things. Students may have opportunities to contribute to and participate in the preparation of publishable quality manuscripts. As part of the Internship requirements, each student will submit a one-page Abstract of the work performed as part of the internship and will give a presentation of the Internship experience. The grade (pass/fail) for each student will be determined in consultation with the mentor.
Credit variable, maximum 6 units.

M21 MSB 660 Biomedical Data Mining
This course introduces methods and applications of biomedical data mining. Various computational and statistical methods will be presented, such as model selection and regularization, resampling methods, tree-based methods, and artificial intelligence. In addition to the common applications of the covered methods in biomedical sciences, this course will prepare students for future challenges and opportunities in data science. Prerequisites: M21 506, M21 560, M21 570, and M21 550. Matrix algebra is also highly recommended.
Credit 3 units.

Clinical Investigation
The Master of Science in Clinical Investigation (MSCI) and the Certificate in Clinical Investigation (CI) are programs for young investigators committed to pursuing academic careers in clinical research. The unique MSCI degree combines didactic course work with mentored research and career development opportunities, and it provides students with the knowledge and tools needed to excel in the areas of clinical investigation most relevant to their careers. The CI certificate is made up of the core MSCI didactic course work in study design, data analysis, study design, and protocol development among other things. Students may have opportunities to contribute to and participate in the preparation of publishable quality manuscripts. As part of the Internship requirements, each student will submit a one-page Abstract of the work performed as part of the internship and will give a presentation of the Internship experience. The grade (pass/fail) for each student will be determined in consultation with the mentor.
Credit variable, maximum 6 units.

Credit 3 units.
• Engage in high-quality didactic courses (refer to the MSCI course list (https://crtc.wustl.edu/courses/class-list/msci-courses/)) with mentored research and a weekly multidisciplinary seminar to meet the needs of clinicians seeking training in clinical research
• Gain knowledge in the core competencies of clinical research and investigation, such as study design, research implementation, statistical approaches, responsible conduct of research, community engagement, scientific communication and literature critique, and leadership
• Pursue one of four concentrations: Translational Medicine, Genetics/Genomics, Clinical Investigation, or Dissemination and Implementation (https://crtc.wustl.edu/msci-concentrations/), with each concentration providing focused training that is tailored specifically to a student’s interest within clinical and translational research
• Attend a weekly multidisciplinary seminar to learn about alternative research designs and methods through the discussion and presentation of peers’ research and to obtain key feedback from senior faculty and peers with expertise in their fields
• Attend monthly career development sessions to learn best practices in areas critical to success in clinical research, including grant writing, data management, intellectual property management, budgeting, ethics and other areas
• Complete a thesis requirement (https://crtc.wustl.edu/thesis-requirement/) consisting of a manuscript of original clinical research submitted for publication
• Participate in a formal, structured mentorship program that offers an opportunity to work alongside faculty renowned for their innovative clinical research and teaching experience

Location
Core courses are held on the School of Medicine campus after 4:00 p.m. to accommodate working professionals and full-time students participating in mentored research activities.

Additional Information
Karlee Kreienkamp
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Dominic Reeds, MD
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Washington University School of Medicine
Master of Science in Clinical Investigation Program
Clinical Research Training Center

660 South Euclid Avenue
Mail Stop Code 8051-021-2200
St. Louis, MO 63110

Email: crtcmsci@email.wustl.edu
Website: https://crtc.wustl.edu

Degrees & Offerings
• Master of Science in Clinical Investigation (p. 76)
• Graduate Certificate in Clinical Investigation (p. 77)
• Graduate Certificate in Dissemination and Implementation (p. 78)

Research
While in the program, scholars conduct their own clinical research projects. These projects must receive Institutional Review Board approval, and they need to involve either patients, human tissue, human cell lines or clinical data. The resulting thesis manuscript cannot be a review article, case report or case series. Multidisciplinary mentors and leaders guide research projects and encourage career development activities. Research in progress is presented at multidisciplinary seminar sessions during which peer and mentor feedback is received. Program graduates have published more than 740 peer-reviewed manuscripts; secured more than 100 federal, state and privately sponsored grants; and presented at more than 1,000 conferences, symposia and meetings locally, nationally and internationally.

Faculty
Ana A. Baumann, PhD (https://publichealth.wustl.edu/scholars/ana-a-baumann/)
Research Assistant Professor
Brown School of Social Work

Stephanie Solomon Cargill, PhD
Adjunct Assistant Professor, Medicine
Department: Internal Medicine

Patricia Cavazos-Rehg, PhD (https://publichealth.wustl.edu/scholars/patricia-cavazos-rehg/)
Associate Professor
Department: Psychiatry

Karen L. Dodson, MBA (https://crtc.wustl.edu/people/karen-l-dodson-mba/)
Manager, Professional Development
Department: Office of the Associate Dean of Faculty Affairs

Brian F. Gage, MD, MSc (https://generalmedicalsciences.wustl.edu/directory/brian-f-gage-md-msc/)
Professor of Medicine
Department: Internal Medicine
Division: General Medical Sciences
Elvin Geng, MD, MPH (https://publichealth.wustl.edu/scholars/elvin-geng/)
Professor of Medicine
Department: Internal Medicine
Division: Infectious Diseases

Jane Garbutt, MB, ChB (https://generalmedicalsciences.wustl.edu/directory/jane-garbutt-mb-chb/)
Professor of Medicine
Department: Internal Medicine & Pediatrics
Division: General Medical Sciences

Dorina Kallogjeri, MD, MPH (https://pacs.wustl.edu/people/dorina-kallogjeri-md/)
Research Statistician
Department: Otolaryngology

Jessica Mozersky, PhD (https://generalmedicalsciences.wustl.edu/directory/jessica-mozersky-phd/)
Assistant Professor in Medicine
Department: General Medical Sciences

Jay F. Piccirillo, MD, FACS (https://medicine.wustl.edu/news/jay-f-piccirillo-md-facs/)
Professor of Otolaryngology
Department: Otolaryngology

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Assistant Professor of Medicine
Department: Internal Medicine
Division: Nutritional Science

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Department: University College, Clinical Research Management Program

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Professor of Medicine
Department: Internal Medicine
Division: Infectious Diseases

Courses

M17 CLNV 503 PIRTT Mentored Independent Research
Trainees earn Predoctoral Interdisciplinary Clinical Research Training Mentored Independent Research credits for conducting clinical research, completing a report, and presenting a poster describing their work. They are also expected to attend a half-day research symposium in the fall with other clinical investigators. Mentored Independent Research will be presented each semester to an advisory committee that includes the scholar’s departmental mentors as well as Clinical Research Training Center program faculty. The research presented will be in the form of a research paper submitted for publication in a peer-reviewed journal. Under some circumstances, a grant application submitted for review will be acceptable in place of the research paper. PIRTT Mentored Independent Research will provide scholars with the practical application of skills learned in the Clinical Research Training Program didactic course work and seminars. Open to CRTC Predoctoral Program scholars only. Credit variable, maximum 6 units.

M17 CLNV 510 Ethical and Legal Issues in Clinical Research
This course prepares clinical researchers to critically evaluate ethical and regulatory issues in clinical research. The principal goal of this course is to prepare clinical researchers to identify ethical issues in clinical research and the situational factors that give rise to them, to identify ethics and compliance resources, and to foster ethical problem-solving skills. The course aims to deliver practical guidance for investigators through discussion of critical areas of clinical research ethics. An additional aim of the course is to enable participants to recognize the different ways in which research participants may be vulnerable and the ethical issues raised by including and excluding vulnerable participants. By the end of the course, participants will understand the regulatory framework that governs human subjects research and the distinction between compliance and ethics; be able to identify major ethical concerns in the conduct of clinical research, including situational factors that may give rise to ethical concerns; and be able to apply an ethical problem-solving model in clinical research. Please contact the MSCI Program for permission to enroll in this course. Credit 2 units.

M17 CLNV 5110 MTPCI Mentored Independent Research
Scholars earn Mentored Independent Research credits for conducting clinical research, completing a report, and developing and presenting a poster describing their work. They are also expected to attend a half-day research symposium in the fall with other clinical investigators. Mentored Independent Research will be presented each semester to an advisory committee that includes the scholar’s departmental mentors as well as Clinical Research Training Center program faculty. The research presented will be in the form of a research paper submitted for publication in a peer-reviewed journal. Under some circumstances, a grant application submitted for review will be acceptable in place of the research paper. MTPCI Mentored Independent Research will provide scholars with the practical application of skills learned in the Clinical Research Training Program didactic course work and seminars. Open to CRTC Postdoctoral Program scholars only. Credit variable, maximum 4 units.
M17 CLNV 513 Designing Outcomes and Clinical Research
This course covers how to select a clinical research question, outline a research protocol, and execute a clinical study. Topics include: subject selection, observational and experimental study designs, sample size estimation, clinical measurement, bias and confounding, and data management. The course is designed for health care professionals who wish to conduct patient-oriented clinical research. Students incorporate research design concepts into their own research proposal. The course consists of lectures, weekly problem sets, weekly reading assignments, outlining a research protocol, and a final exam.
Credit 3 units.

M17 CLNV 5140 MTPCI Research Seminar
Weekly seminar series are required for Postdoctoral Program and Career Development Program scholars for four semesters, one credit per semester. An important learning experience in research is the presentation and critical discussion of research ideas and projects at various points in their evolution. Seminars will alternate discussion of work in progress with critical reading of current clinical research in order to practice and enhance analysis and communication skills. Each scholar will formally present their own research in progress twice per year for feedback by peers and faculty from multiple disciplines. In addition to presenting their own work in oral and written form for peer and faculty evaluation, scholars will formally review the written proposals of their peers in a way that emulates the duties of a member of an NIH study section. This formal research evaluation exercise is a highly successful element of the duties of a member of an NIH study section. The program director and co-directors will lead a weekly seminar with participation of other core faculty. The weekly, small group, discussion, students will gain an appreciation for the role of figures and tables is covered. Publishing strategies are also discussed. Scholarhs will also learn about interpreting output, lab assignments, and a midterm and final exam. Completion of this course will enable clinical investigators to work independently with their own data and run their own analyses. Content will include data sets with applied exercises, working title and structured abstract as well as hand drawing ROC curves, checking assumptions and regression diagnostics.
Credit 1 unit.

M17 CLNV 515 PIRTT Research Seminar
Pre/Postdoctoral Interdisciplinary Research Training in Translation (PIRTT) Seminar. Two semesters of this course are required for the TL1 Scholars. This course alternates faculty presentations, research-in-progress discussions, and reading and journal discussions. CRTC scholars only.
Credit 2 units.

M17 CLNV 518 Drug and Device Development
This course will provide an overview of the commercial development pathways for both pharmaceuticals and medical devices, from inception to market. Through lectures and discussions, students will gain an appreciation for the role clinical study programs play in the broader scope of product development. Class topics will include preclinical, clinical, regulatory, and marketing factors which influence discovery and development of new medical products.
Same as U80 CRM 518
Credit 3 units.

M17 CLNV 520 Entrepreneurship for Biomedicine I
Today's biomedical research trainees have the opportunity to pursue multiple career paths within academic, industry, nonprofit, and entrepreneurial settings. In addition to scientific and technical expertise, today's trainees need additional skills in innovation and entrepreneurship (I&E) to take advantage of this opportunity. This course is designed to teach these skills. This course consists of seven "nanocourses" focused on different aspects of the entrepreneurial process. Throughout the course, trainees will work to identify an innovation and assess a new academic, entrepreneurial, or nonprofit venture to bring that innovation to market. Nanocourses are taught by successful real-world entrepreneurs and experts in their fields. The primary instructional methods are via video and hands-on learning experiences, with some supplementary reading. To succeed in this class, students should be prepared to work with their peers and coursemasters using online communication tools both inside and outside Canvas.
Credit 1 unit.

M17 CLNV 522 Introduction to Statistics for Clinical Research
This is an introductory course in statistics with a focus on the use of statistical analysis in clinical research. It is taught using SPSS, statistical analysis software commonly used in clinical research. The course teaches basic statistical methods with which clinical researchers will have the facility to execute their own analyses.
Credit 3 units.

M17 CLNV 524 Intermediate Statistics for the Health Sciences
This course builds upon Introduction to Statistics for Clinical Research (M17-522) and will focus on SPSS, Cox proportional hazards, generalized linear models, multiple linear models, ANOVA, repeated measures, regression, applied modeling, 2X2, ROC curves, checking assumptions and regression diagnostics. Completion of this course will enable clinical investigators to work independently with their own data and run their own analyses. Content will include data sets with applied exercises, interpreting output, lab assignments, and a midterm and final exam. Course director is Mark Walker, PhD, and instructor is Brian Waterman, MPH. Prerequisite: M17-522.
Credit 3 units.

M17 CLNV 528 Grantsmanship
Scholars will learn how to 1) develop research and career development grant proposals that incorporate well-formulated hypotheses, rationales, specific objectives and long-range research goals; 2) organize and present sound research and career development plans that accurately reflect the ideas and directions of the proposed research activities; and 3) avoid many common grant-writing mistakes. Scholars will also learn about the peer review process for grant evaluations and will participate in a mock NIH review exercise (study section) at the end of the semester. Though it is not required, scholars will get maximum benefits from the class if they are working on grant proposals.
Credit 2 units.

M17 CLNV 529 Scientific Writing and Publishing
The objective of this course is to teach the proper techniques of writing and publishing a biomedical manuscript. Writing a working title and structured abstract as well as hand drawing of figures and tables is covered. Publishing strategies are also discussed.
Credit 2 units.
M17 CLNV 532 Genomics in Medicine I
This course introduces principles of genomics in medicine as they apply to clinical research and provides a practical background in molecular biology and genetics. Students will be provided with an introduction to genomic research and applications of genomic technologies in the research environment and an understanding of the clinical application of genetic/genomic knowledge. Critical thinking and scientific/analytic competencies are emphasized through weekly lectures by renowned faculty. Reflection papers are required. Prior clinical research experience is helpful but not required. Course options include face-to-face, hybrid and online. Credit 1 unit.

M17 CLNV 533 Genomics in Medicine II
This course introduces principles of genomics in medicine as they apply to clinical research and provides a practical background in molecular biology and genetics. Students will be provided with an introduction to genomic research and applications of genomic technologies in the research environment and an understanding of the clinical application of genetic/genomic knowledge. Critical thinking and scientific/analytic competencies are emphasized through weekly lectures by renowned faculty. Reflection papers are required. Students may enroll in this course even if they have not taken Genomics in Medicine I (M17-532). Prior clinical research experience is helpful but not required. Course options include face-to-face, hybrid and online. Credit 1 unit.

M17 CLNV 540 Introduction to Dissemination and Implementation Science
Upon successfully completing this class, scholars will be able to: Describe the need for dissemination and implementation research, compare theories and frameworks in the field, select the appropriate designs, strategies, outcomes, and measures for implementation studies. Scholars will also: Understand the importance and language of D&I basic science, explore the theories and frameworks that are commonly used in D&I research and practice, describe the importance of context at multiple levels in D&I science, distinguish between implementation strategies and outcomes from those in efficacy sampling, attendant design effects, quantification of within- and between-cluster correlation, and cluster-level randomization is crucial. In addition, many emerging concepts in implementation research — including context, adaptation, strategies and outcomes — are now accompanied by advancement in their conceptualization and measurement. This course introduces the foundational methods of measurement development (e.g., latent class analysis, criterion and construct validity) as well as important recent publications in this area (e.g., the Program Sustainability Assessment Tool). The final part of this course will focus on the use and appraisal of data taken from health systems, including administrative databases and electronic medical records, to assess implementation behaviors and outcomes. Each of the areas covered in this course will offer practical knowledge and skills for advancing implementation research. Credit 1 unit.

M17 CLNV 588 Epidemiology for Clinical Research
The purpose of this course is to provide an understanding of the use of epidemiological concepts and methods in clinical research. Two primary foci are included: 1) common applications of epidemiologic principles and analytic tools in evaluating clinical research questions; and 2) student development of skills to review and interpret the medical literature and utilize publicly available datasets to address clinical research questions. Same as M88 AHBR 588 Credit 3 units.

M17 CLNV 589 Advanced Methods for Clinical and Outcomes Research
This course focuses on the application of advanced epidemiologic principles and outcomes research as applied to clinical research. Students study the tools used in clinical research, in clinical issues, and in understanding the medical literature concerning these issues, which are crucial for making informed decisions in the care of patients. Critical thinking and scientific/analytic competencies are emphasized throughout the course. Prerequisite: M17 513. Credit 3 units.

M17 CLNV 541 Methods, Metrics and Measures for Dissemination and Implementation Research
Despite the unequivocal successes of biomedical research over the last generation, the use of evidence-based clinical interventions in routine public health and clinical practice remains far from optimal. Today, Americans receive approximately half of indicated medical care (and much unindicated care as well). As a result, even though the past 30 years have yielded unprecedented gains in clinical and medical sciences, the health of Americans lags behind that of other industrialized countries. Globally, the proportion of morbidity and mortality due to available (and affordable) but unused clinical interventions is even larger. Dissemination & Implementation (D&I) research is an emerging area of scientific inquiry with a growing body of distinctive perspectives and methods that seeks to tackle this gap. This course focuses on approaches of particular or distinctive relevance to implementation research. Given that implementation issues often occur at an organizational, practice, or regional level, knowledge of concepts involving multi-stage sampling, attendant design effects, quantification of within- and between-cluster correlation, and cluster-level randomization is crucial. In addition, many emerging concepts in implementation research — including context, adaptation, strategies and outcomes — are now accompanied by advancement in their conceptualization and measurement. This course introduces the foundational methods of measurement development (e.g., latent class analysis, criterion and construct validity) as well as important recent publications in this area (e.g., the Program Sustainability Assessment Tool). The final part of this course will focus on the use and appraisal of data taken from health systems, including administrative databases and electronic medical records, to assess implementation behaviors and outcomes. Each of the areas covered in this course will offer practical knowledge and skills for advancing implementation research. Credit 1 unit.

Genetic Counseling
The Program in Genetic Counseling is an innovative, 21-month Master of Science program that will prepare graduates to become certified genetic counselors. The program is composed of medical genetic- and counseling-focused curriculum, clinical rotations, and a research project. In the United States, genetic counselors are generally recognized as individuals who have obtained a master’s degree (either MS or MA) from a genetic counseling graduate program accredited by the Accreditation Council for Genetic Counseling (ACGC) (https://www.gceducation.org/). The Program in Genetic Counseling at Washington University has
been granted accredited, new program status. Admission to programs accredited by ACGC requires registering for the Genetic Counseling Admissions Match (https://natmatch.com/gcadmissions/).

Applicants to the Program in Genetic Counseling must have a bachelor’s degree (or equivalent if from a foreign college or university). Most applicants will have majored in biology or a related field (e.g., biochemistry, genetics) or in psychology. Along with the required prerequisite undergraduate course work in genetics, biochemistry, statistics, and psychology, the Program in Genetic Counseling also highly recommends that applicants have obtained the following types of experiences prior to applying:

- Exposure to the field via shadowing and/or informational interviewing
- Advocacy and/or counseling experience

The mission of the Program in Genetic Counseling at Washington University is to educate future generations of genetic counselors to serve the growing need for diverse, culturally competent, innovative genetic counselors serving patients, working in industry, and conducting research. The objectives of the program are to provide a rigorous curriculum, broad and robust clinical experiences, and expert research guidance to graduate students who are well prepared to fill the ever-expanding professional roles in which genetic counselors may be employed.

All graduates of accredited genetic counseling graduate programs are prepared for entry-level genetic counseling positions, regardless of the area of specialization. Common areas of specialization for genetic counselors include oncology, prenatal, pediatrics, neurogenetics, and cardiology. Many genetic counselors do select a specialty area of practice that they focus on throughout their careers. Others change their area of practice many times. The field of genetic counseling provides a great deal of career flexibility.

As a result of its ACGC accreditation, the Program in Genetic Counseling curriculum meets the educational requirements to sit for the American Board of Genetic Counseling (ABGC) (https://www.abgc.net/) Certification Examination and to pursue licensure in all states and territories of the United States and Washington, DC, in which licensure is available.

Email: geneticcounseling@wustl.edu
Website: http://geneticcounseling.wustl.edu

Degrees & Offerings

- Master of Science in Genetic Counseling (p. 78)

Research

Program in Genetic Counseling faculty members are active collaborators and leaders of interdisciplinary research projects that inform the practice of genetic counseling. To benefit from this active research portfolio, our students will undertake research-related activities throughout the program. Students will be introduced to key genetic counseling research concepts and encouraged to note areas of research interest throughout the first semester. Formal training in genetic counseling research methods and responsible conduct will take place during the second semester course, Genetic Counseling Research Methods and Ethics. Assignments in this course will culminate in students having a proposal for an independent research project that will be completed prior to graduation.

Our program is committed to generating research results that enhance the genetic counseling evidence base and patient care. To support impactful research, students will have the opportunity to collaborate across cohorts on legacy research projects. Students are also strongly encouraged to submit their findings for peer-reviewed publication and presentation.

Faculty

Rachael Bradshaw, MS, CGC
Program Director
Tomi Toler, MS, CGC
Associate Director
Clinical Fieldwork Coordinator
Erin Linnenbringer, PhD, MS, CGC
Assistant Director
Research Coordinator
Marwan Shinawi, MD, FACMG
Medical Director
Elizabeth Yoder
Program Coordinator
Meagan Corliss, MS, CGC
Course Director
Katherine Abell, MD
Course Director

Visit the Program in Genetic Counseling website (https://geneticcounseling.wustl.edu/team/) for more information about our faculty and their appointments.

Courses

Introduction to Genetic Counseling I
This course is a seminar focusing on the process of genetic counseling, awareness of related health professions, the health care system, important terminology, and an awareness of understanding how one’s differences can affect their health
care choices and belief systems. Students who complete this course successfully will be able to construct a pedigree, describe the importance of the NSGC Code of Ethics, and describe the genetic counseling process.

Human Embryology (online course via University of Cincinnati)
This course helps students understand normal human development and to use this knowledge to explain the anatomy of the newborn and adult. This course also provides a basis for explaining the process of and possible cures for developmental anomalies. Finally, this course provides an introduction to the treatment of patients with congenital anomalies as well as counseling options for the families of affected individuals.

Current Topics in Human and Mammalian Genetics (BIO 5285)
This graduate-level course provides an overview of current topics in human genetics and a common background in mammalian molecular genetics, especially as it pertains to human diseases. This is a required first-year course in the Human and Statistical Genetics PhD program and the Program in Genetic Counseling (MS).

Laboratory Genetic Counseling
This course is a weekly three-hour class designed for genetic counseling students, focusing on a variety of areas related to genetic counseling in the laboratory. Students will become familiar with various laboratory testing methodologies, data interpretation, and report writing in addition to professional and regulatory scenarios encountered in the lab.

Genetic Counseling Journal Club
The journal club is a monthly, two-hour discussion of a relevant topic in clinical genetics. Research articles are selected from the literature and presented by attendees (one article per attendee). Summaries of the articles include a critical appraisal of the study, methodology, the results, the potential implications of the results for clinical practice (if any), the limitations of the conclusions that can be drawn from the study, and any biases or conflicts of interests that could have affected the study results.

Introduction to Genetic Counseling II
This course is a seminar focusing on preparing students for their clinical rotations and learning and practicing basic counseling skills. Students who complete this course successfully will be able to describe and demonstrate a genetic counseling session, demonstrate basic counseling skills, calculate risks using Bayes theorem and Hardy-Weinberg, adapt presentation styles to the audience, and outline basic human development.

Clinical Genetics Specialties
This course is a seminar focusing on a variety of specialty areas in clinical genetics. Students who complete this course successfully will be able to demonstrate an understanding of the many specialties that involve genetics and critically evaluate family histories to recommend appropriate genetic testing.

Genetic Counseling Research Design & Ethics
This course will provide the foundation for the development and execution of the research project required for successful completion of the genetic counseling MS degree. Through a series of interactive lectures, class discussions, student presentations, guest presentations, and outside reading, students will learn about common genetic counseling-relevant research methods; areas of active genetic counseling research on both the local and national levels; and ethical guidelines for the conduct of responsible human subjects research. By the end of the course, students will select a topic for their research project and submit a research proposal. Students will register for Research Project I, II, and III to complete their research projects with faculty mentorship and peer support.

Elective Course (to be approved by Program Director)

Research Project I, II, III
The primary objective of this course series is to ensure the timely completion of student research projects. This course series provides research project scaffolding, mentorship, and opportunities for peer feedback. Research Project I is an eight-week course taken remotely or in person during the summer between the first and second years; Research Project II is taken during the fall semester of the second year; and Research Project III is taken during the spring semester of the second year.

Clinical Fieldwork Rotations I, II, III
This course covers clinical fieldwork rotations. Participation as requested by supervisors is required. Clinical Fieldwork Rotations I is a 28-day clinical rotation over the summer between the first and second years; Clinical Fieldwork Rotations II involves two 14-day clinical rotations during the fall semester of the second year; and Clinical Fieldwork Rotations III includes two 14-day clinical rotations during the spring semester of the second year. Students who complete this course successfully will be able to demonstrate management of a genetic counseling case from contracting to follow-up and successfully use psychosocial counseling skills with patients.

Advanced Genetic Counseling I
This course is a seminar focusing on starting to build advanced genetic counseling skills. Students will become familiar with unique aspects of various genetic counseling specialties, with a focus on prenatal genetics. Students will also learn about counseling theories, psychosocial assessment, psychosocial counseling techniques, and professional development skills. Attendance and active participation are expected and required.

Genetics and Genomics of Disease (BIOL 5487)
Precision medicine (also called personalized or genomic medicine) utilizes the genetic/genomic changes as key elements in defining disease and determining treatment. For many diseases, significant challenges prevent the routine practice of precision medicine, including the following: determining whether sequence variation is medically relevant (pathogenic); achieving comprehensive phenotypic characterization; developing therapeutic approaches specific to pathogenic variation while minimizing unwanted side effects; determining whether genetic/genomic information affects overall patient outcomes; and
resolving policy and ethical issues related to the reporting and delivery of genomic information to patients and clinicians. This course will prepare students to be at the forefront of meeting the challenges in defining and implementing precision medicine by introducing students to the use of genomic and genetic information in the diagnosis and treatment of disease.

**Advanced Genetic Counseling II**
This course is a seminar focusing on building and honing advanced genetic counseling skills. Students will learn about complex issues such as family dynamics, crisis intervention, and implicit biases, and they will use this knowledge to increase their psychosocial assessment and counseling skills. This course will also help prepare students for graduation with a focus on ABGC Board Examination readiness and learning how to use self-care techniques to assist with stress management.

**Teratology**
This course is a weekly seminar focusing on human teratogens. Students will become familiar with the mechanisms by which exposures affect human development, learn about known and potential teratogens, and understand the methods by which exposures are studied to understand their potential effects. Finally, students will learn how to incorporate data available in the medical literature and databases to provide information about teratogens to patients and providers.

**Medical Education**

**Degrees & Offerings**

**MD and Joint MD Degrees**
- Doctor of Medicine (MD) (p. 78)
- Doctor of Medicine Five-Year Program (p. 87)
- Doctor of Medicine and Master of Science in Clinical Investigation (p. 87)
- Doctor of Medicine and Master of Population Health Sciences (p. 87)
- Doctor of Medicine and Master of Public Health (p. 87)
- Doctor of Medicine and Master of Business Administration (p. 87)
- Doctor of Medicine and Doctor of Philosophy (p. 88)

**Postgraduate Medicine**
- Graduate Medical Education (p. 88)
- Continuing Medical Education (p. 89)

**Medical Physics**
The new Master of Science in Medical Physics (MSMP) (https://radonc.wustl.edu/education/master-of-science-in-medical-physics/) offered through the Department of Radiation Oncology at the School of Medicine and the Post-PhD Graduate Certificate in Medical Physics (https://radonc.wustl.edu/education/post-phd-graduate-certificate-in-medical-physics/) are available for graduate and postgraduate physics students who are interested in exploring pathways to prepare for residency programs as well as for careers in the field of medical physics.

**Program Contacts**

**MSMP and Post-PhD Certificate Program Director**
Michael Altman, PhD

**MSMP Associate Program Director**
Tiezhi Zhang, PhD

**MSMP Program Coordinator**
Justina Dodson, MS

**Degrees & Offerings**
- Master of Science in Medical Physics (p. 89)
- Post-PhD Graduate Certificate in Medical Physics (p. 90)

**Research**

**Master of Science in Medical Physics**
The MSMP program offers two different pathways to allow students to choose either a thesis option or a clinical option. Students who choose the thesis pathway will be required to complete 6 credits of thesis research, with the option for additional research opportunities over the summer semester as part of the 30-unit requirement. Students who choose the clinical pathway will be required to complete a 1-credit-unit clinical rotation and a 3-credit-unit clinical project, with the option for additional clinical rotations over the summer.

**Post-PhD Graduate Certificate in Medical Physics**
The medical physics division in the Department of Radiation Oncology currently provides research and training opportunities to a large number of PhD researchers in different areas of science and engineering as applied to radiation oncology. The Department of Radiation Oncology established the Post-PhD Graduate Certificate in Medical Physics program in 2017, with the intent of providing a pathway for postdoctoral fellows to enter into clinical physics residencies.

Our post-PhD certificate program focuses on providing students with the medical physics background necessary for future success in medical physics while also offering students the opportunity to perform cutting-edge research in patient-focused areas.
Faculty

Program Director

Michael Altman PhD
Assistant Professor of Radiation Oncology
BA, Physics, University of Chicago, 2002
PhD, Medical Physics, University of Chicago, 2010
Medical Physics Residency, Henry Ford Health System, 2012

Associate Program Director

Tiezhi Zhang, MS, PhD (https://radonc.wustl.edu/people/tiezhi-zhang-phd/)
Assistant Professor of Radiation Oncology (primary appointment)
BS, Jilin Medical University, 1994
MA, Drexel University, 1999
PhD, University of Wisconsin–Madison, 2004

Instructors

Buck Edward Rogers, MA, PhD (https://radonc.wustl.edu/people/buck-rogers-phd/)
Professor of Radiation Oncology (primary appointment)
Adjunct Professor of Chemistry (courtesy affiliation)
BS, Loyola University Chicago, 1989
MA, Washington University in St. Louis, 1991
PhD, Washington University in St. Louis, 1995

David Strait, PhD (https://anthropology.wustl.edu/people/david-strait)
Instructor of Principles of Human Anatomy and Development
PhD, State University of New York at Stony Brook

Joseph O’Sullivan, PhD (https://engineering.wustl.edu/Profiles/Pages/Joseph.OSullivan.aspx)
Instructor of Biological Imaging Technology
BS, University of Notre Dame, 1982
MS, University of Notre Dame, 1984
PhD, University of Notre Dame, 1986

Yao Hao, PhD
Instructor in Radiation Oncology (primary appointment)
BS (Physics), Shanxi University, 2004
MA (Logic), Shanxi University, 2007
PhD (Medical Physics), University of Massachusetts, 2016

Courses

Visit online course listings to view offerings for M91 MedPhys

M91 MedPhys 501 Clinical Imaging Fundamentals

This course will cover the physical principles underlying various imaging modalities used in medicine, including radiography, computed tomography, ultrasound, positron emission tomography and magnetic resonance imaging. Topics to be covered include (1) aspects of X-ray generation for imaging, including X-ray tube construction and imaging geometries; and (2) image-acquisition devices, such as storage phosphor plates, image intensifiers, and various digital imagers. Clinical applications of X-ray imaging, including mammography and angiography, will be reviewed. Advanced imaging systems to be covered include diagnostic computed tomography (CT) scanners and cone-beam CT scanners. Basics of MRI imaging systems will be reviewed, including (1) the physics underlying both commonly used and specialized pulse sequences; and (2) the design and construction of typical scanners. The physics and clinical applications of both ultrasound and PET imaging will also be discussed. Topics to be considered throughout the course include image-quality metrics used to evaluate the performance of any imaging system and how the performance of imaging platforms can be degraded or improved in terms of these metrics. In addition to the didactic component, there will also be hands-on laboratory sessions on ultrasound, cone-beam CT, MRI imaging, radiography, and computed tomography performance testing for various clinical systems. Prerequisites: modern physics and calculus; permission of the program director.
Credit 2 units.

M91 MedPhys 502 Radiological Physics and Dosimetry

This course is designed to construct a theoretical foundation for ionizing radiation dose calculations and measurements in a medical context and to prepare graduate students for proper scientific applications in the field of X-ray imaging and radiation therapy. This course will cover the fundamental concepts of radiation physics, how ionizing radiation interacts with matter, and how the energy that is deposited in the matter can be measured in theory and practice. Prerequisites: calculus and modern physics; permission of the program director. Instructor: Tiezhi Zhang, PhD. Fall.
Credit 3 units.

M91 MedPhys 503 Independent Study

The graduate student will pursue independent laboratory or industrial research during the academic year. Many WUSM faculty have research opportunities for students. Students should reach an agreement with a faculty member who is willing to serve as their supervisor for the objective and scope of the project. The faculty supervisor must be either employed full-time in the Department of Radiation Oncology or affiliated with its Medical Physics Division. The grade for the independent study will be pass/fail. The student may continue to develop their research during a second term and expand the research into either a clinical project or thesis research. Instructor Rao Khan, PhD. Fall and spring.
Credit 1 unit.

M91 MedPhys 503C Clinical Project

Students will complete a clinically focused, hands-on project under the supervision of a faculty mentor. The student will develop a project statement that includes the purpose, overview of proposed methods, expected duration, and required effort to complete the project. The statement must be approved by the mentor and program director prior to the student initiating work on the project. An oral presentation and/or a written report describing the completed project work is required. Prerequisites: Radiological Physics and Dosimetry, Radiation Oncology Physics, Radiobiology, and Independent Study courses, or permission of the program director.
Credit 3 units.
M91 MedPhys 503T Thesis Research
Students will complete a research project under the supervision of a faculty mentor. Thesis students will develop a thesis proposal, conduct mentored research, and disseminate this research in the form of an oral defense and written thesis. Thesis proposals must be approved by the faculty mentor and program director prior to initiating the thesis research. Prerequisites: Radiological Physics and Dosimetry, Radiation Oncology Physics, Independent Study courses, and permission of the program director.
Credit 3 units.

M91 MedPhys 504 Ethics, Professionalism and Current Topics
This course prepares students to critically evaluate ethical, regulatory and professional issues and for leadership in clinical practice and research. The principal goal of this course is to prepare students to recognize ethics and compliance resources in clinical research and the situational factors that give rise to them, to identify ethics and compliance resources, and to foster ethical problem-solving skills. In addition, the course introduces professionalism, core elements, common traits of the medical physics profession, confidentiality, conflict of interest, interpersonal interactions, negotiations and leadership skills. Characteristics of successful leadership are also identified. Interaction with patients, colleagues, vendors, and clinic staff will also be emphasized. Prerequisite: Permission of the program director.
Credit 1 unit.

M91 MedPhys 505 Radiobiology
This course is designed to establish a foundation for ionizing radiation interaction with biological tissues. It will cover the fundamental concepts of cell biology, how ionizing radiation interacts with cells, radiation damage and carcinogenesis, and radiation therapy fractionation and related concepts. The effects of ionizing radiation on living cells and organisms -- including the physical, chemical, and physiological basis of radiation cytotoxicity, mutagenicity, and carcinogenesis -- are also covered. Prerequisites: One year each of biology, physics and organic chemistry; permission of the program director.
Credit 2 units.

M91 MedPhys 506 Radiation Oncology Physics
This course is designed to build on the concept of radiation dosimetry techniques and bring them into the clinical realm. The students will learn clinical applications of radiation dose measurements as used in radiation therapy for the treatment of cancer. Ionizing-radiation-producing devices such as external beam, brachytherapy, protons and charged particles, imaging modalities, simulation, radiation delivery, treatment verification imaging, quality assurance, motion management, and image-guided techniques will be the major focus. Prerequisites: Radiological Physics and Dosimetry; permission of the program director.
Credit 3 units.

M91 MedPhys 521 Radiation Protection and Safety
This class is designed to introduce concepts of radiation protection and safety as well as the biological consequences of human radiation exposure. Protection and safety of the radiation worker and patient as well as detection equipment and shielding analysis will be the main focus. The course will broadly cover regulations and radiological protection in various clinical environments. Prerequisites: one year each of biology, physics and organic chemistry; permission of the program director. Instructor: Rao Khan, PhD. Fall.
Credit 2 units.

M91 MedPhys 522 Clinical Rotations
The student will rotate through various areas within the Radiation Therapy Clinic and develop an understanding of the applications of physics in the use of radiation for the treatment of cancers. This will include simulation, quality assurance of various imaging and radiation sources, dose calculation, intensity modulation treatments, radiosurgery, stereotactic body radiotherapy, brachytherapy, radiopharmaceutical therapy, and more. Prerequisites: Radiological Physics and Dosimetry, Radiation Oncology Physics; permission of the program director.
Credit 1 unit.

M91 MedPhys 523 Advanced Clinical Medical Physics Laboratory
This course is designed to introduce concepts of radiation protection and safety as well as biological consequences of human radiation exposure. Protection and safety of the radiation worker and patient, as well as detection equipment and shielding analysis, will be main focus. The course will broadly cover regulations and radiological protection in various clinical environments. Prerequisites: One year each of biology, physics and organic chemistry; permission of the program director.
Credit 2 units.

Occupational Therapy
The Program in Occupational Therapy offers several professional degrees as well as a joint degree with the George Warren Brown School of Social Work.

Students interested in entering the field of occupational therapy may do so with a master's or doctoral degree. It is possible to enroll in either program and then apply to transfer to the other program later, as both the master's and doctoral programs share the same curriculum for the first year of study. Students may also decide to apply to both programs if they like. Typically, the doctoral program attracts students who have further interest in research and leadership in the field.

The Program in Occupational Therapy prepares students for professional practice and, through its research, generates knowledge to address the issues facing individuals with disabilities, chronic diseases and developmental disabilities. Students are prepared as generalists, but they can also concentrate their studies for work in pediatrics, aging, rehabilitation, work and industry, or social participation. The curriculum focuses on the dynamic interaction of the biological with the psychological, environmental and occupational factors that enable persons to fulfill their roles and lead meaningful and productive lives. Students interact with leading physicians and...
scientists whose practices and science are contributing to better methods for the treatment of persons with disabilities. In addition, students are linked with community agencies and leaders providing services to individuals with disabling conditions.

Undergraduate students in pre-medical, psychology, biology or anthropology will find that the program offers a means of applying their knowledge in a professional field.

The Program in Occupational Therapy is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 6116 Executive Boulevard, Suite 200, North Bethesda, MD 20852-4929. ACOTE’s telephone number, care of AOTA, is 301-652-AOTA. For more information, visit the ACOTE Accreditation webpage (https://www.aota.org/Education-Careers/Accreditation.aspx).

Email: wuotinfo@wustl.edu
Website: http://www.ot.wustl.edu

Degrees & Offerings

• Master of Science in Occupational Therapy (p. 91)
• Clinical Doctorate of Occupational Therapy (p. 91)

Research

Faculty in the Program in Occupational Therapy at Washington University are involved in research that is changing the way occupational therapy is practiced. In collaboration with colleagues in the School of Medicine, public health, social work and community agencies, these individuals are involved in projects that encompass many of the challenges facing society. By providing evidence through scientific research, they are validating the profession as an important partner in the health care team. By acting as innovators, they are developing new and better ways to provide care.

To find more information about research activities in the Program of Occupational Therapy, please visit the Research (http://www.ot.wustl.edu/research-105/) page of our website.

Faculty

Lisa Tabor Connor, PhD, MSOT, OTR/L (https://www.ot.wustl.edu/about/our-people/lisa-tabor-connor-171/)
Elias Michael Executive Director

Steve Taff, PhD, OTR/L, FNAP, FAOTA (https://www.ot.wustl.edu/about/our-people/steve-taff-100/)
Director, Division of Professional Education and the Teaching Scholars Program

Patricia Nellis, OTD, OTR/L (https://www.ot.wustl.edu/about/our-people/patricia-nellis-65/)
Director, Clinical Operations

Bill Bauer
Manager, Business Departmental Operations

Stacy Smallfield, DrOT, OTR/L, BCG, FAOTA (https://www.ot.wustl.edu/about/our-people/stacy-smallfield-91/)
Assistant Director, Entry-Level Professional Programs

Vicki Kaskutas, OTD, OTR/L, FAOTA (https://www.ot.wustl.edu/about/our-people/victoria-kaskutas-44/)
Assistant Director, Educational Evaluation and Quality

Visit our website for more information about our faculty (https://www.ot.wustl.edu/about/our-people-117/?typeId=2) and their appointments.

A

Regina A. Abel, PHD
Instructor in Occupational Therapy (primary appointment)
Instructor in Medicine
BS Southwest Missouri St Universi 1992
PHD Indiana University Bloomington 2000

B

Parul Bakhshi, PHD
Assistant Professor of Occupational Therapy (primary appointment)
Assistant Professor of Surgery (Public Health Sciences)
PHD University Rene’ Descartes 2003

Peggy Barco, MED
Associate Professor of Occupational Therapy (primary appointment)
Associate Professor of Medicine
MED Washington Univ in St. Louis 1987

M. Carolyn Baum, MA, PHD
Professor of Occupational Therapy (primary appointment)
Professor of Neurology (Occupational Therapy)
Professor of Social Work (Courtesy)
BS University of Kansas 1966
MA Webster University 1979
PHD Washington Univ in St. Louis 1993

Christine R. Berg, MS, PHD, BSOT
Associate Professor of Occupational Therapy (primary appointment)
Associate Professor of Neurology
MS Boston University 1980
PHD Washington Univ in St. Louis 1999
BSOT Tufts University 1976

Jesse Lynne Bricker, MS, OTD
Instructor in Occupational Therapy (primary appointment)
Instructor in Medicine
BS Illinois Wesleyan University 2000
MS Washington Univ in St. Louis 2001
OTD Eastern Kentucky University 2018
C
Chih-Hung Chang, PHD
Professor of Occupational Therapy (primary appointment)
Professor of Medicine
Professor of Orthopaedic Surgery
PHD University of Chicago 1995
BS National Chengchi University 1987
Lisa Tabor Connor, MS, MA, PHD
Professor of Occupational Therapy (primary appointment)
Associate Dean for Occupational Therapy
Elias Michael Executive Director of the Program in Occupational Therapy
Professor of Neurology
BA Johns Hopkins University 1986
MS Washington Univ in St. Louis 2013
MA Washington Univ in St. Louis 1990
PHD Washington Univ in St. Louis 1992

D
Jessica L Dashner, OTD
Assistant Professor of Occupational Therapy (primary appointment)
Assistant Professor of Neurology
BS McKendree College 2000
OTD Washington Univ in St. Louis 2002

Dorothy F Edwards, PHD
Adjunct Professor of Occupational Therapy (primary appointment)
Adjunct Professor of Neurology
PHD Washington Univ in St. Louis 1980
BA Loyola University 1972

H
Kelly McClelland Harris, MA, PHD
Instructor in Occupational Therapy (primary appointment)
Instructor in Surgery (Public Health Sciences)
MA Northwestern University 2001
BA University of Kansas 2000
PHD Washington Univ in St. Louis 2017
Catherine R Hoyt, OTD
Instructor in Occupational Therapy (primary appointment)
BS Juniata College 2007
OTD Washington Univ in St. Louis 2010

K
Victoria Kaskutas, MHS, OTD
Associate Professor of Occupational Therapy (primary appointment)
Associate Professor of Medicine
BA University of Illinois 1980

OTD Washington Univ in St. Louis 2009
Marian Keglovits
Instructor in Occupational Therapy (primary appointment)
Instructor in Neurology
PHD Washington Univ in St. Louis 2009

Allison A King, MD
Professor of Occupational Therapy (primary appointment)
Professor of Education (Courtesy)
Professor of Medicine
Professor of Pediatrics
Professor of Surgery (General Surgery)
BA Washington Univ in St. Louis 1992
MD University of MO Columbia 1996

Kathleen Marie Kniepmann, M PH, DED
Associate Professor of Occupational Therapy (primary appointment)
Associate Professor of Neurology
BS Washington Univ in St. Louis 1974
M PH Harvard University 1981
BA Washington Univ in St. Louis 1974
DED Harvard University 1980

Wanda Jean Mahoney, MS, MA, OTD
Associate Professor of Occupational Therapy (primary appointment)
Associate Professor of Medicine
BS Washington Univ in St. Louis 1999
BS Saint Louis University 1997
MA De Paul University 2018
OTD Nova Southeastern University 2008

Lauren Elizabeth Milton, PHD, BS1
Assistant Professor of Occupational Therapy (primary appointment)
Assistant Professor of Medicine
PHD Washington Univ in St. Louis 2008
BS1 Saint Louis University 2001

Marian A Minor, PHD, M PH
Associate Professor of Occupational Therapy (primary appointment)
BS University of Kansas 1965
PHD University of Missouri 1989
M PH University of Missouri 1979

Kerri A Morgan, MS, PHD
Assistant Professor of Occupational Therapy (primary appointment)
Assistant Professor of Neurology
BS Washington Univ in St. Louis 1998
BA Texas Christian University 1996
PHD Washington Univ in St. Louis 2015
N
Patricia K Nellis, BSOT, MBA
Associate Professor of Occupational Therapy (primary appointment)
Associate Professor of Neurology
BSOT Western Michigan University 1980
MBA Columbia College 2004

P
Adam C Pearson, OTD
Instructor in Occupational Therapy (Pending Dean's Approval) (primary appointment)
OTD Washington Univ in St. Louis 2011
BS Missouri State University 2008

Monica S Perlmutter, OTD, BSOT, MA
Associate Professor of Occupational Therapy (primary appointment)
Associate Professor of Ophthalmology and Visual Sciences
OTD Washington Univ in St. Louis 2012
BSOT University of MO Columbia 1981
MA Washington Univ in St. Louis 1989

Benjamin Allen Philip, PHD
Assistant Professor of Occupational Therapy (primary appointment)
Assistant Professor of Neurology
Assistant Professor of Surgery (Plastic and Reconstructive Surgery)
PHD Brown University 2009

Roberta G Pineda, PHS, MHS
Adjunct Assistant Professor of Occupational Therapy (primary appointment)
PHS University of Florida 2006
MHS University of Florida 1994

S
Stacy Lynn Smallfield, MD, MS
Associate Professor of Occupational Therapy (primary appointment)
Associate Professor of Medicine
MD Nova Southeastern University 2007
BS Gustavus Adolphus College 1995
MS Washington Univ in St. Louis 1996

Emily K Somerville, MA
Instructor in Occupational Therapy (primary appointment)
Instructor in Neurology
MA Washington Univ in St. Louis 2007
BA Covenant College 2005

Susan L Stark, PHD, MS
Associate Professor of Occupational Therapy (primary appointment)
Associate Professor of Neurology
 Associate Professor of Social Work
BS Alma College 1988
PHD University of MO Columbia 1998
MS Washington Univ in St. Louis 1989

T
Steven D Taff, MS, PHD
Associate Professor of Occupational Therapy (primary appointment)
Associate Professor of Medicine
MS Washington Univ in St. Louis 1997
BS MO State U (formerly SW MO St) 1989
PHD University of MO St Louis 2005

Susan M Tucker, MS
Instructor in Occupational Therapy (primary appointment)
Instructor in Neurology
MS Washington Univ in St. Louis 2002

Quinn Peal Tyminski, MS
Instructor in Occupational Therapy (primary appointment)
Instructor in Psychiatry
MS Washington Univ in St. Louis 2012
BS Adrian College 2010

V
Erin Foster Voegtli, OTD, PHD
Assistant Professor of Occupational Therapy (primary appointment)
Assistant Professor of Neurology
Assistant Professor of Psychiatry
OTD Washington Univ in St. Louis 2005
BS Washington Univ in St. Louis 2003
PHD Washington Univ in St. Louis 2018

W
Carla W Walker, MS
Instructor in Occupational Therapy (primary appointment)
MS Washington Univ in St. Louis 2000

Timothy J Wolf, OTD
Adjunct Associate Professor of Occupational Therapy (primary appointment)
Adjunct Associate Professor of Occupational Therapy
OTD Washington Univ in St. Louis 2007

Wing Kai Wong, PHD
Assistant Professor of Occupational Therapy (primary appointment)
Assistant Professor of Neurology
Assistant Professor of Psychiatry
PHD Univ of IL -Urbana-Champaign 2012

Courses
Visit online course listings to view offerings for M01 OT (https://courses.wustl.edu/CourseInfo.aspx?sch=M&dept=M01).
M01 OT 593A Fieldwork II
Provides fieldwork experiences under the supervision of an occupational therapist. Students' participation includes in-depth experience in delivering occupational therapy services to clients including evaluation, treatment and intervention. Students have the opportunity to practice in a variety of clinical or community based settings. During the fieldwork process, students are expected to assume increasing responsibilities related to patient or client care. The fieldwork experience is designed to promote clinical reasoning, professionalism and competency. Duration is 12 weeks per course section. Credit 6 units.

M01 OT 593B Fieldwork II
Provides fieldwork experiences under the supervision of an occupational therapist. Students' participation includes in-depth experience in delivering occupational therapy services to clients including evaluation, treatment and intervention. Students have the opportunity to practice in a variety of clinical or community based settings. During the fieldwork process, students are expected to assume increasing responsibilities related to patient or client care. The fieldwork experience is designed to promote clinical reasoning, professionalism and competency. Duration is 12 weeks per course section. Credit 6 units.

M01 OT 595 Independent Study
Active participation in research activities with program faculty. A written plan of study agreed upon by faculty and student. Permission of faculty adviser required. Credit variable, maximum 6 units.

M01 OT 596 Fieldwork II — Elective
Optional fieldwork after graduation. Permission required to register. Credit variable, maximum 6 units.

M01 OT 611 Professional Immersion in Occupational Therapy
This foundational course prepares students to manage the changing paradigms of health care that are encountered in future practice. Students are introduced to settings across the continuum of care, professional team roles, and health policy which are integrated into future coursework. Health informatics systems support professional practice and are explored as a means to understand continuum of service delivery, documentation, and reimbursement systems. Students learn foundational tools of the profession, including the current practice framework and activity analysis. Credit 3 units.

M01 OT 612 Neuroscience Principles Supporting Occupational Performance
This foundational course explores the structures and functions of the nervous system as they relate to occupational performance. Students develop a basic understanding of the neural mechanisms that underlie motor function, sensation, perception, cognition, and affect. Credit 3 units.

M01 OT 613 Theoretical Foundations Supporting Occupational Performance
This course explores the philosophical and theoretical foundations of the profession. The evolving theories, models, and frames of reference which support occupational therapy research and practice are compared and applied to case scenarios. Emphasis will be on the PEOP model of occupational performance and the core principles of client-centered care and disability. The meaning and complexity of occupation and occupational performance will be explored as students gain an understanding of humans as occupational beings. Credit 2 units.

M01 OT 614 Elements of Research Design and Use of Data
Building on prerequisite knowledge, the student engages in research design and data analysis. Students locate sources of grant funding, compose an IRB proposal, identify appropriate statistical analyses of data based on the research question, evaluate the psychometrics of assessments, and analyze both qualitative and quantitative data. Credit 3 units.

M01 OT 641 Elective MSOT to PhD Mentored Scholarship II
This is the second in a three-course sequence in which students participate in a mentor's scholarship experience to prepare for entry into a PhD program. Students conduct clinical research or engage in the scholarship of teaching and learning under the direction of a researcher. Learning experiences include designing, implementing, evaluating, and disseminating research to advance knowledge translation, professional practice, service delivery, or professional issues. Students will actively participate in a research laboratory as a means to gain exposure to the skills needed to run an independent laboratory as a career scientist. Credit 2 units.

M01 OT 642 Evaluation and Intervention: Adults and Older Adults I
This course explores the person, environment, and occupation factors that influence occupational performance of adults and older adults. Students evaluate these factors, interpret findings, and design components of intervention plans using applicable theories, models, frames of reference and best evidence. Mechanisms for reimbursement, re-evaluation, and discharge planning as applicable to various practice settings are addressed. Credit 6 units.

M01 OT 648 OTD Mentored Scholarship II
This is the second in a three-course sequence in which students participate in a mentor's scholarship experience. Students conduct clinical research, clinical and community program development, or the scholarship of teaching and learning within the mentor's line of scholarship. Learning experiences will include designing, implementing, evaluating, and disseminating research to advance knowledge translation, professional practice, service delivery, or professional issues. Credit 2 units.
M01 OT 650 Theories, Models and Classifications
This course will explore the historical and theoretical foundations of Rehabilitation and Participation Science and track the development of rehabilitation models and classification systems. Students will find and use specific theories to ground their understanding of the area of their specialization, and they will be taught how to classify and apply levels of evidence to build the background for their doctoral work. The course will be team-taught with students and include faculty presentations and discussions.
Credit 3 units.

M01 OT 651 Elective MSOT to PhD Mentored Scholarship III
This is the third in a three-course sequence in which students participate in a mentored scholarship experience to prepare for entry into a PhD program. Students conduct clinical research or engage in the scholarship of teaching and learning under the direction of a researcher. Learning experiences include designing, implementing, evaluating, and disseminating research to advance knowledge translation, professional practice, service delivery, or professional issues. Students will actively participate in a research laboratory as a means to gain exposure to the skills needed to run an independent laboratory as a career scientist.
Credit 2 units.

M01 OT 652 Evaluation and Intervention: Adults and Older Adults II
This course explores the person, environment, and occupation factors that influence occupational performance of adults and older adults. Students evaluate these factors, interpret findings, and design components of intervention plans using applicable theories, models, frames of reference and best evidence. Mechanisms for reimbursement, re-evaluation, and discharge planning as applicable to various practice settings are addressed.
Credit 3 units.

M01 OT 653 Case-Based Learning III: Occupational Performance Enabling Participation
In this last course of the series, students continue to study select health conditions and apply the occupational therapy process to cases under the guidance of a facilitator. Students integrate concepts learned in the evaluation and intervention course work to design comprehensive evidence-based intervention plans using applicable theories, models, frames of reference and best evidence. They select assessments, plan interventions, delineate OT/OTA roles, and make discharge recommendations that are client-centered and that incorporate appropriate community resources.
Credit 3 units.

M01 OT 655 Management Strategies for a Changing Practice Environment II
This is the second of a two-course series that examines management and organizational principles for occupational therapy services as delivered in multiple practice environments. Students implement and evaluate a community program, report an outcomes and sustainability plan back to the community, and prepare an application for funding based on the need for services. Interactions with managers, clinic leaders, community agencies, interprofessional teams, and other entrepreneurs allow students the opportunity for experiential learning.
Credit 3 units.

M01 OT 656 Professional Identity and Practice IV
This four-course series emphasizes the personal and professional growth of the student as a representative of the profession and institution. This last course addresses preparation for national certification, state requirements for scope of practice and licensure, interprofessional collaboration, supervision of other OT personnel, ethical behavior, continuing competence and professional service. Orientation to Level II fieldwork is covered.
Credit 2 units.

M01 OT 658 OTD Mentored Scholarship III
This is the third in a three-course sequence in which students participate in a mentored scholarship experience. Students conduct clinical research, clinical and community program development, or the scholarship of teaching and learning within the mentor's line of scholarship. Learning experiences will include designing, implementing, evaluating, and disseminating research to advance knowledge translation, professional practice, service delivery, or professional issues.
Credit 2 units.

M01 OT 660 Biopsychosocial Factors Influencing Performance
The course will provide an in-depth understanding of the biomedical research literature pertaining to factors that influence performance. The course focuses on psychological, physiological, sensory, perceptual, motor, cognitive processes as well as subjective and objective assessments of the environment for home, work and community contexts that contribute to performance and performance changes with rehabilitation. The course will be team taught with a combination of lecture and seminar formats to lay the foundational principles of performance and to discuss how the capacity to perform supports participation.
Credit 3 units.

M01 OT 670 Environment Factors and Participation
The course will provide an in-depth understanding of person-environment interactions and the link between biomedical factors and community participation. The course focuses on the physical, technology and policy aspects of the environment that impact participation of persons with or at risk for chronic illness or disability. The course will be team taught with a combination of lecture and seminar formats.
Credit 3 units.

M01 OT 680 Measurement Theory and Development
The course will provide a broad framework and specific knowledge for assessment in areas of rehabilitation and participation. The course focuses on psychological, physiological, sensory, perceptual, motor, cognitive processes as well as subjective and objective assessments of the environment for home, work and community contexts. The course will be team taught with a combination of lecture and discussion formats.
Credit 3 units.
M01 OT 690 Rehabilitation Neuroscience
The role of experience in shaping brain functions is a central question in psychology and neuroscience. The prevailing view is that the functional organization of even the mature brain is dynamic — changing in response either to increases or decreases in stimulation. However, this has not always been the accepted perspective. Even now, many fundamental questions remain, and the answers should directly impact the way that we approach learning and the rehabilitation (re-learning) in the future. Just what are the limits on plasticity in the adult brain? How should environments be structured to exploit this capacity effectively? Is all reorganization behaviorally relevant? What factors contribute to adaptive, as opposed to maladaptive, changes? Together, we will consider historical perspectives on, and what is presently known about, these and related questions. Credit 3 units.

M01 OT 710 Lab Practicum
Laboratory practicum is designed to permit the student to learn the basic processes of their selected laboratory. The practicum will involve ongoing research projects and can be both laboratory and clinical in nature. Credit 2 units.

M01 OT 720 Teaching Practicum I
The teaching practicum provides an opportunity to engage in a focused and supervised classroom teaching experience. The student's teaching should be in a content area relevant to the student's area of interest. Credit 1 unit.

M01 OT 721 Teaching Practicum II
The teaching practicum provides a continued opportunity to engage in a focused and supervised classroom teaching experience. The student's teaching should be in a content area relevant to the student's area of interest. Credit 1 unit.

M01 OT 750A Directed Practice Research: Productive Aging
This is the first course in a series of three courses designed as an applied clinical experience or clinical research project under the guidance of a graduate faculty mentor. The focus of the project will be in productive aging. The project, over the course of three semesters, will result in a scholarly paper. Students enter this course after they have completed OT 630, the Proposal Seminar course. Credit 3 units.

M01 OT 750B Directed Practice Research: Social Participation
This is the first course in a series of three courses designed as an applied clinical experience or clinical research project under the guidance of a graduate faculty mentor. The focus of the project will be in social participation. The project, over the course of three semesters, will result in a scholarly paper. Students enter this course after they have completed OT 630, the Proposal Seminar course. Credit 3 units.

M01 OT 750C Directed Practice Research: Pediatrics
This is the first course in a series of three courses designed as an applied clinical experience or clinical research project under the guidance of a graduate faculty mentor. The focus of the project will be in pediatrics. The project, over the course of three semesters, will result in a scholarly paper. Students enter this course after they have completed OT 630, the Proposal Seminar course. Credit 3 units.

M01 OT 750D Directed Practice Research: Rehabilitation
This is the first course in a series of three courses designed as an applied clinical experience or clinical research project under the guidance of a graduate faculty mentor. The focus of the project will be in rehabilitation. The project, over the course of three semesters, will result in a scholarly paper. Students enter this course after they have completed OT 630, the Proposal Seminar course. Credit 3 units.
M01 OT 751W Directed Practice / Research Work I
Student will engage in applied clinical research under the guidance of a graduate faculty member. Topics will be in the area of specialization chosen by the student in consultation with the faculty member. Credit variable, maximum 6 units.

M01 OT 752A Directed Practice / Research Aging II
Student will engage in applied clinical research under the guidance of a graduate faculty member. Topics will be in the area of specialization chosen by the student in consultation with the faculty member. Prerequisite: OT 751A. Credit variable, maximum 6 units.

M01 OT 752D Directed Practice / Research Disability II
Student will engage in applied clinical research under the guidance of a graduate faculty member. Topics will be in the area of specialization chosen by the student in consultation with the faculty member. Prerequisite: OT 751D. Credit variable, maximum 6 units.

M01 OT 752P Directed Practice / Research Pediatrics II
Student will engage in applied clinical research under the guidance of a graduate faculty member. Topics will be in the area of specialization chosen by the student in consultation with the faculty member. Prerequisite: OT 751P. Credit variable, maximum 6 units.

M01 OT 752R Directed Practice Research III: Rehab
Student will engage in applied clinical research under the guidance of a graduate faculty member. Topics will be in the area of specialization chosen by the student in consultation with the faculty member. Prerequisite: OT 751R. Credit variable, maximum 6 units.

M01 OT 752W Directed Practice / Research Work II
Student will engage in applied clinical research under the guidance of a graduate faculty member. Topics will be in the area of specialization chosen by the student in consultation with the faculty member. Prerequisite: OT 751W. Credit variable, maximum 6 units.

M01 OT 762 Seminar in Education Strategies
This course offers an opportunity for students to reflect on and examine concurrent occupational therapy teaching assistantship experiences. Attention will be given to learning theories underlying practice, teaching tools and strategies, and situated and distributed learning. Activities will include critical reading, peer supervision, and self-assessment. Credit 3 units.

M01 OT 770 Research Seminar
Regular meeting where research is presented and discussed. Presentations will be made by Washington University faculty, faculty outside the university, and students. Credit 1 unit.

M01 OT 780 Research Practicum
The mentored research credit units will be used to develop the research skills of the student. The student will work with the mentor's guidance to conduct research that adds value to the laboratory and gains experience for the student. The mentored independent studies should lead to refereed publications and may contribute to the dissertation research. Credit variable, maximum 6 units.

M01 OT 793C Doctoral Experiential Component
Provides a customized field experience specific to the doctoral pursuit of the student. Students may participate in research, policy, clinical practice, advocacy, teaching, etc. Students are expected to achieve specific goals established by the student, their doctoral chair, and the site mentor. Duration is 16 weeks. Credit 6 units.

M01 OT 793D Doctoral Experiential Component
Provides a customized field experience specific to the doctoral pursuit of the student. Students may participate in research, policy, clinical practice, advocacy, teaching, etc. Students are expected to achieve specific goals established by the student, their doctoral chair, and the site mentor. Duration is 16 weeks. Credit variable, maximum 6 units.

Physical Therapy
Physical therapy is the science of human movement applied to rehabilitation, injury, fitness, injury prevention and overall health. Practicing in a variety of settings, physical therapists diagnose and treat movement dysfunction in patients with skill, competence and compassion. The Program in Physical Therapy is committed to providing students with excellent scientific and clinical education in an environment that strives to continually lead the industry in practice, research, innovation and advocacy of movement health.

The Program in Physical Therapy at the School of Medicine offers two formal curricula that collectively foster opportunities for lifelong learning and comprehensive career development: the Doctor of Physical Therapy (p. 92) and the PhD in Movement Science (p. 93).
The Human Movement System Approach

The Program in Physical Therapy has pioneered a unique, movement-based approach to physical therapy. The human movement system is at the core of our approach to physical therapy education, research and patient care. This system consists of physiological organ systems that interact to produce and support the movement of the body and its parts. Movement science is the study of the movement system, and we believe physical therapists are the world’s movement system experts.

Our program (https://outlook.wustl.edu/movement-redefined/) has pioneered the development of movement-focused physical therapy education, research and treatment. The human movement system continues to be our foundation for treating patients, conducting research, and training the next generation of leaders in physical therapy. Our vision is aligned with the vision of the American Physical Therapy Association (APTA) (http://www.apta.org/), which is to "transform society by optimizing movement to improve the human experience."

Additional Information

Further information, including complete admissions instructions and program descriptions, may be obtained through direct correspondence with the Program in Physical Therapy:

Program in Physical Therapy
Washington University School of Medicine
4444 Forest Park Avenue, CB 8502
St. Louis, MO 63108-2212
Fax: 314-286-1410

Phone: 314-286-1400
Email: ptadmissions@email.wustl.edu
Website: https://pt.wustl.edu

Degrees & Offerings

- Doctor of Physical Therapy (p. 92)
- PhD in Movement Science (p. 93)

Research

The mission of the Research Division is to understand how the movement system (https://pt.wustl.edu/about-us/) is affected by disease, injury, lifestyle, development and aging and to understand how movement can be used to promote health by enhancing physical function, activity and participation across the lifespan.

Our interdisciplinary scientific endeavors include mechanistic and translational investigations at all levels of organization, from the cell to society. Our research (https://pt.wustl.edu/research/our-research-areas/) is supported by millions of dollars in federal, private foundation and university funding. We pursue knowledge in a collaborative work environment within the Movement Science Research Center (https://pt.wustl.edu/research/movement-science-research-center/).

Our doctoral and postdoctoral Research Training Programs (https://pt.wustl.edu/research/research-training-programs/) prepare students for careers at the forefront of physical therapy and movement science research.

Research Areas

<table>
<thead>
<tr>
<th>Research Area</th>
<th>Faculty Investigators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot &amp; Ankle Injury &amp; Recovery</td>
<td>Mary K. Hastings, PT, DPT, MSCI, ATC</td>
</tr>
<tr>
<td>Hardware &amp; Software Design for Rehabilitation Research</td>
<td>Joseph W. Klaesner, PhD</td>
</tr>
<tr>
<td>Integrative Muscle Physiology</td>
<td>Gretchen A. Meyer, PhD</td>
</tr>
<tr>
<td>Metabolism &amp; Organ Function in Metabolic Disease</td>
<td>W. Todd Cade, PT, PhD</td>
</tr>
<tr>
<td>Movement &amp; Musculoskeletal Problems in Diabetes</td>
<td>Michael J. Mueller, PT, PhD, FAPTA</td>
</tr>
<tr>
<td>Movement &amp; Neurodegenerative Disease</td>
<td>Gammon M. Earhart, PT, PhD</td>
</tr>
<tr>
<td>Movement &amp; Neurodegenerative Disease</td>
<td>Ryan P. Duncan, PT, DPT</td>
</tr>
<tr>
<td>Nutrition &amp; Exercise</td>
<td>Diana C. Parra Perez, MPH, PhD</td>
</tr>
<tr>
<td>Physical Activity &amp; Fitness</td>
<td>B. Ruth Clark, PT, PhD</td>
</tr>
<tr>
<td>Physical Activity &amp; Fitness</td>
<td>Susan B. Racette, PhD</td>
</tr>
<tr>
<td>Prevention, Rehabilitation &amp; Maintenance in Musculoskeletal Conditions</td>
<td>Linda Van Dillen, PT, PhD, FAPTA</td>
</tr>
</tbody>
</table>
The Movement Science Research Center is approximately 13,000 square feet of newly renovated space that provides a collaborative environment for faculty, PhD students and postdoctoral fellows to conduct rehabilitation research.

The facility includes numerous private rooms for clinical interventions and state-of-the-art equipment.

### Equipment List

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accelerometer activity monitors</td>
<td>Gene and protein quantification</td>
</tr>
<tr>
<td>Balance platform</td>
<td>Histology</td>
</tr>
<tr>
<td>Biological sample processing</td>
<td>Motion capture</td>
</tr>
<tr>
<td>cell culture suite</td>
<td>Muscle physiology testing equipment</td>
</tr>
<tr>
<td>Dynamometers</td>
<td>Oscilloscopes</td>
</tr>
<tr>
<td>Electromyography</td>
<td>Rotating treadmill</td>
</tr>
<tr>
<td>Eye tracking</td>
<td>Simulated spaces for functional activities</td>
</tr>
<tr>
<td>Force platforms</td>
<td>Split-belt treadmill</td>
</tr>
<tr>
<td>Function generators</td>
<td>Treadmills</td>
</tr>
<tr>
<td>GAITRite instrumented walkway</td>
<td>Wheel mill system</td>
</tr>
</tbody>
</table>

### Research Training Programs

We offer physical therapy research training programs designed to prepare students at the doctoral and postdoctoral levels for careers in groundbreaking physical therapy research.

### PhD in Movement Science

Under the Movement Science Program, students work on the research topics that interest them while completing course work that prepares them for their research careers. The Movement Science Program encourages collaboration with other departments within the School of Medicine.

Visit the Program in Physical Therapy website for more information about the PhD in Movement Science (https://pt.wustl.edu/education/phd-in-movement-science/).

### Postdoctoral Fellowship in Movement Science

Our Postdoctoral Fellowship in Movement Science offers an opportunity to develop and complete research projects related to movement science and rehabilitation. Fellows are encouraged to collaborate with other faculty and programs in the School of Medicine.

Visit the Program in Physical Therapy website for more information about the Postdoctoral Fellowship (https://pt.wustl.edu/education/postdoctoral-fellowship-in-movement-science/).

### Comprehensive Opportunities in Rehabilitation Research Training Program

The Comprehensive Opportunities in Rehabilitation Research Training (CORRT) Program is a multicenter career development program for physical and occupational therapists.

Visit the CORRT website for more information about the CORRT Program (https://www.corrt.pitt.edu/).

### Institute of Clinical and Translational Sciences

The Institute of Clinical and Translational Sciences (ICTS) offers programs designed to support investigators at each phase of their clinical and translational research studies.

Visit the ICTS website for more information about the ICTS (https://icts.wustl.edu/).

### Clinical Research Training Center

The Clinical Research Training Center (CRTC) fosters clinical research training and career development for predoctoral students, house staff, postdoctoral fellows and faculty.

Visit the CRTC website for more information about the CRTC (https://crtc.wustl.edu/).

### Faculty

Gammon Earhart, PT, PhD (https://pt.wustl.edu/faculty-staff/faculty/gammon-m-earhart-pt-phd/)

Executive Director, Program in Physical Therapy

Jennifer Stith, PT, PhD, LCSW (https://pt.wustl.edu/faculty-staff/faculty/jennifer-s-stith-pt-phd-lcsw/)

Division Director of Education

Linda Van Dillen, PT, PhD, FAPTA (https://pt.wustl.edu/faculty-staff/faculty/linda-van-dillen-pt-phd/)

Division Director of Research

Beth Crowner, PT, DPT, NCS, MPPA (https://pt.wustl.edu/faculty-staff/faculty/beth-crowner-pt-dpt-ncs-mppa/)

Division Director of Clinical Practice
Visit our website for more information about our faculty (https://pt.wustl.edu/faculty-staff/faculty/) and their appointments.

### A

**Steven B Ambler, MPH, PhD, DPT**  
Associate Professor of Physical Therapy (primary appointment)  
Associate Director of Professional Curriculum in Physical Therapy  
Associate Professor of Orthopaedic Surgery  
MPH University of South Florida 2014  
PhD University of South Florida 2016  
BS University of Illinois 2002  
DPT Washington University in St. Louis 2005

### B

**Amy J Bastian, PhD**  
Adjunct Assistant Professor of Physical Therapy (primary appointment)  
BS University of Oklahoma 1990  
PhD Washington University in St. Louis 1995

**Marghuretta Dakota Bland, MS, DPT**  
Associate Professor of Physical Therapy (primary appointment)  
associate Professor of Neurology  
Associate Professor of Occupational Therapy  
BS Canisius College 2004  
MS Washington University in St. Louis 2008  
DPT Washington University in St. Louis 2008

**Marybeth Brown, PhD, MA**  
Adjunct Associate Professor of Physical Therapy (primary appointment)  
BS Russell Sage College 1967  
PhD University of Southern Calif 1984  
MA University of Southern Calif 1974

**Megan Maupin Burgess, DPT**  
Assistant Professor of Physical Therapy (primary appointment)  
Assistant Professor of Orthopaedic Surgery  
BS University of Virginia 2006  
DPT Washington University in St. Louis 2010

**Tamara Lavon Burlis, DPT, MHS**  
Professor of Physical Therapy (primary appointment)  
Assistant Director of Professional Curriculum in Physical Therapy  
Associate Director for Clinical Education in Physical Therapy  
BS Wartburg College 1988  
DPT Washington University in St. Louis 2003  
BS Washington University in St. Louis 1988  
MHS Washington University in St. Louis 1993

### C

**Cheryl Ann Caldwell, MHS, DPT**  
Associate Professor of Physical Therapy (primary appointment)  
Associate Professor of Orthopaedic Surgery  
BS University of Colorado Boulder 1976  
MHS Washington University in St. Louis 1988  
DPT Washington University in St. Louis 2002

**Billie Ruth Clark, PhD**  
Professor of Physical Therapy (primary appointment)  
Professor of Neurology  
BS Saint Louis University 1974  
PhD Saint Louis University 1988

**Suzanne Marie Cornbleet, DPT, MA**  
Associate Professor of Physical Therapy (primary appointment)  
Associate Professor of Orthopaedic Surgery  
BS University of Colorado Boulder 1975  
DPT Washington University in St. Louis 2003  
MA Washington University in St. Louis 1987

**Beth Elaine Crowner, MS, BS PT, DPT, MPP**  
Professor of Physical Therapy (primary appointment)  
Professor of Neurology  
MS Washington University in St. Louis 1989  
BS PT Washington University in St. Louis 1989  
DPT Washington University in St. Louis 2007  
MPP University of Missouri 1997

**Sylvia Lin Czuppon, MS, DPT**  
Associate Professor of Physical Therapy (primary appointment)  
Associate Professor of Orthopaedic Surgery  
MS Washington University in St. Louis 2002  
BA Washington University in St. Louis 2000  
DPT Washington University in St. Louis 2011

### D

**Ryan Michael DeGeeter, DPT**  
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Assistant Professor of Orthopaedic Surgery  
BS Ball State University 2007  
DPT Washington University in St. Louis 2010

**Ryan Patrick Duncan, DPT, MS**  
Associate Professor of Physical Therapy (primary appointment)  
Associate Professor of Orthopaedic Surgery  
BS Maryville University 2007  
DPT Washington University in St. Louis 2012  
MS Maryville University 2008

### E

**Gammon Marie Earhart, PhD, MS**  
Professor of Physical Therapy (primary appointment)  
Associate Dean for Physical Therapy  
Professor of Neurology  
Professor of Neuroscience  
BS Beaver College 1994  
PhD Washington University in St. Louis 2000  
MS Beaver College 1996
H

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Assistant Professor of Mechanical Engineering and Materials Science
Assistant Professor of Orthopaedic Surgery
BS University of Utah 2007
PHD University of Utah 2013

Mary Kent Hastings, DPT, MS
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DPT Washington Univ in St. Louis 2002
BS University of Illinois 1990
MS Washington Univ in St. Louis 1993

Marcie Harris Hayes, MS, DPT
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MS Northwestern University 1996
DPT Washington Univ in St. Louis 2003
BS Southwest Missouri St Universi 1994

Carey Lane Holleran, DHS, M PHYSTH
Assistant Professor of Physical Therapy (primary appointment)
Assistant Professor of Neurology
BS Duquesne University 2003
DHS University of Indianapolis 2014
M PHYSTH Duquesne University 2004

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Professor of Orthopaedic Surgery
BA Emory University 1995
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MS Washington Univ in St. Louis 2001

I

Renee A. Ivens, DPT, MHS
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DPT Washington Univ in St. Louis 2006
BS Maryville University 1984
MHS Washington Univ in St. Louis 1996

K

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DPT Washington Univ in St. Louis 2008
MS Washington Univ in St. Louis 1998

Joseph W. Klaesner, PHD, MS, BS1
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Professor of Radiology
PHD Vanderbilt University 1995
BS Marquette University 1987
MS Vanderbilt University 1993
BS1 Marquette University 1987

L

Catherine Eckels Lang, MS, PHD
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Associate Director of Movement Science PhD Program in Physical Therapy
Professor of Neurology
Professor of Occupational Therapy
BS University of Vermont 1997
PHD Washington Univ in St. Louis 2001
BS University of Vermont 1993

Vanessa Mae Lanier, DPT
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Assistant Professor of Orthopaedic Surgery
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DPT Washington Univ in St. Louis 2012

M

Mary Kate McDonnell, MHS, DPT
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BS Saint Louis University 1981
MHS Washington Univ in St. Louis 1985
DPT Washington Univ in St. Louis 2003

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DPT Washington Univ in St. Louis 2004
BA Washington Univ in St. Louis 2001

Jacob Graves McPherson, MS, PHD
Assistant Professor of Physical Therapy (primary appointment)
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BS Northwestern University 2008
MS Northwestern University 2008
BS University of North Carolina a 2005
PHD Northwestern University 2011

Laura Greg Miller McPherson, PHD, DPT
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Assistant Professor of Neurology
BS Vanderbilt University 2006
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DPT Northwestern University Med 2012

Gretchen Ann Meyer, MS, PHD
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Assistant Professor of Orthopaedic Surgery  
MS Washington Univ in St. Louis 2004  
BS Washington Univ in St. Louis 2004  
PHD University of CA San Diego 2011  
Jennifer Alaine Miller-Katsafanas, BBA, DPT, DPT  
Assistant Professor of Physical Therapy (primary appointment)  
Assistant Professor of Obstetrics and Gynecology  
BA University of MO St Louis 1996  
BBA University of MO St Louis 1996  
DPT Washington Univ in St. Louis 2012  
BA University of MO St Louis 1996  
DPT Washington Univ in St. Louis 2012  
Michael Jeffrey Mueller, MHS, PHD  
Professor of Physical Therapy (primary appointment)  
Professor of Radiology  
BS Washington Univ in St. Louis 1979  
MHS Washington Univ in St. Louis 1984  
PHD Washington Univ in St. Louis 1992  

Barbara Jean Norton, MHS, PHD  
Professor of Physical Therapy (primary appointment)  
Associate Director of Education Technology in Physical Therapy  
Professor of Neurology  
BS Washington Univ in St. Louis 1966  
MHS Washington Univ in St. Louis 1985  
PHD Washington Univ in St. Louis 1996  

Susan B. Racette, PHD  
Professor of Physical Therapy (primary appointment)  
Professor of Medicine  
PHD University of Chicago 1994  
BS Bucknell University 1988  

David R Sinacore, PHD, MHS  
Adjunct Professor of Physical Therapy (primary appointment)  
BS State University of New York 1979  
PHD West Virginia University 1992  
MHS Washington Univ in St. Louis 1983  
Cheryl Renae Smith, MS, DPT  
Assistant Professor of Physical Therapy (primary appointment)  
Assistant Professor of Orthopaedic Surgery  
MS University of Oklahoma 2004  
DPT Washington Univ in St. Louis 2010  
Nancy Bloom Smith, DPT, MS  
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Professor of Orthopaedic Surgery  
BA University of Virginia 1976  
DPT Washington Univ in St. Louis 2002  
BS Washington Univ in St. Louis 1984  

Jennifer Spitznagle, DPT, MHS  
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DPT Washington Univ in St. Louis 2006  
BS Marquette University 1986  
MHS Washington Univ in St. Louis 1994  
Jennifer S Stith, MS, MSW, PHD  
Professor of Physical Therapy (primary appointment)  
Division Director of Education in Physical Therapy  
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MS University of Southern Calif 1979  
MSW Washington Univ in St. Louis 2006  
PHD Washington Univ in St. Louis 1994  
BS University of California 1976  

Stacy Lynne Tylka, MS, DPT  
Associate Professor of Physical Therapy (primary appointment)  
Associate Professor of Obstetrics and Gynecology  
Associate Professor of Orthopaedic Surgery  
BS Saint Louis University 2000  
MS Saint Louis University 2002  
DPT Washington Univ in St. Louis 2009  

Linda R Van Dillen, PHD, MS  
Professor of Physical Therapy (primary appointment)  
Division Director of Research in Physical Therapy  
Professor of Orthopaedic Surgery  
PHD Washington Univ in St. Louis 1994  
BS University of Missouri 1979  
MS Washington Univ in St. Louis 1985  

Dequan Zou, ME, MS, D SC  
Professor of Physical Therapy (primary appointment)  
Professor of Radiology  
ME Harbin Engineering University 1984  
MS Washington Univ in St. Louis 1991  
D SC Washington Univ in St. Louis 1993  
BS Harbin Engineering University 1982  

Courses  
Visit online course listings to view semester offerings for M02 PhysTher (https://courses.wustl.edu/CourseInfo.aspx?sch=M&dept=M02).  

M02 PhysTher 5001 Independent Study  
Independent research work under supervision of a faculty member in the Program in Physical Therapy. Prerequisite: junior or senior standing and permission of faculty. Petition forms are available from Dr. Clark.
M02 PhysTher 601 Diagnosis and Evidence Analysis in PT Practice I
Includes processes required for effective clinical decision-making such as the use of disablement models, decision trees, diagnostic classification systems, patient interviewing and outcome measures. An introduction to basic research methods and systematic review of the literature. Patient cases will be used to practice clinical decision-making skills.
Credit 2 units.

M02 PhysTher 602 Professional Issues and Skills I
An introduction to the profession of physical therapy, the APTA, professional behavior and clinical activities such as documentation and quality improvement. Includes ethics, legal issues and policies that guide professional behavior. Students will learn and practice using principles of patient teaching, negotiation and team building. Students will spend 80 hours at clinical sites.
Credit 3 units.

M02 PhysTher 603 Essential Clinical Skills I
Beginning skills for patient management include using systems screening and reliable assessment of impairments including visual appraisal, vital signs, sensation, reflexes, pain, range of motion, muscle strength and infection control. Skill and safety in positioning, draping and managing equipment during patient care activities such as walking and transfers will be developed.
Credit 4 units.

M02 PhysTher 604 Cells, Systems and Disease I
The first of a two-semester course, this course focuses on advanced human physiology and pathological mechanisms of disease. Course content emphasizes cellular and organ system physiology, pathological mechanisms of disease, and medical management of pathological conditions. Physicians will discuss medical diagnosis, clinical signs and symptoms, and management of selected diseases. Students will be introduced to pharmacology and to the relevance of clinical laboratory values. Patient case studies will be used to integrate information.
Credit 4 units.

M02 PhysTher 605 Neuroscience
Focuses on the study of structures, organization and function of the nervous and muscular systems. Emphasis is on the sensory and motor systems involved in motor control and on basic knowledge required for clinical practice.
Credit 3 units.

M02 PhysTher 606 Kinesiology I
An introduction to the analysis of normal human movement activities through the application of mechanical concepts including displacement, velocity, acceleration, force and torque. Emphasizes kinematic and kinetic concepts relevant to human movement and study of the structures involved in movement.
Credit 3 units.

M02 PhysTher 610 Cells, Systems and Disease II
A continuation of the first semester. Open only to individuals enrolled in the Physical Therapy program.
Credit 4 units.

M02 PhysTher 611 Human Anatomy
Emphasis is on: 1) Musculoskeletal, neural and vascular systems of the extremities, head, neck and trunk; and 2) anatomical features relevant to current physical therapy practice. Lectures are complemented by student-performed dissection of human cadavers, instructor-prepared prosections and computer-assisted instruction. Open only to individuals enrolled in the Physical Therapy program.
Credit 5 units.

M02 PhysTher 612 Diagnosis and Evidence Analysis in PT Practice II
Continuation of research methods from the first semester, including use of statistics and outcome measurements. Students will complete a reliability project and write a paper based on the literature. Cases will permit further practice using decision trees and assigning diagnoses of basic movement-related conditions. Open only to individuals enrolled in the Physical Therapy program.
Credit 2 units.

M02 PhysTher 613 Kinesiology II
Emphasizes principles of maturation and motor learning relative to the application of biomechanical principles to the analysis of human movement. Standardized methods of characterizing movement by observation and with the use of technology will be addressed. Topics include developmental, anatomical, electromyographical and physiological elements of kinesiology with regard to individual joints and common functional activities such as gait and transitional movements.
Credit 5 units.

M02 PhysTher 614 Diagnosis and Management of Musculoskeletal Conditions in PT I
Students will learn postural assessment and application of Movement Systems Balance. Analysis of functional activities, the essential components and compensatory strategies, will prepare the student to begin to plan interventions for individuals with musculoskeletal problems. Skill in providing interventions of manual exercise, fitness training and functional mobility training will be developed. Cases will provide use of diagnostic systems relevant to musculoskeletal conditions.
Credit 3 units.

M02 PhysTher 615 Professional Issues and Skills Development II
Students will be assigned to part-time clinical experiences for 45 hours to allow practice of acquired skills in patient care, documentation and communication.
Credit 0.5 units.

M02 PhysTher 621 Exercise Physiology
A study of the responses of various physiological systems to exercise. Includes application and integration of these systems to various diseases and to human performance. Content will be coordinated with Diagnosis and Management of Cardiopulmonary Conditions in Physical Therapy. Open only to individuals enrolled in the Physical Therapy program.
Credit 3 units.
M02 PhysTher 622 Diagnosis and Management of Cardiopulmonary Conditions in PT
Students will learn to assess, diagnose and treat movement-related cardiopulmonary conditions. Treatment techniques will include exercise and conditioning, breathing techniques, postural drainage and percussion. Interpretation of laboratory tests and pharmacology will prepare students to work with patients safely. Case studies will prepare students for general practice. Open only to individuals enrolled in the Physical Therapy program. Credit 3 units.

M02 PhysTher 623 Orthopaedic Medicine
Physician lectures will provide students with information on surgical and non-surgical procedures and postoperative management of patients with orthopaedic conditions. Physicians will discuss medical diagnosis, clinical signs and symptoms, and management of selected conditions to prepare the student to use this information in Diagnosis and Management of Musculoskeletal Conditions in PT II - III. Open only to individuals enrolled in the Physical Therapy program. Credit 2 units.

M02 PhysTher 624 Diagnosis and Management of Musculoskeletal Conditions in PT II
Students will acquire the skills needed to manage and prevent movement-related musculoskeletal problems of the spine and lower quarter. Acute and post-acute care will be addressed. Integration of information from previous and concurrent courses will be stressed with emphasis on screening, examination, analysis of findings, diagnosis, design and implementation of intervention programs for patients with increasingly complex problems. Functional activities across the life span also will be addressed. Open only to individuals enrolled in the Physical Therapy program. Credit 3 units.

M02 PhysTher 625 Neurology Medicine
Physician lectures will provide students with information on the medical management of patients with neurological conditions. Physicians will discuss medical diagnosis, clinical signs and symptoms, and management of selected conditions to prepare the student to use this information in Diagnosis and Management of Neuromuscular Conditions in PT. Open only to individuals enrolled in the Physical Therapy program. Credit 3 units.

M02 PhysTher 626 Moderators of Health, Wellness and Rehabilitation
Designed to explore individual attitudes toward health, illness, disability and death. Emphasizes the effect of these attitudes on individual goals, motivation, expectations, interpersonal relationships and exercise adherence. Investigates individual health attitudes, personal values, family interaction, stress management and concepts of wellness. Age-related issues will be addressed. Open only to individuals enrolled in the Physical Therapy program. Credit 3 units.

M02 PhysTher 627 Essential Clinical Skills II
Skill in providing interventions including massage and mobilization and the application of thermal, mechanical, hydro and electrotherapeutic modalities will be developed. Students will learn the basic indications for and prescription of adaptive equipment and wheelchairs. Open only to individuals enrolled in the Physical Therapy program. Credit 3 units.

M02 PhysTher 628 Case Integration Lab I
Paper, video and live patient cases provided by faculty and students will be completed to provide practice in managing patients with varying movement-related diagnoses of the cardiopulmonary and musculoskeletal systems. Open only to individuals enrolled in the Physical Therapy program. Credit 1 unit.

M02 PhysTher 629 Diagnosis and Management of Neuromuscular Conditions in PT I
Students will acquire the skills to examine patients with neuromuscular disorders. Emphasis will be on screening, selecting tests and measures, examination, determining impairments and functional loss, and making a movement system diagnosis. Students will practice examining both adult and pediatric patients. Content related to motor control and motor learning will be integrated into the course. Course content will be integrated with the concurrent Neurology Medicine course. Open only to individuals enrolled in the Physical Therapy program. Credit 2 units.

M02 PhysTher 630 Professional Issues and Skill Development III
Focuses on clinical application of compliance and motivation principles. Peer teaching, communication, consultation skills, leadership skills, lobbying legislation, documentation and negotiation in the clinic will be practiced. Students will practice decision making, supervision and delegation. Students will prepare resumes and begin career planning. Credit 3 units.

M02 PhysTher 631 Diagnosis and Management of General Medical Conditions in PT
Students will acquire the skills needed to manage movement-related problems in patients with diabetes, burns, arthritis, wounds, amputation and prosthetics, obesity, oncological problems, incontinence, pain, genetic conditions, osteoporosis, malnutrition, transplants and neonatology. Integration of information from previous and concurrent courses will be stressed with emphasis on screening, examination, analysis of findings, diagnosis, design and implementation of intervention programs for patients with increasingly complex problems. Functional activities across the life span will be addressed. Credit 3 units.

M02 PhysTher 632 Diagnosis and Management of Musculoskeletal Conditions in PT III
Students will acquire the skills needed to manage and prevent movement-related musculoskeletal problems of the spine, neck, elbow, wrist and hand, ankle and foot. Integration of information from previous and concurrent courses will be stressed with emphasis on screening, examination, analysis of findings,
diagnosis, design and implementation of intervention programs for acute and post-acute patients with increasingly complex problems. Functional activities across the life span will be addressed. Credit 3 units.

M02 PhysTher 642 Case Integration Lab II
Students will use paper, computer, video and live patients to integrate information learned across the curriculum. Students will orally present cases they managed during Clinical Experience II. Credit 1 unit.

M02 PhysTher 643 Diagnosis and Management of Neuromuscular Conditions in PT II
Students will build on their skills for examining patients with neuromuscular disorders and diagnosing movement system dysfunction. Additional skills acquired will be designing and implementing intervention plans to address impairments and functional loss in patients of all ages. To aid in selecting appropriate interventions, students will consider patient prognosis. Students will learn to prescribe wheelchairs and orthotics, fabricate splints, apply kinesiotape, and use a variety of medical equipment. Motor control and motor learning principles will be integrated into the course. Open only to individuals enrolled in the Physical Therapy program. Credit 4 units.

M02 PhysTher 650 Diagnosis and Evidence Analysis in PT Practice III
Students will prepare written case reports based on patients seen during their clinical experiences. Students will defend use of diagnostic classifications and integrate the literature to support their case. Students will practice selecting appropriate outcome measures, designing clinical research questions, and use data to make decisions about individual and group treatment. Credit 3 units.

M02 PhysTher 651 Organizational and Management Issues
Dynamics of organizations and departments will be discussed using case examples. Focuses on the knowledge and skills needed by physical therapists early in their careers. Principles of administration and management that enable the physical therapist to supervise supportive personnel, to understand fiscal issues including reimbursement, and to recommend staffing schedules and patterns will be addressed. Students will learn marketing and public relations strategies. Credit 3 units.

M02 PhysTher 652 Alternative Settings and Practice Environments
Physical therapy practice in work and community settings will be addressed with an emphasis on ergonomics and group treatment. Special PT tests and the interpretation of other tests will be integrated into cases. Students will be introduced to care for the patient with vestibular problems, care in the ER, and an update in genetics/genomics. Alternative medicine and alternative PT practice will be studied. Students will explore recreational options for disabled populations. Credit 3 units.

M02 PhysTher 653 Health Fitness and Prevention
Emphasis will be on critiquing and designing fitness and wellness programs for well and special populations. Programs will focus on those for employee fitness, diabetes, arthritis, obesity and the elderly. Students will participate in and evaluate group treatments and recreational exercise. Use of exercise equipment will be addressed. Credit 3 units.

M02 PhysTher 654 Case Integration Lab III
A variety of teaching methods, including rounds format, assessment centers and student presentations will enable students to integrate information from across the curriculum to complete complex case studies. Emphasis will be on pharmacology, other tests, moderators, establishing time frames and setting priorities for care. Age-related issues will be addressed. Credit 3 units.

M02 PhysTher 655 Professional Issues and Skill Development IV
Focus will be on the professional skills students need to function in entry-level practice in a variety of settings. Students will study licensure, and will participate in lobbying and a mock House of Delegates. Skills in serving as an expert witness, a leader, a peer instructor and in clinical instruction will be developed. Students will be expected to participate in a service project and activities of the American Physical Therapy Association. Cultural and race issues will be actively explored. Credit 4 units.

M02 PhysTher 691 Clinical Experience I
An eight-week, full-time clinical experience supervised by clinical faculty. Allows the student to practice evaluation and treatment skills acquired in the classroom and laboratory. Also emphasizes development of professional behaviors. Credit 4 units.

M02 PhysTher 692 Clinical Experience II
An eight-week, full-time clinical experience supervised by clinical faculty. Allows the student to practice evaluation and treatment skills acquired in the classroom and laboratory. Also emphasizes development of professional behaviors. Credit 4 units.

M02 PhysTher 693 Clinical Experience III
A 10-week, full-time clinical experience supervised by clinical faculty. Allows the student to practice evaluation and treatment skills acquired in the classroom and laboratory. Also emphasizes the development of professional behaviors. Credit 5 units.

M02 PhysTher 694 Clinical Experience IV
A 12-week, full-time clinical experience supervised by clinical faculty. Allows the student to practice evaluation and treatment skills acquired in the classroom and laboratory. Also emphasizes the development of professional behaviors. Credit 6 units.
M02 PhysTher 700 Learning, Health and Equity
Learners will explore the impact of health and equity on achieving our profession's vision: "Transforming society by optimizing movement to improve the human experience." Faculty will describe the learner-centered academic physical therapy learning environment, and learners will engage in partnership with faculty to form the foundation for their shared success. Learners will be guided to understand the importance and utility of competency-based physical therapist education, learning science principles, and both the stages and attributes of the master adaptive learner in professional formation and lifelong professional development.
Credit 1 unit.

M02 PhysTher 701 Professions and Movement
Learners will gain an understanding of their roles as ethical professionals and movement system practitioners. Faculty will guide learners' discovery of significant events in the history of the profession, with an emphasis on the concepts of movement and diagnosis. Faculty will introduce a model for integrating the movement system with health and movement across the lifespan. Learners will begin to develop skills in screening, interviewing, movement analysis, and clinical reasoning through case examples that will span the curriculum.
Credit 1 unit.

M02 PhysTher 702 Movement and Population Health
Learners will integrate the foundations of movement and the movement system through a population health framework. The movement system practitioner's role in health promotion and prevention will prepare the learner to promote health and prevent movement-related problems for populations, groups, and individuals across the lifespan. Learners will be guided in the understanding of social and structural systems, moving beyond the health care system, and how they impact the health of society and the individual. The learner will continue to develop the patient-client relationship and begin to demonstrate the communication skills necessary to work in interprofessional teams to promote health and prevent movement-related problems.
Credit 2 units.

M02 PhysTher 703A Movement and Precision Health
Learners will focus on the role of the movement system practitioner in individual health. They will integrate the foundations of movement, the movement system, and foundations of movement-related conditions through a precision health framework that includes interactions across the spectrum of the environmental level to the cell molecular level. Learners will be guided in a basic understanding of the health care system and how it impacts the health of individuals. The learner will begin to prevent and manage movement-related problems for individuals across the lifespan while developing an understanding of their professional responsibilities in practice and how to identify areas for improvement in their practice.
Credit 10 units.

M02 PhysTher 731A Patient and Client Care 1
The learner will demonstrate a minimum of the level 1 benchmark in competency development to provide informed, effective, and efficient care for the management of movement-related health conditions and the promotion of health and wellness. The learner will choose topics organized through the clinician/scholar/educator thread to improve in this domain, as needed.
Credit 0.5 units.

M02 PhysTher 732A Knowledge for Practice 1
The learner will demonstrate a minimum of the level 1 benchmark in competency development to integrate knowledge from established and evolving movement and other relevant biomedical, clinical, epidemiological and social-behavioral sciences to guide practice. The learner will choose topics organized through the clinician/scholar/educator thread to improve in this domain, as needed.
Credit 0.5 units.

M02 PhysTher 733A Practice-Based Learning and Improvement 1
The learner will demonstrate a minimum of the level 1 benchmark in competency development to use effective interpersonal and communication skills to interact and collaborate with others. The learner will choose topics organized through the clinician/scholar/educator thread to improve in this domain, as needed.
Credit 0.5 units.

M02 PhysTher 734A Interpersonal & Communication Skills 1
The learner will demonstrate a minimum of the level 1 benchmark in competency development to use effective interpersonal and communication skills to interact and collaborate with others. The learner will choose topics organized through the clinician/scholar/educator thread to improve in this domain, as needed.
Credit 0.5 units.

M02 PhysTher 735A Professionalism 1
The learner will demonstrate a minimum of the level 1 benchmark in competency development to adhere to ethical and legal principles, model professional behaviors, and display a commitment to citizenship within the profession and the community. The learner will choose topics organized through the clinician/scholar/educator thread to improve in this domain, as needed.
Credit 0.5 units.

M02 PhysTher 736A Systems-Based Practice 1
The learner will demonstrate a minimum of the level 1 benchmark in competency development to function effectively and proactively within evolving systems and environments that contribute to the health of individuals and populations. The learner will choose topics organized through the clinician/scholar/educator thread to improve in this domain, as needed.
Credit 0.5 units.
M02 PhysTher 737A Interprofessional Collaboration 1
The learner will demonstrate a minimum of the level 1 benchmark in competency development to engage within interprofessional teams as an effective member and collaborative leader. The learner will choose topics organized through the clinician/scholar/educator thread to improve in this domain, as needed.
Credit 0.5 units.

M02 PhysTher 738A Personal & Professional Development 1
The learner will demonstrate a minimum of the level 1 benchmark in competency development to demonstrate the attributes required to engage in lifelong personal and professional growth. The learner will choose topics organized through the clinician/scholar/educator thread to improve in this domain, as needed.
Credit 0.5 units.

Population Health Sciences
The Master of Population Health Sciences (MPHS) offered by the School of Medicine is a 10-month degree program for clinicians, clinical doctorates, medical students and health sciences students seeking training in clinical research methods. The curriculum emphasizes the role of epidemiology and biostatistics in approaching clinical effectiveness and outcomes research for all medical specialties. The MPHS does not require a research thesis upon completion of the program. Instead, the program innovatively uses applied course work to focus on the long-term mastery of skills. Many students go on to produce award-winning research using their applied course work and skills learned in the program. Students are not required to complete a research project for graduation. The focus in the MPHS program is on the practice and mastery of clinical research skill sets for long-term benefit.

For example, students will write and design research protocols, systematic reviews and meta-analyses, grant proposals and more. In addition, our instructors select case studies, prioritize reading lists, and shape class discussions from current, in-the-news clinical outcomes research and population health topics.

Students are not required to complete a research project for graduation. The focus in the MPHS program is on the practice and mastery of clinical research skill sets for long-term benefit.

Students are encouraged to have a primary mentor connected to their research while in the MPHS program. If needed, our program leadership can help students find a research project or mentor.

Faculty
Graham Colditz, MD, DrPH (https://surgery.wustl.edu/people/graham-colditz/)
Director
Yikyung Park, ScD (https://surgery.wustl.edu/people/yikyung-park/)
Co-Deputy Director
Adetunji Toriola, MD, PhD (http://publichealthsciences.wustl.edu/Faculty/ToriolaAdetunji/)
Co-Deputy Director
Allison King, MD, MPH, PhD (https://wuphysicians.wustl.edu/for-patients/find-a-physician/allison-a-king/)
Associate Director for Medical Students
Visit our website for more information about our faculty (http://publichealthsciences.wustl.edu/Faculty/) and their appointments.

Courses

M19 PHS 500 Current Topics in Public Health
Students will review public health research, interventions and problems making headlines in print and television media. Discussion of how the problem is presented and evaluated will take place, and students will discuss alternate approaches. Course activities: brief presentations, short written assignments, class participation. Course note: required for medical students. Credit 1 unit.

M19 PHS 501 Introduction to Epidemiology
This course introduces the basic principles and methods of epidemiology, with an emphasis on critical thinking, analytic skills, and application to clinical practice. Topics include outcome measures, methods of adjustment, surveillance, quantitative study designs, and sources of data. Designed for those with a clinical background, the course will provide tools for critically evaluating the literature and skills to practice evidence-based medicine. Course activities: lectures, midterm and final exams, class participation, problem sets and papers. Course note: M21 503 required prerequisite.
M19 PHS 502 Intermediate Epidemiology
The second course in the Epidemiology series, this course builds upon the basic principles and methods of epidemiology and introduces additional tools and concepts that are critical to a comprehensive study design. Topics include risk and association, sampling strategies, interaction, confounding, adjustment, lifetables, applied causal inference, validity and reliability, social epidemiology, and approaches to data analysis. Upon exiting this course, students will be prepared to approach the study design portion of a protocol, as required by the final course in the Epidemiology series. Course activities: lectures, midterm and final exams, class participation, problem sets and papers. Course note: M19-501 required prerequisite. Credit 3 units.

M19 PHS 505 Ethics in Population and Clinical Health
This course will expose population and clinical health researchers to the various ethical issues and situations encountered in their research and clinical duties, with a focus on research-related issues and solutions. It will also familiarize them with available ethics and compliance resources. Case studies and scenario presentations will facilitate discussion on topics such as informed consent, rights to health, personal responsibility for health, allegations of misconduct, research with communities, data objectivity and presentation, publications, collaborators’ rights and responsibilities, intellectual property, and student-mentor relationships. Credit 1 unit.

M19 PHS 510 Introduction to SAS for Clinical Research
This one-week course is designed to equip medical students, clinicians and health researchers with basic SAS programming skills. Students will learn how to operate SAS, import external data, create SAS data sets, create, format and manipulate variables, and export data and results. Upon completion of this course, students will have obtained a basic understanding of the SAS environment. Credit 1 unit.

M19 PHS 511 Introductory Biostatistics for Clinical Research
This introductory course in biostatistics is designed for medical students, clinicians and health researchers. The course will introduce students to basic statistical concepts including hypothesis testing, probability distributions and relevant basic statistical methods. Through in-class and homework assignments, students will learn to apply statistical concepts to the medical context. Upon completion of the course, students will be able to summarize quantitative data and carry out and interpret simple data description and analyses using the SAS program. Prerequisite for the course is knowledge in SAS. Credit 3 units.

M19 PHS 512 Intermediate Biostatistics for Clinical Research
This intermediate course is designed for medical students, clinicians and health researchers and builds on the skills developed in Introduction to Biostatistics for Clinical Research. The course will focus on more advanced statistical concepts as applied to clinical and population-based data sets, including linear and logistic regression analyses, and survival analyses. Through applied course work, students will learn how to analyze and interpret clinical research data. Upon completion of the course, students will be able to perform statistical data analyses for regression models with continuous, categorical, and survival outcomes using the SAS program, and will be able to use these models to address their research questions. Prerequisite for the course is an introductory course in biostatistics and SAS knowledge. Credit 3 units.

M19 PHS 5252 Comparative Effectiveness Research
This course will provide a comprehensive introduction to comparative effectiveness research. Topics include an overview of comparative effectiveness research, stakeholder engagement in comparative effectiveness research, designing comparative effectiveness research methodologic challenges in doing comparative effectiveness research, and recent developments in PCORI and federal policy. Students will be expected to review and evaluate comparative effectiveness studies as well as actively participate in class discussions. Course note: M19-501 and M21-560 are required prerequisites; SAS software required. If student is not in the MPH program, they must contact the program regarding registration. Credit 2 units.

M19 PHS 5254 Using Administrative Data for Health Services Research
The objective of this advanced graduate course is to prepare highly motivated students to perform health services research using administrative data. Lectures will provide tutorials on national administrative databases, review journal articles using these databases, instruction in SAS programming and application of health services research methods using administrative databases. Strengths and limitations of large databases that are commonly used for research will be considered, and special attention will be devoted to large federal databases that are readily available to new investigators. Students will learn how to obtain, link and analyze large databases, understand the key issues related to data security and confidentiality, and become knowledgeable about key methodologic issues in observational studies using administrative data. Students will evaluate published studies based on large administrative databases, develop a health services research proposal and complete a short research project that uses administrative data. Credit 3 units.

M19 PHS 526 Patient Safety, Quality Management, and Quality Improvement
This course introduces principles of patient safety, quality measurement and quality improvement. Classes are designed to provide students with hands-on skills in systems thinking and in preventing, learning from, and dealing with medical error and adverse events. Students will also learn fundamentals in approaches to evaluating quality, including quantitative methods in measure development. We will discuss various approaches and challenges to knowledge translation and effective change management in improving quality. Students will be encouraged to use their real-world experiences in problem solving around patient safety concerns, to develop and evaluate quality measures in their respective fields and to develop a quality improvement project in their area of interest as part of the course. If student is not in the MPH program, they must contact the program regarding registration.
**M19 PHS 527 Development, Validation and Application of Risk Prediction Models**

This course will present an introduction to the methods of predictive modeling, with applications to both genetic and clinical data. Basic concepts and philosophy of supervised and unsupervised data mining as well as appropriate applications will be discussed. Topics covered will include multiple comparisons adjustment, cluster analysis, self-organizing maps, principal component analysis, and predictive model building through logistic regression, classification and regression trees (CART), multivariate adaptive splines (MARS), neural networks, random forests, and bagging and boosting. Approaches to validation will be discussed, and strategies for estimation of added value with expanded variable lists will be a key focus of this applied quantitative methods course. Course note: Biostatistics I and II (M21-560 and M21-570) are required prerequisites. If student is not in the MPH program, they must contact the program regarding registration.

Credit 2 units.

**M19 PHS 530 Multilevel Models in Quantitative Research**

This course covers statistical model development with explicitly defined hierarchies. Such multilevel specifications allow researchers to account for different structures in the data and provide for the modeling of variation between defined groups. The course begins with simple nested linear models and proceeds on to non-nested models, multilevel models with dichotomous outcomes, and multilevel generalized linear models. In each case, a Bayesian perspective on inference and computation is featured. The focus on the course will be practical steps for specifying, fitting and checking multilevel models with much time spent on the details of computation in the R and Bugs environments. Prerequisites: Math 2200, Math 3200, Poli Sci 581, or equivalent.

Same as L32 Pol Sci 584

Credit 3 units.

**M19 PHS 532 Applied Qualitative Methods for Health Research**

This course will introduce students to the most commonly used qualitative methods for medical-related research. It will provide a foundation in the application of qualitative methods to medical and health research. Topics addressed will include uses of qualitative data, designing studies, sampling strategies, collecting data, and qualitative analysis. A variety of methods will be discussed, with an emphasis on using focus groups and various interviewing techniques. Students will learn the best practices in qualitative research and how to critically evaluate qualitative studies and articles. Upon completion of the course, students will be able to plan, conduct and analyze a qualitative study. If student is not in the MPH program, they must contact the program regarding registration.

Credit 3 units.

**M19 PHS 540 Decision Analysis for Clinical Investigation and Economic Evaluation**

In this course, we will introduce students to the methods and applications of decision analysis and cost-effectiveness analysis in health care technology assessment, medical decision making, and health resource allocation. At the conclusion of the class, the student will have an understanding of the theoretical basis for economic evaluation and decision analysis, its application, and hands-on experience in the application of the methods. Among the topics covered are the development of a research question, choice of decision perspective, development of a decision analytic model, estimation of costs and benefits, use of preference based measures, addressing uncertainty and preparation of a manuscript presenting a decision analytic study.

Credit 3 units.

**M19 PHS 550 Randomized Controlled Trials**

This course provides a comprehensive introduction to randomized controlled clinical trials. Topics include types of clinical trials research (efficacy and effectiveness trials), study design, treatment allocation, randomization and stratification, quality control, analysis, sample size requirements, patient consent, data safety and monitoring plans, reporting standards, and interpretation of results. Course activities: lectures, manuscript critiques, class project, paper. Course note: Students are strongly encouraged to have taken or be concurrently enrolled in M21-560. If student is not in the MPH program, they must contact the program regarding registration.

Credit 3 units.

**M19 PHS 551 Systematic Reviews and Meta-Analysis**

Introduction to the use of meta-analysis and related methods used to synthesize and evaluate epidemiological and clinical research in public health and clinical medicine. Concepts introduced and illustrated through case studies of public health and medical issues. Course activities: lectures, manuscript critiques, class project, paper. Stata IC required. Course note: M21-570 required prerequisite. If student is not in the MPH program, they must contact the program regarding registration.

Credit 3 units.

**M19 PHS 555 Dissemination and Implementation Science**

This course provides an overview of dissemination and implementation (D&I) science (i.e., translational research in health). Topics include the importance and language of D&I science; designs, methods, and measures; differences and similarities across clinical, public health, and policy settings; selected tools for D&I research and practice; and future issues.

Credit 3 units.

**M19 PHS 560 Principles of Shared Decision Making and Health Literacy in the Clinical Setting**

This course will provide a comprehensive introduction to principles of shared decision making and health literacy and their implications for clinical communication. Topics may include basic and applied research on shared decision making, principles of designing and evaluating patient decision aids, principles of health literacy, research on relationship between health literacy, numeracy, and health outcomes, best practices for communication with low-numerate and low-literate individuals, best practices (and controversies) in communicating probabilities and their associated uncertainty about screening and treatment outcomes, and best practices for designing and evaluating written information for clinical populations (such as intake forms, brochures, and informed consent documents). Course activities: lectures, manuscript critiques, class project, paper. If student is not in the MPH program, they must contact the program regarding registration.

Credit 3 units.
M19 PHS 562 Addictions and Addictive Behaviors
This course provides an overview of the principles of substance-related addictions and the processes and mechanisms that underlie addiction. Students will be introduced to the epidemiology and developmental course of addiction, risk and protective influences that act on the course of addiction and its adverse health consequences. Both genetic and environmental underpinnings will be discussed. The impact of policy and economics will be studied. Emerging addictive behaviors, effective interventions and treatment modalities will be discussed. Students will be expected to participate in class discussions, complete written assignments (review paper format) and present one of their written assignments via in-class presentation. Course activities: lectures, class discussion, review paper presentation, three short papers. Course note: a required course for the Psychiatric and Behavioral Health Sciences Concentration. Prerequisite: M21-560 Biostatistics I or course director approval. If student is not in the MPHs program, they must contact the program regarding registration.
Credit 3 units.

M19 PHS 5656 Global Burden of Diseases: Methods and Applications
This transdisciplinary course provides an overview of quantitative and qualitative methods used in the field of global health, as well as their applications for studying the global burden of diseases. Topics covered include infectious diseases, non-communicable chronic medical illness and behavioral disorders. At the end of this course, students will have learned basic methods used in global health research and major trends in the global burden of diseases. Students will be able to apply the knowledge of measurements to forecast the future of the global burden of specific diseases and to develop needed policy recommendations. Students will also be able to address prevention and intervention strategies targeted to specific nations or regions, while drawing on perspectives and approaches from a range of disciplines. Students will learn sociocultural and economic factors that affect global and regional distributions of major disease categories and how they are linked to issues of global trade and political economy. The transdisciplinary knowledge and hands-on skills learned from this course will assist students with an interest in international research and the acquisition of practical skills will benefit their pursuit of health professions. This includes cultural competency training as it applies to medicine and public health. This course is open to postgraduate scholars and fellows and graduate and advanced undergraduate students.
Credit 3 units. A&S IQ: SSC EN: S

M19 PHS 566 Psychiatric and Behavioral Assessment in the Digital Age
The objective of this course is to help students develop the skills required to design research projects in the area of digital-based psychiatric assessment and prevention interventions. The course focuses on developing an innovative study using a digital format that includes mobile health (mHealth) technologies. The first segment of this course will introduce psychiatric disorder nosology, diagnostic assessment and screeners. The second segment will focus on existing treatment and intervention research using digital platforms. The third segment will introduce examples of analyses, including social media. The fourth segment will focus on topics related to the implementation of psychiatric and mental health research using digital platforms. Students will develop or analyze digitally-implemented psychiatric research projects.
Credit 2 units.

M19 PHS 570 Communicating Research Findings to the Media and Lay Audiences
A critical step in the dissemination of population-level clinical research is communicating research findings and key messages to the media and lay audiences. With conflicting messages coming from advocacy groups and others, the burden falls on the clinician-researcher to distill complex information, dispel misinformation, and tell a compelling story that resonates with the audience. The course will equip students with the skills, technique, experience and confidence needed to give successful, engaging media interviews and presentations related to the publication of research and expertise-specific topics. Through critique, tape and review exercises, class discussion, and guest speakers, students will learn about the facets that make an interview or presentation successful, including nonverbal communication and delivery skills (body language and vocal interpretation), content and messaging, and navigating interactions with the media. The instructor will evaluate each student's skill set and create a working skills inventory on which the student will build throughout the course in a series of on-camera experiences.
Credit 1 unit.

M19 PHS 601 Grant Writing: Applying Clinical and Population Health Methods
This course provides students with the opportunity to apply methods and principles learned in previous MPHs classes to the development of a grant application. Students prepare this application on a research question of their own choosing and in the format expected for National Institutes of Health (NIH) R03, R21, or K grant applications (research plan only). Students also have the opportunity to evaluate research proposals for scientific merit. This course is required for medical graduates but optional for medical students.
Credit 3 units.

M19 PHS 610 Multilevel and Longitudinal Data Analyses for Clinical Research
The course is designed for medical students, clinicians and health researchers. The course is an extension of Intermediate Biostatistics (M19-512, instructor Yan Yan). The topics include basic statistical concepts and methods for the four types of clinical outcome data in multilevel and longitudinal settings, will be able to address clinical research questions using these concepts and methods, will be able to perform basic data analyses on these types of data with SAS software, and will be able to interpret the results in the context of clinical research.
Credit 3 units.

Public Health
The purpose of this joint degree is to train physicians in the knowledge and skills needed to recognize, analyze and solve the key problems affecting the health of our community and society. The Master of Public Health (MPH) degree offered
through the Brown School is unique in that it prepares students to apply public health sciences and transdisciplinary approaches to problem solving for improving population health, especially in vulnerable communities. Courses involve learning systematic approaches to implement and sustain public health discoveries regionally, nationally and internationally. Both the Brown School and the School of Medicine are top-ranked academic centers, which makes this joint degree an outstanding opportunity.

Additional Information
For more information about the MD/MPH program, please contact Angela Hobson, PhD, assistant dean for Public Health, by phone at 314-935-2760 or by email at hobsona@wustl.edu; information can also be obtained by sending an email to Brown School admissions (brownadmissions@wustl.edu).

Degrees & Offerings
• Master of Public Health (p. 94)

Research
Please visit the Brown School MPH website for more information about our public health research (https://brownschool.wustl.edu/Academics/Master-of-Public-Health/Curriculum/).

Faculty
Lora Iannotti (https://brownschool.wustl.edu/Faculty-and-Research/Pages/Lora-Iannotti.aspx)
Associate Dean for Public Health
Associate Professor
PhD, Johns Hopkins University Bloomberg School of Public Health

Angela Hobson (https://brownschool.wustl.edu/faculty-and-research/pages/angela-hobson.aspx)
Assistant Dean for Public Health
Senior Lecturer
PhD, Saint Louis University
For a complete list of Brown School faculty (https://brownschool.wustl.edu/faculty-and-research/), please visit our website.

Courses
The Department of Public Health offers courses through the Graduate School. Visit the university online course listings for semester offerings for S55 MPH (https://courses.wustl.edu/CourseInfo.aspx?sch=S&dept=S55&crsLvl=5:9).

Degrees & Offerings
Applied Health Behavior Research
• Master of Science in Applied Health Behavior Research (p. 69)
• Graduate Certificate in Health Behavior Planning and Evaluation (p. 70)

Audiology and Communication Sciences
• Doctor of Audiology (p. 70)
• Master of Science in Deaf Education (p. 70)
• PhD in Speech and Hearing Sciences (p. 71)
• Minor in Speech and Hearing Sciences (p. 71)

Biology & Biomedical Sciences
• PhD Degrees in Biology & Biomedical Sciences (p. 71)

Biomedical Informatics
• Master of Science in Biomedical Informatics (p. 72)
• Certificate in Biomedical Informatics (p. 73)

Biostatistics
• Master of Science in Biostatistics (p. 73)
• Master of Science in Biostatistics and Data Science (p. 74)
• Master of Science in Genetic Epidemiology (p. 75)
• Certificate in Biostatistics and Data Science (p. 75)
• Certificate in Genetic Epidemiology (p. 75)

Clinical Investigation
• Master of Science in Clinical Investigation (p. 76)
• Graduate Certificate in Clinical Investigation (p. 77)
• Graduate Certificate in Dissemination and Implementation (p. 78)

Genetic Counseling
• Master of Science in Genetic Counseling (p. 78)

Medical Education
• Doctor of Medicine (p. 78)
• Doctor of Medicine (Five-Year Program) (p. 87)
• Doctor of Medicine and Master of Science in Clinical Investigation (p. 87)
• Doctor of Medicine and Master of Population Health Sciences (p. 87)
• Doctor of Medicine and Master of Public Health (p. 87)
Medical Physics
- Master of Science in Medical Physics (p. 89)
- Post-PhD Graduate Certificate in Medical Physics (p. 90)

Occupational Therapy
- Master of Science in Occupational Therapy (p. 91)
- Doctorate of Occupational Therapy (p. 91)

Physical Therapy
- Doctor of Physical Therapy (p. 92)
- PhD in Movement Science (p. 93)

Population Health Sciences
- Master of Population Health Sciences (p. 93)

Public Health
- Master of Public Health (p. 94)

Applied Health Behavior Research

Master of Science in Applied Health Behavior Research

The Master of Science (MS) in Applied Health Behavior Research (AHBR) ([https://crtc.wustl.edu/programs/degrees/ahbr/](https://crtc.wustl.edu/programs/degrees/ahbr/)) is a 33-credit multidisciplinary program that focuses on the applied skills required for the development, management and evaluation of research studies and health behavior programs in academic, clinical and community settings. Students choose one of two concentrations:

1. Health Education, Program Planning and Evaluation (HEPPE) ([https://crtc.wustl.edu/programs/degrees/ahbr/part-time-master-science-applied-health-behavior-research/](https://crtc.wustl.edu/programs/degrees/ahbr/part-time-master-science-applied-health-behavior-research/)): This concentration is designed for individuals who want to develop, manage and evaluate health programs in clinical or community settings. Course work focuses on health behavior theory, program planning, program evaluation, health education and program management.
2. Health Behavior Research (HBR) ([https://crtc.wustl.edu/programs/degrees/ahbr/part-time-master-science-applied-health-behavior-research/](https://crtc.wustl.edu/programs/degrees/ahbr/part-time-master-science-applied-health-behavior-research/)): This concentration is designed for individuals to develop theoretical knowledge and gain practical research experience in order to pursue careers in a variety of health-related fields and/or to manage research studies in clinical settings. Course work focuses on health behavior theory, research methodology, analytic methods and research project management.

Program Requirements

The MS in AHBR can be pursued on a full-time or part-time basis. Registration is open to anyone with a four-year undergraduate degree from an accredited university or college in an appropriate field of study. Applications are accepted on a rolling basis, and students may pursue course work at their own pace. The MS does not require a thesis upon completion of the program, and the GRE is not required for admission.

Required Core Courses for the Master of Science

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<tr>
<th>Code</th>
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<tbody>
<tr>
<td>AHBR 508</td>
<td>Project Management in Clinical and Community Settings</td>
<td>3</td>
</tr>
<tr>
<td>AHBR 514</td>
<td>Health Behavior Theory</td>
<td>3</td>
</tr>
<tr>
<td>AHBR 525</td>
<td>Introduction to Biostatistics</td>
<td>3</td>
</tr>
<tr>
<td>AHBR 560</td>
<td>Survey Methods: Design and Evaluation</td>
<td>3</td>
</tr>
</tbody>
</table>

Visit the AHBR Courses webpage ([https://generalmedicalsciences.wustl.edu/education/ahbr/courses/](https://generalmedicalsciences.wustl.edu/education/ahbr/courses/)) to view concentration-specific required courses and elective options.

Admissions

To be considered for admission, applicants must submit the following:
• AHBR application (https://applyweb.collegenet.com/account/new/create/?instcode=wustl)
• Application fee
• Résumé/curriculum vitae
• Personal statement
• All college transcripts
• Three letters of recommendation

Please visit the Apply section of the AHBR home page (http://ahbr.wustl.edu) or email the program manager (ahbr@wustl.edu) for the application deadline and additional information.

Graduate Certificate in Health Behavior Planning and Evaluation

The Graduate Certificate in Health Behavior Planning and Evaluation (https://crtc.wustl.edu/programs/certificates/hbpe/) is a 15-credit program featuring a curriculum that is focused on key applied and theoretical concepts in health behavior as well as on the processes needed for managing program development and evaluation activities in clinical and community settings.

Program Requirements

The graduate certificate can be pursued on a full- or part-time basis. Registration is open to anyone with a four-year undergraduate degree from an accredited university or college in an appropriate field of study. Applications are accepted on a rolling basis, and students may pursue course work at their own pace.

Required Core Courses for the Graduate Certificate

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHBR 508</td>
<td>Project Management in Clinical and Community Settings</td>
<td>3</td>
</tr>
<tr>
<td>AHBR 514</td>
<td>Health Behavior Theory</td>
<td>3</td>
</tr>
<tr>
<td>AHBR 536</td>
<td>Health Education: Methods, Planning, and Evaluation</td>
<td>3</td>
</tr>
<tr>
<td>AHBR 582</td>
<td>Evaluation of Health Services Programs</td>
<td>3</td>
</tr>
</tbody>
</table>

Visit the Applied Health Behavior Research webpage (https://crtc.wustl.edu/degrees-certificates/health-behavior/) to view concentration-specific required courses and elective options.

Admissions

To be considered for admission, applicants must submit the following:

• Applied Health Behavior Research application (https://applyweb.collegenet.com/account/new/create/?instcode=wustl)
• Application fee
• Résumé/curriculum vitae
• Personal statement
• All college transcripts
• Three letters of recommendation

Please visit the Apply section of the Applied Health Behavior Research home page (https://ahbr.wustl.edu) or email the program manager at ahbr@wustl.edu for the application deadline and additional information.

Audiology and Communication Sciences

Doctor of Audiology

The Doctor of Audiology (AuD) (https://pacs.wustl.edu/programs/doctor-of-audiology/) program is a four-year course of study that prepares students as independent clinical audiologists. The curriculum integrates course work with immersive clinical experiences and research opportunities, culminating in a year-long clinical externship. Course work includes the basic and applied sciences as well as in the prevention, identification, evaluation and treatment of auditory and vestibular disorders. Clinical experiences begin during the first semester of study and become more immersive with each successive semester, culminating in a full-time clinical externship during the fourth year. The program operates within the Department of Otolaryngology–Head & Neck Surgery at Washington University School of Medicine in St. Louis, which offers students a wide variety of clinical education opportunities and experiences across the life span and scope of practice. Approximately 50 additional sites are affiliated with the program in the St. Louis metropolitan area. In addition, the world-class medical school and hospitals on campus provide students with unique opportunities, such as attending Grand Rounds, participating in cochlear implant seminars, and optional research training programs. Interested students have the opportunity to complete a summer practicum and the externship outside of the St. Louis area. The program is currently affiliated with 150 additional sites around the country, and that number grows each year.

Master of Science in Deaf Education

The Master of Science in Deaf Education (MSDE) (https://pacs.wustl.edu/programs/master-of-science-in-deaf-education/) program is a two-year course of study that prepares students as teachers of children (birth to grade 12) who are deaf or hard of hearing. The early identification of hearing loss and advanced hearing technologies have increased the national need for
teachers with experience in listening and spoken language, thus creating opportunities for our graduates across the country. The program's curriculum is rooted in the development of speech, language, and social skills, with students studying the factors necessary for high-quality education. Students build their knowledge and skills through classroom instruction and immersive, hands-on student teaching experiences. They learn about and engage in the teaching process, from the first diagnosis and early intervention through family-centered counseling and educational options for the child. During the first year of study, students complete foundational course work and begin observation and practice teaching; advanced course work and formal practice teaching experiences are completed during the second year.

PhD in Speech and Hearing Sciences

The PhD program in Speech and Hearing Sciences (http://bulletin.wustl.edu/grad/gsas/sahs/) prepares students for academic and research careers in speech and hearing sciences. The program was established in 1947, and it is dedicated to fostering scientific inquiry in speech and hearing sciences and related disciplines. The program is administered through the Graduate School at Washington University in St. Louis.

Minor in Speech and Hearing Sciences

The Minor in Speech and Hearing Sciences (http://bulletin.wustl.edu/undergrad/artsci/speechhearing/#minors) is designed for current undergraduate students interested in exploring topics related to human communication. Course work provides an overview of the fields of hearing, deafness, language and speech, with opportunities to explore related topics in more depth. This minor is especially valuable for students in fields such as psychology, education, philosophy-neuroscience-psychology (PNP) and linguistics, but it has broad applicability for many fields of study. Course work completed as part of this minor can also be used to fulfill prerequisites for graduate studies in audiology, deaf education and speech-language pathology.

Biology and Biomedical Sciences

PhD Degrees in Biology & Biomedical Sciences

PhD Degrees

Each program has its own steering committee, which provides students with guidance, addresses their needs, and monitors their progress. The committee also helps each student customize the course of study to match their individual needs. Each of the 13 programs establishes its own degree requirements.

Across all of the programs, the course of study consists of five distinct parts:

Courses

This generally requires two to five semesters and usually consists of four to nine courses in areas fundamental to the student's program. Students are expected to maintain a B average in graduate courses.

Laboratory Rotations

Selecting a thesis adviser is the most important decision a student makes in graduate school. To help each student make an informed, thoughtful choice, the Division builds in flexibility to explore options. Students usually participate in three lab rotations during their first year. Additional rotations can be arranged, and rotation lengths are flexible. Students usually begin their thesis research by the end of their first year.

Qualifying Examination

After required courses are completed, each student takes a preliminary or qualifying examination to assess their mastery of the field and their ability to integrate information across fields. Upon successful completion of the qualifying exam, the student concentrates on thesis research.

Thesis Research

Thesis research begins once the student has chosen a laboratory in which to work. With their mentor — the laboratory's principal investigator — the student devises a thesis project and chooses an advisory committee. Typically between the end of their second year and the middle of their third year, students present their thesis proposals to the thesis committee. Upon successful approval of the thesis proposal, the student officially becomes a doctoral candidate. For the rest of the student's program of study, the thesis committee monitors progress and meets at least once a year to provide analysis and advice. It also serves as the thesis defense committee when the thesis is ready for presentation. Most students complete and defend their dissertations by the end of their sixth year.
Scientific Scholarship

Keeping abreast of scientific developments is critical for faculty and students alike. The Division offers many ways to stay current. More than 15 weekly biology seminars provide excellent opportunities to meet outstanding scientists from outside Washington University. Several annual symposia bring internationally recognized speakers to campus. Journal clubs meet weekly for students, postdoctoral fellows and faculty to present and discuss current scientific literature. A number of Interdisciplinary Research Pathways (http://dbbs.wustl.edu/cursstudents/SpecialEmphasisPathways/Pages/SpecialEmphasisPathways.aspx) allow students to enhance their PhD program. Program retreats allow for informal interaction among students and faculty. The Division also provides funds for each student to defray the costs of attending a national scientific meeting.

Biomedical Informatics

Master of Science in Biomedical Informatics

The Institute for Informatics (I²) is pleased to offer a master of science in biomedical informatics. The master’s degree program is administered through I², and the degree is conferred through Washington University School of Medicine.

More information about our programs can be found on the Graduate Programs in Biomedical Informatics webpage (https://informatics.wustl.edu/ms-biomedical-informatics-degree/).

Master of Science

- 36 units
- Capstone/thesis
- Two to five years for program completion
- Full-time and part-time options
- Three tracks offered:
  - Translational bioinformatics
  - Applied clinical informatics
  - Population health

Core Courses: All Tracks

All students in this program will be expected to take the core courses listed below:

- BMI 5302 Introduction to Biomedical Informatics I (3 units)
- BMI 5303 Introduction to Biomedical Informatics II (3 units)
- BMI 5304 Introduction to Biomedical Data Science I (3 units)
- BMI 5305 Introduction to Biomedical Data Science II (3 units)
- BMI 5200 Biomedical Informatics Journal Club (2 units)

- CLNV 510 Ethical and Legal Issues in Clinical Research (2 units) or MSB 512 Ethics in Biostatistics and Data Science (2 units)
- Up to 10 units of research including capstone or thesis (3 units)

Scientific Writing

Students in the MS program will be expected to demonstrate completion of a scientific writing course by the time of graduation. Students who have taken the equivalent at other institutions may be excused from this course with permission of the program director. If this requirement has not been met, students will enroll in CLNV 529. This course will not count toward the 36 units required for graduation.

- CLNV 529 Scientific Writing and Publishing (2 units)

Suggested Electives

Track: Translational Bioinformatics

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Suggested Electives:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Biol 5488 Genomics</td>
<td>max. 4</td>
</tr>
<tr>
<td></td>
<td>Biol 5491 Advanced Genetics</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>CLNV 513 Designing Outcomes and Clinical Research</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PHS 5252 Comparative Effectiveness Research</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PHS 5254 Using Administrative Data for Health Services Research</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PHS 532 Applied Qualitative Methods for Health Research</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>CSE 530S Database Management Systems</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>CSE 584A Algorithms for Biosequence Comparison</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>CSE 587A Algorithms for Computational Biology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>CSE 511A Introduction to Artificial Intelligence</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>CSE 556A Human-Computer Interaction Methods</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>CSE 514A Data Mining</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>CSE 517A Machine Learning</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>MSB 503 Statistical Computing with SAS</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>MSB 506 Introduction to R for Data Science</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>MSB 550 Introduction to Bioinformatics</td>
<td>3</td>
</tr>
</tbody>
</table>

Track: Applied Clinical Informatics

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Suggested Electives:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CLNV 513 Designing Outcomes and Clinical Research</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PHS 501 Introduction to Epidemiology</td>
<td>3</td>
</tr>
</tbody>
</table>
Bulletin 2021-22
School of Medicine (11/16/22)

PHS 532  Applied Qualitative Methods for Health Research  3
CSE 530S  Database Management Systems  3
CSE 556A  Human-Computer Interaction Methods  3
PHS 560  Principles of Shared Decision Making and Health Literacy in the Clinical Setting  3
PHS 526  Patient Safety, Quality Management, and Quality Improvement  3
MSB 506  Introduction to R for Data Science  2

Track: Population Health

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suggested Electives:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSE 530S</td>
<td>Database Management Systems</td>
<td>3</td>
</tr>
<tr>
<td>PHS 501</td>
<td>Introduction to Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>PHS 5254</td>
<td>Using Administrative Data for Health Services Research</td>
<td>3</td>
</tr>
<tr>
<td>CSE 511A</td>
<td>Introduction to Artificial Intelligence</td>
<td>3</td>
</tr>
<tr>
<td>Biol 5488</td>
<td>Genomics</td>
<td>max.</td>
</tr>
<tr>
<td>MSB 503</td>
<td>Statistical Computing with SAS</td>
<td>2</td>
</tr>
<tr>
<td>MSB 506</td>
<td>Introduction to R for Data Science</td>
<td>2</td>
</tr>
<tr>
<td>MSB 560</td>
<td>Biostatistics I</td>
<td>3</td>
</tr>
<tr>
<td>MSB 570</td>
<td>Biostatistics II</td>
<td>3</td>
</tr>
</tbody>
</table>

Total Units: 12

Prospective Students

Those interested in applying or who would like more information may contact the program manager (ohids-education@wustl.edu).

Certificate in Biomedical Informatics

I² is pleased to offer a certificate program in biomedical informatics. The certificate program is conferred through Washington University School of Medicine.

More information about our programs can be found on the Graduate Programs in Biomedical Informatics webpage (https://informatics.wustl.edu/ms-biomedical-informatics-degree/).

Certificate Program

- 16 units
  - Four core courses (12 units)
  - 4 remaining units can be taken as a mix of Journal Club, mini-capstone, or elective credit
- One to three years for program completion
- Full-time and part-time options

Core Courses

All students in this program will be expected to take the core courses listed below:

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI 5302</td>
<td>Introduction to Biomedical Informatics I</td>
<td>3</td>
</tr>
<tr>
<td>BMI 5303</td>
<td>Introduction to Biomedical Informatics II</td>
<td>3</td>
</tr>
<tr>
<td>BMI 5304</td>
<td>Introduction to Biomedical Data Science I</td>
<td>3</td>
</tr>
<tr>
<td>BMI 5305</td>
<td>Introduction to Biomedical Data Science II</td>
<td>3</td>
</tr>
</tbody>
</table>

Prospective Students

Those interested in applying or who would like more information may contact the program manager (ohids-education@wustl.edu).

Biostatistics

Master of Science in Biostatistics

This 18-month, 42-credit-unit program offers excellent training in biostatistics and statistical genetics for students who earned undergraduate or higher degrees with majors in mathematics, statistics, computer science, biomedical engineering or another related field. It prepares graduates for rewarding employment in academia and industry and for further graduate studies. Students will choose between a traditional biostatistics pathway or a statistical genetics pathway. An internship is a required component of the program, and students have the option to do a thesis project or to enroll in approved elective courses. Students also have the opportunity to enhance their research and statistical training through a paid research assistant position.

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer Year 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSB 503</td>
<td>Statistical Computing with SAS</td>
<td>2</td>
</tr>
<tr>
<td>MSB 560</td>
<td>Biostatistics I</td>
<td>3</td>
</tr>
<tr>
<td>MSB 506</td>
<td>Introduction to R for Data Science</td>
<td>2</td>
</tr>
<tr>
<td>Fall Year 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSB 570</td>
<td>Biostatistics II (first half of semester)</td>
<td>3</td>
</tr>
<tr>
<td>MSB 515</td>
<td>Fundamentals of Genetic Epidemiology (second half of semester)</td>
<td>3</td>
</tr>
<tr>
<td>Spring Year 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSB 550</td>
<td>Introduction to Bioinformatics</td>
<td>3</td>
</tr>
<tr>
<td>Pathway course</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>
Master of Science in Biostatistics and Data Science

This 18-month, 42-credit-unit program offers excellent training in biostatistics and data science for students who earned undergraduate or higher degrees with majors in mathematics, statistics, informatics, computer science, biomedical engineering or another related field. It prepares graduates for rewarding employment in academia and industry and for further graduate studies. Students will choose between an internship experience or a thesis project. Students also have the opportunity to enhance their research and statistical training through a paid research assistant position.

### Academic Policies


### Prospective Students

Those interested in applying or who would like more information may contact the program manager (ohids-education@wustl.edu).
Prospective Students

Those interested in applying or who would like more information may contact the program manager (ohids-education@wustl.edu).

Master of Science in Genetic Epidemiology

Because genetic epidemiology is a multidisciplinary field, we expect applicants to come from a variety of backgrounds. However, most individuals who apply to this program are physician-scientists and other clinical investigators, particularly postdoctoral fellows and people with terminal degrees in other related disciplines who seek to gain expertise in genetic epidemiology. All prospective students must provide evidence of basic skills in genetics, mathematics and computer programming through course work and documented experience or by passing a proficiency exam.

An option for those who have completed a doctoral degree (PhD, MD, or equivalent) is to pursue a postdoctoral Master of Science in Genetic Epidemiology (GEMS) degree. This 30-credit-unit program can be pursued either full-time or part-time, but it must be completed within three years.

The GEMS program for postdoctoral students includes eight core courses (24 credits) as listed below, as well as 6 credits of approved electives:

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSB 503</td>
<td>Statistical Computing with SAS</td>
<td>2</td>
</tr>
<tr>
<td>MSB 506</td>
<td>Introduction to R for Data Science</td>
<td>2</td>
</tr>
<tr>
<td>MSB 515</td>
<td>Fundamentals of Genetic Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>MSB 550</td>
<td>Introduction to Bioinformatics</td>
<td>3</td>
</tr>
<tr>
<td>MSB 5483</td>
<td>Human Genetic Analysis</td>
<td>3</td>
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<tr>
<td>MSB 560</td>
<td>Biostatistics I</td>
<td>3</td>
</tr>
<tr>
<td>MSB 512</td>
<td>Ethics in Biostatistics and Data Science</td>
<td>2</td>
</tr>
<tr>
<td>MSB 600</td>
<td>Mentored Research</td>
<td>6</td>
</tr>
<tr>
<td>Electives: Students will work with their advisers to determine elective options</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Total Units</td>
<td></td>
<td>30</td>
</tr>
</tbody>
</table>

Certificate in Biostatistics and Data Science

This 18-credit-unit certificate is designed to prepare students to effectively extract, process, analyze, present, and interpret information from modern biomedical research and practices and to translate this new knowledge to improve health outcomes and public health. The certificate is earned after the successful completion (with a minimum grade of B) of six core courses. To earn the certificate, the following courses must be taken over the course of one to two consecutive years:

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSB 560</td>
<td>Biostatistics I</td>
<td>3</td>
</tr>
<tr>
<td>MSB 570</td>
<td>Biostatistics II</td>
<td>3</td>
</tr>
<tr>
<td>MSB 550</td>
<td>Introduction to Bioinformatics</td>
<td>3</td>
</tr>
<tr>
<td>MSB 660</td>
<td>Biomedical Data Mining</td>
<td>3</td>
</tr>
<tr>
<td>BMI 5302</td>
<td>Introduction to Biomedical Informatics I</td>
<td>3</td>
</tr>
<tr>
<td>BMI 5303</td>
<td>Introduction to Biomedical Informatics II</td>
<td>3</td>
</tr>
<tr>
<td>Total Units</td>
<td></td>
<td>18</td>
</tr>
</tbody>
</table>

Academic Policies


Certificate in Biostatistics and Data Science

This 18-credit-unit certificate is designed to prepare students to work at the interface of genetics, biostatistics, epidemiology and computing. The Certificate in Genetic Epidemiology is earned after the successful completion (with a minimum of a B average) of seven core courses plus labs that are normally offered to master's candidates in Biostatistics. To earn the certificate, the following courses may be taken over the course one or two consecutive years:
Academic Policies


Prospective Students

Those interested in applying or who would like more information may contact the program manager (biostat-msibs@email.wustl.edu).

Clinical Investigation

Master of Science in Clinical Investigation

Program Requirements

Didactic Course Work

All Master of Science in Clinical Investigation (MSCI) scholars must complete 33 credit units of didactic course work, including 16 core credits, 4 credits of MTPCI Research Seminar, at least 6 credits of electives, and variable credits of mentored independent research. For additional information about the specific courses required for each of the concentrations, please visit the MSCI Concentrations (https://crtc.wustl.edu/msci-concentrations/) webpage. Core courses include the following:

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLNV 513</td>
<td>Designing Outcomes and Clinical Research</td>
<td>3</td>
</tr>
<tr>
<td>CLNV 510</td>
<td>Ethical and Legal Issues in Clinical Research</td>
<td>2</td>
</tr>
<tr>
<td>CLNV 522</td>
<td>Introduction to Statistics for Clinical Research</td>
<td>3</td>
</tr>
<tr>
<td>CLNV 524</td>
<td>Intermediate Statistics for the Health Sciences</td>
<td>3</td>
</tr>
<tr>
<td>CLNV 528</td>
<td>Grantsmanship</td>
<td>2</td>
</tr>
</tbody>
</table>

or CLNV 529 Scientific Writing and Publishing

CLNV 589 Advanced Methods for Clinical and Outcomes Research 3

Total Units 19

Thesis

Scholars will form a thesis committee consisting of three faculty members and meet with that committee at least twice per year. The thesis committee should include the scholar's primary mentor, the MSCI program director, and a third faculty member in a closely related research field. The committee meetings will consist of reviewing the scholar's plan for completing and publishing a research project and manuscript. Scholars will return signed mentorship committee forms to the Clinical Research Training Center (CRTC) by December 1 and May 1. The final approval meeting will consist of a formal 15-minute presentation of the research followed by the committee's discussion of the manuscript. Visit the Thesis Requirement webpage (https://crtc.wustl.edu/thesis-requirement/) for more detail. The thesis must be based on original human research conducted during the period of pursuit of the degree. An alternate entrepreneurial thesis option (https://crtc.wustl.edu/programs/degrees/msci/msci-entrepreneurial-thesis-option/) is also available.

CRTC Seminar

Scholars are required to attend the weekly CRTC Seminar (currently held on Tuesday afternoons) during the fall and spring semesters (mid-August through May). During their first and second years of the program, scholars are required to present research-in-progress once each year. Feedback will be provided by the directors, mentors and peers in attendance. The second week of each month will be dedicated to career development topics. During these seminars, speakers will be invited from outside the MSCI program to present.

Mentors

Developing a successful clinical and translational research career requires strong relationships with mentors and a research team. Each scholar must have a program-approved primary research mentor. This mentor will be the scholar's main source of research supervision and career development. It is expected that scholars will meet weekly with their mentor and that the mentor will be available for consultation and support concerning the scholar's current projects and future progress. The mentor is expected to provide formal feedback to the scholar at least semiannually. In addition to the scholar's research mentor, the MSCI program director will serve as a mentor to the scholar to further assist with each scholar's career development during the program.
Responsible Conduct of Research (RCR)

Scholars are required to complete the Ethical and Legal Issues in Clinical Research (CLNV 510) course during their time in the program as part of their RCR training.

Institutional Review Board (IRB) Approvals

Scholars are required to obtain IRB approval for all research conducted as part of their MSCI degree and to provide documentation of current IRB approvals for their research project(s) to the MSCI program.

Individual Development Plans

MSCI scholars must develop an Individual Development Plan in consultation with their mentors, and they must submit the plan by July 1 each year. The plan should include individual development goals for the next one to five years; career objectives for each goal; research activities/projects that will assist the scholar in meeting the objectives; and an overview of the courses, workshops and other educational/training activities that the scholar plans to pursue. For each objective, the scholar should indicate what individual products (e.g., degrees, publications, presentations, grants) are expected. A timeline should be constructed to display the individual objectives, educational activities, research activities and products.

Career Development Retreat

All MSCI scholars are required to attend the annual retreat hosted by the CRTC. During the late-afternoon event, speakers will highlight topics of relevance to scholars' career development and research.

Research Training Symposium and Poster Session

In October of each year, the Washington University School of Medicine hosts a schoolwide, half-day Research Training Symposium and Poster Session. All MSCI scholars are strongly encouraged to submit an abstract and present a poster at the symposium each year of their appointments. Scholars are given the option to have their research considered for an oral presentation.

Program Evaluation

Scholars are expected to complete required program evaluations twice per year. These evaluations are administered online and mandatory for all scholars. Scholars are also required to complete an exit interview one month prior to completing their degree.

Eligibility

Level of Education

MSCI candidates must either be enrolled in a predoctoral or postdoctoral mentored research program at Washington University School of Medicine or hold a postdoctoral appointment in health science at Washington University or one of the Institute of Clinical and Translational Sciences (ICTS) affiliates.

Citizenship

Eligible applicants must be citizens or noncitizen nationals of the United States, or they must have been lawfully admitted to the United States for permanent residence and have in their possession an Alien Registration Receipt Card (I-151 or I-551) or other legal verification of admission for permanent residence. Individuals on temporary or student visas are eligible provided that they hold a valid U.S. visa and a postdoctoral appointment at Washington University or one of the ICTS affiliates. The MSCI program is unable to sponsor visas. Typically, students who desire to enter the program obtain a visa sponsored through their research department.

Research Project

All applicants must be conducting clinical and translational research. Clinical research is defined as patient-oriented research: research conducted with human subjects or on material of human origin (e.g., tissues, specimens, cognitive phenomena) for which an investigator or colleague directly interacts with human subjects.

Mentor

Applicants must have an established relationship with a senior faculty member prior to beginning the MSCI program. Applicants should look for mentors who match their research interests. They should contact each mentor they are interested in working with directly, stating their interest in the mentor's research and their desire to work with the mentor. Suggested mentors (https://crtc.wustl.edu/people/) can be found on our website. If applicants are having problems finding a mentor, they should contact us.

Graduate Certificate in Clinical Investigation

The Graduate Certificate in Clinical Investigation (CI) (https://crtc.wustl.edu/programs/certificates/ci/) is a 16-credit certificate program for young investigators committed to pursuing academic careers in clinical research. Students will gain knowledge in the core competencies of clinical research and investigation, such as study design, research implementation, statistical approaches, responsible conduct of research, scientific communication and
literature critique, and leadership and community engagement.

Three different tracks have been developed for the certificate: clinical investigation, translational medicine, and genetics/genomics.

On average, scholars complete the certificate requirements within one to two years. All course work must be successfully completed within five years from the start of the first course. Credits cannot be transferred into the CI program.

The evening course format allows for full- or part-time enrollment that can accommodate clinical schedules for students at any point during their careers.

**Graduate Certificate in Dissemination and Implementation**

The Graduate Certificate in Dissemination and Implementation ([https://crtc.wustl.edu/degrees-certificates/graduate-certificate-in-dissemination-and-implementation/](https://crtc.wustl.edu/degrees-certificates/graduate-certificate-in-dissemination-and-implementation/)) is a 16-credit certificate program for young investigators committed to pursuing academic careers in dissemination and implementation research.

Students will gain knowledge and be able to describe crucial considerations in the design of survey samples and cluster-level interventions; relate emerging metrics distinctive to implementation research, including of implementation processes, context, adaptation, and implementation outcomes; and understand pitfalls and opportunities for the use of widely representative non-research data, such as data culled from electronic medical records and administrative databases.

On average, scholars complete the certificate requirements within one to two years. All course work must be successfully completed within five years from the start of the first course. Credits cannot be transferred into the program.

The evening course format allows for full- or part-time enrollment that can accommodate clinical schedules at any point during a student's career.

**Genetic Counseling**

**Master of Science in Genetic Counseling**

Applicants to the Master of Science in Genetic Counseling (MSGC) program must hold a bachelor's degree (or equivalent if from a foreign college or university), and they must have completed prerequisite courses from an accredited college or university. The Program in Genetic Counseling is accredited by the Accreditation Council for Genetic Counseling (ACGC) ([https://www.gceducation.org/](https://www.gceducation.org/)). The ACGC is a member of the Association of Specialized and Professional Accreditors (ASPA) ([https://aspa-usa.org/](https://aspa-usa.org/)). The ASPA is dedicated to enhancing quality in higher education through specialized and professional accreditation.

The MSGC program prepares students to become certified genetic counselors. In addition to course work, students will complete clinical fieldwork rotations and complete a research project prior to graduation. The MSGC degree program is a 21-month, full-time program.

Graduates of the Program in Genetic Counseling will be eligible to sit for the American Board of Genetic Counseling (ABGC) ([https://www.abgc.net/](https://www.abgc.net/)) certification examination. The School of Medicine has determined that, as a result of its ACGC accreditation, its genetic counseling program curriculum meets the educational requirements needed for graduates to sit for the ABGC Certification Examination and to pursue licensure in all states and territories of the United States and Washington, DC, in which licensure is available.

**Medical Education**

**Doctor of Medicine**

**Admissions**

**Admission Requirements for the Study of Medicine**

Entrance requirements for the School of Medicine include the following:

1. Evidence of superior intellectual ability and scholastic achievement;
2. Completion of at least 90 semester units of college courses in an approved college or university;
3. Completion of the Medical College Admission Test of the Association of American Medical Colleges; and
4. Evidence of character and integrity, a caring and compassionate attitude, scientific and humanitarian interests, effective communication skills, and motivation suitable for a career in medicine.

Chemistry, physics and mathematics provide the tools for modern biology, for medicine and for the biological basis of patient care. Thus, a firm grounding in these subjects is essential for the study of medical sciences. Entering students are expected to have accomplished at least the equivalent of one-year courses at the undergraduate level in physics and biology; mathematics through calculus; and chemistry, including one year of general or inorganic chemistry and one year of organic chemistry. Course work in biochemistry is encouraged although not required. In addition, one semester of biochemistry can be substituted for one semester of organic chemistry. Similarly, one semester of statistics can be substituted for one
semester of calculus. In selected instances, one or more of these prerequisites may be waived by the Committee on Admissions, but applicants are strongly advised to pursue their interests in these and other areas of science.

A major goal of undergraduate college work should be the development of the intellectual talents of the individual. This often involves the in-depth pursuit of some area of knowledge, whether in the humanities, the social sciences or the natural sciences. At the same time, a diversity of background is encouraged in to provide a necessary foundation for the development of cultural awareness, sensitivity and competence. Specific courses (other than the few in the natural sciences) are not prerequisites, because a great variety of courses and life experiences may prepare students for the many roles they may play in their medical careers.

Technical Standards Statement
Washington University welcomes diverse applicants, including those with physical, sensory, learning, psychological, and chronic disease–related disabilities. The School of Medicine is committed to advocating for its students with disabilities and to educating a medical workforce that mirrors the diversity of the national population. We aim to be leaders in accessibility and inclusion.

Individuals seeking to graduate from Washington University with a Doctor of Medicine degree are expected to gain broad competence in the skills that underlie the practice of medicine and surgery. With or without accommodations, they must have the knowledge, attitudes, and skills necessary to meet the School of Medicine’s educational program objectives and meet the Technical Standards outlined in the Washington University School of Medicine Technical Standards for the Medical Program (p. 397), which is available in the Policies & Guidelines section (p. 348) of this Bulletin.

Application Procedure
General information for prospective medical students and instructions for how to apply can be found on the Medical Student Admissions website (http://mdadmissions.wustl.edu/).

Washington University School of Medicine participates in the American Medical College Application Service (AMCAS) of the Association of American Medical Colleges. AMCAS provides a centralized system for applying to any participating medical school with only one application and one set of official transcripts of academic work.

The AMCAS Application for Admission (https://students-residents.aamc.org/applying-medical-school/applying-medical-school-process/applying-medical-school-amcas/), which is common to all participating medical schools, is available online. Applicants are urged to file their applications as early as possible.

Applicants to the first-year class must submit their AMCAS application no later than November 30 of the year prior to that in which they want to matriculate. In addition, applicants must complete a supplemental application (https://mdapply.wustl.edu/), submit letters of recommendation, and pay a nonrefundable application fee of $100. These materials must be received no later than December 7. The Committee on Admissions will only evaluate an application when it is complete.

Selected applicants are invited for a personal interview as well as a tour of the School of Medicine and the Washington University Medical Center. This visit provides extensive opportunities for the applicant to meet and talk with students and faculty members.

Admission decisions are made by the Committee on Admissions on a rolling schedule beginning in early November. Applicants are notified as soon as a final decision has been made on their application. By April 15, every applicant should be notified whether they are accepted, on the waiting list or not accepted.

After the applicant has been accepted, matriculation is contingent upon sustained superior academic performance as well as continued ethical, honest and mature deportment. Accepted applicants must report to the Registrar of the School of Medicine all institutional judicial or academic sanctions and/or legal actions in which they have been a party prior to matriculation at the School of Medicine. Accepted applicants must report all institutional judicial and academic charges and/or legal charges brought against them before matriculation at the School of Medicine, where such charges could result in sanctions. Concealing or failing to report such sanctions and/or charges promptly and, more generally, failing to maintain high standards of moral and ethical behavior may result in rescission of acceptance, dismissal from the School of Medicine, or revocation of the Doctor of Medicine degree.

Merit-Based Scholarships
Merit-based scholarships are awarded in various amounts as funds allow. Recipients are selected based on their personal and academic accomplishments and their perceived potential to lead and contribute to the profession. There are multiple full and partial awards available. All accepted students are considered for merit-based scholarships without additional applications.

Please consult the Financial Information section (p. 398) of this Bulletin for further details.

Acceptance Protocols
As a participant in the American Medical College Application Service (AMCAS), the Washington University School of Medicine (WUSM) abides by the Application and Acceptance Protocols (https://students-residents.aamc.org/applying-medical-school/article/application-and-acceptance-protocols-applicants/) established by the Association of American Medical Colleges and encourages students to use the accompanying AMCAS Choose Your Medical School Tool (https://students-
residents.aamc.org/applying-medical-school/article/amcas-choosing-your-medical-school-tool/). Applicants holding at least one acceptance from any medical school will have the option to “Commit to Enroll” in mid-February.

Per WUSM Admissions policy, applicants who have been offered admission to WUSM and who intend to matriculate at WUSM should indicate that they “Plan to Enroll” through the Choose Your Medical School Tool as soon as possible but by no later than April 30 of the year in which they will matriculate. WUSM reserves the right to rescind offers of acceptance if an applicant has not selected “Plan to Enroll” by April 30. After April 30, although applicants will maintain their “Plan to Enroll” status at WUSM, they may continue to hold positions on the waitlists of other schools.

Beginning April 30, accepted applicants have the option to “Commit to Enroll” at WUSM. When an applicant selects “Commit to Enroll” at WUSM, they should notify all other institutions where they hold an acceptance or position on the waitlist that they wish to withdraw their acceptance or position from the waitlist of that school. WUSM reserves the right to rescind an offer of admission to any applicant still holding an active acceptance at another institution while having a “Commit to Enroll” status with WUSM. WUSM reserves the right to rescind offers of admission from any applicant still holding a WUSM acceptance while indicating that they either “Plan to Enroll” or “Commit to Enroll” at another institution after April 30.

For applicants accepted after April 30, the timeline for selecting “Plan to Enroll” will be specified by the Associate Dean for Admissions.

All MD applicants planning to matriculate at WUSM should select the “Commit to Enroll” option no later than one week before the first day of orientation.

Should an applicant have an extenuating circumstance preventing compliance with this policy, it is the applicant’s responsibility to notify the WUSM Admissions Office and seek an extension or exception.

**Background Checks and Screening for Controlled Substances**

Students entering the School of Medicine and who will have contact with patients are required to undergo criminal background checks and screening for controlled substances (e.g., THC/cannabis, cocaine, opiates, amphetamines, phencyclidine) to qualify for participation in patient care activities at WUSM-affiliated facilities. Drug screening usually will be conducted during student orientation prior to the start of classes. Incoming prematriculant students and visiting students will be disqualified to study at the School of Medicine if they do not consent to background checks, if they have significant positive findings on the background checks, or if they have illicit substances detected on drug screening without a bona fide medical indication. Disqualified prematriculant students and disqualified visiting students will be precluded from matriculation and will not be registered as students in the School of Medicine.

**Important Dates**

- AMCAS application (https://students-residents.aamc.org/applying-medical-school/applying-medical-school-amcas/) deadline: November 30, 2021
- WUSM supplemental application (https://mdapply.wustl.edu/) deadline: December 7, 2021
- “Plan to Enroll” required: April 30, 2022

Visit the Important Dates page (https://mdadmissions.wustl.edu/how-to-apply/important-dates/) of the Admissions website for a complete list of dates and deadlines.

**Advanced Standing Transfers**

Due to the specifics of the new Gateway Curriculum, Washington University School of Medicine does not accept advanced standing (transfer) students from other medical schools. For more details of this policy, please refer to the Washington University School of Medicine Advanced Standing Transfers Policy for Medical Students. (p. 355)

Visit the Medical Student Admissions website (http://mdadmissions.wustl.edu/) for full admissions information and to check the status of an application.

**Curriculum**

By conferring the MD degree, the university certifies that the student is competent to undertake a career as a doctor of medicine. It certifies further that, in addition to medical knowledge and skills, the graduate possesses qualities of personality — compassion, emotional stability and a responsible attitude — essential to an effective professional life.

**Accreditation**

The Washington University School of Medicine’s MD program is nationally accredited by the Liaison Committee on Medical Education (LCME (https://www.aamc.org/services/first-for-financial-aid-officers/lcme-accreditation/)). The LCME is recognized by the U.S. Department of Education as an accrediting agency for medical education programs leading to the MD degree.

Most state boards of licensure require that applicants graduate from a U.S. medical school accredited by the LCME as a condition for licensure. In addition, most state boards of licensure require that U.S. applicants take and pass the United States Medical Licensing Examination (USMLE (https://www.usmle.org/)). For U.S. medical students to be eligible to sit for the USMLE, their school must be accredited by
the LCME. Graduates of LCME-accredited schools are also eligible for residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME (https://www.acgme.org/)).

The School of Medicine has determined that, as a result of its LCME accreditation, its MD program curriculum meets the educational requirements to sit for the USMLE and to pursue licensure and certification in all states and territories of the United States and Washington, DC.

For Students Entering the MD Program in July 2020 or After:

The Gateway Curriculum ensures that students are not only exceptional physicians but that they are also prepared to lead the transformational changes needed to improve the future of health care delivery and the understanding of health and social determinants of health. The curriculum will include three phases.

Phase 1

Phase 1 will consist of 61 total weeks of curricular time: 48 of these will involve Integrated Foundational Modules, nine will be spent in Clinical Immersions, and four will be made up of the EXPLORE Immersion.

The Integrated Foundational Modules will present key science content in several fundamental areas. The Clinical Immersion time will contain clinical experiences that are authentic, varied in content, and appropriate for the student’s level of ability. Every student will have an immersion in each of the following areas: Inpatient, Ambulatory, and Procedural. There will be substantial emphasis on professional identity formation and the social, behavioral, and health systems sciences. The EXPLORE Immersion element of the curriculum will focus on four key areas: research, education, advocacy/global health, and innovation.

Phase 2

Phase 2 will include 12 months of clinical clerkship experiences in the content areas of Internal Medicine, Neurology, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery. Each clerkship will begin with one week of specialty-specific foundational science that consists of the purposeful reiteration and expansion of prior material and new material. This material will be taught in a “signs and symptoms” framework in order to facilitate core knowledge transfer to clinical reasoning. Each clerkship will end with one week dedicated to assessment, reflection, coaching, and communities (ARCC).

Phase 3

Phase 3 will consist of 64 weeks total. Students will engage in 36 weeks of required elements that will include four weeks of Internal Medicine Subinternship, 16 weeks of Advanced Clinical Rotations (ACRs), 12 weeks of required Keystone Integrated Science Courses (KISCs), and four weeks of Capstone. In addition, students will have the opportunity to take 36 weeks of electives (clinical, research, other non-clinical) inclusive of the following:

- Up to eight credit-bearing weeks of USMLE study time
- Six weeks of School of Medicine holiday time
- Up to four weeks of unscheduled (no credit) time, not inclusive of holiday time

There is no limit on the amount of elective time that can be dedicated to research activities (excepting MSTP students who have completed their PhD training).

For Students Entering the MD Program Prior to July 2020:

The curriculum includes a core experience based upon a sequence of courses that introduces students to the many domains and disciplines of medicine. The principles, methods of investigation, problems and opportunities in each of the major disciplines of medical science and medical practice are presented in such a way as to help students select the career best suited to their abilities and goals. Through all four years of the curriculum, key topics known as Threads are woven throughout the learning experience, linking clinical and course work and enhancing the learning experience.

The preclinical curriculum provides a science and investigative foundation for future clinical practice. First-year and second-year course work combines basic science taught via a variety of didactic means, including lectures, small groups, simulations and case-based learning. It also includes a Practice of Medicine course that uses regular patient interactions and integrative cases to teach students to skillfully interview and examine patients while integrating current patient interactions and integrative work and enhancing the learning experience.

In addition, students have the opportunity during their first year to complete four 10-hour selective courses in the humanities, the basic sciences and various clinical areas, which provides enrichment and in-depth focus on areas beyond the core curriculum. The preclinical curriculum is pass/fail.

The overall goal of the third year is the implementation of the fundamental interactive clinical skills necessary for the practice of medicine at the highest possible level of excellence. Students achieve this goal by participating in intensive, closely supervised training experiences in the core clinical clerkships, which involve inpatient and ambulatory settings and interactions with patients who present a spectrum of emergent, urgent, routine and chronic clinical problems. Through these experiences, students exhibit growth and maturation in their abilities to take medical histories, perform complete physical examinations, synthesize findings into a diagnosis, formulate treatment plans, and document and present information in a concise, logical and organized fashion.
During the final year of the medical school curriculum, the required elective program helps students to decide where their major interests lie. It also enables them to benefit from the wide range of specialized knowledge and skills found in the faculty, and it lays the foundation for lifelong learning and the application of principles. The elective program permits students to select, according to their desires, the areas that they wish to explore or to study in depth. The fourth year is also offers students the opportunity to synthesize the learning from the third year in preparation for clinical residency. Toward this end, students are required to complete a Capstone course prior to graduation.

Washington University School of Medicine Medical Student Program Objectives

The educational program is designed to ensure that each student will demonstrate the following:

Foundational Knowledge for Practice

1. Demonstrate knowledge of normal human structure and function at the molecular, genetic, cellular, tissue, organ-system and whole-body level in growth, development and health maintenance.
2. Demonstrate knowledge of the epidemiology and basic mechanisms involved in the pathogenesis of common human diseases and their influence on clinical presentation and therapy.
3. Demonstrate basic knowledge of the impact of ethnicity, culture, socioeconomic status, patient and provider biases, and other social factors on health and disease.
4. Demonstrate basic knowledge of the ethical principles and professional values that underpin the medical profession.
5. Demonstrate basic knowledge of the common scientific methods used to study health and disease.
6. Demonstrate basic knowledge of the methods and principles for optimizing value, which includes quality measure and cost, of health care delivery for patients and populations.

Patient Care

1. Obtain appropriate medical histories that include psychosocial and behavioral factors that influence health.
2. Perform accurate physical examinations.
3. Participate in clinical procedures as required by the curriculum.
5. Develop individualized diagnostic and treatment plans across the broad spectrum of acute and chronic conditions.

Interpersonal and Communication Skills

1. Demonstrate respectful and effective verbal and nonverbal interpersonal and communication skills with patients, families, colleagues, and all members of the educational and health care teams.
2. Discuss preventive strategies and diagnostic and treatment options in a manner that will facilitate the participation of patients and their families in shared decision making.
4. Provide succinct and organized oral patient presentations.
5. Work collaboratively and effectively in teams.

Professionalism

1. Maintain a professionally appropriate demeanor.
2. Exhibit high standards of professional integrity.
3. Apply legal and ethical principles governing the physician–patient relationship.
4. Act in the patient’s best interest, and serve as a patient advocate.

Systems-Based Practice

1. Recognize the roles of various members of the interprofessional health care team and the scope of their practice.
2. Recognize barriers to and facilitators of high-value patient care, where value equals quality over cost.
3. Demonstrate the ability to identify medical errors when they occur, and describe the individual, team, and/or system factors that may contribute to them.

Practice-Based Learning and Improvement

1. Demonstrate the skills needed for lifelong learning, including the ability to identify and address personal strengths and weaknesses, to incorporate formative feedback, and to self-assess knowledge and performance to develop a self-improvement plan.
2. Apply an evidence-based approach to selecting, appraising, and utilizing evidence from scientific studies related to clinical questions and patients' health problems.

Contact Information

For additional information or specifics about the MD curriculum, please use the following contact information:

Washington University School of Medicine
Office of Medical Student Education
Bernard Becker Medical Library, Room 301
CB 8214
660 S. Euclid Ave.
St. Louis, MO 63110
Hours: 8:30 a.m. to 5:00 p.m., Monday through Friday
Core Courses

Phase 1 Core Courses

Integrated Foundational Modules

Specifically regarding the foundational sciences content, what is depicted here is intended to provide a reasonable approximation of how the content could be disbursed across curricular units and to provide a general indication of relative amounts of coverage time allotted to content areas. Modules will include the following:

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gateway 500</td>
<td>Molecules to Society</td>
<td>245</td>
</tr>
<tr>
<td>Gateway 505</td>
<td>Defense &amp; Response to Injury</td>
<td>245</td>
</tr>
<tr>
<td>Gateway 510</td>
<td>Circulation &amp; Breathing</td>
<td>280</td>
</tr>
<tr>
<td>Gateway 530</td>
<td>Ins &amp; Outs</td>
<td>245</td>
</tr>
<tr>
<td>Gateway 540</td>
<td>Metabolism &amp; Reproduction</td>
<td>210</td>
</tr>
<tr>
<td>Gateway 545</td>
<td>Scaffolding &amp; Movement</td>
<td>140</td>
</tr>
<tr>
<td>Gateway 550</td>
<td>Brain &amp; Behavior</td>
<td>245</td>
</tr>
<tr>
<td>Gateway 555</td>
<td>Phase 1 Capstone</td>
<td>70</td>
</tr>
</tbody>
</table>

Clinical Immersions

Courses in the Clinical Immersions will include the following:

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
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</thead>
<tbody>
<tr>
<td>Gateway 515</td>
<td>Clinical Immersion: Ambulatory/ED</td>
<td>105</td>
</tr>
<tr>
<td>Gateway 520</td>
<td>Clinical Immersion: Inpatient</td>
<td>105</td>
</tr>
<tr>
<td>Gateway 525</td>
<td>Clinical Immersion: Procedural</td>
<td>105</td>
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</table>

EXPLORE Immersion

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gateway 535</td>
<td>EXPLORE Immersion</td>
<td>140</td>
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</table>

Phase 2 Core Courses

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gateway 600</td>
<td>Internal Medicine Clerkship</td>
<td>308</td>
</tr>
<tr>
<td>Gateway 610</td>
<td>Surgery Clerkship</td>
<td>308</td>
</tr>
<tr>
<td>Gateway 620</td>
<td>Pediatrics Clerkship</td>
<td>308</td>
</tr>
<tr>
<td>Gateway 630</td>
<td>Psychiatry Clerkship</td>
<td>308</td>
</tr>
<tr>
<td>Gateway 640</td>
<td>Neurology Clerkship</td>
<td>308</td>
</tr>
<tr>
<td>Gateway 650</td>
<td>Obstetrics &amp; Gynecology Clerkship</td>
<td>308</td>
</tr>
</tbody>
</table>

Third-Year Medical Degree Requirements

Third-Year Core Courses

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery 790</td>
<td>Integrated Surgical Disciplines Clerkship</td>
<td>308</td>
</tr>
<tr>
<td>Medicine 710</td>
<td>Medicine Clerkship</td>
<td>308</td>
</tr>
<tr>
<td>Neurol 720</td>
<td>Neurology Clerkship</td>
<td>154</td>
</tr>
<tr>
<td>ObGyn 730</td>
<td>OB/GYN Clerkship</td>
<td>192</td>
</tr>
<tr>
<td>Peds 760</td>
<td>Pediatric Clerkship</td>
<td>192</td>
</tr>
<tr>
<td>Psych 770</td>
<td>Psychiatry Clerkship</td>
<td>154</td>
</tr>
<tr>
<td>Medicine 707</td>
<td>Practice of Medicine III</td>
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Fourth-Year Medical Degree Requirements

Fourth-Year Core Courses

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>InterDis 849</td>
<td>Fourth-Year Capstone</td>
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</tr>
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</table>

Electives

The elective year allows students to develop a flexible and individualized program of study at a crucial time in the continuum of formal medical education. Elective courses are offered at the 800 level and in the areas listed within each academic department.

Department-Based Courses

- Anesthesiology (p. 105)
- Biochemistry and Molecular Biophysics (p. 110)
- Cell Biology and Physiology (p. 115)
- Developmental Biology (p. 119)
- Genetics (p. 124)
- Medicine (p. 180) (Internal Medicine)
- Molecular Microbiology (p. 192)
- Neurology (p. 205)
- Neuroscience (p. 211)
- Neurosurgery (p. 216)
- Obstetrics and Gynecology (p. 225)
- Ophthalmology and Visual Sciences (p. 239)
- Orthopaedic Surgery (p. 245)
- Otolaryngology (p. 253)
- Pathology and Immunology (p. 263)
- Pediatrics (p. 292)
Research

Students pursuing the Doctor of Medicine degree may receive elective credit for research projects completed during their fourth year. For additional information about the enrollment process and to learn more about research elective opportunities, please email the Electives Office (wusmelectives@wustl.edu).

Research opportunities are not mandatory, but the majority of MD students participate in some form of research during their educational career at Washington University School of Medicine. Our Medical Student Research Program provides a wide array of research opportunities to complement different student interests and to suit various career paths. For more information about these research opportunities and the application process, please reference the Office of Medical Student Research website (https://mdstudentresearch.wustl.edu).

Faculty

2021-22 Course & Clerkship Directors

Phase 1

Module 1: Molecules to Society
Amy Bauernfeind, PhD
Colleen Wallace, MD

Module 2: Defense and Response to Injury
Erika Crouch, MD, PhD
Brian Edelson, MD, PhD
Komo Gursahani, MD

Module 3: Circulation and Breathing
Jeffrey Atkinson, MD
Justin Sadhu, MD, MPH

Module 4: Ins and Outs
Steven Cheng, MD
Sandeep Tripathy, MD, PhD

Module 5
Linda Pike, PhD
Amy Riek, MD
Marina Litvin, MD

Module 6: Scaffolding and Movement
Kari Allen, PhD
Allyson Zazulia, MD
Steven Ambler, PhD, MPH

Module 7: Brain and Behavior
Simon Haroutounian, PhD
Allyson Zazulia, MD

Phase 1 Capstone
Timothy Yau, MD
Jon Mullin, MD

Ambulatory/ED Immersion
Maureen Lyons, MD
Joan Noelker, MD
Kaylin Reedy-Rogier, MSW

Procedures Immersion
Michelle Miller-Thomas, MD
Erica Traxel, MD

Inpatient Immersion
Doug Larsen, MD, MEd
Dennis Chang, MD

Explore
Amber Deptola, MD

Phase 2 Clerkships

Integrated Surgical Disciplines Clerkship
Bethany Sacks, MD

Medicine Clerkship
Gerome Escota, MD
Lisa Zickuhr, MD

Neurology Clerkship
Robert Naismith, MD
Doug Larson, MD, MEd

Obstetrics and Gynecology Clerkship
Stewart Massad, MD
Gillian Schivone, MD

Pediatrics Clerkship
Laura Hall, MD
Sarah Bram, MD

Psychiatry Clerkship
Brendan O’Connor, MD
Max Rosen, MD

Third Year (Legacy Curriculum)

Integrated Surgical Disciplines Clerkship
Bethany Sacks, MD

Medicine Clerkship
Gerome Escota, MD
Lisa Zickuhr, MD
Neurology Clerkship
Robert Naismith, MD  
Doug Larson, MD

Obstetrics and Gynecology Clerkship
Stewart Massad, MD  
Tammy Sonn, MD

Pediatrics Clerkship
Laura Hall, MD  
Colleen Wallace, MD

Psychiatry Clerkship
Brendan O’Connor, MD

WUMS Care  
Nichole Zehnder, MD

**Fourth Year**

**Capstone**
Tosin Adeyanju, MD  
Michael DeVita, MD  
Holly Steiner, MD  
Melissa Stewart, MD

**Fourth-Year Electives**
Faculty members within all departments and divisions at Washington University School of Medicine offer a vast selection of clinical elective rotations and independent study opportunities for students in their final year of the MD program.

**Interdisciplinary Courses**

Return to Doctor of Medicine Core Courses (p. 83)

**M80 InterDis 799 Selective Clerkship**

**M80 InterDis 807 Physical Medicine and Rehabilitation**
The elective is designed to provide the student with a broad introduction to the field of Physical Medicine and Rehabilitation. Major objective of this clinical elective is to achieve greater knowledge of the neurological and musculoskeletal diseases and their treatment, and gain understanding of basic principles of rehabilitation. The student will learn the clinical and rehabilitative care of patients with strokes, traumatic brain injury, spinal cord trauma and diseases, and limb amputations. Student will gain clinical skills in evaluating in management of functional impairments. Students will be expected to participate in daily rounds on inpatient rehabilitation units with the clinical care team, follow 3-5 patients, attend multidisciplinary team conferences and family meetings, attend outpatient rehabilitation clinics in spinal cord, stroke, traumatic brain injury, and amputee. Teaching and supervision is provided by the physiatry and neurology faculty of the Division of Rehabilitation. Rehabilitation and neurology residents are involved in student teaching as well. Students are required to participate in didactic teaching conferences within the PM&R residency. This rotation is particularly useful for students considering careers in rehabilitation, neurology, geriatrics, primary care, neuurosurgery, or any other field that will require experience in the evaluation and management of patients with physical impairment and disabilities.

**M80 InterDis 808 Step Preparation**

Step Preparation.

**M80 InterDis 809 Ambulatory Care - Jacqueline Maritz Lung Center**
The Jacqueline Maritz Lung Center houses the ambulatory care activities of the Divisions of Pulmonary Medicine, Thoracic Surgery, and Allergy/Immunology, as well as the pulmonary function laboratory. The student will rotate through: 1. both general pulmonary and subspecialty clinics in Pulmonary Medicine (cystic fibrosis, transplantation, emphysema, etc.), 2. the Thoracic Surgery clinic, and 3. the Allergy/Immunology clinic. Students will also interpret pulmonary function tests. Chest imaging is also emphasized in the evaluation process. The rotation can be streamlined to meet areas of emphasis desired by individual students.

**M80 InterDis 827 Introduction to Global Health**
This is a cross-disciplinary “crash course” in global health for students considering a career in global health and should be particularly useful for those students planning to complete international electives before graduation or during residency. The course consists of a mix of lectures, workshops, discussions, debates, laboratory sessions, clinics, and simulation labs for two weeks. Topics will include significant coverage of high-burden infectious and tropical diseases (primarily case-based) in addition to discussion of emerging and neglected global health topics including mental health, non-communicable diseases, radiology, and maternal health. Active participation in all activities and discussions is expected in order to obtain credit for this course. The course is team taught by faculty from around the medical school with extensive experience in global health and will include opportunities to network with faculty and residents actively engaged in clinical, research, policy, and implementation work around the world. This course has been run for two years previously for residents only and now is being opened up to senior medical students as well. No specific clinical requirements or call is required. Attendance and active participation for each session throughout the two weeks is required and students should not schedule residency interviews or other time off during this block.

**M80 InterDis 829 Biomedical Innovation and Entrepreneurship**
This four-week course will be offered once during the year, from Weeks 25 through 28. The course will serve as both a primer for students interested in medical technology and biotechnology development as well as a hands-on opportunity for them to work directly with teams engaged in clinical problem solving and product development. Students will learn the basics of developing a business plan, market analysis, clinical needs assessment, and project design. Students will split their time between working with an IDEA Labs team, performing independent research, and completing educational modules. During the portion of the year that this course is offered, IDEA Labs teams are beginning to develop solutions to clinical problems. During this process, the teams need to reach out to the clinical community for input on clinical needs and marketability. Fourth-year medical students will work with one IDEA Labs team to help complete the clinical needs assessment and market analysis portions of their business model. They will do this by both reaching out to clinicians and performing the research necessary to complete these portions of the business...
model. Fourth-year medical students are uniquely qualified to help with the clinical needs assessment given their experiences, clinical knowledge, and connections from their third year of medical school. In addition, during this time, students will also be expected to complete a “passport” of online and hands-on learning modules from an assortment provided by IDEA Labs from which the student may choose. The lectures will consist of online/in-person lectures outlining business development, clinical needs assessment, market analysis, and product development. The hands-on experiences will consist of 3D printing/prototyping and an open-source, single-board microprocessor workshop. Students are not expected to master any one facet of this experience; instead, this course is intended to introduce students to some of the thought processes and techniques behind moving from a clinical problem to a market ready product. Learning Objectives: By the end of this course, students should be able to do the following: (1) Perform a clinical needs assessment of a proposed solution to a clinical problem, including clearly defining the problem at hand, researching current solutions, designing and implementing a needs-based survey, and obtaining expert opinion and consultation. (2) Perform a preliminary market analysis of a proposed solution to a clinical problem, including estimates of market size, market trends, market growth rate, market profitability, industry cost structure, distribution channels, key success factors, key success details, and a SWOT analysis (strengths, weaknesses, opportunities, and threats) of the proposed solution and IDEA Labs team/business as a whole. (3) Participate and engage in clinical problem identification and solution validation. (4) Print a small 3D object using modern, commercially available 3D printing techniques. This course will be graded on a pass/fail basis. There will be no exam, and the following criteria will be used to determine the final grade: submission of a clinical needs assessment and a market analysis; demonstration of completed passport of experiences and self-assessment involving the completion of a survey at the beginning and the end of the course reflecting on the knowledge gained during the course.

M80 InterDis 831 One Health; Comparative and Ecological Medicine
In this elective, medical students will analyze and evaluate their roles as practitioners of One Health: the collaborative, multisectoral, and transdisciplinary approach to health that optimizes health outcomes by recognizing the interdependence among people, animals, plants, and their shared environment. Students will explore human and animal health overlaps from the perspective of ecological health, and comparative anatomy and pathology. They will also have the chance to learn first-hand from veterinarians and animal health experts the extent to which human health is dependent on the close connections we have to the health of animals and our ecosystems. These learning opportunities will occur in the anatomy lab, in lectures, and alongside animal health care providers and scientists who are working within the fields of pathology, conservation, and zoological medicine. At the completion of this elective, students will turn in a One Health project applying the core concepts of ecological and comparative medicine.

M80 InterDis 835 Interprofessional Hotspotting
We are looking for ONE Washington University Medical Student interested in joining an interprofessional team of students that will learn how to take care of patients with complex medical and social needs. This student will join the Interprofessional Student Hotspotting Learning Collaborative (ISHLCo), which is an annual program run by the Camden Coalition that trains interdisciplinary teams of professional students from schools across the country to learn to help patients with complex medical and social needs. The Center for Interprofessional Practice and Education (CIPE) at the Washington University Medical Campus will send ONE team this year to the Interprofessional Student Hotspotting Learning Collaborative. The team will consist of one nursing student from Barnes-Jewish Goldfarb School of Nursing, one occupational therapy student from the WashU OT school, one medical student from WashU School of Medicine, and one pharmacy student from St Louis College of Pharmacy. This team will learn from and take care of high-risk patients from September 2020 through April 2021, with an estimated time commitment of two hours per week.

M80 InterDis 849 Fourth-Year Capstone
The fourth-year Capstone course is highly structured. In order to provide students with the absolute best experience possible, students are REQUIRED to attend all sessions. In general, the morning sessions will start at 9:00 am and run until approximately 12 noon. Afternoon sessions will generally run from 1:00 pm until about 5:00 pm. The afternoon sessions are typically hands-on activities which are faculty/staff intensive. By the end of this four-week course, students should be able to demonstrate improved cognitive and clinical skills needed to enter the internship year of graduate medical training. Topics to be covered include acute clinical problems commonly faced on the inpatient service or emergency room, review of key diagnostic testing, basic procedural skills and patient and family communications regarding informed consent and end-of-life issues. Coursework will be divided between self-study, didactic, small group discussions, hands-on skills practice, and simulation. Parts of the course will be tailored to specialty interests. Students will be assessed by performance on simulation exercises and a written exam.

M80 InterDis 851 The Business of Medicine
This two-week interactive course enhances medical students' Healthcare System Literacy, i.e. their understanding of how the healthcare system is structured, financed, operated, and regulated. They will learn how clinical decisions and options are tied to market forces, business structures, and health policy. From clinical practice management issues up to 'big picture' views of healthcare, the course modules help prepare students for the challenges they will face in their own practices as well as for leadership roles in improving patient care on a large scale. The course will be a blend of case-method sessions, targeted mini-lectures, expert panels, and field trips, all designed to invite student participation and engagement with representatives from a broad spectrum of the healthcare industry.

M80 InterDis 863 Mind-Body Stress Reduction
Mind-Body Stress Reduction is a program that uses intensive training in mindfulness meditation to teach people how to: - Reduce stress and anxiety - Increase focus & concentration - Manage health problems - Live more fully productive lives Mind-Body Stress Reduction utilizes both formal and informal mindfulness meditation practices. Mindfulness can be described as non-judgmental, non-striving, moment-by-moment attention. It is often called present-centered awareness, a state of consciousness that has been shown to have health benefits for the autonomic nervous system, to increase immune function, and to increase alpha and theta brain waves, which are present in deep states of relaxation.
M80 InterDis 864 Care of the Homeless
The purpose of this elective is to educate students on the following areas: the causes of homelessness; the health care consequences of homelessness, including medical problems, barriers to care, and distrust of health care providers; the safety net system in St. Louis; and how to provide primary care tailored to the needs of the homeless. The format of the elective will include individual readings (printed/online/Canvas) and viewing of "The Pruitt-Igoe Myth" and other video resources available for free. Zoom conferences with other instructors or community resources may be arranged. Students may be asked to explore online resources for case studies or to make the course more interactive. At the conclusion, students will complete a reflection paper. At the end of the course, the student will be able to assist homeless persons to access services in St. Louis; list and describe the barriers to care for homeless persons; list and discuss some of the ways that providers can be more accommodating to homeless patients; formulate treatment plans that address food insecurity, lack of shelter, and other homeless patients' needs; and understand the special difficulties faced when managing COVID in the homeless population.

M80 InterDis 875 Medical Education Scholarship
This two-week virtual elective will introduce types of education scholarship; provide guidance for selecting a topic, writing a question, and developing project objectives; illustrate meaningful outcomes for the evaluation of education scholarship projects; and introduce qualitative and quantitative methods appropriate for education scholarship. We will meet intermittently throughout the two weeks on a mutually agreed-upon schedule. Much of the work will be done independently, with the instructor available to provide feedback and answer questions. By the end of the elective, the student will be able to define scholarship of teaching, discovery, integration, application, and engagement and provide examples of education scholarship in each type; describe the criteria for evaluating scholarship in medical education; provide examples of education outcomes at each level of Miller's Triangle and Kirkpatrick's Levels of Program Evaluation; and draft a plan for an education scholarship project with clear goals and appropriate plans for adequate preparation, appropriate methods, evaluation of results, dissemination, and reflective critique.

M80 InterDis 880 Clinical Informatics
Clinical informatics is the application of information technology and human resources in transforming data, information, and knowledge into meaningful health care improvements. Physicians practicing in this discipline provide oversight in the effective use of information systems and the development of innovative clinical pathways for patient care. During this rotation, trainees will assist in the operations of clinical informatics teams at BJH, SLCH, and WUSM, including information system management (e.g., incident response and improvement requests), reporting (data analysis and visualization), and clinical decision support. Trainees will support teams related to their clinical interests and participate in strategic meetings. Additional training in the use of reporting tools in Epic will be provided. Learning objectives include the following: utilize reporting tools to transform health care data into meaningful information and actionable knowledge; champion the safe and effective use of health care information systems; and apply change management principles to improve clinical processes and workflows.

M80 InterDis 899T Teaching Elective
Teaching support for second-year courses

Doctor of Medicine (Five-Year Program)
In addition to the regular four-year program that leads to the MD degree, students are permitted to spend one additional year in an academic program in a medical or medically related field. In exceptional circumstances, a further additional year may be permitted. The student may receive a stipend but may not be considered an employee of the university. The program must be arranged with an academic adviser, and it is subject to the approval of the Associate Dean for Medical Student Research. Students enrolled in the five-year program must maintain insurance coverage through Student Health. Students interested in this program can contact the Office of Medical Student Research.

Doctor of Medicine and Master of Science in Clinical Investigation
The School of Medicine offers a combined MD/MSCI program. Please visit the Clinical Investigation (p. 38) section of this Bulletin for more information.

Doctor of Medicine and Master of Population Health Sciences
The School of Medicine offers a combined MD/MPHS program. Please visit the Population Health Sciences (p. 64) section of this Bulletin for more information.

Doctor of Medicine and Master of Public Health
The School of Medicine offers a combined MD/MPH program. Please visit the Public Health (p. 67) section of this Bulletin for more information.

Doctor of Medicine and Master of Business Administration
The School of Medicine and the Olin Business School offer a combined MD/MBA program. The program augments medical training with the knowledge and skills to both identify the most pressing problems and propose solutions that will make a difference beyond the bedside. Students learn to make a meaningful difference for patients, partners, communities, and the entire system. This program — which takes one year to complete, in addition to the MD curriculum — provides a valuable educational experience in mentorship, leadership, innovation, formal advising, and integrated experiential learning opportunities that connect the skills of business with the mission.
of health care. A particular focus of the program is the integration of concepts across cultures and geographic boundaries. Financial support is available from several sources. Associate Professor Aaron Chamberlain, MD, is the adviser for this program and may be contacted at amchamberlain@wustl.edu for more information.

**Doctor of Medicine and Doctor of Philosophy**

Washington University offers a combined MD/PhD degree program that draws on the resources of the College of Arts & Sciences, the McKelvey School of Engineering, and the School of Medicine under the auspices of the Medical Scientist Training Program (MSTP). The purpose of the program is to train individuals in medicine and biomedical research to prepare them for careers as physician-scientists. The program was inaugurated in 1969, and it has since trained more physician-scientists than any program in the nation. More than 70% of the individuals who have completed this postgraduate training are now actively involved in research programs at leading institutions.

The program consists of three parts:

1. An enhanced MSTP thread integrated with the Phase 1 medical curriculum;
2. At least three years of original research in a medically relevant field to satisfy the requirements for the PhD degree; and
3. Core clinical clerkships (Phase 2) and advanced clinical electives (Phase 3)

Both the MD and PhD degrees are awarded upon the completion of the program. The MSTP curriculum (http://mstp.wustl.edu/program/Pages/MSTP-Curriculum.aspx) is integrated to allow for the timely completion of training. Students typically complete training in seven or eight years.

The program matriculates an average of 25 students per year, which is the equivalent of 25% of the entering School of Medicine class. All MSTP students receive financial support in the form of stipends (currently $32,500 per year), health coverage, disability and life insurance, and full tuition remission for both the MD and PhD phases of training.

**Medical Scientist Training Program**

Washington University School of Medicine
CB 8226
660 South Euclid Avenue
St. Louis, MO 63110-1093
Phone: 314-362-7190
MSTP Website (http://www.mstp.wustl.edu)

**Graduate Medical Education**

Washington University School of Medicine has a number of Graduate Medical Education (https://gme.wustl.edu/) (GME) opportunities.

**GME-Sponsored Programs**

In 1997, Washington University School of Medicine, Barnes-Jewish Hospital (http://www.barnesjewish.org/) and St. Louis Children’s Hospital (http://www.stlouischildrens.org/) joined together to oversee the quality of graduate medical education training programs at these institutions. All three of these institutions have long histories of successfully training outstanding residents and clinical fellows; this collaborative educational effort demonstrates their dedication to quality healthcare and supports thoughtful patient care in the St. Louis area.

The GME Consortium sponsors more than 99 training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), the organization that accredits sponsoring institutions and training programs across the United States. There are approximately 40 additional subspecialty fellowship programs that are either accredited by other national accrediting bodies or that are in emerging new areas of medicine not yet recognized by the specialty boards. The GME Consortium and all of its sponsored training programs are fully committed to providing a quality educational experience for residents, clinical fellows and other trainees.

**Residencies and Fellowships**

Advanced medical training is integral to the quality of patient care in the United States. Residents are doctors who have completed their medical education and who are pursuing three to seven years of advanced medical training in a chosen specialty. Clinical fellows have completed their residencies and are board-eligible in their primary specialty training; they are pursuing additional years of training in an advanced subspecialty area of medicine. Both roles allow trainees to progressively assume greater responsibility working with patients while learning from faculty who are highly qualified in their specialties.

**Postdoctoral Training**

Appointment as a Postdoctoral Research Associate or Scholar is a temporary training position designed to advance research and professional skills. In the School of Medicine, postdoctoral appointees conduct advanced research training with a faculty mentor and are supported by either research grants, individual fellowships or institutional training grants. The Office of Postdoctoral Affairs provides resources and professional development programming for postdoctoral
Endowed Scholarships & Fellowships

Please visit the Medical Alumni & Development Programs webpage for Endowed Scholarships & Fellowships (https://medicalalumni.wustl.edu/give/scholarships/endowed-scholarships/).

Continuing Medical Education

The study of medicine is a lifelong process, with continuing medical education (https://cme.wustl.edu/) being an integral component of the continuum. The School of Medicine has supported this learning endeavor through the operation of the Continuing Medical Education (CME) program, which has been fully accredited since 1973. In 2016, the program achieved accreditation by the Joint Accreditation for Interprofessional Continuing Education to provide credit not only for medicine but for pharmacy and nursing continuing education activities as well. The program’s mission is to collaborate with teams of health care professionals as well as individual members of health care teams to provide opportunities for educational renewal and advancement to facilitate lifelong learning, the maintenance of professional competencies, and the enhancement of knowledge and skills to improve performance, clinical care and patient outcomes.

Pursuant to this mission, the objectives of the CME program include the following:

- Enable the acquisition of new knowledge and skills for the delivery of quality patient care.
- Translate the results of research into clinical diagnosis and treatment for health care practitioners.
- Apply educational approaches in support of continuous quality improvement and patient safety in health care delivery.
- Integrate clinical outcome measures into the educational process.
- Assist with adaptation to changing health care delivery environments.
- Support the development of faculty as postgraduate medical educators and leaders.
- Evaluate and refine educational activities.
- Support health care professionals in meeting state and specialty recertification and relicensure requirements.

Each year, the CME department awards credit for more than 160 symposia and more than 180 recurring academic rounds and conferences as well as videos, monographs and self-directed learning. About 9,000 registrants participate in these activities annually, and they receive more than 110,000 hours of instruction. CME Online (https://cme.wustl.edu/go/cmeonline/) provides educational programs via the internet. Since it began in 2000, the CME online program has grown to include more than 150 hours of available CME credit.

Medical Physics

Master of Science in Medical Physics

The MSMP program is built on courses accredited by the Commission on Accreditation of Medical Physics Education Programs (CAMPEP), through which students will become familiar with the major texts and literature in the area of medical physics. Students will be exposed to a wide array of radiation treatment techniques and quality control procedures, and they will also perform cutting-edge research with renowned researchers. These experiences will equip students with the knowledge, skills and experiences necessary to further their careers in medical physics.

Admissions

For a list of MSMP admissions requirements, please visit the Department of Radiation Oncology website (https://radonc.wustl.edu/education/master-of-science-in-medical-physics/admissions/).

Program Format

The MSMP program is designed for full-time study over the course of two academic years, starting in the fall semester. A minimum of 30 units of credit are required for degree completion, and this requirement will be met with a combination of core courses, department-approved electives, and either thesis research or clinical rotations. Courses will run over a traditional 16-week semester schedule during the fall and spring semesters. During the summer, students will be expected to work on their thesis research or clinical project, and they will also have the opportunity to perform clinical rotations to fine-tune their clinical skills.

Course Schedule

Clinical Project Stream

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<thead>
<tr>
<th>Course</th>
<th>Fall Units</th>
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<td>First Year</td>
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<td>Principles of Human Anatomy and Development</td>
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<td>Radiation Protection and Safety</td>
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<td>Radiological Physics and Dosimetry</td>
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Post-PhD Graduate Certificate in Medical Physics

Through the Commission on Accreditation of Medical Physics Education Programs (CAMPEP)–accredited Washington University Post-PhD Graduate Certificate in Medical Physics program, students will become familiar with the major texts and literature in the area of medical physics, and they will be exposed to a wide array of treatment techniques and quality control procedures. These experiences will equip students with the necessary means to further their education. Graduates of the program will have an understanding of the role of patient safety in clinical physics, and they will have the necessary physical and scientific background for a career in medical physics. They will be able to use research and inquiry to acquire knowledge, and they will also have the ability to critically evaluate research and scholarship and to pose new questions and solve problems in medical physics. This program will help students to develop the professional and interpersonal skills necessary for success in a collaborative, multidisciplinary environment.

The program is led by Associate Professor of Radiation Oncology Michael Altman, PhD, with Associate Professor of Radiation Oncology Tiezhi Zhang, PhD, serving as the assistant program director. This program requires the completion of 18 units of credit, and it is offered in a convenient one- or two-year format.

Course Schedule

### One-Year Course Schedule

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<td>Independent Study (MedPhys 503)</td>
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<td>Radiobiology (MedPhys 505)</td>
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<td>Radiation Oncology Physics (MedPhys 506)</td>
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<td>Biological Imaging Technology (ESE 589)</td>
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<tr>
<td>Independent Study (MedPhys 503)</td>
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<tr>
<td>Summer: Optional clinical rotation, thesis research</td>
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| Second Year                                      | 9          | 9            |              |

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### Two-Year Course Schedule

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The program is led by Associate Professor of Radiation Oncology Michael Altman, PhD, with Associate Professor of Radiation Oncology Tiezhi Zhang, PhD, serving as the assistant program director. This program requires the completion of 18 units of credit, and it is offered in a convenient one- or two-year format.
Radiation Protection and Safety (MedPhys 521)  
Radiobiology (MedPhys 505)  
Radiation Oncology Physics (MedPhys 506)  
Biological Imaging Technology (ESE 589)  
Advanced Clinical Medical Physics Laboratory (MedPhys 523)  

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<tr>
<td>Advanced Clinical Medical Physics Laboratory (MedPhys 523)</td>
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**Two-Year Course Schedule**

Occupational Therapy  
Master of Science in Occupational Therapy

Applicants must hold a bachelor's degree or be a participant in an approved 3-2 program, and they must have completed prerequisite courses from an accredited college or university. The Program in Occupational Therapy is accredited by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association.

The MSOT prepares students to become practitioners in any practice area. A minimum of a master's degree is required for entry into the profession of occupational therapy. The MSOT degree prepares generalist clinicians with the knowledge and skills needed to work as direct care providers, consultants, educators, managers and advocates for clients. The MSOT program also includes the option for students to study with experienced community clinicians, community agency administrators and faculty scientists.

For students interested in pursuing a PhD in the future, the MSOT degree program also includes the option for students to study with faculty scientists. Students have exposure to topics in participation, public health, aging, children and youth, mental health, work and industry, and neurorehabilitation.

An experiential portion of the curriculum — six months of full-time fieldwork supervised by experienced clinicians — follows the two years of academic course work for a total of 80 credit units. The MSOT degree program is a 28-month, full-time program.

With either degree, students will be eligible to sit for the NBCOT exam. Students can also apply for the doctoral degree in occupational therapy (OTD) if they wish to pursue a more advanced level of education. The OTD program is a 36-month, full-time program.

A felony conviction may affect a graduate's ability to sit for the NBCOT certification exam or to attain state licensure.

Doctorate of Occupational Therapy

Applicants must hold a bachelor's degree or be a participant in an approved 3-2 program, and they must have completed prerequisite courses from an accredited college or university. The Program in Occupational Therapy is accredited by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association.

The OTD is for students who want to assume a leadership position in practice, management, teaching and/or clinical research. In addition to six months of full-time fieldwork supervised by experienced clinicians, OTD students focus on their specialty area and complete the 14-week doctoral capstone for a total of 106 credit units over a three-year period. The OTD degree program is a 36-month, full-time program.

Doctoral students actively engage in leadership experiences to develop capacity as change agents in professional practice and to acquire in-depth knowledge in their practice areas. They learn to analyze the role of occupational therapy across the service delivery continuum for individuals, groups and populations and to design an occupational therapy model for a specific client population. Doctoral students develop an advanced-practice skill set as well as the ability to participate in scholarly work.
may choose from multiple concentrations such as productive aging, social participation and the environment, children and youth, work and industry, neurorehabilitation and rehabilitation science.

Graduates of either degree program will be eligible to sit for the National Board for Certification in Occupational Therapy (NBCOT) examination to become practicing occupational therapists. The exam is administered by NBCOT, which is located at One Bank Street, Suite 300, Gaithersburg, MD 20878. NBCOT's phone number is 301-990-7979. For more information, visit the NBCOT website (https://www.nbcot.org/). Consult our Program in Occupational Therapy website for more information about our NBCOT Exam Results (http://www.ot.wustl.edu/education/nbcot-408/).

A felony conviction may affect a graduate's ability to sit for the NBCOT exam or to attain state licensure.

Physical Therapy

Doctor of Physical Therapy

The professional curriculum is an intensive three-year experience leading to the Doctor of Physical Therapy (DPT) degree. The principle focus of this professional training is to develop scientific and clinical expertise in the diagnosis and treatment of movement-related conditions. By integrating biomedical and physical sciences and clinical education with behavioral and social sciences, the DPT curriculum (PDF) (http://bulletin.wustl.edu/medicine/degrees-offerings/dpt/DPT-Viewbook-v10_GE-5.pdf) provides students with the scientific expertise, critical thinking skills and interpersonal communication abilities necessary for effective clinical practice, comprehensive treatment design, patient advocacy, patient education and health promotion.

Applicants for admission must have completed the following:

1. A bachelor's degree at an accredited institution
2. Prerequisite courses in biology, chemistry, physics, anatomy, physiology, psychology and statistics
3. Science, math/science, and core prerequisites with a grade-point average of at least 3.0

Visit our website for more information regarding application and admissions (https://pt.wustl.edu/education/doctor-of-physical-therapy/application-admissions/) or eligibility and prerequisites (https://pt.wustl.edu/education/doctor-of-physical-therapy/eligibility-prerequisites/).

DPT Curriculum

Year One, Fall

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
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<tbody>
<tr>
<td>PhysTher 601</td>
<td>Diagnosis and Evidence Analysis in PT Practice I</td>
<td>2</td>
</tr>
<tr>
<td>PhysTher 602</td>
<td>Professional Issues and Skills 1</td>
<td>3</td>
</tr>
<tr>
<td>PhysTher 603</td>
<td>Essential Clinical Skills I</td>
<td>4</td>
</tr>
<tr>
<td>PhysTher 604</td>
<td>Cells, Systems and Disease I</td>
<td>4</td>
</tr>
<tr>
<td>PhysTher 605</td>
<td>Neuroscience</td>
<td>3</td>
</tr>
<tr>
<td>PhysTher 606</td>
<td>Kinesiology I</td>
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Early Clinical Experience

Year One, Spring

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<tr>
<th>Code</th>
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<tbody>
<tr>
<td>PhysTher 610</td>
<td>Cells, Systems and Disease II</td>
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<tr>
<td>PhysTher 611</td>
<td>Human Anatomy</td>
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<tr>
<td>PhysTher 612</td>
<td>Diagnosis and Evidence Analysis in PT Practice II</td>
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<tr>
<td>PhysTher 613</td>
<td>Kinesiology II</td>
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<tr>
<td>PhysTher 614</td>
<td>Diagnosis and Management of Musculoskeletal Conditions in PT I</td>
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<tr>
<td>PhysTher 615</td>
<td>Professional Issues and Skills Development II</td>
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Early Clinical Experience

Year One, Summer

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<tr>
<th>Code</th>
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<tbody>
<tr>
<td>PhysTher 691</td>
<td>Clinical Experience I</td>
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(8-week, full-time internship)

Year Two, Fall

<table>
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<tr>
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<tbody>
<tr>
<td>PhysTher 621</td>
<td>Exercise Physiology</td>
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<tr>
<td>PhysTher 622</td>
<td>Diagnosis and Management of Cardiopulmonary Conditions in PT</td>
<td>3</td>
</tr>
<tr>
<td>PhysTher 623</td>
<td>Orthopaedic Medicine</td>
<td>2</td>
</tr>
<tr>
<td>PhysTher 624</td>
<td>Diagnosis and Management of Musculoskeletal Conditions in PT II</td>
<td>3</td>
</tr>
<tr>
<td>PhysTher 625</td>
<td>Neurology Medicine</td>
<td>2</td>
</tr>
<tr>
<td>PhysTher 627</td>
<td>Essential Clinical Skills II</td>
<td>3</td>
</tr>
<tr>
<td>PhysTher 628</td>
<td>Case Integration Lab I</td>
<td>1</td>
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<tr>
<td>PhysTher 629</td>
<td>Diagnosis and Management of Neuromuscular Conditions in PT I</td>
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### Year Two, Winter

<table>
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<tbody>
<tr>
<td>PhysTher 692</td>
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### Year Two, Spring

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<tbody>
<tr>
<td>PhysTher 626</td>
<td>Moderators of Health, Wellness and Rehabilitation</td>
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<tr>
<td>PhysTher 635</td>
<td>Professional Issues and Skill Development III</td>
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<tr>
<td>PhysTher 636</td>
<td>Diagnosis and Management of General Medical Conditions in PT</td>
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<tr>
<td>PhysTher 638</td>
<td>Diagnosis and Management of Musculoskeletal Conditions in PT III</td>
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<tr>
<td>PhysTher 642</td>
<td>Case Integration Lab II</td>
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<tr>
<td>PhysTher 643</td>
<td>Diagnosis and Management of Neuromuscular Conditions in PT II</td>
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### Year Three, Summer

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<tr>
<td>PhysTher 693</td>
<td>Clinical Experience III</td>
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<td></td>
<td>(10-week, full-time internship)</td>
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### Year Three, Fall

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<tbody>
<tr>
<td>PhysTher 694</td>
<td>Clinical Experience IV</td>
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</tr>
<tr>
<td></td>
<td>(12-week, full-time internship)</td>
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### Year Three, Spring

<table>
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<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
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<tbody>
<tr>
<td>PhysTher 650</td>
<td>Diagnosis and Evidence Analysis in PT Practice III</td>
<td>3</td>
</tr>
<tr>
<td>PhysTher 651</td>
<td>Organizational and Management Issues</td>
<td>3</td>
</tr>
<tr>
<td>PhysTher 652</td>
<td>Alternative Settings and Practice Environments</td>
<td>3</td>
</tr>
<tr>
<td>PhysTher 653</td>
<td>Health Fitness and Prevention</td>
<td>3</td>
</tr>
<tr>
<td>PhysTher 654</td>
<td>Case Integration Lab III</td>
<td>3</td>
</tr>
<tr>
<td>PhysTher 655</td>
<td>Professional Issues and Skill Development IV</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Focused Clinical Study (30 hours)</td>
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</tbody>
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**PhD in Movement Science**

The focus of the interdisciplinary doctoral program in movement science is to prepare future researchers and faculty members who can enhance the profession of physical therapy. Admission to this curriculum requires acceptable scores on the Graduate Record Examination, excellence in previous academic work, and demonstrated beginning abilities in posing questions of importance to the study of movement.

The faculty members of the Program in Physical Therapy are committed to being leaders in discovering and transmitting new knowledge related to movement dysfunction, preparing clinicians to assume multiple roles in a complex health care environment, and fulfilling the service mission to society through active participation in humanistic, scientifically based patient care. Students in all curricula are expected to participate actively in an environment that values integrity, initiative, creativity and the strong belief that physical therapy intervention promotes health. In these ways, all individuals associated with the Program in Physical Therapy may achieve their highest professional and personal potential.

Visit our website or more information regarding application and admissions (https://pt.wustl.edu/education/phd-in-movement-science/application-admissions/).

For more information about the PhD in Movement Science (http://bulletin.wustl.edu/grad/gsas/movesci/), please visit the Graduate School Bulletin.

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**Population Health Sciences**

**Master of Population Health Sciences**

The MD/MPHS provides medical students with an opportunity to supplement their clinical training and course work with a quantitative approach to population health science research. Students develop core skills in epidemiology and biostatistics, and these can be applied to research in any clinical field, from primary to specialty care. The program is intended for medical students who plan to incorporate clinical or population health research into their clinical careers, including clinical effectiveness and outcomes research. The program is not restricted to Washington University medical students; students from other medical schools are encouraged to apply. The program combines the traditional medical school curriculum with one additional year of full-time study for the MPHS degree. This added year is typically taken after the second or third year of medical school.
Requirements

Program Format
The MPH program is offered in a full-time, 10-month format. A minimum of 12 credit units is required for full-time student status, and the maximum course load is 18 credit units per semester. Part-time study options are available.

Core MPH Courses

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Units</th>
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<tbody>
<tr>
<td>PHS 510</td>
<td>Introduction to SAS for Clinical</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Research</td>
<td></td>
</tr>
<tr>
<td>PHS 501</td>
<td>Introduction to Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>PHS 502</td>
<td>Intermediate Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>PHS 511</td>
<td>Introductory Biostatistics for Clinical Research</td>
<td>3</td>
</tr>
<tr>
<td>PHS 512</td>
<td>Intermediate Biostatistics for Clinical Research</td>
<td>3</td>
</tr>
<tr>
<td>PHS 505</td>
<td>Ethics in Population and Clinical Health</td>
<td>1</td>
</tr>
<tr>
<td>PHS 500</td>
<td>Current Topics in Public Health</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>(medical students only)</td>
<td></td>
</tr>
</tbody>
</table>

1 Students with previous SAS experience may opt out of this required class by taking the final exam. Students who receive a 90% or higher on the exam will be exempt from taking the course.

Information about elective courses is available on the MPH website (http://www.mphs.wustl.edu/).

Public Health

Master of Public Health
Applicants should be in the third year of their medical school program. Prior to entering the MPH program, students should have taken courses (up to 11 credit units) that count toward the MPH degree.

The MD/MPH provides medical students with an opportunity to supplement their clinical training with courses and experiences designed to create transdisciplinary competencies related to the improvement of population health. Students learn the basics of public health from the foundations courses. MD/MPH students can also choose from a wide variety of Transdisciplinary Problem-Solving Courses (two are required), and they will participate in small-group public health discussions in Public Health Seminar. The faculty and staff at the Brown School will help guide students toward relevant practicum experiences. At the end of the MPH program, MD/MPH students will complete a two-part capstone course. The capstone course culminates in a learning experience that demonstrates synthesis of foundational and specialized competencies. In addition to completing their course work at Brown, all graduating students are required to sit for the Certification in Public Health exam. Students passing the exam will enter the workforce with CPH credentials that indicate their knowledge of and commitment to the field.

Requirements

Program Format
Medical students will spend their fourth year in the MPH program. The MD/MPH curriculum comprises three full-time semesters of course work (summer, fall, and spring) at the Brown School, followed by the MPH practicum and capstone project. Students will meet the 52 required credit units with the 11 credits earned in the MD program, 40 credits earned at the Brown School, and 1 additional credit earned in either program.

Core MPH Courses

- Cross-cutting Themes in Public Health
- Epidemiology
- Biostatistics
- Environmental Health
- Health Policy and Administration
- Health Behavior and Health Promotion

Academic Departments
Washington University School of Medicine has 20 academic departments, all of which provide educational opportunities for the Doctor of Medicine (p. 78) and Graduate Medical Education (p. 88) programs.

- Anesthesiology (p. 95)
- Biochemistry and Molecular Biophysics (p. 106)
- Cell Biology and Physiology (p. 111)
- Developmental Biology (p. 115)
- Genetics (p. 119)
- Medicine (p. 124) (Internal Medicine)
- Molecular Microbiology (p. 189)
- Neurology (p. 192)
- Neuroscience (p. 207)
- Neurosurgery (p. 212)
- Obstetrics and Gynecology (p. 217)
- Ophthalmology and Visual Sciences (p. 227)
- Orthopaedic Surgery (p. 240)
- Otolaryngology (p. 248)
- Pathology and Immunology (p. 254)
- Pediatrics (p. 265)
- Psychiatry (p. 296)
- Radiation Oncology (p. 308)
- Radiology (p. 313)
- Surgery (p. 328)
Anesthesiology is a medical specialty encompassing a broad range of medical and scientific activities. The clinical practice of anesthesiology includes the following:

1. Assessment of, consultation for and preparation of patients for anesthesia and surgery;
2. Provision of insensibility to pain during surgical, obstetric, therapeutic and diagnostic procedures;
3. Monitoring and restoration of physiologic homeostasis during the perioperative period as well as homeostasis in the critically ill or seriously injured patient;
4. Diagnosis and treatment of painful syndromes; and
5. Clinical management and teaching of cardiopulmonary resuscitation.

The realm of scientific investigation in anesthesiology also spans a broad range. Scientific efforts at the cellular and molecular levels are directed toward understanding the molecular mechanisms of anesthesia and analgesia. Clinical research in anesthesiology includes broad epidemiological approaches to identifying indicators of outcome as well as prospective clinical studies examining new technologies, anesthetic agents and methods.

The Department of Anesthesiology (http://anest.wustl.edu) presents the student with the opportunity to do the following:

1. Acquire and apply pharmacologic knowledge related to anesthetic agents, opioids, paralytic and sedative drugs, and drugs affecting the autonomic nervous system;
2. Understand and apply the basic principles of airway management and mechanical ventilation;
3. Understand and apply the principles of cardiopulmonary resuscitation;
4. Understand and apply the technical skills and anatomic and pharmacologic knowledge used in performing regional nerve blocks;
5. Learn and apply the fundamental principles of acute and chronic pain management; and
6. Learn and apply the basic principles of critical care medicine.

Anesthesiology bridges the gap between basic science and clinical medicine. It provides experience with the clinical evaluation and management of patients as well as with applied physiology and pharmacology. The Department of Anesthesiology offers student experiences in the operating room, the intensive care unit, the pain management clinic and the laboratory.

Contact: Maureen Arends
Email: arendsm@wustl.edu
Website: http://anest.wustl.edu
PHD University of Surrey 2009

Zekeriyya Alanoglu, MD, MED
Instructor in Anesthesiology (Pending Dean's Approval) (primary appointment)
MD Ankara University 1993
MED Ankara University 2000

Amrita Aranake-Chrisinger, MD, MS, BS
Assistant Professor of Anesthesiology (primary appointment)
MD Washington Univ in St. Louis 2013
MS Washington Univ in St. Louis 2019
BS1 Rutgers University 2008
BS Rutgers University 2008

Jacob D AuBuchon, MD
Associate Professor of Anesthesiology (primary appointment)
MD University of MO Kansas City 2008
BA University of MO Kansas City 2005

Michael Simon Avidan, MBBCH
Dr. Seymour and Rose T Brown Professor of Anesthesiology (primary appointment)
Head of the Department of Anesthesiology
Professor of Psychiatry
Professor of Surgery (Cardiothoracic Surgery)
MBBCH University of the Witwatersra 1991

Chaltu Blaine Ayano, MD
Assistant Professor of Anesthesiology (primary appointment)
MD University of South Dakota 2014
BS Concordia College 2009

Sennaraj Balasubramanian, MD
Instructor in Anesthesiology (primary appointment)
MD All-India Inst of Medical Sci 2012
BS Tirunelveli Medical College 1992

Arbi Ben Abdallah, PHD
Associate Professor of Anesthesiology (primary appointment)
PHD Washington Univ in St. Louis 2011

Amber Christine Benhardt, MD
Assistant Professor of Anesthesiology (primary appointment)
MD Texas A&M University 2013
BA Texas A&M University 2009

George Richard Benzinger III, PHD, MD
Associate Professor of Anesthesiology (primary appointment)
BS California Institute Technolo 1993
PHD University of Chicago 1998
MD University of Chicago 2000

Adithya Devadas Bhat, MD
Assistant Professor of Anesthesiology (primary appointment)
BS Washington Univ in St. Louis 2010
MD Case Western Reserve Univ 2014

Matthew Eugene Boland, MD
Instructor in Clinical Anesthesiology (primary appointment)
MD University of MO Kansas City 1996

Anuradha Purushottam Borle, MD, MBBS
Instructor in Anesthesiology (primary appointment)
MD All-India Inst of Medical Sci 2012
MBBS GMC Miraj 2007

Robert Earl Sean Bowen, MD, M PH
Assistant Professor of Anesthesiology (primary appointment)
BA University of Notre Dame 2009
MD University of Nebraska 2014
M PH Columbia University 2012

Walter A Boyle III, MD
Professor of Anesthesiology (primary appointment)
Assistant Professor of Developmental Biology
Professor of Surgery (General Surgery)
BS University of CA San Francisco 1974
MD University of CA San Francisco 1977

Jamie Cao Brown-Shpigel, BS1, MD
Assistant Professor of Anesthesiology (Pending Dean's Approval) (primary appointment)
BS1 University of Houston 2009
MD Univ Texas Health Science Ctr 2014

Kevin D Bucol, MD
Instructor in Clinical Anesthesiology (primary appointment)
MD University of MO Columbia 1982

Sarah Buday, PHD
Assistant Professor of Anesthesiology (primary appointment)
BS Washington Univ in St. Louis 2002
PHD University of MO St Louis 2013

Broc Allen Burke, MD, PHD
Instructor in Anesthesiology (primary appointment)
MD Dartmouth College 2013
PHD Dartmouth College 2011

Thomas Patrick Burris, PHD, BAS
Adjunct Professor of Anesthesiology (primary appointment)
Adjunct Professor of Genetics
PHD1 Florida State University 1993
BAS Southern Illinois University 1989

Yuqing Cao, PHD
Associate Professor of Anesthesiology (primary appointment)
BS Fudan University 1989
PHD University of CA San Francisco 1999

Laura Francesca Cavallone, MD
Associate Professor of Anesthesiology (primary appointment)
MD University of Milan 1993

Baron Chanda, PHD, MS
Professor of Anesthesiology (Pending Executive Faculty Approval) (primary appointment)
Stephanie Kae Charshafian, MD  
Assistant Professor of Anesthesiology (primary appointment)  
MD Washington Univ in St. Louis 2014  
BS University of Florida 2009

Tao Che, MS, PHD  
Assistant Professor of Anesthesiology (primary appointment)  
BS Wuhan University 2017  
MS Wuhan University 2010  
PHD Case Western Reserve Univ 2015

Yunwei Chen, MD  
Assistant Professor of Anesthesiology (primary appointment)  
BS Northwestern University 2008  
MD Case Western Reserve Univ 2014

Zhoufeng Chen, PHD, MS  
Russell D and Mary B Shelden Professor of Anesthesiology  
(secondary appointment)  
Professor of Developmental Biology  
Professor of Medicine (Dermatology)  
Professor of Psychiatry  
PHD University of Texas Austin 1994  
MS School Not Listed 1987  
BS Wuhan University 1983

Ziwei Chen, MS, PHD, MBBS  
Assistant Professor of Anesthesiology (primary appointment)  
MS Dalian Medical University 1998  
PHD Peking University 2001  
MBBS Dalian Medical University 1995

Wayland W. Cheng, PHD, MD  
Assistant Professor of Anesthesiology (primary appointment)  
BS Wheaton College 2005  
PHD Washington Univ in St. Louis 2012  
MD Washington Univ in St. Louis 2012

Kelly Lynne Chilson, MD  
Associate Professor of Anesthesiology (primary appointment)  
MD University of MO St Louis 1999

Salik Choudhary, MD  
Instructor in Clinical Anesthesiology (primary appointment)  
MD University of MO Kansas City 2013  
BA University of MO Kansas City 2013

James Close, MD  
Associate Professor of Anesthesiology (primary appointment)  
Associate Professor of Medicine  
BA Washington Univ in St. Louis 1980  
MD Washington Univ in St. Louis 1984

Albert Murray Cohen, MD  
Assistant Professor of Anesthesiology (primary appointment)  
MD Baylor University 1977

Bryan A Copits, PHD  
Assistant Professor of Anesthesiology (primary appointment)  
PHD Northwestern University 2012

Meaghan Claire Creed, PHD  
Assistant Professor of Anesthesiology (primary appointment)  
Assistant Professor of Neuroscience  
Assistant Professor of Psychiatry  
BS University of Toronto 2008  
PHD University of Toronto 2012

Lara W. Crock, PHD, MD  
Instructor in Anesthesiology (primary appointment)  
BA Barnard College 2001  
PHD Washington Univ in St. Louis 2013  
MD Washington Univ in St. Louis 2013

Michael John Cuipa, MD  
Instructor in Clinical Anesthesiology (primary appointment)  
MD University of Massachusetts 1994  
BS Tufts University 1988

D

Bakul Dave, MD, MD1  
Assistant Professor of Anesthesiology (primary appointment)  
MD BJ Medical College 1984  
MD1 University of Toledo 1997

Thomas Allen Davis, MD  
Assistant Professor of Anesthesiology (primary appointment)  
MD University of Tenn Memphis 1969

Charli Johan De Wet, MBCHB  
Professor of Anesthesiology (primary appointment)  
Professor of Surgery (Cardiothoracic Surgery)  
MBCHB University of Pretoria 1990

Anne Meredith Drewry, MD  
Associate Professor of Anesthesiology (primary appointment)  
MD Washington Univ in St. Louis 2006

Julie Kosto Drobish, MD  
Assistant Professor of Anesthesiology (primary appointment)  
MD Washington Univ in St. Louis 2009  
BS Pennsylvania State University 2006

Leon du Toit, MS, MS, MBCHB  
Instructor in Anesthesiology (primary appointment)  
MS University of Cape Town 2020  
BS Stellenbosch University 2005  
MS University of Cape Town 2020  
MBCHB Stellenbosch University 2005

Nicole Marie Durko, DOST  
Associate Professor of Anesthesiology (primary appointment)  
BS St Xavier University 1995  
DOST Midwestern University 2001
Bahaa Eldien Elgendy, PHD, MS
Adjunct Assistant Professor of Anesthesiology (primary appointment)
PHD University of Florida 2010
MS Benha University 2003
BS Benha University 1999

Daniel Emmert, MD
Associate Professor of Anesthesiology (primary appointment)
Associate Professor of Surgery (Cardiothoracic Surgery)
MD Saint Louis University 2005

Sina Erfani, MD
Instructor in Anesthesiology (primary appointment)
MD University of Buffalo 2016
BS Stony Brook School of Medicine 2011

Alex S Evers, MD
Henry Elliot Mallinckrodt Professor of Anesthesiology (primary appointment)
Professor of Developmental Biology
Professor of Medicine
MD New York University 1978
BS Yale University 1974

Steven Edward Feit, MD
Assistant Professor of Anesthesiology (primary appointment)
MD University of MO Columbia 1982
BA Indiana State University 1978

Jing Feng, PHD
Instructor in Anesthesiology (primary appointment)
PHD Wuhan University 2014

Mitchell Evan Fingerman, MD
Associate Professor of Anesthesiology (primary appointment)
MD University of Connecticut 2004

Catherine Foster, MD
Instructor in Anesthesiology (primary appointment)
BA University of CA Berkeley 2008
MD University of Chicago 2016

Rosemary Foster, MD
Assistant Professor of Anesthesiology (primary appointment)
MD Saint Louis University 2013

Bradley Alexander Fritz, MD
Instructor in Anesthesiology (Pending Dean's Approval) (primary appointment)
BS Case Western Reserve Univ 2010
MD Washington Univ in St. Louis 2015

Brian M Fuller, MD
Associate Professor of Anesthesiology (primary appointment)
Associate Professor of Emergency Medicine
MD University of Alabama 2003

BA University of Alabama 1998

Narasimhan Gautam, MS, PHD
Professor of Anesthesiology (primary appointment)
Professor of Genetics
MS School Not Listed 1979
PHD University of Bombay 1985
BS School Not Listed 1977

Preeta George, MBBS
Assistant Professor of Anesthesiology (primary appointment)
MBBS Bangalore University 1998

Robert W Gereau, PHD
Dr Seymour and Rose T Brown Professor of Anesthesiology (primary appointment)
Professor of Neuroscience
Vice Chairman of Anesthesiology
BS Southwest Missouri St Universi 1991
PHD Emory University 1995

Erin A Gibbons, MD
Assistant Professor of Anesthesiology (primary appointment)
MD University of North Carolina 2008
BS University of North Carolina 2003

Jason R Gillihan, MD
Associate Professor of Anesthesiology (primary appointment)
BS University of Southern Indiana 2002
MD Southern Illinois University 2006

Thomas James Goblirsch, MD
Assistant Professor of Anesthesiology (primary appointment)
MD Loyola University Chicago 1985
BS University of Notre Dame 1980

Judith P Golden, MA, PHD
Instructor in Anesthesiology (primary appointment)
BS Hofstra University 1984
MA Hofstra University 1986
PHD Saint Louis University 1994

Vivian Maria Gonzalez-Perez, PHD
Instructor in Anesthesiology (primary appointment)
PHD University of Valparaiso 2009

Thomas J Graetz, MD
Associate Professor of Anesthesiology (primary appointment)
Associate Professor of Surgery (Cardiothoracic Surgery)
MD Saint Louis University 2005

Stephen H Gregory, MD
Assistant Professor of Anesthesiology (primary appointment)
MD Saint Louis University 2012

Russell J.l. Groener, MBCHB
Associate Professor of Anesthesiology (primary appointment)
MBCHB University of Cape Town 1983
Ryan C Guffey, MD  
Assistant Professor of Anesthesiology (primary appointment)  
MD Wayne State University 2007

Katharine Nicole Gurba, PHD  
Assistant Professor of Anesthesiology (Pending Executive Faculty Approval) (primary appointment)  
PHD Vanderbilt University 2013

Charles B Hantler, MD, MA  
Professor of Anesthesiology (primary appointment)  
MD Davenport University 1977  
BS Davenport University 1971  
MA Davenport University 1973

Courtney Alan Hardy, MD  
Professor of Anesthesiology (primary appointment)  
MD Loyola University Chicago 2000

Simon Haroutounian, MA, PHD  
Associate Professor of Anesthesiology (primary appointment)  
MA Hebrew University 2005  
PHD Hebrew University 2011

Daniel Luke Helsten, MD  
Associate Professor of Anesthesiology (primary appointment)  
BS University of Kentucky 1997  
MD University of Kentucky 2001

Mohammad Anas Helwani, MD  
Assistant Professor of Anesthesiology (primary appointment)  
Assistant Professor of Surgery (Cardiothoracic Surgery)  
MD Damascus University 1998

Omokhaye M Higo, MBBS  
Associate Professor of Anesthesiology (primary appointment)  
BS University of Ibadan 1984  
MBBS University of Ilorin 1990

Alexander Michael Hincker, MD  
Assistant Professor of Anesthesiology (Pending Executive Faculty Approval) (primary appointment)  
MD Columbia University 2013

Jiggar Rashmikant Hindia, MD  
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BS Truman State University 2004  
MD A T Still University 2007

Gary E Hirshberg, MD  
Professor Emeritus of Anesthesiology (primary appointment)  
MD Hahnemann University 1972  
BA Princeton University 1968

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Professor of Anesthesiology (primary appointment)  
Professor of Developmental Biology  
Professor of Medicine  
Professor of Surgery (General Surgery)  
MD University of Virginia 1976

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MD Taipei Medical University 1983  
MS Emory University 1993  
BA Georgia St University 1991

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Professor of Medicine (Dermatology)  
PHD Ohio State University 2004

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MD Martin-Luther-University 1996

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MS Shariff Univ of Technology 2010  
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PHD Washington Univ in St. Louis 2016

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Assistant Professor of Anesthesiology (primary appointment)  
MD Madras Medical College 2005
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PHD Iowa State University 1991  
MD University of Belgrade 1982  

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MD Charles University 1993  

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BS Howard University 2008
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BA University of Virginia 2003
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BA University of Mississippi 2011
M ED University of Mississippi 2013
PHD Vanderbilt University 2017
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BS University of New Mexico 2008

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BA University of MO Kansas City 1982

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MD University of Iowa 2003
BS University of Iowa 1998

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Associate Professor of Anesthesiology (primary appointment)
MD Colorado St University 2001
BS University of St. Louis 2012

Sydney Marie Nykkel-Bailey, MD
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Uchenna Ofoma, MS, MD
Associate Professor of Anesthesiology (primary appointment)
BS Pennsylvania State University 2010
MD University of Nigeria 1998

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MD U Medical-Dental Of New Jersey 2008

Lawrence Osei, MD, MS
Instructor in Clinical Anesthesiology (primary appointment)
BS University of Science & Techn 1994
MD University of Science & Techn 1996
MS University of Science & Techn 1996

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Associate Professor of Anesthesiology (primary appointment)
Associate Professor of Psychiatry
BS University of Washington 1997
MD Washington Univ in St. Louis 2005

Arvind Palanisamy, PHD, MD
Associate Professor of Anesthesiology (primary appointment)
Associate Professor of Obstetrics and Gynecology
PHD All-India Inst of Medical Sci 2003
MD Tamilnadu Medical University 2000

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Assistant Professor of Emergency Medicine
MD SUNY - Empire State College 2008
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MD University of MO Columbia 2013

Jesús Ceferino Patino, MD
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BS University of the Philippines 1997
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MS Swiss Fed Inst Tech (EPFL) 1987
PHD Swiss Fed Inst Tech (EPFL) 1994

Patricia A. Penkoske, MD
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MD Washington Univ in St. Louis 1974
BS Lindenwood University 1969

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Adjunct Professor of Anesthesiology
BS University of Wyoming 1977
MD State Univ of NY Buffalo 1979
BS University of Colorado Boulder 1974

Mitchell R Platin, MD
Assistant Professor of Anesthesiology (primary appointment)
MD Kent St University 1987
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<tr>
<th>Name</th>
<th>Title</th>
<th>Institution</th>
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<tr>
<td>Debra D Pulley, MD, MME</td>
<td>Professor of Anesthesiology (primary appointment)</td>
<td>MD Saint Louis University 1987</td>
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<td>MME University of MO Columbia 1982</td>
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<td>BS Vanderbilt University 1978</td>
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<tr>
<td>Laurie Jean Punch, MD</td>
<td>Instructor in Clinical Anesthesiology (primary appointment)</td>
<td>BS Yale University 1997</td>
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<td>MD University of Connecticut 2002</td>
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<td>BS Yale University 1997</td>
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<tr>
<td>Lesley Kathryn Rao, MD</td>
<td>Associate Professor of Anesthesiology (primary appointment)</td>
<td>MD Saint Louis University 2007</td>
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<tr>
<td>Rashmi R Rathi, MD</td>
<td>Assistant Professor of Anesthesiology (primary appointment)</td>
<td>MD University of Illinois 2007</td>
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<tr>
<td>Jebudurai Ratnaraj, MD, MD1</td>
<td>Assistant Professor of Anesthesiology (primary appointment)</td>
<td>MD Madurai Kamaraj University 1979</td>
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<td>MD1 Northrhein Westfalen Medical 1985</td>
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<tr>
<td>Andrea Bulkley Reidy, MD</td>
<td>Assistant Professor of Anesthesiology (primary appointment)</td>
<td>MD Illinois Wesleyan University 2010</td>
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<td>Eduardo Reina, MD</td>
<td>Assistant Professor of Anesthesiology (primary appointment)</td>
<td>MD University of Illinois Chicago 2011</td>
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<tr>
<td>Clare H Ridley, MD</td>
<td>Assistant Professor of Anesthesiology (primary appointment)</td>
<td>MD University of Puerto Rico 2010</td>
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<td></td>
<td>Assistant Professor of Surgery (Cardiothoracic Surgery)</td>
<td>BS University of Puerto Rico 2005</td>
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<td>Isabella Rossi Riordan, MD</td>
<td>Instructor in Anesthesiology (primary appointment)</td>
<td>MD Loyola University Chicago 2014</td>
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<tr>
<td>Pedro Rios Morales, MD</td>
<td>Assistant Professor of Anesthesiology (primary appointment)</td>
<td>MD University of Puerto Rico 2010</td>
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<tr>
<td>Stephen L. Ristvedt, PHD, MA</td>
<td>Associate Professor of Anesthesiology (primary appointment)</td>
<td>PHD University of Pennsylvania 1989</td>
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<tr>
<td>Evan Ward Roller, MD</td>
<td>Assistant Professor of Anesthesiology (primary appointment)</td>
<td>MD University of Cincinnati 2010</td>
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<td>Adnan Sadiq, MD</td>
<td>Assistant Professor of Anesthesiology (primary appointment)</td>
<td>BS State Univ of NY Buffalo 1996</td>
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<td></td>
<td>Assistant Professor of Surgery (Cardiothoracic Surgery)</td>
<td>MD Royal College of Surgeons 2001</td>
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<tr>
<td>Angela K Saettele, MD</td>
<td>Assistant Professor of Anesthesiology (primary appointment)</td>
<td>BS Simpson College 2004</td>
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<td>MD University of MO Columbia 2008</td>
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<tr>
<td>Monica Sala-Rabanal, PHD</td>
<td>Instructor in Anesthesiology (primary appointment)</td>
<td>BS University of Barcelona 1997</td>
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<td></td>
<td>Instructor in Cell Biology and Physiology</td>
<td>PHD University of Barcelona 2003</td>
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<td>Emine Aysu Salviz, MS, MD</td>
<td>Instructor in Anesthesiology (primary appointment)</td>
<td>MS Ankara University 2009</td>
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<td>MD Baskent University 2004</td>
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<tr>
<td>Vijaya K Samineni, PHD</td>
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<tr>
<td>Matthew Stringfellow Sanzalone, MD</td>
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<td>MD Trinity School of Medicine 2015</td>
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<tr>
<td>Charles R Schrock, MD</td>
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<td>BS University of Notre Dame 1986</td>
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<td>MD University of MO Columbia 1991</td>
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<tr>
<td>Fourutan Tim Shafiei, MD</td>
<td>Instructor in Anesthesiology (primary appointment)</td>
<td>MD Natal Medical School 1997</td>
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<td>Rajiv K Shah, MD</td>
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<td>MD University of Rochester 2010</td>
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<tr>
<td>Ravitha Sheolal, MD</td>
<td>Instructor in Anesthesiology (primary appointment)</td>
<td>BS Washington Univ in St. Louis 2010</td>
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<td>MD Washington Univ in St. Louis 2015</td>
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<td>Nicole Jimin Shin, MD</td>
<td>Instructor in Anesthesiology (primary appointment)</td>
<td>MD Natal Medical School 1997</td>
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<tr>
<td>Preet Mohinder Singh, MBBS, MD</td>
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<td>MBBS Dayanand Medical College 2007</td>
<td></td>
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<td>MD All-India Inst of Medical Sci 2010</td>
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</table>
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Anna Rebecca Young, MD
Assistant Professor of Anesthesiology (primary appointment)
BS Asbury College 2004
MD University of Kentucky 2008

Zachary Timothy Young, MD
Anesthesiology Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Special electives in basic science research as it applies to anesthesiology can be arranged with the principal investigators in the Department of Anesthesiology (http://anest.wustl.edu); in the Division of Basic Research under the direction of Jose Moron-Concepcion, PhD; in the Washington University Pain Center under the direction of Rob Gereau, PhD; and in the Division of Clinical and Translational Research under the direction of Simon Haroutounian, PhD.

The basic science laboratories focus on various topics related to ion channel structure and function, molecular mechanisms of anesthetic action, sepsis, cellular and molecular mechanisms of reward and addiction, and the cellular and genetic basis of acute and chronic pain and itch. Arrangements for these special electives are made through the specific investigators: Zhou-Feng Chen, PhD; Meaghan Creed, PhD; Alex S. Evers, MD; Narasimhan Gautam, PhD; Robert W. Gereau, PhD; Richard S. Hotchkiss, MD; Hongzhen Hu, PhD; Christopher J. Lingle, PhD; Qin Liu, PhD; Jose Moron-Concepcion, PhD; or Arvind Palanisamy, MD. In addition, opportunities exist for clinical research under the direction of Joanna Abraham, PhD; Michael Avidan, MBBCh; Anne Drewry, MD; Brian Fuller, MD; Simon Haroutounian, PhD; Thomas Kannamapali, PhD; Michael Montana, MD, PhD; Ben Palanca, MD, PhD; or Troy Wildes, MD.

Research Electives

Anesthesiology Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Special electives in basic science research as it applies to anesthesiology can be arranged with the principal investigators in the Department of Anesthesiology (http://anest.wustl.edu); in the Division of Basic Research under the direction of Jose Moron-Concepcion, PhD; in the Washington University Pain Center under the direction of Rob Gereau, PhD; and in the Division of Clinical and Translational Research under the direction of Simon Haroutounian, PhD.

The basic science laboratories focus on various topics related to ion channel structure and function, molecular mechanisms of anesthetic action, sepsis, cellular and molecular mechanisms of reward and addiction, and the cellular and genetic basis of acute and chronic pain and itch. Arrangements for these special electives are made through the specific investigators: Zhou-Feng Chen, PhD; Meaghan Creed, PhD; Alex S. Evers, MD; Narasimhan Gautam, PhD; Robert W. Gereau, PhD; Richard S. Hotchkiss, MD; Hongzhen Hu, PhD; Christopher J. Lingle, PhD; Qin Liu, PhD; Jose Moron-Concepcion, PhD; or Arvind Palanisamy, MD. In addition, opportunities exist for clinical research under the direction of Joanna Abraham, PhD; Michael Avidan, MBBCh; Anne Drewry, MD; Brian Fuller, MD; Simon Haroutounian, PhD; Thomas Kannamapali, PhD; Michael Montana, MD, PhD; Ben Palanca, MD, PhD; or Troy Wildes, MD.

Courses


M10 Anest 805 Anesthesiology

This clinical elective is designed to familiarize the student with basic aspects of anesthesiology practice. The primary teaching method is patient care in a clinical setting (one-on-one). The student will learn the basics of preoperative evaluation of surgical patients, the use of intraoperative monitoring in patient management and postoperative care. In addition to perioperative care, the student will be exposed to other clinical areas which include our pain management clinic, regional anesthesia/acute pain management, cardiothoracic intensive care unit, and delivery, pediatric anesthesia, and the Center for Preoperative Assessment and Planning. During the four-week rotation, the student will learn airway management skills, practical perioperative fluid and electrolyte therapy, along with general and regional anesthetic techniques. As an integral part of the anesthesiology care team, the student will participate actively in the anesthetic management of surgical patients. The student's specific requests to be assigned to certain types of cases will be honored as time and availability dictate. The rotation will include three clinical simulator sessions using a simulator mannequin for practical management of airway problems, resuscitation, and trauma emergencies. By the end of the rotation, the student should be able to independently (under supervision) provide anesthesia for uncomplicated surgical procedures.

M10 Anest 811 Cardiothoracic Anesthesiology Subinternship

This clinical elective offers practical experience in the perioperative assessment and management of surgical patients undergoing cardiothoracic procedures. The student, as an integral part of the cardiothoracic anesthesia team that is composed of faculty members, fellows and residents, will learn basic principles of airway management and lung ventilation, essential aspects of pharmacologic treatment of hemodynamic abnormalities and cardiac dysrhythmias, and management of intraoperative coagulation disturbances. Emphasis will be placed on the interpretation of intraoperative hemodynamic data, echocardiographic finding (TEE), and laboratory results. During this rotation, the student will also gain practical experience in endotracheal intubation as well as the placement of intravenous lines and invasive monitoring lines, including radial artery and pulmonary artery catheters. Students will learn how to use these parameters in clinical decision making during anesthesia. At the conclusion of the rotation, the student will have a better understanding of invasive monitoring and data interpretation, as well as a more systematic approach to the management of intra- and post-operative hemodynamic, pulmonary and coagulation abnormalities. The students are expected to attend the didactic sessions of CTA and the Department of Anesthesiology. A presentation will be assigned.

M10 Anest 812 Pediatric Anesthesiology

This clinical elective is designed to teach the theory and practice of pediatric anesthesiology and pain management. It features individualized instruction with faculty who specialize in the perioperative care of pediatric patients. The elective consists of active participation with pediatric anesthesiologists at St. Louis Children's Hospital and St. Louis Shriners Hospital learning pre-anesthetic assessment, the performance of routine anesthetics (which includes instruction and practice in pediatric airway skills), learning other technical skills such as intravenous line placement and the management of post-anesthesia care and pain therapies. The final week may be tailored to meet the student's individual interests, needs and career goals. Possibilities include exposure to sedation and anesthesia for
procedures outside of the operating rooms, and to subspecialties including cardiovascular anesthesiology, neurosurgical anesthesiology, and acute and chronic pediatric pain management. Students also will have an opportunity to learn the management of some common medical emergencies in the Clinical Simulation Center.

M10 Anesth 819 Cardiothoracic Critical Care Subinternship
This clinical elective offers practical experience in the postoperative management of cardiothoracic patients. The student will be fully integrated into one of the intensive care teams and have the opportunity to contribute to the management of critically ill patients. Students will have the opportunity to follow specific patients over the course of their stay in the ICU, during which time they will gain insight into holistic management of patients with multi-organ dysfunction. The CTICU environment is both challenging and exciting. Students will gain unique insight into cardiorespiratory physiology and pharmacology which will be demonstrated at the patients' bedside, an invaluable and unforgettable learning experience. Students will have opportunities to learn and sometimes assist with procedures, such as central lines, chest tubes, bronchoscopy and pulmonary artery catheter insertion as well as bedside ultrasound including TTE and TEE. Principles of management and resuscitation of hemodynamically unstable patients following surgery will be emphasized as well as ventilator management. Students will also see and help manage patients with unique physiology such as those patients on ventricular assist devices, and on ECMO. We also have a very busy and heart and lung transplantation program at the hospital - all of these patients are cared for in the CTICU. At the conclusion of the rotation, the student will have a better understanding of shock, sepsis, multi-organ failure, organ system support and compassionate withdrawal of life support. In addition to bedside teaching, there will be informal teaching sessions on a wide variety of topics as well as teaching on interpreting hemodynamic data and waveforms, and cardiac echo exams. Students will be encouraged to present on their patient at morning rounds, during which constructive feedback and interactive teaching will occur. Medical students will be asked to present a short discussion on a topic of their choice. This should be a short 20 - 30 minute presentation followed by a discussion on the topic which will be moderated by the attending. Discuss the time and topic of choice with the attending of service.

M10 Anesth 820 Critical Care Subinternship
Students on this rotation are integral members of the multidisciplinary intensivist-led critical care team in the Surgical Intensive Care Unit (SICU). Students learn an organ systems-based approach for evaluation and management of critically ill and injured patients, and application of evidence-based principles in delivery of state-of-the-art critical care. Emphasis is placed on critical care knowledge and techniques used at the bedside in the clinical management of serious traumatic and surgical conditions. Students become familiar with resuscitation and cardiopulmonary support, including methods for non-invasive and invasive hemodynamic monitoring, and techniques for airway management and pulmonary support in respiratory failure. Basic knowledge and skills in the management of blunt and penetrating trauma, neurologic injuries, multi-system organ failure, and life-threatening infections in the surgical patient are also taught, as is the importance of treatments to alleviate anxiety and pain, maintain fluid and electrolyte balance, and providing adequate nutrition. Practical experience is gained in placement of vascular access devices, airway equipment, ultrasonography and its applications, interpretation of imaging and laboratory data, and use of guidelines, protocols and quality assurance tools in the management of critically ill patients.

M10 Anesth 821 Pain Management
Acute pain is the most common symptom of medical illness and is ubiquitous after major surgery. Chronic pain is the leading cause of worker disability. Severe pain afflicts most people with advanced cancer. Learning the fundamentals of pharmacologic, interventional, and multidisciplinary pain management is important for all areas of clinical medicine.

M10 Anesth 822 Anesthesiology for Neurosurgery Subinternship
Students will help care for patients having challenging neurosurgical procedures. Students will become familiar with complex procedures, brain monitoring, cardiovascular support and airway management and will be exposed to all kinds of neurosurgical pathology. Student must be prepared to participate in the intricate anesthetic management of patients undergoing surgery in our novel intraoperative MRI rooms. For those interested, clinical research projects are ongoing and student participation is encouraged.

M10 Anesth 823 Obstetrical Anesthesiology
The medical students will learn the different analgesia/anesthetic options for the labor patient. They will also learn how the physiological adaptations of pregnancy influence anesthetic management. They will be actively involved in the parturient's management, i.e., starting an IV, placement of spinal, epidural or CSE (combined spinal epidural) anesthetics. They will also attend the OB anesthesia conferences and interview patients in labor (with an OB anesthesia attending).

M10 Anesth 900 Research Elective - Anesthesiology
Research opportunities may be available. If interested, please contact the Department of Anesthesiology.

Department of Biochemistry and Molecular Biophysics
The faculty of the Department of Biochemistry and Molecular Biophysics perform research in a broad spectrum of biomedically relevant areas, including DNA and RNA structure and enzymology; protein folding, misfolding and aggregation; cellular mechanics; membrane receptor-mediated signaling; and hemostasis, thrombosis and vascular biology. The department offers training opportunities at the crossroads of biochemistry, biophysics, systems biology, proteomics, computational science and pharmacological sciences.

The department's approaches to research focus on understanding the energetics, structure and mechanisms of biological processes. Investigators employ a variety of experimental methods (e.g., X-ray crystallography, nuclear magnetic resonance, mass spectrometry, optical spectroscopy, thermodynamics, rapid kinetics) in combination with computational approaches to unravel the molecular
underpinnings of processes of relevance to health and disease. Novel single-molecule methods are providing new insight into the molecular details of enzyme mechanisms and macromolecule dynamics. The high-throughput screening of chemical libraries and the use of synthetic medicinal chemistry to develop small-molecule probes of biological systems provide new avenues for translational research and the development of experimental therapeutics.

The faculty in the department organize and teach basic science courses in the medical school curriculum. In the Graduate School curriculum, the faculty teach courses in Nucleic Acids & Protein Biosynthesis (Biol 548), Chemistry and Physics of Biomolecules (Biol 5357), and Macromolecular Interactions (Biol 5312). The overarching theme of these courses is to understand the principles of the molecular interactions that underlie the biological process of health and disease. Students in the School of Medicine and the Graduate School are eligible for these courses and may elect to pursue biomedical research under the direction of our faculty. A full listing of advanced course topics (https://biochem.wustl.edu/studentinfo/courses/) can be found on our website.

Website: http://biochem.wustl.edu

Faculty

John A. Cooper, MD, PhD (https://biochem.wustl.edu/faculty/cooper/)
Department Chair
Visit our website for more information about our faculty (http://biochem.wustl.edu/faculty/) and their appointments.

Wayne Morris Barnes, PHD
Associate Professor of Biochemistry and Molecular Biophysics (primary appointment)
BA University of CA Riverside 1969
PHD Univ of Wisconsin Madison 1974

Gregory R. Bowman, PHD
Associate Professor of Biochemistry and Molecular Biophysics (primary appointment)
Adjunct Assistant Professor of Chemistry
Associate Director of the CSELS
PHD Stanford University 2010
BS Cornell University 2006

Melissa Diane Stuchell Brereton, PHD, PHD
Instructor in Biochemistry and Molecular Biophysics (primary appointment)
BS University of MO St Louis 2001
PHD University of Utah 2007
BS University of MO St Louis 2000
PHD University of Utah 2006

Peter M Burgers, MS, PHD
Marvin A. Brennecke Professor of Biological Chemistry (primary appointment)
MS Leiden University 1972
PHD Leiden University 1977
BS Leiden University 1969

John A Cooper, MD, PHD
Professor of Biochemistry and Molecular Biophysics (primary appointment)
Head of the Department of Biochemistry
Professor of Cell Biology and Physiology
MD Johns Hopkins University 1982
BS Brown University 1977
PHD Johns Hopkins University 1983

Vishnu C Damalanka, PHD, MS
Instructor in Biochemistry and Molecular Biophysics (Pending Dean's Approval) (primary appointment)
PHD Wichita St University 2017
BS Andhra University 2003
MS Andhra University 2005

Greg Dekoster, PHD
Instructor in Biochemistry & Molecular Biophysics (primary appointment)
PHD University of Iowa 1997
BA Monmouth College 1990

Roland Ellwood Dolle, PHD, MS
Associate Professor of Biochemistry and Molecular Biophysics (primary appointment)
PHD University of Pennsylvania 1984
BS Arizona State University 1978
MS State University of New York 1980

Elliot L Elson, PHD
Emeritus Professor of Biochemistry and Molecular Biophysics (primary appointment)
PHD Stanford University 1966
BA Harvard University 1959

Carl Frieden, PHD
Professor of Biochemistry and Molecular Biophysics (primary appointment)
BA Carleton College 1951
PHD Univ of Wisconsin Madison 1955

Eric A Galburt, PHD
Associate Professor of Biochemistry and Molecular Biophysics (primary appointment)
PHD University of Washington 2002

Roberto Galletto, MS, PHD
Associate Professor of Biochemistry and Molecular Biophysics (primary appointment)
MS University of Genova 1996
PHD University of Texas Galveston 2002

Lina Greenberg, PHD
Instructor in Biochemistry and Molecular Biophysics (primary appointment)
PHD Tufts University 2010
BS Brandeis University 2004

Michael Jonathan Greenberg, PHD
Assistant Professor of Biochemistry and Molecular Biophysics (primary appointment)
BS Brandeis University 2004
PHD Boston University 2010

Kathleen Hall, PHD
Professor of Biochemistry and Molecular Biophysics (primary appointment)
PHD University of CA Berkeley 1985
BS University of Minnesota 1974

Alexander Steven Holehouse, PHD
Assistant Professor of Biochemistry and Molecular Biophysics (primary appointment)
PHD Washington Univ in St. Louis 2017

Maxenia Garcia Ilagan, PHD
Associate Professor of Biochemistry and Molecular Biophysics (primary appointment)
BS School Not Listed 1992
PHD University of Missouri 2000

James W Janetka, PHD
Professor of Biochemistry and Molecular Biophysics (primary appointment)
PHD Univ of Wisconsin Madison 1996
BS University of Illinois 1990

Michael S Kinch, PHD
Professor of Biochemistry and Molecular Biophysics (primary appointment)
Associate Vice Chancellor and Director Center Research Innovation in Biotechnology
Professor of Radiation Oncology

BS Ohio State University 1989
PHD Duke University 1993

Alexander Kozlov, PHD, MS
Instructor in Biochemistry and Molecular Biophysics (primary appointment)
PHD Moscow State University 1994
MS Moscow State University 1983

Andrzej Modest Krezel, MS, PHD
Associate Professor of Biochemistry and Molecular Biophysics (Pending Executive Faculty Approval) (primary appointment)
MS University of Warsaw 1986
PHD Univ of Wisconsin Madison 1991

Shuang Li, PHD
Instructor in Biochemistry and Molecular Biophysics (Pending Dean's Approval) (primary appointment)
PHD Capital Normal University 2015

Weikai Li, PHD, MS
Associate Professor of Biochemistry and Molecular Biophysics (primary appointment)
BS East China Univ of Sci & Tech 1993
PHD Yale University 2004
MS University of Tenn Chattanooga 1998

Timothy M Lohman, PHD
Brennecke Professor of Biophysics in Biochemistry and Molecular Biophysics (primary appointment)
PHD Univ of Wisconsin Madison 1977
BA Cornell University 1973

Garland R Marshall, PHD
Professor of Biochemistry and Molecular Biophysics (primary appointment)
Professor of Biomedical Engineering
PHD Rockefeller University 1966
BS California Institute Technolo 1962

Joseph B Monahan, PHD
Adjunct Assistant Professor of Biochemistry and Molecular Biophysics (primary appointment)
BS State Univ of NY Buffalo 1977
PHD Univ South Carolina Columbia 1983

Natalie Marie Niemi, PHD
Assistant Professor of Biochemistry and Molecular Biophysics (primary appointment)
PHD Van Andel Research Institute 2012
BS University of Michigan 2005

Michael D Onken, PHD
Research Electives

Biochemistry and Molecular Biophysics

Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Wayne M. Barnes, PhD
McDonnell Sciences Building, 2nd Floor
Phone: 314-362-3351

Inventing a new way to sequence DNA; PCR at one temp; RT-enabled Taq pol

Greg Bowman, PhD
South Building, 2nd Floor
Phone: 314-362-7433

The Bowman lab seeks to understand how protein dynamics gives rise to functional processes like allostery, communication between distant sites and to exploit our insight into this shape-shifting to design new drugs and proteins.

Peter M.J. Burgers, PhD
South Building, 1st Floor
Phone: 314-362-3872

Molecular biology of DNA replication and damage response in yeast and humans

John Cooper, MD, PhD
South Building, 2nd Floor
Phone: 314-362-0287

Molecular mechanisms of cell motility and cytoskeleton assembly

Carl Frieden, PhD
McDonnell Sciences Building, 2nd Floor
Phone: 314-362-3344

Protein folding, aggregation, intrinsically disordered proteins, fluorescence methods, ApoE lipoproteins and Alzheimer's disease

Eric A. Galburt, PhD
McDonnell Sciences Building, 2nd Floor
Phone: 314-362-5201

Biophysical studies of transcription initiation in eukaryotes and mycobacterial tuberculosis
Mechanisms of DNA-protein interactions; DNA motor proteins (helicases) and SSB proteins

Garland R. Marshall, PhD
Cancer Research Building, 2nd Floor
Phone: 314-935-7911
A major focus is molecular recognition: the basis of intermolecular interactions and specificity seen in drug and hormone receptors and in antigen-antibody and substrate-enzyme systems.

Linda Pike, PhD
McDonnell Sciences Building, 2nd Floor
Phone: 314-362-9502
Our focus is on the mechanisms of action of growth factors and polyphosphoinositide metabolism.

Janice Robertson, PhD
McDonnell Sciences Building, 2nd Floor
Phone: 314-273-1632
Our main research interests are the physical principles and molecular mechanisms that determine biomolecular function.

Rui Zhang, PhD
McDonnell Sciences Building, 2nd Floor
Phone: 314-273-1663
We combine single-molecule fluorescence spectroscopy and concepts from polymer physics to investigate intrinsically disordered proteins. We also develop innovative methods to study macromolecular conformations and dynamics within cells and in membraneless organelles.

Courses
The Department of Biochemistry and Molecular Biophysics also offers courses through the Graduate School. For a full listing of courses offered, please visit the university online course catalog (https://courses.wustl.edu/CourseInfo.aspx?sch=L&dept=L41&crsvl=5-9).
M15 Biochem 502 Molecular Foundations of Medicine
This course is designed primarily for medical students and will cover fundamental aspects of biochemistry and cell biology. The course begins with a treatment of protein structure and the function of proteins in the cytoskeleton and cell motility. The principles of enzyme kinetics and regulation are then discussed and basic pathways for the synthesis and metabolism of carbohydrates and lipids are introduced. This leads in to a discussion of membrane structure and the function cellular organelles in biological processes including energy production, protein degradation and protein trafficking. Small group case study sections serve to link the basic science to the clinic. Credit 46.5 units.

M15 Biochem 5068 Fundamentals of Molecular Cell Biology
Same as Arts and Sciences L41 5068. Credit 47 units.

Department of Cell Biology and Physiology
Cell biology is one of the primary disciplines in medical research, influencing all areas of basic and clinical investigation. The future holds great opportunities in cell biology research due to inventories of the genes and proteins from which cells are built, new experimental techniques and various model organisms. Further discoveries about the cell biology of human genes will continue to translate into therapeutics. Also on the horizon is a better understanding of how proteins and sets of proteins (e.g., macromolecular complexes) are assembled and integrated to produce function.

The Department of Cell Biology and Physiology (http://cellbiology.wustl.edu) is ranked among the top 10 cell biology departments in the country, and the research carried out by its faculty covers a broad range of fields within cellular physiology and molecular cell biology. A unifying theme is the study of fundamental processes and their regulation. These cellular processes include genome maintenance, apoptosis, cell cycle control, dynamic cell motility, angiogenesis, signal transduction and membrane trafficking, presynaptic processes, prion protein misfolding, RNA metabolism, and the structure and function of ion channels. The department's research activities provide a foundation for studies in cancer biology, immunobiology, developmental biology, neurobiology and vascular biology. Its faculty use model organisms as well as human stem cells and a variety of techniques such as deep-etch electron and confocal microscopy to carry out their research. Cellular imaging is a particular strength of the department.

The Department of Cell Biology and Physiology oversees the physiology contents within the Washington University School of Medicine's Gateway curriculum, which is designed to provide first-year medical students with a foundation for their further study of clinical and applied physiology. The Molecular Cell Biology course for first-year graduate students conveys an understanding of fundamental cell biology research strategies and principles. In addition, advanced courses open to medical and graduate students provide for more detailed study of specific areas of cell biology, physiology and cellular biophysics.

Website: http://cellbiology.wustl.edu

Faculty
David W. Piston, PhD (http://cellbiology.wustl.edu/People/Faculty/piston_d/)
Department Head
Visit our website for more information about our faculty (http://www.cellbiology.wustl.edu/faculty/) and their appointments.

A

Ghazaleh Ashrafi, PHD
Assistant Professor of Cell Biology and Physiology (primary appointment)
Assistant Professor of Genetics
PHD Harvard University 2020

B

Kendall Jay Blumer, PHD
Professor of Cell Biology and Physiology (primary appointment)
PHD Duke University 1986
BA Rice University 1977

Thomas J Broekelmann, MS
Instructor in Cell Biology and Physiology (primary appointment)
BA University of MO St Louis 1977
MS University of MO St Louis 1982

D

Panyue Deng, MS, PHD, MD
Associate Professor of Cell Biology and Physiology (primary appointment)
MS CENTRAL SOUTH UNIVERSITY 2001
PHD CENTRAL SOUTH UNIVERSITY 2004
MD Hunan Medical University 1995

Lai Kuan Dionne, PHD
Instructor in Cell Biology and Physiology (primary appointment)
PHD University of Colorado 2010 2010

Sergej Djuranovic, PHD
Associate Professor of Cell Biology and Physiology (primary appointment)
PHD University of Tubingen 2007

G

Denis Goldfarb, PHD, BSCS
Assistant Professor of Cell Biology and Physiology (primary appointment)
Assistant Professor of Medicine
Subhadra C Gunawardana, MS, PHD
Associate Professor of Cell Biology and Physiology (primary appointment)
MS Iowa State University 1995
PHD Cornell University 2002

Phyllis I Hanson, MD, PHD
Adjunct Professor of Cell Biology and Physiology (primary appointment)
MD Stanford University 1993
BA Yale University 1985
PHD Stanford University 1993

James E Huettner, PHD
Professor of Cell Biology and Physiology (primary appointment)
Professor of Biomedical Engineering
BA Indiana University 1981
BS Indiana University 1980
PHD Harvard University 1987

Silvia Jansen, MS, PHD
Assistant Professor of Cell Biology and Physiology (primary appointment)
MS Katholieke Universiteit 2003
PHD Katholieke Universiteit 2007

David John Edward Kast, PHD, MS
Assistant Professor of Cell Biology and Physiology (primary appointment)
PHD University of Minnesota 2018
MS University of Minnesota 2004
BS University of Minnesota 2000

Vitaly A Klyachko, PHD, MS
Professor of Cell Biology and Physiology (primary appointment)
Professor of Biomedical Engineering
Professor of Neuroscience
BS Moscow State University 1997
PHD Univ of Wisconsin Madison 2002
MS Moscow State University 1998

Sun Joo Lee, PHD, MS
Instructor in Cell Biology and Physiology (primary appointment)
PHD Washington Univ in St. Louis 2010
BS Handong Global University 2000
MS Kwang-Ju Inst. Of Sci & Tech 2002

Michael Benjamin Major, PHD, BS1
**Helen Piwnica-Worms, PHD**  
Adjunct Professor of Cell Biology and Physiology (primary appointment)  
BA St Olaf College 1979  
PHD Duke University 1984

**Jasmina Profirovic, PHD**  
Adjunct Assistant Professor of Cell Biology and Physiology (primary appointment)  
PHD University of Illinois Chicago 2005  
BS University of Belgrade 1997

**S**

**Paul Henry Schlesinger, MD, PHD**  
Associate Professor of Cell Biology and Physiology (primary appointment)  
MD University of Chicago 1970  
PHD University of Chicago 1973  
BS University of Illinois 1966

**Sheila Stewart-Wigglesworth, PHD**  
Professor of Cell Biology and Physiology (primary appointment)  
Gerty Cori Professor of Cell Biology and Physiology  
Professor of Medicine  
PHD University of CA Los Angeles 1996  
BS University of Minnesota 1990

**Amber Nicole Stratman, BS1, PHD1**  
Assistant Professor of Cell Biology and Physiology (primary appointment)  
Assistant Professor of Developmental Biology  
BS1 Truman State University 2006  
PHD1 University of MO Columbia 2010

**T**

**Heather L. True, PHD, MS**  
Professor of Cell Biology and Physiology (primary appointment)  
Associate Director of the Division of Biology and Biomedical Sciences  
PHD University of Illinois 1998  
BS Univ of Wisconsin Madison 1992  
MS University of Illinois 1995

**W**

**Zhizhen Wang, PHD**  
Adjunct Instructor in Cell Biology and Physiology (primary appointment)  
PHD Tsinghua University, China 2007

**Y**

**Zhongsheng You, MS, PHD**  
Associate Professor of Cell Biology and Physiology (primary appointment)  
Associate Professor of Medicine  
MS Shanghai Inst of Biochemistry 1997  
BS Zhejiang Medical University 1994

**Peng Yuan, PHD**  
Associate Professor of Cell Biology and Physiology (primary appointment)  
PHD University of Pennsylvania 2008  
BS University of Science & Tech 1997

### Research Electives

**Cell Biology and Physiology Research Electives**

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

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**Ghazaleh Ashrafi, PhD**  
510 McDonnell Sciences Building  
Phone: 314-273-5518  
Uncovering novel regulators of glycolytic and mitochondrial metabolism at the synapse and their role in the pathology of Alzheimer's disease.

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**Kendall J. Blumer, PhD**  
506 McDonnell Sciences Building  
Phone: 314-362-1668  
Signaling mechanisms in cardiovascular and neurological disorders.

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**Sergej Djuranovic, PhD**  
514 McDonnell Sciences Building  
Phone: 314-362-9706  
Molecular mechanisms of translational control; cellular processes regulated by changes in RNA metabolism.

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**Denis Goldfarb, PhD**  
406 McDonnell Sciences Building  
Phone: 314-273-3669  
Computational mass spectrometry, proteomics, and their applications in biology.

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**James E. Huettner, PhD**  
4929 South Building  
Phone: 314-362-6628  
Excitatory amino acid receptors and synaptic transmission in the central nervous system; neural differentiation of embryonic stem cells.
Silvia Jansen, PhD
4900 South Building
Phone: 314-273-1853

This lab’s focus is on elucidating the molecular mechanisms that regulate the architecture, dimensions and dynamics of actin filament networks and then tuning them to support essential cellular functions that range from cell migration and cytokinesis to neurogenesis.

David J. Kast, PhD
4900 South Building
Phone: 314-273-1852

The long-term goal of this lab’s research is to understand the fundamental cellular and molecular mechanisms that drive the biogenesis and dynamics of intracellular membrane compartments, including the endocytic vesicles, the endoplasmic reticulum, the Golgi apparatus and the mitochondria.

Vitaly Klyachko, PhD
501 McDonnell Sciences Building
Phone: 314-362-5517

Mechanisms and regulation of neurotransmitter release at individual synapses; functional roles of presynaptic processes in synaptic plasticity and information processing.

Michael Benjamin Major, PhD
406 McDonnell Sciences Building
Phone: 314-273-3669

The Major lab studies how perturbation of specific signal transduction pathways contributes to the initiation, progression and dissemination of cancer.

Robert P. Mecham, PhD
4606 Cancer Research Building
Phone: 314-362-2254

This lab strives to understand the complex process of extracellular matrix assembly and organization, including studying the intracellular pathways used to transport matrix components to the cell surface and identifying helper or accessory proteins that facilitate trafficking and matrix assembly. We also study cell-matrix interactions in development and cellular mechanisms associated with connective tissue remodeling in vascular disease and heritable diseases of the connective tissues.

Colin G. Nichols, PhD
9611 BJC Institute of Health
Phone: 314-362-6630

Ion channel biology; multiple levels of analysis from the molecular basis of channel function to in vivo physiology and disease.

David J. Pagliarini, PhD
1127 Couch Building
Phone: 314-273-2330

We are an interdisciplinary team of scientists driven to understand the biochemical underpinnings of mitochondrial dysfunction in human diseases. Together, we integrate large-scale methodologies with traditional biochemistry to investigate the modulation, adaptation, and basic metabolic function of mitochondria.

David W. Piston, PhD
4912 South Building
Phone: 314-362-9121

The intracellular and intercellular dynamics of cells within the islets of Langerhans play a key role in the regulation of blood glucose levels. The islets are made up of different cell types, but very little is known about the interplay between the different cell types and how this affects their secretion of various hormones. The islets’ α-cells secrete insulin in response to increased blood sugar and also in response to neurotransmitters and hormones. Glucagon also plays a key role in blood glucose homeostasis, and it is secreted by the islets’ α-cells. High glucose levels inhibit glucagon secretion from α-cells within the islets but not from dispersed α-cells, and the mechanism underlying this phenomenon has not been defined. We use quantitative live cell microscopy to measure single-cell parameters within intact islets held within microfluidic devices in order to expose them to spatially heterogeneous levels of various stimuli. The resulting data are fit using mathematical models of islet functional dynamics, which we are continually modifying to better fit the observed islet physiology.

Sheila A. Stewart, PhD
7610 BJC Institute of Health
Phone: 314-362-7437

Delineation of the molecular mechanisms by which aged stromal cells contribute to tumorigenesis and the molecular mechanisms that ensure high-fidelity telomere replication and genomic stability.

Amber N. Stratman, PhD
416 McDonnell Sciences Building
Phone: 314-273-7928

Mechanisms regulating blood vessel formation, stabilization, and blood flow sensing during development and disease.
Heather L. True-Krob, PhD
413 McDonnell Sciences Building
Phone: 314-362-3934

Biological consequences of yeast prions, in both their capacity to function as novel epigenetic elements and their utility to serve as a tractable model for the analysis of protein misfolding and aggregation that occurs in several neurodegenerative disorders.

Zhongsheng You, PhD
514 McDonnell Sciences Building
Phone: 314-362-9893

Studies of the cellular responses to DNA damage and their cancer relevance, focusing on the functional interplays between the DNA damage checkpoint, DNA repair and chromatin structure.

Peng Yuan, PhD
9608 BJC Institute of Health
Phone: 314-747-3793

The focus of this lab is on the structure and function of ion channels and transporters, which play essential roles in human physiology and disease. How do channels and transporters recognize their specific substrate ions? How do they respond to various stimuli, including chemical ligand, temperature, membrane voltage and mechanical force? How do they interact with the lipid membrane where they reside? To answer these fundamental questions, we use multidisciplinary approaches, including X-ray crystallography, biochemistry, biophysics and electrophysiology. Dysfunction of these membrane proteins could lead to a variety of diseases, such as asthma, hypertension, cancer, heart failure, diabetes, chronic pain and many more. The long-term goal is to provide a detailed mechanistic understanding of ion channels and transporters, which will offer novel strategies for drug development and better treatment of diseases.

Courses

The Department of Cell Biology and Physiology also offers courses through the Graduate School. For current courses, please visit the university’s online course listings (https://courses.wustl.edu/CourseInfo.aspx?sch=L&dept=L41&crsvl=5:9).


M75 CellBio 501 Physiology

The structures of cells, tissues, and major organ systems are studied in relationship to their functions. Lectures integrate histology with cell biology and physiology. The laboratories consist of the study of prepared slides and electron micrographs using an iBook or eBook (ePub) guide. An extensive online digital annotated atlas (Slide-atlas.org) and a video library are used to supplement the slides and electron micrographs. Presentations of case studies provide examples of clinical relevance. A dual-view microscope and slide set will be issued for each pair of students. Limited space is available for non-medical students, who must have permission from the coursemaster to enroll.

Credit 125 units.

M75 CellBio 900 Research Elective - Cell Biology and Physiology

Research opportunities may be available. If interested, please contact the Department of Cell Biology & Physiology.

Department of Developmental Biology

The principal research activities of the Department of Developmental Biology are focused on attaining a mechanistic understanding of animal development, encompassing the earliest cell fate specification and movement processes that shape the early embryo, organogenesis, stem cell biology and engineering, tissue homeostasis and repair, and aging. Students and postdoctoral fellows work closely with faculty and staff on research projects and participate in weekly journal clubs and seminars at which recent literature and ongoing research are discussed.

The developmental biology faculty employ a variety of model organisms and cell-based systems to answer key outstanding questions about the fundamental mechanisms of development and to apply this knowledge to pathogenic mechanisms that lead to human birth defects and disease; they also use this knowledge to create improved future therapies. The department takes a broad view of developmental biology, with research groups studying diverse developmental processes (e.g., early embryogenesis, organogenesis, aging) and applying multidisciplinary approaches that include forward and reverse genetics, epigenetics, molecular and chemical methods, and computational methods. Embryogenesis is a fascinating process during which a fertilized egg undergoes divisions to form a mass of pluripotent cells that signal to one another to establish embryonic polarity, diverse cell types, and organs and that also undergo massive cell migrations and rearrangements to sculpt the embryonic body.

Research is also carried out on the processes involved in tissue degeneration, repair and regeneration, the biology of embryonic and adult stem cells, and cellular reprogramming. It is a particularly opportune time for developmental biology research, as recent technological breakthroughs in both animal
model systems and genomics afford insights into developmental processes at the epigenetic, genetic and molecular levels and also enable the monitoring of cell behaviors in vivo. We are discovering the genes that are responsible for birth defects and defining connections between many adult human diseases and their origins during embryogenesis. The studies of stem cells, cellular reprogramming and regeneration are bringing us closer to curing human diseases, repairing damaged organs, and extending the boundaries of aging.

Website: http://devbio.wustl.edu

Faculty

Lilianna Solnica-Krezel, PhD (https://developmentalbiology.wustl.edu/people/lilianna-solnica-krezel/)
Department Head
Visit our website for more information about our faculty (http://devbio.wustl.edu/faculty/) and their appointments.
<table>
<thead>
<tr>
<th>Letter</th>
<th>Name</th>
<th>Title</th>
<th>Primary Appointment</th>
<th>Education</th>
</tr>
</thead>
</table>
| M      | Helen McNeill, BS1, PHD | Professor of Developmental Biology | | BS1 Ramapo College 1985  
PHD Stanford University 1993 |
|       | Craig Anthony Michelli, PHD | Associate Professor of Developmental Biology | | BS Univ of Wisconsin Madison 1993  
PHD Univ of Wisconsin Madison 1999 |
|       | Mayssa Mokalled, PHD, MS | Assistant Professor of Developmental Biology | | PHD University of Dallas 2010  
MS American University of Beirut 2005  
BS American University of Beirut 2003 |
|       | Samantha A Morris, BS1, PHD | Assistant Professor of Developmental Biology | | BS1 University of London 2002  
PHD Cambridge University 2007 |
| N      | Philip Needleman, PHD, MS | Adjunct Professor of Molecular Biology and Pharmacology | | BS School Not Listed 1960  
PHD University of Maryland 1964  
MS School Not Listed 1962 |
| O      | David M Ornitz, MD, PHD | Alumni Endowed Professor of Developmental Biology | | MD University of Washington 1988  
BS University of CA Davis 1981  
PHD University of Washington 1987 |
| P      | Debabrata Patra, PHD, MS | Associate Professor of Developmental Biology | | BS University of Bombay 1985  
PHD University of Pittsburgh 1993  
MS University of Bombay 2005 |
| R      | John Hall Russell, PHD | Professor of Developmental Biology | | PHD Washington Univ in St. Louis 1974 |
| S      | Diane S Sepich, PHD | Assistant Professor of Developmental Biology | | BS University of San Diego 1981  
PHD University of Oregon 1994 |
|       | Jimann Shin, PHD, MS | Instructor in Developmental Biology | | BS Kyung Pook National University 2002  
MS Kyung Pook National University 2004 |
|       | Lilianna Solnica-Krezel, MS, PHD | Professor of Developmental Biology | | BS University of Warsaw 1985  
PHD Univ of Wisconsin Madison 1991 |
| T      | Thorold W Theunissen, MA, PHD | Assistant Professor of Developmental Biology | | MA Cambridge University 2008  
PHD Cambridge University 2011  
BA Harvard 2007 |
| W      | Spencer Gaffney Willet, PHD | Instructor in Developmental Biology | | BS University of Tennessee 2007  
PHD Vanderbilt University 2014 |
| Y      | Yongjun Yin, PHD | Instructor in Developmental Biology | | BS McGill University 1995  
PHD Columbia University 2005  
MS University of British Columbia 1997 |
| Z      | Bo Zhang, PHD | Assistant Professor of Developmental Biology | | BS Juniata College 1968  
MS School Not Listed 1960  
PHD Hebrew University 2004  
MS School Not Listed 1962  
PHD Hebrew University 2004  
MS University of British Columbia 1997 |
BS Inner Mongolia University 2004  
PHD Chinese Academy of Sciences 2011

**Research Electives**

**Developmental Biology Research Electives**

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Research in the Department of Developmental Biology occurs in a highly collegial atmosphere and involves interdisciplinary collaborations between the members of the department as well as among investigators from different departments and centers throughout the School of Medicine, the College of Arts & Sciences, and the McKelvey School of Engineering. Developmental biology faculty have leading roles in several research centers, including the Center of Regenerative Medicine (http://devbio.wustl.edu/REGMED/), the Center for the Investigation of Membrane Excitability Diseases (http://cimed.wustl.edu/), the Center for Cardiovascular Research (https://cardiovascularresearch.wustl.edu/), and the Hope Center (https://hopecenter.wustl.edu/). The department has a rich tradition of mentoring undergraduate, graduate and medical students as well as postdoctoral fellows. We are committed to creating a research environment in which our trainees reach their maximum scientific potential and career goals while addressing key outstanding questions and making important discoveries.

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**Douglas F. Covey, PhD**  
355 McDonnell Medical Sciences Building  
Phone: 314-362-1726

Medicinal chemistry of steroids.

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**Aaron DiAntonio, MD, PhD**  
6301 Couch Biomedical Research Building  
Phone: 314-362-9925

Neurodevelopment, neurodegeneration, and axon regeneration in *Drosophila* and mouse.

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**Shin-ichiro Imai, MD, PhD**  
362A McDonnell Medical Sciences Building  
Phone: 314-362-7228

Molecular mechanisms of aging and longevity in mammals, particularly focusing on the tissue-specific functions of the mammalian NAD-dependent deacetylase Sirt1 and the physiological significance of systemic NAD biosynthesis mediated by Nampt (nicotinamide phosphoribosyltransferase) in an intimate connection between metabolism and aging.

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**Aaron N. Johnson, PhD**  
3602 Cancer Research Building  
Phone: 314-273-1834

Molecular mechanisms of muscle development and regeneration.

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**Kerry Kornfeld, MD, PhD**  
3607 Cancer Research Building  
Phone: 314-747-1480

Signal transduction during development; zinc metabolism; aging.

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**Kristen Kroll, PhD**  
3607 Cancer Research Building  
Phone: 314-747-1480

Signal transduction during development; zinc metabolism; aging.

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**Helen McNeill, PhD**  
305 McDonnell Medical Sciences Building  
Phone: 314-273-3050

Our lab interests are focused on the cadherin family of molecules and their regulation of cellular polarity, growth, tissue organization and metabolism. The overall goal of our research is to understand how tissue growth and tissue organization are coordinately regulated. We are focusing on how Fat cadherins function in Hippo pathway-regulated growth control, planar cell polarity tissue organization, and metabolism in flies, mice and hydra. A second, new focus is studying how the nuclear envelope regulates gene expression and fertility.

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**Craig Micchelli, PhD**  
328 McDonnell Medical Sciences Building  
Phone: 314-362-7036

Our lab studies the regulation of stem cell biology in development, homeostasis and disease.

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**Mayssa Mokalled, PhD**  
3601 Cancer Research Building  
Phone: 314-273-1835

Spinal cord injury, degeneration and regeneration in zebrafish and mouse.

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**Samantha Morris, PhD**  
3316 Couch Biomedical Research Building  
Phone: 314-747-8618
The focus of this lab is on stem cell and developmental biology. Our research focuses on dissecting the gene regulatory networks that define cell identity using the developing embryo and tissue regeneration as guides to engineer fate in vitro.

Jeanne M. Nerbonne, PhD
9900 Clinical Sciences Research Building
Phone: 314-362-2564
Structure, function and regulation of voltage-dependent ion channels in the cardiovascular and nervous systems; regulation of membrane excitability in health and disease.

David M. Ornitz, MD, PhD
3902 South Building
Phone: 314-362-3908
Regulation of cardiovascular, lung, skeletal, and inner ear development, injury response, and regeneration by fibroblast growth factors.

Zachary Pincus, PhD
5304 Couch Biomedical Research Building
Phone: 314-747-5520
Interindividual variability in aging and lifespan; developmental origins of longevity and adult health; quantitative microscopy and image analysis of C. elegans.

Lila Solnica-Krezel, PhD
3911A South Building
Phone: 314-362-8768
Genetic regulation of vertebrate embryogenesis; genetic mechanisms that regulate cell fates and movements during early vertebrate development using forward and reverse genetics in the zebrafish model and human embryonic stem cells.

Thorold W. Theunissen, PhD
3313 Couch Biomedical Research Building
Phone: 314-362-8768
The Theunissen lab seeks to understand the molecular mechanisms that regulate pluripotent stem cell states and to develop optimal conditions for the derivation, maintenance and differentiation of human ESCs and iPSCs. We also explore whether naive pluripotent stem cells can be used to model early human development and disease.

Tony Tsai, PhD
333 McDonnell Medical Sciences Building
Phone: 314-362-7054
The Tsai lab is interested in control principles of tissue patterning and morphogenesis during embryo development. We seek to understand how cells integrate biochemical and mechanical inputs to make reliable decisions on what cell types they become, where they migrate, and what structure they collectively build.

Andrew Yoo, PhD
361E McDonnell Medical Sciences Building
Phone: 314-362-1811
Cell fate control by microRNAs; neuronal reprogramming to generate human neurons; chromatin controlling factors and genetic pathways that regulate neurogenesis.

Courses
The Department of Developmental Biology also offers courses through the Graduate School. For a full listing of current courses offered, please visit the Washington University online course listings (https://courses.wustl.edu/CourseInfo.aspx?sch=L&dept=L41&crslvl=5:9).

M04 FYSelect 500C Developmental Biology and Disease
Basic Science. Explores connections between basic research in developmental biology and disease. Students are expected to make a presentation based on current literature in the field and participate in class discussions.
Credit 10 units.

M70 MolBio/Pha 900 Research Elective - Molecular Biology and Pharmacology
Research opportunities may be available. If interested, please contact the department of Developmental Biology.

James S. McDonnell
Department of Genetics
The Department of Genetics (http://genetics.wustl.edu) is at the forefront of the rapidly developing field known as genomic (or personalized) medicine, in which genetic and epigenetic analysis coupled with clinical information enables treatments to be tailored specifically to the individual patient. The rapid evolution of sequencing technologies, genome engineering, automated cellular imaging and mass spectrometry methods to rapidly perform proteomic and metabolomics studies, coupled with powerful computational tools, is revolutionizing the biological sciences. Investigators in the department are developing new methods of genomic analysis — including technology and software, epigenomics and copy number variation as well as studies of disease pathways using model organisms — to identify and study the genes responsible for human disease and treatment responses.
The department supports a broad program of preclinical and graduate instruction in genetics, with research opportunities that include studies of transcriptional networks, population genetics, protein evolution, neurological disorders, developmental genetics, models of human disease, genome architecture, statistical genetics and computational biology, genome technologies and infertility.

A significant portion of the first-year course in basic medical sciences is devoted to human and clinical genetics, with emphasis on how genomic information will transform the practice of medicine. This includes specialized selective courses in addition to the core genetic curriculum. Advanced training in clinical genetics and in genetic research is available from the faculty in the Department of Genetics and from geneticists with principal appointments in many other departments within the School of Medicine (http://medicine.wustl.edu).

Advanced courses and seminars are offered that focus on the genetics of complex disease, gene expression, genome engineering, induced pluripotent stem cells, single-cell genomics, molecular genetics, genetic epidemiology, computational biology, developmental genetics, microbial genetics, cancer genetics, and population and evolutionary genetics. Extraordinary opportunities for research training and experience are available in all of these areas and at all levels. The programs are tailored to meet the needs of medical students, graduate students, and both MD and PhD postdoctoral fellows pursuing advanced training in biomedical research.

Website: http://genetics.wustl.edu

Faculty

Jeffrey Milbrandt, MD, PhD (http://milbrandt.wustl.edu/)
James S. McDonnell Professor and Head of Genetics
Executive Director, McDonnell Genome Institute
Co-Director Needleman Center for Neurometabolism and Axonal Therapeutics

Michael Province, PhD (http://genetics.wustl.edu/staff-members/michael-province/)
Director, Division of Statistical Genomics

Rich Head, MS (http://genetics.wustl.edu/staff-members/rich-head/)
Director, Genome Technology Access Center at McDonnell Genome Institute (GTAC@MGI)

Xiaoxia Cui, PhD (http://genetics.wustl.edu/staff-members/xiaoxia-cui-phd-ms/)
Director, Genome Engineering and iPSC Center

Visit our website for more information about our faculty (http://genetics.wustl.edu/faculty/) and their appointments.

Instructor in Genetics (primary appointment)
BS University of Pune 1995
MS Washington Univ in St. Louis 2008
PHD Washington Univ in St. Louis 2014

John Rutledge Bermingham Jr, PHD
Associate Professor of Genetics (primary appointment)
PHD University of Colorado Boulder 2016
BS Yale University 2016

Adam J. Bloom, PHD
Assistant Professor of Genetics (primary appointment)
Assistant Professor of Anesthesiology
BS University of CA Berkeley 1997
PHD Washington Univ in St. Louis 2006

Ingrid B Borecki, PHD, MS
Adjunct Professor of Genetics (primary appointment)
BS University of Illinois 1977
PHD University of Hawaii 1981
MS University of Hawaii 1980

William James Buchser, B MUS, PHD
Assistant Professor of Genetics (primary appointment)
B MUS University of Miami 2002
PHD University of Miami 2009

C

Paul F Cliften, PHD, MS
Associate Professor of Genetics (primary appointment)
BS Utah St University 1992
PHD University of California 1999
MS Utah St University 1995

Barak Alon Cohen, PHD
Professor of Genetics (primary appointment)
Alvin Goldfarb Distinguished Professor of Computational Biology
PHD Harvard University 1998
BS Cornell University 1992

Donald Franklin Conrad, MS, PHD
Adjunct Associate Professor of Genetics (primary appointment)
MS Stanford University 2017
BS Dartmouth College 1999
PHD University of Chicago 2007

Seth Daniel Crosby, MD
Assistant Professor of Genetics (primary appointment)
BS University of California 1984
MD University Texas San Antonio 1989

Xiaoxia Cui, MS, PHD
Assistant Professor of Genetics (primary appointment)
BS Nanjing University 2017
MS University of Alabama 2017
PHD University of Texas Austin 2017

D

Joseph D Dougherty, PHD
Associate Professor of Genetics (primary appointment)
Associate Professor of Psychiatry
PHD University of California 2005
BS Truman State University 1999

Susan K. Dutcher, PHD
Professor of Genetics (primary appointment)
Professor of Cell Biology and Physiology
BA Colorado College 1974
PHD University of Washington 1980

F
Justin C. Fay, PHD
Adjunct Associate Professor of Genetics (primary appointment)
PHD University of Chicago 2001

H
Richard D Head, MS
Professor of Genetics (primary appointment)
Professor of Pathology and Immunology
MS Southern Illinois University 1992

J
Sheng-Chih Jin, PHD, MS
Assistant Professor of Genetics (primary appointment)
Assistant Professor of Pediatrics
BS National Chiao Tung U 2019
PHD Washington Univ in St. Louis 2014
MS Johns Hopkins University 2008

L
Haluk Lacin, PHD
Instructor in Genetics (primary appointment)
BS Bogazici University 2003
PHD Washington Univ in St. Louis 2010

Heather A Lawson, MA, PHD
Assistant Professor of Genetics (primary appointment)
MA Pennsylvania State University 2004
PHD Pennsylvania State University 2008
BA Univ of Wisconsin Milwaukee 2002

M
Xianrong Mao, MS, PHD
Instructor in Genetics (primary appointment)
MS Chinese Academy of Sciences 1996
BS Lanzhou University 1993
PHD University of Arkansas 2001

James P Mc Carter, PHD, MD
Adjunct Professor of Genetics (primary appointment)
BA Princeton University 1989
PHD Washington Univ in St. Louis 1998
MD Washington Univ in St. Louis 1998

Jeffrey D Milbrandt, PHD, MD
James S McDonnell Professor of Genetics (primary appointment)
Executive Director of the McDonnell Genome Institute
Head of the Department of Genetics
Professor of Medicine
Professor of Neurology
Professor of Pathology and Immunology
BS Univ of Nebraska at Kearney 1974
PHD University of Virginia 1983
MD Washington Univ in St. Louis 1978

Robi D. Mitra, PHD
Professor of Genetics (primary appointment)
Alvin Goldfarb Distinguished Professor of Computational Biology
PHD Mass Inst of Technology (MIT) 2000

Shamim Ara Mollah, PHD
Assistant Professor of Genetics (primary appointment)
PHD University of CA San Diego 2019

P
Zachary Scott Pincus, PHD
Assistant Professor of Genetics (primary appointment)
Assistant Professor of Developmental Biology
PHD Stanford University 2007
BS Stanford University 2002

Michael A Province, PHD, MA
Professor of Genetics (primary appointment)
Professor of Biostatistics
BA University of Dallas 1973
PHD Washington Univ in St. Louis 1987
MA Washington Univ in St. Louis 1979

S
Nancy L. Saccone, PHD, MS
Associate Professor of Genetics (primary appointment)
Associate Professor of Biostatistics
PHD Brown University 1993
BA University of California 1988
MS Brown University 1990

Yo Sasaki, MS, PHD
Associate Professor of Genetics (primary appointment)
MS Tokyo U of Agric & Technology 1994
BS Tokyo U of Agric & Technology 1991
PHD Gunma University, Med School 1997

Tim B Schedl, PHD
Professor of Genetics (primary appointment)
PHD Univ of Wisconsin Madison 1984
BA Lawrence University 1977

Cherilynn Maria Reynolds Shadding, PHD
Adjunct Assistant Professor of Genetics (primary appointment)
PHD Meharry Med College 2002

James B Skeath, PHD
Professor of Genetics (primary appointment)
BA Haverford College 1988
PHD Univ of Wisconsin Madison 1993

Gary D Stormo, MA, PHD
Professor of Genetics (primary appointment)
Joseph Erlanger Professor
Professor of Biomedical Engineering
Professor of Computer Science
MA University of Colorado Boulder 1975
BS California Institute Technolo 1972
PHD University of Colorado Boulder 1981

Tychele Naomi Turner, PHD
Assistant Professor of Genetics (primary appointment)
BS Michigan State University 2008
PHD Johns Hopkins University Medic 2014

Ting Wang, MS, PHD
Professor of Genetics (primary appointment)
Professor of Biostatistics
Professor of Computer Science and Engineering
Sanford and Karen Loewentheil Distinguished Professor of Medicine
MS Washington Univ in St. Louis 2001
BS School Not Listed 1997
PHD Washington Univ in St. Louis 2006

Michael Aaron White, MS, PHD
Assistant Professor of Genetics (primary appointment)
MS University of Rochester 2004
BA Brigham Young University 2000
PHD University of Rochester 2006

Mary Kaye Wojczenski, MPH, PHD
Associate Professor of Genetics (primary appointment)
BS Univ of Wisconsin Stevens Pt 1995
MPH Emory University 1999
BS Univ of Wisconsin Stevens Pt 1995
PHD University North Carolina 2006

Jinsheng Yu, MS, MD, PHD
Assistant Professor of Genetics (primary appointment)
BS Tongji University 1984
MS Tongji University 1995
MD Tongji University 1998
PHD Tongji University 1998

Jian Zhu, PHD
Instructor in Genetics (primary appointment)
Instructor in Medicine

PHD Oklahoma St University 2004

Research Electives
Genetics Research Electives
During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Barak Cohen, PhD
Couch Biomedical Research Building, Room 4308
Phone: 314-362-3674
cohen@wustl.edu

Functional genomics in yeast; gene regulatory networks, complex trait genetics, and synthetic biology studies of cis-regulation.

Joseph Dougherty, PhD
Couch Biomedical Research Building, Room 6316
Phone: 314-286-0752
jdougherty@wustl.edu

Our laboratory utilizes a variety of techniques spanning from human molecular genetics and informatics to mouse behavioral neuroscience and neuroanatomy. We develop and employ mouse models of psychiatric disorders, particularly those that mimic genetic variations that we have identified in human patient populations, with the goal of trying to understand the cellular and molecular underpinnings of these disorders.

Susan K. Dutcher, PhD
Couch Biomedical Research Building, Room 5301
Phone: 314-362-2765
dutcher@wustl.edu

Studies of the role of centrioles and basal bodies in ciliary signaling, assembly, and motility using molecular genetics and computational and biochemical approaches.

Sheng Chih (Peter) Jin, PhD
Couch Biomedical Research Building, Room 5206
jin810@wustl.edu
Phone: 314-273-2710

We use human genetic, genomic, and bioinformatic approaches to identify mutations underlying human diseases and their molecular mechanisms.

Tristan (Qingyun) Li, PhD
McDonnell Medical Sciences Building, 8th Floor
Phone: 314-273-1422
qingyunli@wustl.edu
Our lab is broadly interested in neuroimmunology, with a focus on microglial biology. We combine cutting-edge, single-cell genomic technologies with in vitro and in vivo genetic, molecular, and cellular tools to investigate microglial functions in the establishment of the nervous system as well as how changes in these functions contribute to neurological diseases.

Jeffrey Milbrandt, MD, PhD
Couch Biomedical Research Building, Room 6306
Phone: 314-362-4651
jmilbrandt@wustl.edu

We are performing Cas9/Crispr activation and repression screens in iPSC-derived neurons together with single-cell transcriptomics analysis to evaluate the causal effects of genetic variants associated with neuropsychiatric diseases. We are also studying how metabolism influences the axonal/glia interactions important for proper nerve function. We use genetic and metabolomic analysis to identify molecular mechanisms of axonal degeneration, a self-destructive process that plays an important role in many neurodegenerative conditions, particularly motor neuron diseases like ALS and peripheral neuropathy.

Rob Mitra, PhD
Couch Biomedical Research Building, Room 4301
Phone: 314-362-2751
rmitra@wustl.edu

Our focus is on systems biology, gene regulation and technology development. Projects in the lab fall into three general categories: (1) understanding the molecular logic of transcription factor cooperativity; (2) mapping the gene regulatory networks that control developmental processes and using this knowledge to reprogram fibroblasts into useful cell types; and (3) developing novel technologies to more efficiently achieve the first two aims.

Samantha Morris, PhD
Couch Biomedical Research Building, Room 3316
Phone: 314-747-8618
s.morris@wustl.edu

This lab strives to engineer cell fate to generate clinically valuable cell populations via stem cell and developmental biology. Our research focuses on dissecting the gene regulatory networks that define cell identity, using the developing embryo and tissue regeneration as a guide to engineer fate in vitro. We apply insight from these analyses to generate clinically relevant populations by differentiating cells from a pluripotent state or by directly converting cells between mature fates. We employ a combination of computational, single-cell transcriptomics with cell and developmental biology approaches.

Michael A. Province, PhD
Farrell Learning and Teaching Center (FLTC), 6th floor, Suite 605
Phone: 314-362-3616
mprovince@wustl.edu

Development and evaluation of novel statistical genetics methodology, especially as applied to genomic identification and validation of variants for human complex quantitative traits, such as heart disease, cancer, pulmonary function, diabetes, and human longevity.

Nancy L. Saccone, PhD
Farrell Learning and Teaching Center (FLTC), 6th floor, Suite 606
Phone: 314-747-3263
nlism@wustl.edu (nlims@wustl.edu)

Statistical genetics and psychiatric genetics; development and application of analysis methods for studying the genetics of human disease and complex traits.

Tim Schedl, PhD
Couch Biomedical Research Building, Room 5305
Phone: 314-362-6162
ts@wustl.edu

Our lab studies germ cell development in the model organism Caenorhabditis elegans. The major focuses are control of the decision to proliferate or enter the meiotic pathway, control and coordination of meiotic prophase progression and gametogenesis, and control of meiotic maturation and ovulation.

James Skeath, PhD
Couch Biomedical Research Building, Room 6315
Phone: 314-362-0535
jskeath@wustl.edu

Identification of the genes and the elucidation of the molecular mechanisms that regulate the early events of Drosophila central neurogenesis; illumination of the mechanisms that form, pattern and specify the individual identities of the progenitor cells of the Drosophila embryonic central nervous system.

Gary D. Stormo, PhD
Couch Biomedical Research Building, Room 4208
Phone: 314-747-5534
stormo@wustl.edu

Computational biology of protein-DNA interactions, RNA folding, gene and promoter finding; biochemical analysis of DNA-protein interactions and gene regulation.
Tychele Turner, PhD
Couch Biomedical Research Building, Room 5302
Phone: 314-273-8517
tychele@wustl.edu

The focus of the Turner laboratory is the discovery and characterization of genetic etiological factors involved in neurodevelopmental disorders. We utilize both computational and experimental approaches to explore this genetic architecture.

Ting Wang, PhD
Couch Biomedical Research Building, Room 5211
Phone: 314-286-0865
twang@wustl.edu

Our lab uses genomics and epigenomics approaches to investigate how epigenetic factors determine cell fate. We study cell fate in normal development, differentiation, and regeneration; cell fate in tumorigenesis and epigenetic therapy; and cell fate in evolution.

Courses

M20 Genetics 511 Medical Genetics
Medical genetics is both a science and a clinical area or specialty of medicine, and the boundary between research and clinical application is increasingly blurred. The pace at which genomic and epigenomic tools are being developed is unprecedented. These tools result in continual conceptual advancements, which inevitably affect how we approach the study of disease risk, diagnosis and management in all areas of medicine, not just medical genetics. We are moving into a time when the interpretable data from the examination of individual genomes will be incorporated to all other clinical data to assess individual risks and guide clinical management and decision making. This course is intended as the first step toward lifelong training in medical genetics and genomics. The course begins with a number of sessions devoted to basic principles of genetics. Drawing on this foundation, we move on to discuss genomic and epigenomic tools and to learn from leaders in their fields about the big questions in genetics and genomics (i.e., microbiome research, cancer genomics, current clinical uses of exome sequencing, and so) and how the tools are being used to answer these questions. Students are exposed to the use of genetic and genomic databases and information resources, which will allow them to keep up with new information and critically appraise validity and clinical utility. We begin to discuss the implication of this shift to the “genomic era,” particularly regarding ethical aspects, regulatory aspects, equal access, healthcare costs and patient education. Clinical geneticists actively participate in the course and use a series of genetic disorders to help students apply their knowledge, focusing mainly on genetic etiology, pattern of inheritance, inheritance risk and molecular diagnostic testing. Frequent patient interviews further enhance the exposure to clinical genetics. Overall, the course aims to enhance genetic and genomic literacy, which is an essential first step in preparing students to participate in the multidisciplinary teams that effectively make cutting-edge genetic and genomic research results accessible to patients. This course is cross listed with L41 Biol 550. Credit 34 units.

M20 Genetics 899 Special Study Genetics
Special study opportunities are available in the Department of Genetics. If interested, please contact the department for further information.

John T. Milliken Department of Medicine

Instruction in medicine is provided during all four years of the medical curriculum, beginning with Practice of Medicine I (Medicine 507) during the first year. Teaching during the second year has two main objectives: (1) the correlation of the basic sciences with clinical aspects of disease; and (2) training in the technical methods of physical examination and laboratory diagnosis. By the beginning of the third year, the student is ready for the supervised clinical study of individual patients. A clinical clerkship of 12 weeks, divided into three four-week periods, is served by third-year students on the medical services of the department. During the final year, students may select a sub-internship in general medicine and a series of elective courses in the medical specialties.

Website: https://internalmedicine.wustl.edu

Faculty

The Department of Medicine's general medicine teaching services at Barnes-Jewish Hospital and the Veterans Administration Medical Center (St. Louis) are under the following directors:

Victoria J. Fraser, MD (https://infectiousdiseases.wustl.edu/faculty-staff/victoria-j-fraser/)
Adolphus Busch Professor of Medicine and Chair

Jeffrey S. Crippin, MD (https://profiles.wustl.edu/en/persons/jeffrey-crippin/)
Marilyn E. Bornefeld Chair in Gastrointestinal Research and Treatment and Professor of Medicine
Vice Chair of Clinical Programs

Abby L. Spencer, MD
Professor of Medicine
Vice Chair of Education

Angela L. Brown, MD (https://profiles.wustl.edu/en/persons/angela-brown/)
Professor of Medicine
Vice Chair of Education
Andrew Odden, MD (https://profiles.wustl.edu/en/persons/andrew-odden/)
Associate Professor of Medicine
Vice Chair of Patient Safety

Roberto Civitelli, MD (https://profiles.wustl.edu/en/persons/roberto-civitelli/)
Sydney M. & Stella H. Schoenberg Professor of Medicine
Chief, Division of Bone and Mineral Diseases

Lynn A. Cornelius, MD (https://profiles.wustl.edu/en/persons/lynn-cornelius/)
Winfred A. and Emma R. Showman Professor of Dermatology in Medicine
Chief, Division of Dermatology

Nicholas O. Davidson, MD (https://profiles.wustl.edu/en/persons/nicholas-davidson/)
John E. and Adaline Simon Professor of Medicine
Chief, Division of Gastroenterology

Thomas M. De Fer, MD (https://profiles.wustl.edu/en/persons/tom-de-fer/)
Professor of Medicine
Interim Chief, Division of General Medicine

John F. DiPersio, MD, PhD (https://profiles.wustl.edu/en/persons/john-dipersio/)
Virginia E. and Sam J. Golman Professor of Medicine
Chief, Division of Oncology

Richard A. and Elizabeth Henby Sutter Chair in Occupational, Industrial, and Environmental Medicine
Chief, Division of General Medical Sciences

Gregory A. Ewald, MD (https://profiles.wustl.edu/en/persons/gregory-ewald/)
Professor of Medicine
Interim Chief, Division of Cardiology

Daniel M. Goodenberger, MD (https://profiles.wustl.edu/en/persons/daniel-goodenberger/)
Professor of Medicine
Chief, Veteran’s Administration

Richard W. Gross, MD, PhD
Professor of Medicine
Chief, Division of Bioorganic Chemistry and Pharmacology

Michael J. Holtzman, MD (https://profiles.wustl.edu/en/persons/michael-holtzman/)
Selma and Herman Seldin Professor of Medicine
Chief, Division of Pulmonary and Critical Care Medicine

Benjamin D. Humphreys, MD, PhD (https://profiles.wustl.edu/en/persons/benjamin-humphreys/)
Joseph P. Friedman Professor of Renal Diseases in Medicine
Chief, Division of Nephrology

Peggy L. Kendall, MD (https://allergy.wustl.edu/peggy-kendall-md/)
Associate Professor of Medicine
Chief, Division of Allergy and Immunology

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William H. Danforth Professor of Medicine and Nutritional Science
Chief, Division of Geriatrics and Nutritional Sciences

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Interim Chief, Division of Hematology

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Guy and Ella Mae Magness Professor of Medicine
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Co-Chief, Division of Infectious Diseases

Dr. J. William Campbell Professor of Medicine
Co-Chief, Division of Infectious Diseases

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Irene E. and Michael M. Karl Professor of Endocrinology and Metabolism in Medicine
Chief, Division of Endocrinology, Metabolism and Lipid Research

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The Stokes Family Endowed Chair in Palliative Medicine and Supportive Care Chair and Associate Professor of Medicine
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Visit our website for more information about our faculty (https://internalmedicine.wustl.edu/divisions/) and their appointments.

A

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Sr Associate Dean for Education
BA University of CA Santa Barbara 1991
MD Cornell University 1995
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Professor of Clinical Medicine (primary appointment)
MD New York University 1975
BA Cornell University 1971
Camille N. Abboud, MD
Professor of Medicine (primary appointment)
MD American University of Beirut 1974
BS American University of Beirut 1970
Ramzi I Abboud, DIP, MD
Instructor in Medicine (primary appointment)
DIP Washington Univ in St. Louis 2008
MD University of Rochester 2014
BS University of Pennsylvania 2001
Basem Abdeen, MD
Instructor in Clinical Medicine (primary appointment)
MD University of Jordan 2001
Khaled M Abdel-Hamid
Instructor in Clinical Medicine (primary appointment)
Haley J Abel, MA, PHD
Instructor in Medicine (primary appointment)
MA Washington Univ in St. Louis 2005
PHD Washington Univ in St. Louis 2009
Barry K Abramson, MD
Instructor in Clinical Medicine (primary appointment)
MD University of Miami 1985
BA Johns Hopkins University 1981
Nada A Abumrad, PHD
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Professor of Cell Biology and Physiology
PHD State University of New York 1978
BS American University of Beirut 1972
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Instructor in Clinical Medicine (primary appointment)
BA Carleton College 1985
MD University of Missouri 1989
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Associate Professor of Medicine (primary appointment)
MBBS University of Ibadan 1999
M PH Johns Hopkins University 2001
Douglas R Adkins, MD
Professor of Medicine (primary appointment)
BS Wright State University 1982
MD Wright State University 1986
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Instructor in Medicine (primary appointment)
MD Army Medical College 2010
Homaa Ahmad, MD
Assistant Professor of Medicine (primary appointment)
MD Johns Hopkins University Medic 2003
BA Johns Hopkins University 1999
Abdulla Akfaly, MD
Instructor in Clinical Medicine (primary appointment)
MD Aleppo University 1991
Ziyad Al-Aly, MD
Assistant Professor of Medicine (primary appointment)
MD Beirut University 1999
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Instructor in Clinical Medicine (primary appointment)
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MD School Not Listed 1965
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MD Washington Univ in St. Louis 2007
BS University of Nebraska 1999
PHD Washington Univ in St. Louis 2007
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Associate Professor of Medicine (primary appointment)
MS Pennsylvania State University 2013
MD Damascus U. Medical School 2006
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Instructor in Clinical Medicine (primary appointment)
MD School Not Listed 1985
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Instructor in Clinical Medicine (primary appointment)
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Instructor in Medicine (primary appointment)
MD Damascus University School of 2007
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William B Kountz Professor of Gerontology in Medicine (primary appointment)
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Assistant Professor of Medicine (primary appointment)
MD Damascus University 2011
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Instructor in Medicine (primary appointment)
BS University of South Florida 2007
PHD Johns Hopkins University 2014
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Assistant Professor of Medicine (Pending Executive Faculty Approval) (primary appointment)
MD University of Puerto Rico 2011
Jamaluddin Faisal Amanullah
Instructor in Clinical Medicine (primary appointment)

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Assistant Professor of Medicine (primary appointment)
MD Mahidol University 2002

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Professor of Medicine (Dermatology) (primary appointment)
BS University of Akron 1997
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MD Duke University 1982
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MD Tishreen Univ College of Med 2001
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PHD University of Oklahoma 2010
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MD University of Bombay 1995
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MD University of Texas Southwest 2004
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B

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MPH Saint Louis University 2006

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MD New York University 1984
BS Georgetown University 1977
MS New York University 1980

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BS University of MO Columbia 2005
MD U of IA Carver College of Med 2010

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MD Washington Univ in St. Louis 1984

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Instructor in Medicine (primary appointment)  
BS Union University 2011  
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MD Mayo Clinic 2001

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Assistant Professor of Molecular Microbiology  
MD Baylor College of Medicine 2011  
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BS University of Vermont 1981  
MS Cornell University 1985  
MD Washington Univ in St. Louis 1989

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Professor of Medicine (primary appointment)  
BS Haverford College 1975  
MD Temple University 1981

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Instructor in Medicine (primary appointment)  
MD Howard University 2015

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PHD Charles University 2016  
BS Charles University 2007  
MS Charles University 2009

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Associate Professor of Clinical Medicine (primary appointment)  
MD University of Oregon 1980  
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MD School Not Listed 1983  
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MD Harvard University 1990  
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MA Harvard University 1984

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Instructor in Clinical Medicine (primary appointment)  
BS Georgetown University 1990  
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BS Stanford University 1978  
MS Massachusetts Institute of Technology (MIT) 1979  
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PHD University of Chicago 1967  
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MD Washington Univ in St. Louis 1988

William Waite Benedict, MD
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BS University of Illinois 1971
MD Washington Univ in St. Louis 1975

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MD Vanderbilt University 2010

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MD Saint Louis University 1984
BA Brown University 1980

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Assistant Professor of Clinical Medicine (primary appointment)
BS Brown University 1994
MD Washington Univ in St. Louis 2000

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MD Indiana University Bloomington 1979

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MD Washington Univ in St. Louis 1992
BA Haverford College 1988

Douglas R Berson, MD
Instructor in Clinical Medicine (primary appointment)
MD University of Pennsylvania 1983
BA Lehigh University 1981

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BA Northwestern University 1994
MD Northwestern University 1998

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Instructor in Clinical Medicine (primary appointment)
UNKNOWN University of Madras 1988

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BA Rockford College 1974

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Professor of Medicine (primary appointment)
Professor of Occupational Therapy
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BA Davenport University 1977

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Instructor in Clinical Medicine (primary appointment)
BA Washington Univ in St. Louis 1978
MD University of Missouri 1983

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Assistant Professor of Clinical Medicine (primary appointment)
MD Washington Univ in St. Louis 1961
BA Amherst College 1956

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Assistant Professor of Medicine (primary appointment)
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BA Washington Univ in St. Louis 1978

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Instructor in Medicine (primary appointment)
BS Tilka Manjhi Bhagalpur Univ 1988
PHD Banaras Hindu University 1999
MS Banaras Hindu University 1992
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Instructor in Medicine (primary appointment)  
PHD University of Bordeaux 2 1996  
MS University of Bordeaux 2 1992  

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Assistant Professor of Medicine (primary appointment)  
BA Eastern Michigan University 2003  
MD Ohio State University 2007  

Morey A Blinder, MD  
Professor of Medicine (primary appointment)  
Professor of Pathology and Immunology  
MD Saint Louis University 1981  
BS University of Notre Dame 1977  

Donald Allen Blum  
Assistant Professor of Clinical Medicine (primary appointment)  

Imre Bodo  
Adjunct Instructor in Medicine (primary appointment)  

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Instructor in Clinical Medicine (primary appointment)  

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Assistant Professor of Medicine (Pending Executive Faculty Approval) (primary appointment)  
BA Cornell University 2004  
PHD Cambridge University 2011  
M PHIL Cambridge University 2008  
MD University of CA Los Angeles 2013  

Matthew James Bonzelet, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Saint Louis University 2009  

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Associate Professor of Medicine (primary appointment)  
Associate Professor of Molecular Microbiology  
Associate Professor of Pathology and Immunology  
MS University of Amsterdam 1997  
PHD Erasmus University Rotterdam 2003  

Jamie Marie Borgmann  
Instructor in Clinical Medicine (primary appointment)  

Benjamin A Borowsky, MD  
Professor of Clinical Medicine (primary appointment)  
MD Washington Univ in St. Louis 1958  

Jonathan D Bortz, MD  
Instructor in Clinical Medicine (primary appointment)  
MD University of the Witwatersra 1979  

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Associate Professor of Medicine (primary appointment)  
Associate Professor of Cell Biology and Physiology  
MD Cornell University 1999  
PHD Cornell University 1998  
PHD1 Cornell University 1998  

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BS University of Rhode Island 1991  

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Assistant Professor of Clinical Medicine (primary appointment)  
MD University of Texas Austin 1983  
BS Muhlenberg College 1979  

William G Bowen, MD  
Professor of Clinical Medicine (primary appointment)  
BS Davidson College 1970  
MD University of North Carolina 1974  

Lyndsey Jean Bowman, PHD  
Adjunct Instructor in Medicine (primary appointment)  
PHD St Louis College of Pharmacy 2005  

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Instructor in Medicine (primary appointment)  
MD University of Illinois 2013  

Alan C Braverman, MD  
Alumni Endowed Professor of Cardiovascular Disease in Medicine (primary appointment)  
MD University of Missouri 1985  
BA University of MO Kansas City 1984  

Andrea Lynn Bredemeyer, PHD  
Instructor in Medicine (primary appointment)  
BA Colby College 1999  
PHD Washington Univ in St. Louis 2006  

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Associate Professor of Medicine (primary appointment)  
Associate Professor of Biochemistry and Molecular Biophysics  
Associate Professor of Cell Biology and Physiology  
PHD University of Nebraska 1999  
BS North Dakota State University 1992  

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Instructor in Medicine (primary appointment)  
MD Washington Univ in St. Louis 2007  
BS1 Washington Univ in St. Louis 2001  

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Instructor in Medicine (primary appointment)  
BA Cornell University 2011  
MD Washington Univ in St. Louis 2016  

Steven L Brody, MD  
Dorothy R and Hubert C Moog Professor of Pulmonary Diseases in Medicine (primary appointment)  
Professor of Radiology  
MD University of Michigan 1980  

Rita Thomas Brookheart, PHD  
Assistant Professor of Medicine (primary appointment)  
Assistant Professor of Pediatrics  
BA Sweet Briar College 2003  
PHD Washington Univ in St. Louis 2009
Angela L Brown, MD
Professor of Medicine (primary appointment)
MD Washington Univ in St. Louis 1992
BS Southern Methodist University 1987

Ashley Elizabeth Brown, MD
Instructor in Medicine (primary appointment)
MD University of Central Florida 2017
BS Cornell University 2012

David L. Brown, MD
Professor of Medicine (primary appointment)
MD Baylor University 1982
BA University of Texas Austin 1977

Jeffrey Wade Brown, MD, PHD
Instructor in Medicine (primary appointment)
MD Boston University 2012
PHD Boston University 2012

Robert M Bruce, MD
Professor of Clinical Medicine (primary appointment)
BS University of Minnesota 1968
MD University of Minnesota 1968
BA Washington Univ in St. Louis 1964

Monique W. Bruinsma, MD
Instructor in Medicine (primary appointment)
MD Washington Univ in St. Louis 2016

Kathleen S Brunts, MD
Instructor in Clinical Medicine (primary appointment)
MD Saint Louis University 1981
BS Western Michigan University 1977

Stanley Buck, MD
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MD Washington Univ in St. Louis 1977
BS Princeton University 1973

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BS1 Brigham Young University 1998
PHD Vanderbilt University 2003
BS Brigham Young University 1998
MD Vanderbilt University 2007

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BS Miami University 2012
MD Wright State University 2016

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Assistant Professor of Medicine (primary appointment)
BS1 Southwestern University 2008
MD University of Texas Galveston 2012
BS Southwestern University 2008

Donald F Busiek, MD
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BA Saint Louis University 1974
MD University of Missouri 1983

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Assistant Professor of Medicine (primary appointment)
Assistant Professor of Surgery (Public Health Sciences)
MS Harvard University 2006
PHD University of North Carolina 2014
BS Emory University 2003

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BS University of Oklahoma 1993
PHD University of Texas Southwest 2001

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Assistant Professor of Clinical Medicine (primary appointment)
MD Washington Univ in St. Louis 2011
BS1 Tulane University 2007

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MD School Not Listed 1964

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Assistant Professor of Medicine (primary appointment)
BS Rhodes College 2007
PHD Washington Univ in St. Louis 2014

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Instructor in Medicine (primary appointment)
MD University of AL Birmingham 2014
PHD University of AL Birmingham 2014
BA Loyola University 2005

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Professor of Clinical Medicine (primary appointment)
BA Washington Univ in St. Louis 1973
MD Washington Univ in St. Louis 1977

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Associate Professor of Medicine (primary appointment)
MD Tianjin Medical University 1997
MS Peking Union Medical College 2000
PHD University of Louisville 2003

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Instructor in Clinical Medicine (Dermatology) (primary appointment)
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BA Saint Louis University 1996

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MD Saint Louis University 1992

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Instructor in Medicine (primary appointment)
BE Harbin University of Science a 1999
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Adjunct Instructor in Medicine (primary appointment)

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Adjunct Assistant Professor of Medicine (primary appointment)
BS Ohio State University 2001
PHD Emory University 2008

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Professor of Medicine (primary appointment)
MD Virginia College 1978

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Professor of Medicine (primary appointment)
Alan A and Edith L Wolff Distinguished Professor of Geriatric Medicine
Professor of Neurology
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MD University of MO Columbia 1985

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Professor of Medicine (primary appointment)
Executive Chair Washington University Institutional Review Board
MD Washington Univ in St. Louis 1999
BS Yale University 1995
BS1 Yale University 1995

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Assistant Professor of Medicine (primary appointment)
MD Universidad Peruana Cayetano 1993

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BA Saint Louis University 1986
MD University of Missouri 1990

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Professor of Medicine (primary appointment)
BS Duke University 1990
MD Vanderbilt University 1994

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Associate Professor of Medicine (primary appointment)
PHD University of Queensland 2006

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BS UNIVERSITY OF DELHI 2008
PHD Jawaharlal Nehru University 2014
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BS Fudan University 1991
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MD Northwestern University Med 1992
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MD Nanjing Medical University 1983
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MS Nanjing Medical University 1988

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MD Shanghai Medical University 1996
PHD Vanderbilt University 2004

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BA Northwestern University 2001
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Assistant Professor of Medicine (primary appointment)
Assistant Professor of Neurology
MD Albert Einstein College of Med 2001

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MD University of California 2012
BS Washington Univ in St. Louis 2007
AA Washington Univ in St. Louis 2007

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Professor of Medicine (Pending Executive Faculty Approval)
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BS1 Chung-Ang University 1994
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MS Chung-Ang University 1996

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Assistant Professor of Medicine (primary appointment)
BE Kyung Pook National University 1996
PHD Baylor University 2006
MS Univ of Nebraska at Omaha 2001

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BS Northwestern University 2003
MD Washington Univ in St. Louis 2007

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MD Washington Univ in St. Louis 2010
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BS California State Fresno 1986

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BA University of MO St Louis 2010
MD University of Arizona 2015

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Instructor in Clinical Medicine (primary appointment)

Thomas Michael Ciesielski, MD
Associate Professor of Medicine (primary appointment)
MD Oregon Health Science Univers 2010

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Assistant Professor of Medicine (primary appointment)
MS Universita de Modena e Reggio 2005
PHD University of Pittsburgh 2011

Matthew Aaron Ciorba, MD
Assistant Professor of Medicine (primary appointment)
MD University of Iowa 2001

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Assistant Professor of Medicine (primary appointment)
MD University of Michigan 1996
BS University of Michigan 1993

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Professor of Orthopaedic Surgery
BS University of Siena 1980
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Associate Professor of Medicine (primary appointment)
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Assistant Professor of Clinical Medicine (primary appointment)
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MD University of MO Kansas City 1991

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Associate Professor of Clinical Medicine (primary appointment)
MA Brown University 1975
BA Mount Holyoke College 1972
MD Harvard University 1981

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BS Rice University 1997
MS Yale University 2001
MD Washington Univ in St. Louis 2008
PHD Yale University 2004

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MD Boston University 1980

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MS University of CA Berkeley 1974
BS MO S&T (formerly UolMO Rollia) 1973
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MD Loyola University Chicago 2003
BS Washington Univ in St. Louis 1999

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BS University of Surrey 2004
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BN University of Delaware 1977
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MD Tulane University 2005

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MD Temple University 2011

John Bernard Costello, MD
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MD Saint Louis University 1977
BA Saint Louis University 1974

Carrie Christine Coughlin, MD
Assistant Professor of Medicine (Dermatology) (primary appointment)
Assistant Professor of Pediatrics
MD Washington Univ in St. Louis 2010
BA Yale University 2005

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BS Louisiana St University 2000

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BA Saint Louis University 1979
MD Case Western Reserve Univ 1983

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PHD Saint Louis University 1984

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MD Howard University 1989

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MSN Arizona State University 2000
MD St George's University 2004

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Assistant Professor of Medicine (Pending Executive Faculty Approval) (primary appointment)
MD Northwestern University Med 2014
BA Cornell University 2009
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Institution(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas Edward Davis</td>
<td>Instructor in Clinical Medicine (primary appointment)</td>
<td>BS Morehead St University 1994 MD University of Kentucky 1999</td>
</tr>
<tr>
<td>Caroline Elizabeth Day, M PH, MD</td>
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<td>BS University of Colorado Boulder 1990 M PH San Diego St University 2005 MD Washington Univ in St. Louis 1995</td>
</tr>
<tr>
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<td>MD University of Missouri 1989 BA University of Missouri 1985</td>
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<tr>
<td>Lisa De Las Fuentes, MD</td>
<td>Associate Professor of Medicine (primary appointment) Associate Professor of Biostatistics</td>
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</tr>
<tr>
<td>Anne V Dean, MD</td>
<td>Instructor in Clinical Medicine (primary appointment)</td>
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</tr>
<tr>
<td>Joshua Thomas Dearborn, PHD, MS</td>
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<td>PHD University of MO St Louis 2013 BS University of MO St Louis 2005 MS University of MO St Louis 2007</td>
</tr>
<tr>
<td>Parakkal Deepak, MBBS</td>
<td>Assistant Professor of Medicine (primary appointment)</td>
<td>MBBS Jawaharial Institute of PostGr 2004</td>
</tr>
<tr>
<td>Angeline Diane DelSanti, MD</td>
<td>Assistant Professor of Medicine (primary appointment)</td>
<td>BS University of MO Columbia 1998 MD University of MO Columbia 2003</td>
</tr>
<tr>
<td>Jennifer A. Delaney, MD</td>
<td>Instructor in Clinical Medicine (primary appointment)</td>
<td>MD Washington Univ in St. Louis 1997 BA Georgetown University 1992</td>
</tr>
<tr>
<td>Rowena Bayudan Delos Santos, MD</td>
<td>Associate Professor of Medicine (primary appointment)</td>
<td>BS Creighton University 2000 MD Creighton University 2004</td>
</tr>
<tr>
<td>Bethany L Dement, MD</td>
<td>Instructor in Medicine (primary appointment)</td>
<td>MD Southeast Missouri St Univers 2001</td>
</tr>
<tr>
<td>David G. DeNardo, PHD</td>
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<td>BS Williamette University 1999 PHD Baylor University 2005</td>
</tr>
<tr>
<td>Amber Zimmer Deptola, MD</td>
<td>Assistant Professor of Medicine (primary appointment)</td>
<td>BS Miami University 2008 MD University of Louisville 2012</td>
</tr>
<tr>
<td>Sunny Desai, MS, UNKNOWN</td>
<td>Instructor in Clinical Medicine (primary appointment)</td>
<td>BS School Not Listed 1991 UNKNOWN School Not Listed 1991</td>
</tr>
<tr>
<td>Teresa Deshields, MS, PHD</td>
<td>Associate Professor of Medicine (primary appointment) Associate Professor of Clinical Psychiatry</td>
<td>MS University of Georgia 1983 BA Meredith College 1981 PHD University of Georgia 1985</td>
</tr>
<tr>
<td>Vladmir Novak Despotovic, MD</td>
<td>Associate Professor of Medicine (primary appointment)</td>
<td>MD Michigan State University 2004 BS Michigan State University 2000</td>
</tr>
<tr>
<td>Siddhartha HK Devarakonda, MD</td>
<td>Assistant Professor of Medicine (primary appointment)</td>
<td>MD Gandhi Medical College 2009</td>
</tr>
<tr>
<td>Michael D DeVita, MD</td>
<td>Assistant Professor of Medicine (primary appointment)</td>
<td>BS University of Wisconsin 2006 MD University of Wisconsin 2011</td>
</tr>
<tr>
<td>Michael Diamond, PHD, MD</td>
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</tr>
<tr>
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</tr>
<tr>
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UNKNOWN School Not Listed 1982

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BS University of Naples 2010
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BS Christian Brothers University 2004
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G

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MD University of California 1988
BS Stanford University 1984

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MA Eastern Kentucky University 2007

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MHS University of Toronto 1988

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MBA University of MO St Louis 1998
BA Carleton College 1985
MD University of Illinois 1990

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MD UN Nacional Autonoma De Mex 2004

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BS University of Santo Tomas 1970
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PHD School Not Listed 2000

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BS Mass Inst of Technology (MIT) 1967
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BA University of CA Berkeley 1996
MPH Columbia University 2002
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MBBS Christian Medical College 1998

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BS University of Puerto Rico 2004
Daniel M Goodenberger, MD  
Professor of Medicine (primary appointment)  
BS University of Nebraska 1970  
MD Duke University 1974  

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MD Washington Univ in St. Louis 1976  
BA University of Michigan 1972  

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BA Saint Louis University 1981  
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MD University of Madras 1986  

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Professor of Developmental Biology  
BS Iowa State University 1971  
PHD Univ of Wisconsin Madison 1975  

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BS University of MO St Louis 1971  
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BS University of Wisconsin-Madiso 2015  
PHD Ohio State University 2012  
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Associate Professor of Genetics  
PHD University of British Columbia 2010  
BS1 University of Winnipeg 2002  
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MD School Not Listed 1969  
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BS School Not Listed 1975  

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MD Saint Louis University 1996

Jennifer Christine Hagopian
Adjunct Instructor in Medicine (primary appointment)

Ashfaq H Hakim, MD, MBBS
Instructor in Clinical Medicine (primary appointment)
MD RNT Medical College 1973
MBBS RNT Medical College 1968

Ilia Gueorguev Halatchev, MD
Assistant Professor of Medicine (primary appointment)
MD Oregon Health Science Univers 2007

Yasir A Hamad, MD
Assistant Professor of Medicine (primary appointment)
MD University of Juba 2004

Lana Hamieh, MD
Instructor in Medicine (primary appointment)
BS American University of Beirut 2009
MD American University of Beirut 2020

Stephanie M Hammer, MD
Instructor in Clinical Medicine (primary appointment)
BA Smith College 1990
MD Chicago St University 1995

Janice L Hanson, PHD
Professor of Medicine (primary appointment)
PHD University of Michigan 1984

Zahirul Haque
Instructor in Clinical Medicine (primary appointment)

Annie Chamren Harmon, MS, PHD
Assistant Professor of Medicine (primary appointment)
MS Missouri College 2010
BA University of Evansville 2004
PHD University of Michigan 2016

Lydia-Ann Lynell Harris, PHD
Adjunct Assistant Professor of Medicine (primary appointment)
PhD State University of New York 2011

Justin C Hartupee, MD, PHD
Assistant Professor of Medicine (primary appointment)
MD Case Western Reserve Univ 2010
PHD Case Western Reserve Univ 2008

Rim Hasan, MD
Instructor in Medicine (primary appointment)
MD Damascus University, School of 2011

Syed Hasan, MBBS
Instructor in Medicine (primary appointment)
MBBS Sindh Medical College 2013

Jeffrey A Haspel, MD, PHD
Assistant Professor of Medicine (primary appointment)
BS Binghamton University 1994
MD New York U. School of Medicine 2003
PHD New York U. School of Medicine 2001

Anisa Hassan, MD
Instructor in Clinical Medicine (primary appointment)
MD Dow Medical College Karachi 1976

Thomas F Hastings, MD
Instructor in Clinical Medicine (primary appointment)
BA Rockhurst College 1981
MD University of Missouri 1986

Krysta Lynn Heath, MD
Instructor in Medicine (primary appointment)
MD University of AR Med Sciences 2011

James N Heins, MD
Professor of Clinical Medicine (primary appointment)
MD University of Louisville 1961
BA University of Louisville 1957

Jason M Held, PHD
Assistant Professor of Medicine (primary appointment)
Assistant Professor of Anesthesiology
PHD University of CA San Francisco 2006
BS Duke University 2001

Katherine Therese Hemingway, MD
Instructor in Medicine (primary appointment)
MD Florida Atlantic University 2017
BA Univ of Massachusetts Amherst 2007

Jeffrey P. Henderson, MD, PHD
Associate Professor of Medicine (primary appointment)
Associate Professor of Molecular Microbiology
MD Washington Univ in St. Louis 2002
PHD Washington Univ in St. Louis 2002
BS Univ of Wisconsin Madison 1994

Katherine Eileen Henderson, MD
Associate Professor of Clinical Medicine (primary appointment)
BS Univ of Wisconsin Madison 1993
MD University of Minnesota 1998
Kristina Louise Henderson, MD  
Instructor in Clinical Medicine (primary appointment)  
BA Saint Louis University 1982  
MD Saint Louis University 1991  

Rochelle Rene' Henderson, PHD  
Adjunct Assistant Professor of Medicine (primary appointment)  
PHD University of Missouri 2010  

Michael Hendrix, MD  
Instructor in Medicine (primary appointment)  
BS Northern Arizona University 2010  
MD University of AR Med Sciences 2015  

Daniel Robert Herleth  
Instructor in Clinical Medicine (primary appointment)  

Catherine Hermann, MD, M ENG  
Instructor in Clinical Medicine (primary appointment)  
BA Truman State University 1992  
MD Washington Univ in St. Louis 2000  
M ENG Univ of Southern Mississippi 1993  

Leonel F. Hernandez Aya, MD  
Assistant Professor of Medicine (primary appointment)  
MD Universidad Nacional de Columb 2007  

Cynthia Joan Herrick, MD  
Associate Professor of Medicine (primary appointment)  
BS Princeton University 2002  
MD Washington Univ in St. Louis 2006  

Andreas Herrlich, MD, PHD  
Associate Professor of Medicine (primary appointment)  
MD Freie University 1994  
PHD Freie University 1998  

Virginia M Herrmann, MD  
Professor of Medicine (primary appointment)  
Professor of Surgery (General Surgery)  
MD Saint Louis University 1974  

Karin Hickey, MD  
Assistant Professor of Medicine (primary appointment)  
MD Lului Hatieganu U of Med 2007  

Stuart T. Higano, MD  
Instructor in Clinical Medicine (primary appointment)  
MD University of Massachusetts 1984  

Paul Flack Hintze, MD  
Assistant Professor of Clinical Medicine (primary appointment)  
BS Brigham Young University 1974  
MD University of Utah 1978  

Angela Christine Hirbe, PHD, MD  
Assistant Professor of Medicine (primary appointment)  
Assistant Professor of Pediatrics  
BS Washington Univ in St. Louis 2001  
PHD Washington Univ in St. Louis 2009  
MD Washington Univ in St. Louis 2009  

Grant S. Hoekzema, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Washington Univ in St. Louis 1992  

J. Langston Hoffman, MD  
Instructor in Clinical Medicine (primary appointment)  
BS Univ of Wisconsin Madison 1994  
MD Washington Univ in St. Louis 1999  

Sandra S Hoffmann, MD  
Instructor in Clinical Medicine (primary appointment)  
BA University of Kansas 1972  
MD University of Kansas 1976  

Timothy Richard Holden, MA, MD  
Assistant Professor of Medicine (primary appointment)  
MA University of Wisconsin 2013  
BS Northwestern University 2006  
MD University of Minnesota 2010  

Melissa Louise Hollie  
Instructor in Clinical Medicine (primary appointment)  

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Selma and Herman Seldin Professor of Medicine (primary appointment)  
Professor of Cell Biology and Physiology  
BA Northwestern University 1971  
MD Northwestern University 1975  

Neal Holzum  
Instructor in Clinical Medicine (primary appointment)  

Hitoshi Honda  
Adjunct Assistant Professor of Medicine (primary appointment)  

Bruce Jay Hookerman, MD  
Assistant Professor Emeritus of Clinical Medicine (Dermatology) (primary appointment)  
BA Dartmouth College 1964  
MD Saint Louis University 1968  

Barbra A Horn, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Washington Univ in St. Louis 1982  
BA Clark University 1975  

Ian Kerst Hornstra, MD, PHD  
Associate Professor of Medicine (Dermatology) (primary appointment)  
MD University of MO Kansas City 1986  
BA University of MO Kansas City 1985  
PHD University of Florida 1993  

Timothy Adam Horwedel, PHD  
Adjunct Instructor in Medicine (primary appointment)  
PHD Northeastern University 2008  

Jianghui Hou, PHD, MS  
Associate Professor of Medicine (primary appointment)  
BS Nanjing University 1999
PHD Edinburgh University 2003
MS Edinburgh University 2000

Dennis Emil Hourcade, MA, PHD
Professor of Medicine (primary appointment)
BS Mass Inst of Technology (MIT) 1971
MA Harvard University 1974
PHD Harvard University 1978

Jacqueline Howard, UNKNOWN
Instructor in Clinical Medicine (primary appointment)
UNKNOWN School Not Listed 1995

David Thomas Howell
Instructor in Clinical Medicine (primary appointment)

Thomas W Hoyt, MD
Instructor in Medicine (primary appointment)
BA MO State U (formerly SW MO St) 2009
MD University of Iowa 2016

Chyi-Song Hsieh, MD, PHD
Professor of Medicine (primary appointment)
Alan A and Edith L Wolff Distinguished Professor
Professor of Pathology and Immunology
MD Washington Univ in St. Louis 1996
PHD Washington Univ in St. Louis 1996

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Professor of Medicine (primary appointment)
MD Taipei Medical University 1990
PHD John Hopkins University 1995

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Professor of Medicine (primary appointment)
MS Tsinghua University, China 1975
PHD University of Utah 1986
BS School Not Listed 1970

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Assistant Professor of Medicine (primary appointment)
MD New York University 2008
BS Williams College 2003
BS1 Williams College 2003

Raymond J Hu, MD
Instructor in Clinical Medicine (primary appointment)
BA Saint Louis University 1977
MD University of Missouri 1982

Wei-Wei Huang
Instructor in Clinical Medicine (Dermatology) (primary appointment)

Yafei Huang, MS, PHD
Assistant Professor of Medicine (primary appointment)
MS Beijing Medical University 2000
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BA Wabash College 1971
MD Washington Univ in St. Louis 1975

Elizabeth Stack Huebner, MD
Associate Professor of Medicine (primary appointment)
MD Loyola University Chicago 2000
BA Washington Univ in St. Louis 1995

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Assistant Professor of Medicine (primary appointment)
Assistant Professor of Cell Biology and Physiology
BS Stanford University 2002
MD University of Pennsylvania 2009

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Assistant Professor of Medicine (primary appointment)
PHD Harvard University 2007
BS Stanford University 2002
MS Stanford University 2002

Benjamin Duane Humphreys, PhD, AB, MD
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Professor of Developmental Biology
PHD Case Western Reserve Univ 2000
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MD Case Western Reserve Univ 1998

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BS Southeast Missouri St Univers 1978

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BA Grand Valley St University 2010
MD Michigan State University 2014

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MD University of Arizona 2016
BS Cornell College 2011

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MD Louisiana St Univ Hlth Sci 1969

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BS Rhodes College 1981
MD Saint Louis University 1985

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PHD Washington Univ in St. Louis 2005
MD Washington Univ in St. Louis 2005
BS Johns Hopkins University 1996

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PHD University of Alberta 2013

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BA Duke University 2013
MD Washington Univ in St. Louis 2017

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BA Indiana University Purdue 2011
BS Indiana University Purdue 2011
MD Washington Univ in St. Louis 2015

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JD Saint Louis University 2004
BS University of Iowa 1984
MD University of Iowa 1988

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Professor of Pathology and Immunology
MD Northwestern University 1999
PHD Northwestern University 1998

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Associate Professor of Medicine (primary appointment)
MBBS Maulana Azad Medical College 1986

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MD Damascus U. Medical School 1993

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M PH Saint Louis University 2008
MBCHB University of Baghdad 2001

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Instructor in Clinical Medicine (primary appointment)
MD Saint Louis University 1994
BA University of Texas Austin 1990

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Assistant Professor of Medicine (primary appointment)
MD Government Medical College 2002

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Assistant Professor of Medicine (primary appointment)
BA University of Chicago 2000
MD University of Chicago 2008
BS University of Chicago 2000
PHD University of Chicago 2006

Donna Beth Jeffe, MA, PHD
Professor of Medicine (primary appointment)
BA Washington Univ in St. Louis 1972
MA Washington Univ in St. Louis 1990
PHD Washington Univ in St. Louis 1993

Christopher M. Jenkins, PHD
Assistant Professor of Medicine (primary appointment)
PHD Vanderbilt University 1997
BS Michigan State University 1991

Benjamin C. Jennings, PHD
Instructor in Medicine (primary appointment)
PHD Washington Univ in St. Louis 2018
BS Univ of Wisconsin Madison 2004

Maya Jerath, MS, MD, PHD
Professor of Medicine (primary appointment)
MS University of Texas Austin 1990
MD University of Vermont 2000
PHD University of Texas Austin 1992

Joyce Ji, MD
Instructor in Medicine (primary appointment)
MD Washington Univ in St. Louis 2016

Xuntian Jiang, PHD
Assistant Professor of Medicine (primary appointment)
PHD China Pharmaceutical Univ 1992

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Assistant Professor of Clinical Medicine (primary appointment)
MD University of Illinois 1967

Tanner Michael Johanns, MD, PHD
Assistant Professor of Medicine (primary appointment)
MD University of Minnesota 2012
BS University of Saint Thomas 2002
PHD University of Minnesota 2010

Eric Keith Johnson, MD
Assistant Professor of Medicine (primary appointment)
MD Univ of Wisconsin Madison 1999

William F Johnson
Adjunct Instructor in Medicine (primary appointment)

Heather Jones, MD
Assistant Professor of Medicine (Dermatology) (primary appointment)
BS Michigan State University 2007
MD University of Texas Galveston 2011

Allison Jordan, MD
Assistant Professor of Clinical Medicine (primary appointment)
MD University of Texas Southwest 2008

Amy M Joseph, MD
Professor of Medicine (primary appointment)
BA Johnston Community College 1977
MD Vanderbilt University 1986

Barbara Jost, MD, MS
Instructor in Clinical Medicine (primary appointment)
MD Saint Louis University 1997
BS University of Missouri 1993
MS Northwestern University 1995

Karen Ellen Joynt Maddox, MD
Assistant Professor of Medicine (primary appointment)
Assistant Professor of Social Work
BA Princeton University 2000
MD Duke University 2004

K

Brad S Kahl, MD
Professor of Medicine (primary appointment)
BS University of Wisconsin-Madiso 1989
MD Tufts University 1994

Caroline Holleck Kahle, MD
Assistant Professor of Medicine (primary appointment)
MD University of North Carolina 2006

Lalit Chandra Kalvala, MBBS
Instructor in Medicine (primary appointment)
MBBS Kakatiya Medical College 2016

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Instructor in Clinical Medicine (primary appointment)

Vinay Gopal Kamat, MD

Instructor in Clinical Medicine (primary appointment)
MD University of Pennsylvania 1994

Patricia F Kao, MD, BE, MS2
Associate Professor of Medicine (primary appointment)
MD Case Western Reserve Univ 2001
BE Princeton University 1994
MS2 Ohio State University 1997

Divya Kapoor, MD
Associate Professor of Medicine (primary appointment)
MD University of Washington 2002

Robert S Karsh, MD
Professor of Clinical Medicine (primary appointment)
BA Washington Univ in St. Louis 1951
MD Washington Univ in St. Louis 1952

Casey Duncan Saul Katerndahl, PHD
Instructor in Medicine (primary appointment)
PHD University of Minnesota 2015
BS University of Minnesota 2008

Andrew M. Kates, MD
Professor of Medicine (primary appointment)
MD Tufts University 1994
BS Tufts University 1990

David A Katsman, MD
Instructor in Clinical Medicine (primary appointment)
MD Saint Louis University 1991
BA Brown University 1986

Andrew L. Kau, PHD, MD
Assistant Professor of Medicine (primary appointment)
PHD Washington St University 2006
MD Washington Univ in St. Louis 2006
BS Emory University 1998

Charles Kaufman, MD, PHD
Assistant Professor of Medicine (primary appointment)
Assistant Professor of Developmental Biology
BA Washington Univ in St. Louis 1997
MD University of Chicago 2005
PHD University of Chicago 2003

Robert L Kaufman, MD
Assistant Professor of Clinical Medicine (primary appointment)
MD Washington Univ in St. Louis 1963
BA Washington Univ in St. Louis 1959

Elizabeth Jane Keath, PHD
Associate Professor of Medicine (primary appointment)
PHD Saint Louis University 1985
BA University of MO St Louis 1978
BA University of MO St Louis 1978

Dalius Kedainis, MD
Instructor in Clinical Medicine (primary appointment)
MD Kaunas University of Medicine 1998
Eirini Kefalogianni, PHD  
Instructor in Medicine (primary appointment)  
BS University of Athens 2002  
PHD University of Athens 2007

Jesse Wade Keller, MD  
Assistant Professor of Medicine (primary appointment)  
BS University of Tulsa 2005  
MD Johns Hopkins University Medic 2009

Daniel P Kelly, MD  
Adjunct Professor of Medicine (primary appointment)  
MD University of Illinois 1982  
BS University of Illinois 1978

Peggy Lynn Kendall, MD  
Virginia Minnich Distinguished Professor of Medicine (primary appointment)  
Professor of Pathology and Immunology  
MD University of Texas Dallas 2019

Charlotte J Kennedy, PHD, MD  
Assistant Professor of Clinical Medicine (primary appointment)  
PHD Washington Univ in St. Louis 1992  
MD Washington Univ in St. Louis 1992  
BA Agnes Scott College 1984

Martin Hurley Kerrigan, MD  
Assistant Professor of Medicine (primary appointment)  
MD Jefferson Medical College 2005  
BS Saint Josephs University 2001

Ahmed Sultan Khan  
Adjunct Instructor in Medicine (primary appointment)

Aava Khatiwada, MD  
Instructor in Medicine (primary appointment)  
MD Indiana State University 2017  
BA Indiana State University 2013

Charbel Chafic Khoury, MD  
Assistant Professor of Medicine (primary appointment)  
BS American University of Beirut 2004  
MD American University of Beirut 2008

Daniel Jason Kichura, MD  
Instructor in Medicine (primary appointment)  
BA Indiana University 2008  
MD Israel Institute of Technology 2012

George Kichura, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Saint Louis University 1993

Mary Kiehl, MD, AS  
Assistant Professor of Clinical Medicine (primary appointment)  
BA University of California 1985  
MD University of California 1990  
AS Long Beach City College 1976

Kenneth Richard Killian, MD  
Instructor in Clinical Medicine (primary appointment)  
BS Saint Louis University 1980  
MD Saint Louis University 1984

Charles John Kilo, MD  
Instructor in Clinical Medicine (primary appointment)  
BA University of Kansas 1987  
MD Washington Univ in St. Louis 1991

Alfred Kim, MD, PHD  
Assistant Professor of Medicine (primary appointment)  
Assistant Professor of Pathology and Immunology  
MD Drexel University 2005  
PHD Drexel University 2005  
BA University of Pennsylvania 1996

Brian Kim, MD  
Associate Professor of Medicine (Dermatology) (primary appointment)  
Associate Professor of Anesthesiology  
Associate Professor of Pathology and Immunology  
BS Haverford College 2001  
MD University of Washington 2007

Miriam Yunhee Kim, MD  
Assistant Professor of Medicine (primary appointment)  
BS Yonsei University 2004  
MD Seoul National University 2008

Helen Young Kim-James, MD  
Instructor in Clinical Medicine (Dermatology) (primary appointment)  
MD Washington Univ in St. Louis 2001  
BA Southern Methodist University 1997

Rosa Anne Kincaid, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Temple University 1984  
BA City College 1970

Donald Kevin King, MD  
Assistant Professor of Clinical Medicine (primary appointment)  
MD Johns Hopkins University Medic 1970  
BA Fairfield University 1966

Kevin Patrick King, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Saint Louis University 2006

Tinna P King  
Instructor in Clinical Medicine (primary appointment)  
BA University of Missouri 1988

Erik Paul Kirk, MS, PHD  
Adjunct Assistant Professor of Medicine (primary appointment)  
BS Drury College 1999  
MS University of Kansas 2001  
PHD University of Kansas 2004

Nigar Kirmani, MD
Professor of Medicine (primary appointment)
MD King Edward Medical College 1973

Sameer M. Kirtane, MD
Instructor in Clinical Medicine (primary appointment)
MD Jefferson Medical College 2008

Michael K Klebert, BN, MSN, PHD
Instructor in Medicine (primary appointment)
BA Southern Illinois University 1979
BN Southern Illinois University 1981
MSN University of Texas Austin 1987
PHD University of MO St Louis 2008

Robert E Kleiger, MD
Professor of Medicine (primary appointment)
MD Harvard University 1960
BA Yale University 1956

Samuel Klein, MD, MS
Danforth Professor of Medicine (primary appointment)
Professor of Cell Biology and Physiology
MD Temple University 1979
BA Brandeis University 1974
MS Mass Inst of Technology (MIT) 1984

Linda Marie Klutho, MD
Instructor in Clinical Medicine (primary appointment)
MD University of Missouri 1984
BA Washington Univ in St. Louis 1980

Paula J Knapp-Baker
Instructor in Clinical Medicine (primary appointment)

Eric Knoche, MD
Assistant Professor of Medicine (primary appointment)
MD Washington Univ in St. Louis 2006
BS Davidson College 2001

Carolyn Koenig, MD
Instructor in Clinical Medicine (primary appointment)
MD Saint Louis University 2002

Jeffrey Robert Koenitzer, MD
Instructor in Medicine (primary appointment)
MD University of Pittsburgh 2014

Adam C Koertner
Instructor in Clinical Emergency Medicine in Medicine (primary appointment)

Ismail Kola, PHD, UNKNOWN
Adjunct Professor of Medicine (primary appointment)
PHD School Not Listed 1985
UNKNOWN Rhodes College 1982
BS Rhodes College 1982

Marin H Kollef, MD
Professor of Medicine (primary appointment)
MD University of Rochester 1983
BS US Military Academy 1979

Hermann M Koller, MD
Instructor in Medicine (primary appointment)
BS Stanford University 1974
MD Washington Univ in St. Louis 1978

Sri Devi Kolli, MBBS
Instructor in Clinical Medicine (primary appointment)
MBBS Guntur Medical College 1989

Mary E. Koly, MD
Instructor in Clinical Medicine (primary appointment)
MD University of MO Kansas City 1995
BA University of MO Kansas City 1995

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Instructor in Medicine (primary appointment)
BS University of Texas Austin 2012
MD Baylor College of Medicine 2016

Kevin L Konzen, MD
Assistant Professor of Clinical Medicine (primary appointment)
MD University of Illinois 1984
BA University of Notre Dame 1980

Robert G Kopitsky, MD
Assistant Professor of Clinical Medicine (primary appointment)
BS Emory University 1978
MD Duke University 1982

Kevin Marc Korenblat, MD
Professor of Medicine (primary appointment)
MD Washington Univ in St. Louis 1996

Phillip E Korenblat, MD
Professor of Clinical Medicine (primary appointment)
MD University of Arkansas 1960
BA University of Arkansas 1957

Stuart A Kornfeld, MD
David C and Betty Farrell Professor of Medicine (primary appointment)
Professor of Biochemistry and Molecular Biophysics
BA Dartmouth College 1958
MD Washington Univ in St. Louis 1962

Alex H Kosloff, MD
Instructor in Clinical Medicine (primary appointment)
BS Washington Univ in St. Louis 1975
MD Saint Louis University 1980

Attila Kovacs, MD
Professor of Medicine (primary appointment)
BS School Not Listed 1981
MD Semmelweis University of Med 1985

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Professor of Medicine (primary appointment)
Adjunct Professor of Physics
Professor of Biomedical Engineering
Professor of Cell Biology and Physiology
Mark S Krasnoff, MD
Instructor in Clinical Medicine (primary appointment)
BA Amherst College 1987
MD Johns Hopkins University Med 1991

James Gerard Krings, MD
Assistant Professor of Medicine (primary appointment)
BA University of Notre Dame 2011
MD Stanford University 2014
BA University of Notre Dame 2009

Ronald J Krone, MD
Professor of Medicine (primary appointment)
John E Simon Scholar in Medicine
BS University of Michigan 1982
MD University of Chicago 1986

Elaine Susan Krul, PHD
Adjunct Associate Professor of Medicine (primary appointment)
BS McGill University 1977
PHD McGill University 1982

Thomas Kuciejczyk-Kernan, MD
Instructor in Clinical Medicine (primary appointment)
MD Saint Louis University 1986
BS University of Illinois 1982

Ralph F Kuhlman, MD
Assistant Professor of Clinical Medicine (primary appointment)
MD University of Illinois 1964

Frederick Matthew Kuhlmann, MD
Assistant Professor of Medicine (primary appointment)
MD Emory University 2002
BS Emory University 1998

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Associate Professor of Medicine (primary appointment)
Associate Professor of Molecular Microbiology
MD Harvard University 1970
BA Princeton University 1966

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Instructor in Medicine (primary appointment)
PHD Technische U Braunschweig 2013
BS University of Pune 2006

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Assistant Professor of Medicine (primary appointment)
Assistant Professor of Molecular Microbiology
MBBS Seth G.S. Medical College 2009

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Instructor in Clinical Medicine (primary appointment)
MD Washington Univ in St. Louis 2000

PHD Washington Univ in St. Louis 2000
BS University of Georgia 1992
BS1 University of Georgia 1992

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Instructor in Clinical Medicine (primary appointment)
MD University of Arkansas 2001
BA Hendrix College 1997

Vasantha Kuppuswamy, MD
Instructor in Medicine (primary appointment)
MD Medical University of Sth Car 2017
BA Vanderbilt University 2012

Howard I. Kurz, MD, BS1, MEE
Professor of Medicine (primary appointment)
MD New York Medical College 1984
BS Mass Inst of Technology (MIT) 1979
BS1 Mass Inst of Technology (MIT) 1979
MEE Princeton University 1980

Vladimir Kushnir, MD
Associate Professor of Medicine (primary appointment)
MD Ohio State University 2006
BS University of Utah 2002

Jennie H Kwon, DOST
Assistant Professor of Medicine (primary appointment)
DOST Chicago Coll of OsteopathicMed 2009
BA Univ of IL -Urbana-Champaign 2005
BS Univ of IL -Urbana-Champaign 2005

George B Kyei, MS, MD, PHD
Assistant Professor of Medicine (primary appointment)
Assistant Professor of Molecular Microbiology
MS University of Ghana Medical Sc 2003
MD University of Ghana Medical Sc 1998
PHD University of New Mexico 2007

Paul B L’Ecuyer, MD
Instructor in Clinical Medicine (primary appointment)
MD University of MO Columbia 1989

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Associate Professor of Medicine (primary appointment)
Associate Professor of Computer Science and Engineering
M PHIL Columbia University 2005
BS Columbia University 2000
MS Columbia University 2001
MA Columbia University 2004
PHD Columbia University 2007

Brian Joseph Laidlaw, MS, PHD
Assistant Professor of Medicine (primary appointment)
Assistant Professor Of Pathology and Immunology
MS University of Pennsylvania 2020
PHD Yale University 2020
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Instructor in Medicine (primary appointment)
MD Washington Univ in St. Louis 2017
BA University of Paris 2004
PHD University of Orléans 2013
MA University of Paris 2008
MDI Aquinas Institute of Theology 2006

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MS Osmania Medical College 1971

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BA Colgate University 1995
MD Drexel University 2004
MS John Hopkins University 2000

Gabriel David Lang, MD
Assistant Professor of Medicine (primary appointment)
BA Northwestern University 2004
MD University of Illinois Chicago 2009

Gregory Mark Lanza, PHD, MD, MS
Professor of Medicine (primary appointment)
James R Hornsby Family Professor in Biomedical Sciences
Professor of Biomedical Engineering
PHD University of Georgia 1981
MD Northwestern University 1992
BA Colby College 1975
MS University of Georgia 1978

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Assistant Professor of Medicine (primary appointment)
BS Yale University 2001
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Professor of Medicine (primary appointment)
Professor of Surgery (Cardiothoracic Surgery)
MD University of Connecticut 1983
PHD Saint Louis University 1979
BA Drew University 1975

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Associate Professor of Developmental Biology
Associate Professor of Pathology and Immunology
PHD Washington Univ in St. Louis 2008
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BS University of Rochester 2001

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MD Temple University 1976
BA Temple University 1972

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Professor of Medicine (primary appointment)
BS Rose Hulman Institute 1992
MD Washington Univ in St. Louis 1997
MS University of London 2004

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Assistant Professor of Medicine (primary appointment)
MD University of Iowa 2006
BA University of Iowa 2002

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BS Washington Univ in St. Louis 1979
MD Saint Louis University 1983

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PHD Korea University Medical Coll 1990
MA Korea University Medical Coll 1982
BA Korea University Medical Coll 1978

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MD Texas Tech University 1982
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BA1 University of Tennessee 1984
BA University of Tennessee 1984
MD University of Tenn Memphis 1988

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Professor of Molecular Microbiology
Professor of Pathology and Immunology
BA Wittenberg University 1990
MD University of Chicago 1998
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Associate Professor of Biochemistry and Molecular Biophysics
Associate Professor of Pathology and Immunology
BS Amherst College 1997
PHD University of Texas Southwest 2005

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BS Mass Inst of Technology (MIT) 1977
MD Columbia University 1981

Timothy J Ley, MD
Lewis T and Rosalind B Apple Professor of Medicine (primary appointment)
Professor of Genetics
BA Drake University 1974
MD Washington Univ in St. Louis 1978

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PHD Washington Univ in St. Louis 1980  
BS Stanford University 1974  
MD Washington Univ in St. Louis 1980

Han Li, MD  
Instructor in Medicine (primary appointment)  
MD Washington Univ in St. Louis 2016  
BS University of Michigan 2011

Kevin Kai Li, MD  
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BS Mass Inst of Technology (MIT) 2013  
MD Washington Univ in St. Louis 2017

Li Li, PHD, MD  
Instructor in Clinical Medicine (primary appointment)  
PHD Loyola University Chicago 1998  
MD Shanghai Medical University 1988

Shunqiang Li, PHD  
Assistant Professor of Medicine (primary appointment)  
PHD Chinese Academy of Med Science 1999

Tingting Li, MD  
Associate Professor of Medicine (primary appointment)  
MD State Univ of NY Buffalo 1999

Min Lian, PHD, MD, M PH  
Assistant Professor of Medicine (primary appointment)  
PHD Texas Tech University 2006  
MD Southeast U Medical School 1995  
M PH Fudan University 1999

Stephen Yuan-Tung Liang, MD, BA1  
Associate Professor of Medicine (primary appointment)  
BA Cornell University 1998  
MD University of Maryland 2004  
BA1 Cornell University 1998

Charles H Lieu, MD  
Instructor in Clinical Medicine (primary appointment)  
MD State Univ of NY Buffalo 1993

Stephen Bradley Lillard, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Univ of Health Sciences KC 1970

Kian-Huat Lim, MD, PHD  
Associate Professor of Medicine (primary appointment)  
MD National Taiwan University 1999  
PHD Duke University 2006

Elizabeth Laura Lin, MD  
Instructor in Medicine (primary appointment)  
BS University of CA Davis 2007  
MD University of CA Irvine 2011

Michael Yun Lin, MD  
Associate Professor of Medicine (primary appointment)  
BA Harvard University 1990

MD University of Iowa 1994

Kathryn Jesseca Lindley, MD  
Associate Professor of Medicine (primary appointment)  
Associate Professor of Obstetrics and Gynecology  
MD Emory University 2007  
BS University of Illinois 2003

Brian Richard Lindman, MA, MD  
Adjunct Associate Professor of Medicine (primary appointment)  
MA Reformed Theological Seminary 2001  
BS Duke University 1997  
MD Vanderbilt University 2003

Daniel C Link, MD  
Alan A and Edith L Wolff Distinguished Professor of Medicine  
(primary appointment)  
Professor of Pathology and Immunology  
MD State University of New York 1977  
BA State University of New York 1973

Mauricio Lisker-Melman, MD  
Professor of Medicine (primary appointment)  
MD National Autonomous U of Mex 1980

Mary Kathryn Liszewski  
Assistant Professor of Medicine (primary appointment)  
BA University of MO St Louis 1971

Patricia Elizabeth Litkowski, MD  
Instructor in Medicine (primary appointment)  
MD Washington Univ in St. Louis 2013

Adam Daniel Littich, MD  
Assistant Professor of Medicine (primary appointment)  
MD Saint Louis University 2009

Marina Litvin, MD  
Associate Professor of Medicine (primary appointment)  
MD University of MO Columbia 2008  
BA Washington Univ in St. Louis 2003

Jason Liu, MD  
Instructor in Medicine (primary appointment)  
BA University of Utah 2013  
MD Medical College of Wisconsin 2017

Jianmei Liu, MD, MS  
Instructor in Clinical Medicine (primary appointment)  
MD Shanghai Medical University 1984  
MS Shanghai Medical University 1987

Xinping Liu, MS, PHD  
Instructor in Medicine (primary appointment)  
MS Southeast Missouri St Univers 1999  
BS School Not Listed 1986
Irfan J Lodhi, MS, PHD  
Associate Professor of Medicine (primary appointment)  
MS Wayne State University 1996  
BS University of Michigan 1993  
PHD University of Michigan 2007

Beverly A Logan-Morrison, MD  
Instructor in Clinical Medicine (primary appointment)  
BA Webster University 1976  
MD Washington Univ in St. Louis 1982

Andrea Loiselle, M PH, MD  
Assistant Professor of Medicine (primary appointment)  
M PH California State University 1999  
BS University of California 1995  
MD Drexel University 2005

Gregory D Longmore, MD, MS  
Professor of Medicine (primary appointment)  
Professor of Cell Biology and Physiology  
MD McGill University 1983  
BS University of Western Ontario 1977  
MS University of Toronto 1979

Dwight C Look, MD  
Professor of Medicine (primary appointment)  
MD University of MO Kansas City 1985  
BA University of MO Kansas City 1985

Julia Lopez, MPH, MSW, PHD  
Instructor in Medicine (primary appointment)  
MPH Saint Louis University 2013  
MSW Saint Louis University 2010  
BA Saint Louis University 2009  
BS Saint Louis University 2009  
PHD Saint Louis University 2017

Herbert Lubowitz, MD  
Associate Professor of Clinical Medicine (primary appointment)  
MD Washington Univ in St. Louis 1958  
BA Clark University 1954

Philip A Ludbrook, MBBS  
Professor Emeritus of Medicine (primary appointment)  
Professor Emeritus of Psychiatry  
BS School Not Listed 1957  
MBBS University of Adelaide 1963

Kenneth M Ludmerer, MD, MA  
Professor of Medicine (primary appointment)  
Mabel Dom-Reeder Distinguished Professor of the History of Medicine  
BA Harvard University 1968  
MD Johns Hopkins University 1973  
MA Johns Hopkins University 1971

Lauren Michelle Ludwig Lee, MD  
Instructor in Clinical Medicine (primary appointment)

Susan L Luedke, MD  
Instructor in Clinical Medicine (primary appointment)  
MD University of Rochester 1972

Barbara A Lutey, MLS, MD  
Assistant Professor of Medicine (primary appointment)  
BA Indiana University Bloomington 1982  
MLS Indiana University Bloomington 1983  
MD University of Iowa 1999

Christopher Raymond Lynch  
Instructor in Clinical Medicine (primary appointment)

John P Lynch, MD  
Professor of Medicine (primary appointment)  
BA Saint Louis University 1983  
MD Georgetown University 1989

Maureen Danielle Lyons, MD  
Assistant Professor of Medicine (primary appointment)  
MD University of Chicago 2012

Patrick G. Lyons Jr, MD  
Instructor in Medicine (primary appointment)  
MD University of Chicago 2012  
BA University of Notre Dame 2008

Alan P Lyss, MD  
Associate Professor of Clinical Medicine (primary appointment)  
BA Washington Univ in St. Louis 1972  
MD Washington Univ in St. Louis 1976

Cynthia Xiuguang Ma, PHD, MD  
Professor of Medicine (primary appointment)  
PHD University of Cincinnati 1997  
MD Beijing Medical University 1990

Hongming Ma, MS, PHD  
Instructor in Medicine (primary appointment)  
MS Fudan University 1996  
BA Qufu Normal University 1993  
PHD Ocean University of China, Qin 2004

Liang Ma, PHD  
Associate Professor of Medicine (Dermatology) (primary appointment)  
Associate Professor of Developmental Biology  
BA University of CA Berkeley 1989  
PHD University of CA Los Angeles 1995

Ningning Ma, MD  
Instructor in Medicine (primary appointment)  
BA Washington Univ in St. Louis 2009  
MD Case Western Reserve Univ 2013

Kelly Mackenzie Macarthur, MD
Assistant Professor of Medicine (Dermatology) (primary appointment)
MD University of Missouri 2013
BA Washington Univ in St. Louis 2007

Julie Kathleen MacPhee, MD
Instructor in Clinical Medicine (primary appointment)
MD Albert Einstein College of Med 2008
BS Trinity College 2003

Thomas M Maddox, MD, MS
Professor of Medicine (primary appointment)
MD Emory University 1999
MS Harvard University 2007
BA Rice University 1993

William Edwin Magee, MD
Associate Professor of Clinical Medicine (primary appointment)
MD Duke University 1950

Leonard B Maggi Jr, MSCI, BA1, PHD
Assistant Professor of Medicine (primary appointment)
BA Cornell College 1995
MSCI Washington Univ in St. Louis 2016
BA1 Cornell College 1995
PHD Saint Louis University 2001

Jambunathan Mahadevan
Instructor in Clinical Medicine (primary appointment)

Christopher A Maher, PHD
Associate Professor of Medicine (primary appointment)
Associate Professor of Biomedical Engineering
PHD Stony Brook School of Medicine 2006

Nicole Maher, PHD
Assistant Professor of Medicine (primary appointment)
BA Ithaca College 1998
PHD Case Western Reserve Univ 2007

Mohamed Mahjoub, PHD
Associate Professor of Medicine (primary appointment)
Associate Professor of Cell Biology and Physiology
BS Simon Fraser University 2002
PHD Simon Fraser University 2007

Robert John Mahoney, MD
Associate Professor of Medicine (primary appointment)
MD Washington Univ in St. Louis 1997
BA Princeton University 1993

Elaine Michelle Majerus, PHD, MD
Professor of Medicine (primary appointment)
Professor of Cell Biology and Physiology
PHD Washington Univ in St. Louis 1994
BA Washington Univ in St. Louis 1986
MD Saint Louis University 1998
BS Washington Univ in St. Louis 1986

Majesh Makan, MD
Professor of Medicine (primary appointment)
MD Univ of Panama School of Med 1984

Mohsin Ilyas Malik, MBBS
Instructor in Clinical Medicine (primary appointment)
MBBS Army Medical College 1999

Andrew F. Malone, MBCHB1
Assistant Professor of Medicine (primary appointment)
MBCHB1 Royal College of Surgeons 2005
BA Trinity College Dublin 2000

Kartik Mani, MBBS
Assistant Professor of Medicine (primary appointment)
MBBS Delhi University 1998

Shivaprasad Gowda Manjappa, MD, MBBS
Instructor in Clinical Medicine (primary appointment)
MD University of Illinois 2011
MBBS Medical College of India 2004

Caroline Mann, MD, MS
Associate Professor of Medicine (Dermatology) (primary appointment)
MD Indiana University Bloomington 1993
MS Sarah Lawrence College 1988
BS Indiana University Bloomington 1986

Douglas L. Mann, MD
Tobias and Hortense Lewin Professor of Medicine (primary appointment)
Professor of Cell Biology and Physiology
BA Lafayette College 1973
MD Temple University 1979

Sarah K Margolis, MD
Associate Professor of Clinical Medicine (primary appointment)
MD State University of New York 1989
BA Barnard College 1984

Jonas Marschall, MD
Adjunct Assistant Professor of Medicine (primary appointment)
MD University of Basel 1996

Jay Phillips Marshall II, MD
Assistant Professor of Clinical Medicine (primary appointment)
BA De Paul University 1968
MD University of Missouri 1972

Ann G Martin, MD
Associate Professor of Medicine (Dermatology) (primary appointment)
MD Case Western Reserve Univ 1981
BS University of Notre Dame 1977

Nathan Russell Martin, MD
Assistant Professor of Medicine (primary appointment)
BA University of Pennsylvania 2001
MD University of Texas Southwest 2005

Thomas F Martin, MD
Associate Professor of Clinical Medicine (primary appointment)
BS Saint Louis University 1961
MD Saint Louis University 1965

Wade H Martin III, MD
Professor of Medicine (primary appointment)
MD University of Kansas 1977
BA University of Kansas 1973

Jerald Arthur Maslanko, MD
Instructor in Clinical Medicine (primary appointment)
MD Emory University 1975

Mary Vest Mason, MD, MBA
Instructor in Clinical Medicine (primary appointment)
BS University of Illinois 1990
MD Washington Univ in St. Louis 1994
MBA Washington Univ in St. Louis 1999

Joan Alice Mass, MD
Assistant Professor of Clinical Medicine (primary appointment)
MD Temple University 1977
BA Washington Univ in St. Louis 1971

Stanley Mathew, MBBS
Instructor in Clinical Medicine (primary appointment)
MBBS Kerala University 1991

Caline Mattar, MD
Assistant Professor of Medicine (primary appointment)
MD American University of Beirut 2010
BS American University of Beirut 2006

Henry E Mattis, MD
Instructor in Clinical Medicine (primary appointment)
BS University of Illinois 1971
MD Washington Univ in St. Louis 1975

Adam M May, MD
Assistant Professor of Medicine (primary appointment)
MD Loyola University Chicago 2012

Kara H Mayes
Instructor in Clinical Medicine (primary appointment)

Gabriel Mbalaviele, MA, PHD
Professor of Medicine (primary appointment)
MA School Not Listed 1987
PHD University of Paris 1992

Timothy Joseph McCann, MD
Instructor in Clinical Medicine (primary appointment)
BS Saint Louis University 1980
MD American Univ of the Caribbean 1984

Donte D McClary, MD
Instructor in Clinical Medicine (primary appointment)
MD Meharry Med College 1998
BS Xavier University 1993

Kyle Stephan McCommis, PHD
Adjunct Professor of Medicine (primary appointment)

PHD University of MO Columbia 2013
BS University of Kansas 2006

William H. McCoy IV, PHD, BS1, MD
Instructor in Medicine (primary appointment)
PHD Washington Univ in St. Louis 2013
BS1 University of Pittsburgh 2002

Jerald Arthur Maslanko, MD
Instructor in Clinical Medicine (primary appointment)
MD Emory University 1975

Mary Vest Mason, MD, MBA
Instructor in Clinical Medicine (primary appointment)
BS University of Illinois 1990
MD Washington Univ in St. Louis 1994
MBA Washington Univ in St. Louis 1999

Joan Alice Mass, MD
Assistant Professor of Clinical Medicine (primary appointment)
MD Temple University 1977
BA Washington Univ in St. Louis 1971

Stanley Mathew, MBBS
Instructor in Clinical Medicine (primary appointment)
MBBS Kerala University 1991

Caline Mattar, MD
Assistant Professor of Medicine (primary appointment)
MD American University of Beirut 2010
BS American University of Beirut 2006

Henry E Mattis, MD
Instructor in Clinical Medicine (primary appointment)
BS University of Illinois 1971
MD Washington Univ in St. Louis 1975

Adam M May, MD
Assistant Professor of Medicine (primary appointment)
MD Loyola University Chicago 2012

Kara H Mayes
Instructor in Clinical Medicine (primary appointment)

Gabriel Mbalaviele, MA, PHD
Professor of Medicine (primary appointment)
MA School Not Listed 1987
PHD University of Paris 1992

Timothy Joseph McCann, MD
Instructor in Clinical Medicine (primary appointment)
BS Saint Louis University 1980
MD American Univ of the Caribbean 1984

Donte D McClary, MD
Instructor in Clinical Medicine (primary appointment)
MD Meharry Med College 1998
BS Xavier University 1993

Kyle Stephan McCommis, PHD
Adjunct Professor of Medicine (primary appointment)
Alexis Markey McKee, MD  
Assistant Professor of Medicine (Pending Executive Faculty Approval) (primary appointment)  
MD Trinity College Dublin 2011

Oliver McKee, MD  
Instructor in Clinical Medicine (Dermatology) (primary appointment)  
BA McGill University 1975  
MD School Not Listed 1981

Clark R McKenzie, MD  
Instructor in Clinical Medicine (primary appointment)  
MD University of Missouri 1989  
BA University of Missouri 1989

Robert M McMahon, JD, MD  
Instructor in Clinical Medicine (primary appointment)  
BA University of California 1971  
JD University of California 1974  
MD Washington Univ in St. Louis 1989

Amy McQueen, PHD, MA  
Associate Professor of Medicine (primary appointment)  
BA University of CA San Diego 1996  
PHD University of Houston 2002  
MA University of Houston 1999

Shail B Mehta, MD  
Assistant Professor of Medicine (primary appointment)  
BS Carnegie Mellon University 2003  
MD University of Pittsburgh 2008

Neha Mehta-Shah, MD  
Assistant Professor of Medicine (primary appointment)  
MD Northwestern University Med 2009  
BA Northwestern University 2005

Carlos R Mejia Chew, MD  
Instructor in Medicine (primary appointment)  
MD Universidad de San Carlos 2008

Anibal G Melo, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Washington Univ in St. Louis 1991

Gary Jay Meltz, MD  
Instructor in Clinical Medicine (primary appointment)  
MD University of Miami 1977  
BA University of Missouri 1972

Robert S Mendelsohn, MD  
Associate Professor of Clinical Medicine (primary appointment)  
MD Washington Univ in St. Louis 1954  
BA Washington & Lee 1950

James Patrick Mendoza, MD, MS  
Instructor in Medicine (primary appointment)  
MD Commonwealth College 2016  
MS Boston University 2012

BS University of Virginia 2009

Ronald L Mera, MD  
Instructor in Clinical Medicine (primary appointment)  
BS School Not Listed 1970  
MD School Not Listed 1976

Massini Alexander Merzkani, MD  
Assistant Professor of Medicine (primary appointment)  
MD Univ. Nacional Auto deHonduras 2011

Manasa M Metireddy, MD  
Assistant Professor of Medicine (primary appointment)  
MD Sri Venkateswara University 2006

Rabia Mia, MBBS  
Instructor in Clinical Medicine (primary appointment)  
MBBS King Edward Medical College 1999

Scott Micek, MD  
Adjunct Instructor in Medicine (primary appointment)  
MD University of Iowa 1999

Gina Michael, MD  
Instructor in Clinical Medicine (primary appointment)  
BS University of Missouri 1978  
MD Duke University 1982

Andrew Philip Michelson, MD  
Assistant Professor of Medicine (primary appointment)  
BS Case Western Reserve Univ 2007  
MD Case Western Reserve Univ 2013

William Samuel Micka, MD  
Instructor in Clinical Medicine (primary appointment)  
BA Saint Louis University 1999  
MD Saint Louis University 2003

Charles William Miller, MD  
Assistant Professor of Clinical Medicine (Dermatology) (primary appointment)  
BS School Not Listed 1968  
MD Washington Univ in St. Louis 1972

Christopher A Miller, BS1, PHD  
Assistant Professor of Medicine (primary appointment)  
BS1 Truman State University 2005  
BS Truman State University 2005  
PHD Baylor University 2011

Heidi B Miller, MD  
Instructor in Clinical Medicine (primary appointment)  
BS Yale University 1994  
MD Harvard University 2000

Lara Elizabeth Miller, DOST  
Instructor in Clinical Medicine (primary appointment)  
DOST Midwestern University 2000  
BS Carleton College 1996

Mark James Miller, PHD  
Associate Professor of Medicine (primary appointment)
Associate Professor of Pathology and Immunology
BS University of California 1991
PHD University of California 1996
Jeffrey R Millman, PHD
Assistant Professor of Medicine (primary appointment)
Assistant Professor of Biomedical Engineering
PHD Massachusetts Institute of Technology (MIT) 2011
BS North Carolina State University 2005

Jason C Mills, MD, PHD, AB, MD1
Professor of Medicine (primary appointment)
Professor of Developmental Biology
Professor of Pathology and Immunology
MD University of Pennsylvania 1997
PHD University of Pennsylvania 1997
AB Washington University in St. Louis 1989
BA Washington University in St. Louis 1989
MD1 University of Pennsylvania 1997

Jaspur J Min, MD
Instructor in Medicine (primary appointment)
BA Washington University in St. Louis 2011
MD Washington University in St. Louis 2016

Graeme Mindel, MBChB, MS
Instructor in Clinical Medicine (primary appointment)
MBChB University of the Witwatersrand 1992
MS University of the Witwatersrand 1992

Jeffrey H Miner, PHD
Eduardo and Judith Slatopolsky Professor of Medicine in Nephrology (primary appointment)
Professor of Cell Biology and Physiology
BA Northwestern University 1985
PHD California Institute of Technology 1991

Jonathan J Miner, PHD, MD
Assistant Professor of Medicine (primary appointment)
Assistant Professor of Molecular Microbiology
Assistant Professor of Pathology and Immunology
PHD University of Oklahoma 2008
MD University of Oklahoma 2010
BS Brigham Young University 2002

Joshua Delbert Mitchell, MD, BE
Assistant Professor of Medicine (primary appointment)
MD University of Texas Southwest 2008
BE John Hopkins University 2000

Makedonka Mitreva, MS, PHD
Professor of Medicine (primary appointment)
Professor of Genetics
BS University of Skopje - Macedonia 1990
MS University of Skopje - Macedonia 1994
PHD Wageningen University 2001

Bettina Mittendorfer, MS, PHD
Professor of Medicine (primary appointment)

MS University of Vienna 1999
PHD University of Texas Austin 1999

Aaloke Mody, MD
Assistant Professor of Medicine (primary appointment)
BA University of CA Berkeley 2006
MD Duke University 2012
BA University of CA Berkeley 2006

Kahee Agid Mohammed, MPE, MD
Instructor in Medicine (primary appointment)
MPE Saint Louis University 2015
MD University of Duhok 2010

Mahshid Mohseni, MD
Instructor in Medicine (primary appointment)
Instructor in Orthopaedic Surgery
MD Isfahan University of Medical Sciences 2004

C. Scott Molden, MD
Instructor in Clinical Medicine (primary appointment)
MD Case Western Reserve University 1972
BA De Paul University 1968

Hector D Molina-Vicente, MD
Associate Professor of Medicine (primary appointment)
Associate Professor of Pathology and Immunology
BS University of Puerto Rico 1982
MD University of Puerto Rico 1985

Steven M Mondschein, MD
Instructor in Clinical Medicine (primary appointment)
MD Wright State University 1988
BA Grinnell College 1981

Jennifer Marie Monroy, MD
Assistant Professor of Medicine (primary appointment)
MD University of Texas Health Science Center 2008
BS Incarnate Word College 2003

Austin F Montgomery, MD
Instructor in Clinical Medicine (primary appointment)
MD University of Pittsburgh 1954
BA Washington University in St. Louis 1950
BS University of Missouri 1952

Sung Ho Moon, MS, PHD
Instructor in Medicine (primary appointment)
MS Yonsei University 1999
PHD Washington University in St. Louis 2006
BS Yonsei University 1997

Nathan Moore, MD
Instructor in Clinical Medicine (primary appointment)
BS Texas College 2007
MD Washington University in St. Louis 2013

Timothy D Moore
Instructor in Clinical Medicine (primary appointment)

Jonathan Daniel Moreno, PHD, MD
Instructor in Medicine (primary appointment)
PHD Weill Cornell Med 2013
BS Univ of Massachusetts Amherst 2006
MD Weill Cornell Med 2013
Zachary Andrew Morgan, MD
Instructor in Medicine (primary appointment)
MD Univ of TN - Health Sci Center 2015

Daniel Morgenszttern, MD
Professor of Medicine (primary appointment)
MD FTE Souza Marques 1995

Donald G Morris, MD, MS
Instructor in Clinical Medicine (primary appointment)
MD University of Missouri 1993
MS Saint Louis University 1989
BA Benedictine College 1987

Aubrey R Morrison, MBBS
Professor of Medicine (primary appointment)
Professor of Developmental Biology
MBBS University of London 1970

Jessica Mozersky, PHD, MS
Assistant Professor of Medicine (primary appointment)
PHD University College London 2010
MS University of Pennsylvania 2017
BS University of Toronto 1998

Richard Gerard Mrad
Instructor in Clinical Medicine (primary appointment)
BA University of Missouri 1981

Brian D. Muegge, PHD, MD
Instructor in Medicine (primary appointment)
PHD Washington Univ in St. Louis 2013
BA Princeton University 2001
MD Washington Univ in St. Louis 2013

Faqir Muhammad
Instructor in Clinical Medicine (primary appointment)

Daniel Kast Mullady, MD
Professor of Medicine (primary appointment)
MD University of Connecticut 2001

Monalisa Mullick, MD
Assistant Professor of Medicine (primary appointment)
Assistant Professor of Pediatrics
MD University of MO Kansas City 1997

Steven Robert Mumm, MS, PHD
Professor of Medicine (primary appointment)
BS University of Missouri 1978
MS University of Missouri 1984
PHD Saint Louis University 1992

Junaid Munshi
Instructor in Clinical Medicine (primary appointment)

Haris Farooq Murad, MD
Assistant Professor of Medicine (primary appointment)
MD Aga Khan University 2012

Ian Campbell Murphy, MD
Instructor in Medicine (primary appointment)
BA Williams College 2011
MD Tufts University 2017

Amy Musiek, MD
Professor of Medicine (Dermatology) (primary appointment)
MD Vanderbilt University 2004
BS College of William and Mary 1999

Tahsin Mustaque, MBBS
Instructor in Medicine (primary appointment)
MBBS Dhaka University 2012

Umadevi Muthyala
Instructor in Clinical Medicine (primary appointment)

Anubha Mutneja, MBBS
Assistant Professor of Medicine (primary appointment)
MBBS Maulana Azad Medical College 2009

Muithi Mwanthi, BS1, PHD, MD
Assistant Professor of Medicine (Dermatology) (primary appointment)
BS1 Clearwater Christian College 2004
PHD Indiana State University 2014
MD Indiana State University 2014

Otha Myles, MD
Instructor in Clinical Medicine (primary appointment)
MD University of Maryland 1998

Devika Nagaraj
Instructor in Clinical Medicine (primary appointment)

Sharmila Nair, PHD, MS
Instructor in Medicine (primary appointment)
PHD Technische U Braunschweig 2014
MS University of Bristol 2012

Jyotirmaya Nanda
Instructor in Clinical Medicine (primary appointment)

Nicola Napoli
Adjunct Research Assistant Professor of Medicine (primary appointment)

Humaira K Naseer, MD
Instructor in Medicine (primary appointment)
MD Dow Medical College Karachi 1986

Arjun Natarajan, MBBS, MBBS, MBBS, MBBS, MBBS, MBBS
Instructor in Medicine (primary appointment)
MBBS Kasturba Medical College 2015
MBBS Kasturba Medical College 2015
MBBS Kasturba Medical College 2015
MBBS Kasturba Medical College 2015
MBBS Kasturba Medical College 2015
MBBS Kasturba Medical College 2015

Sameera Natarajan, MBBS
Instructor in Medicine (primary appointment)
MBBS Kasturba Medical College 2016

Robert F Nease Jr, PHD, MA
Adjunct Associate Professor of Medicine (primary appointment)
PHD Stanford University 1989
BS University of California 1980
MA Stanford University 1981

Burton M Needles, MD
Instructor in Clinical Medicine (primary appointment)
MD Loyola University Chicago 1974
BS City College 1970

Jeanne M Nerbonne, PHD
Professor of Medicine (primary appointment)
Alumni Endowed Professor of Molecular Biology and Pharmacology in Developmental Biology
BS Framingham State College 1974
PHD Georgetown University 1978

Elizabeth P. Newberry, PHD
Assistant Professor of Medicine (primary appointment)
PHD Washington Univ in St. Louis 1995
BA Knox College 1988

Rodney D Newberry, MD
Professor of Medicine (primary appointment)
BA Washington Univ in St. Louis 1987
MD Washington Univ in St. Louis 1991

Amy C Ney, MD
Instructor in Clinical Medicine (Dermatology) (primary appointment)
BS Mary Washington College 1997
MD University of Virginia 2001

Nguyet Minh Nguyen, BS1, MD, MD1
Assistant Professor of Medicine (primary appointment)
BS University of Michigan 1989
BS1 University of Michigan 1989
MD Wayne State University 1993
MD1 Wayne State University 1993

Jonas Gottfried Noe, MD
Instructor in Clinical Medicine (primary appointment)
MD Technische Universitat Darmsta 2014

Tracy Wynette Norfleet, MD
Instructor in Clinical Medicine (primary appointment)
MD Louisiana St Univ Hlth Sci 2002
BS Xavier University Louisiana 1998

Samuel R Nussbaum, MD
Professor of Clinical Medicine (primary appointment)
MD School Not Listed 1973

BA New York University 1969
Muhammad Akram Nyazee, UNKNOWN1, UNKNOWN
Instructor in Clinical Medicine (primary appointment)
UNKNOWN1 Nishtar Medical College Multa 1974
UNKNOWN Govt College Sarhodha 1968

O

Frank Joseph O'Brien, MBBCCH
Assistant Professor of Medicine (primary appointment)
MBBCCH University College Cork 2006

G Patrick O'Donnell, MD
Instructor in Clinical Medicine (primary appointment)
BA University of Kansas 1972
MD School Not Listed 1977

Jane A O'Halloran, MBBCCH
Assistant Professor of Medicine (primary appointment)
MBBCCH National University of Ireland 2006

Julie O'Neal, PHD
Assistant Professor of Medicine (primary appointment)
PHD Washington Univ in St. Louis 2009
BS University of MO Columbia 1999

Andrew John Odden, MD
Associate Professor of Medicine (primary appointment)
MD University of Minnesota 2007
BS Gustavus Adolphus College 2003

Devin Christopher Odom, MD
Assistant Professor of Medicine (primary appointment)
MD Wake Forest University 2010

Karolyn Ann Oetjen, PHD, MD
Instructor in Medicine (primary appointment)
BS Univ of Wisconsin Madison 2003
PHD University of Michigan 2011
MD University of Michigan 2011

Stephen T. Oh, MD, PHD
Associate Professor of Medicine (primary appointment)
Associate Professor of Pathology and Immunology
MD Northwestern University 2004
PHD Northwestern University 2002
BS Harvard University 1996

Adewole L. Okunade, PHD
Associate Professor of Medicine (primary appointment)
PHD University of Ibadan 1981
BS University of Ibadan 1975

George Charles Oliver, MD
Professor Emeritus of Clinical Medicine (primary appointment)
Margaret Olsen, PHD, MPH
Professor of Medicine (primary appointment)
Professor of Surgery (Public Health Sciences)
BS Southern Illinois University 1976
PHD University of Pennsylvania 1986
MPH Saint Louis University 2001

Robert F Onder Jr, MD
Assistant Professor of Clinical Medicine (primary appointment)
BA Washington Univ in St. Louis 1983
MD Washington Univ in St. Louis 1987

Peter J. Oppelt, MD
Assistant Professor of Medicine (primary appointment)
MD University of MO Columbia 2008
BS Saint Louis University 2004

Mateusz Opyrchal, MD, PHD
Associate Professor of Medicine (primary appointment)
MD Rutgers University 2007
PHD Rutgers University 2005

S. Michael Orgel, MD
Instructor in Clinical Medicine (primary appointment)
MD Saint Louis University 1965
BA Washington Univ in St. Louis 1960

Matthew J Orland, MD
Associate Professor of Clinical Medicine (primary appointment)
BS Yale University 1975
MD University of Miami 1979

David William Ortbals, MD
Assistant Professor of Clinical Medicine (primary appointment)
MD Washington Univ in St. Louis 1970
BS Saint Louis University 1966

Richard E Ostlund Jr, MD
Professor of Medicine (primary appointment)
BS University of Utah 1966
MD University of Utah 1970

Theodore Otti, UNKNOWN
Instructor in Clinical Medicine (primary appointment)
UNKNOWN School Not Listed 1983

Jiafu Ou, MD
Associate Professor of Medicine (primary appointment)
MD Sun Yat-Sen University 1995

Edgar Turner Overton, MD
Adjunct Assistant Professor of Medicine (primary appointment)
BA University of Tennessee 1992
MD University of Tennessee 1999

Toshinao Oyama, PHD, MS
Instructor in Medicine (primary appointment)
PHD Chiba University 2017

MS Chiba University 2002
BS Kitasato University 2000

P

Vani Pachalla, MD
Instructor in Clinical Medicine (primary appointment)
MD School Not Listed 1990

Russell Kent Pachynski, MD
Assistant Professor of Medicine (primary appointment)
BS Stanford University 1994
MD Univ of Wisconsin Madison 2003

Robert C Packman, MD
Professor of Clinical Medicine (primary appointment)
BS University of Missouri 1954
MD Washington Univ in St. Louis 1956
BA Washington Univ in St. Louis 1953

Daniel Marc Paget, MD
Instructor in Medicine (primary appointment)
MD University of CA San Francisco 2013

Michael Alexander Paley, MD
Instructor in Medicine (primary appointment)
MD University of Pennsylvania 2014

Ross lan Palis, MD
Instructor in Clinical Medicine (primary appointment)
MD Vanderbilt University 2002
BS Duke University 1998

Kevin Terrence Palka, MD
Assistant Professor of Medicine (primary appointment)
BS Duke University 1995
MD University of Texas Southwest 2001

Anupam S Pande, MS, MBBS
Assistant Professor of Medicine (primary appointment)
MS University of Texas Houston 2011
MBBS Byramjee Jeejeebhoy Medical Co 2009

Joseph Pangelinan, MA, PHD
Assistant Professor in Medicine (primary appointment)
MA Southeast Missouri St Univers 1995
PHD University of MO St Louis 2015

Kerry Will Pantelis, MD
Instructor in Clinical Medicine (primary appointment)
MD University of MO Kansas City 2004

Andrew Yong-Woo Park, MD
Instructor in Medicine (primary appointment)
MD St. George's University 2006
BA Yale University 1995

Haeseong Park, MS, MD
Assistant Professor of Medicine (primary appointment)
MS Johns Hopkins University Medic 2007
BS Seoul National University 2001
MD Seoul National University 2006

Stephanie Sun-Young Park
Instructor in Clinical Medicine (primary appointment)

David A Parks, MBA, MD
Associate Professor of Clinical Medicine (primary appointment)
MBA Southern Illinois University 1985
BS University of MO Rolla 1979
MD Saint Louis University 1994

Deborah L Parks, MD
Professor of Medicine (primary appointment)
MD University of Louisville 1982
BA Washington Univ in St. Louis 1978

Dilig H. Patel
Instructor in Clinical Medicine (primary appointment)

Namrata N Patel, MD
Instructor in Medicine (primary appointment)
Instructor in Pediatrics
MD University of Tennessee 2013

Pravinkumar Manjibhai Patel, MD
Instructor in Medicine (primary appointment)
MD BJ Medical College 1980

Rajiv Nanu Patel, MD
Instructor in Clinical Medicine (primary appointment)
MD Saba University School of Med 2001

Rupa R Patel, M PH, MD
Associate Professor of Medicine (primary appointment)
M PH Johns Hopkins University 2012
MD Wayne State University 2004
BA University of Michigan 2000

Urvi Patel, MD
Assistant Professor of Medicine (Dermatology) (primary appointment)
BA Kent St University 2007
MD University of Tenn Memphis 2011

Amanullah Pathan, UNKNOWN, MS, UNKNOWN1
Instructor in Clinical Medicine (primary appointment)
MS School Not Listed 1969
UNKNOWN1 School Not Listed 1969

Bruce Patterson, PHD
Professor of Medicine (primary appointment)
PHD University of Illinois 1980
BS Southern Illinois University 1974

Philip Richard Orrin Payne, PHD, MA
Professor of Medicine (primary appointment)
Associate Dean for Health Information and Data Science and
Chief Scientist for the School of Medicine
Director of the Institute for Informatics
Janet and Bernard Becker Professor of Medicine
Professor of Computer Science and Engineering

BA University of CA San Diego 1999
PHD Columbia University 2006
MA Columbia University 2000

Chelsea Elizabeth Pearson, MD
Instructor in Clinical Medicine (primary appointment)
MD Washington Unv in St. Louis 2013

Susan E Pearson, PHD, BFA, MS, DOST
Instructor in Clinical Medicine (primary appointment)
PHD University of Southwestern Lo 1986
BFA Southern Methodist University 1977
MS Central Michigan University 1984
DOST School Not Listed 1992

Katrina Sophia Pedersen, MS, MD
Assistant Professor of Medicine (primary appointment)
BA Grinnell College 2003
MS University of Iowa 2005
MD Southern Illinois University 2009

Marybeth Pereira, MD
Associate Professor of Clinical Medicine (primary appointment)
BA Swarthmore College 1973
MD University of California 1978

Julio E Perez, MD
Professor of Medicine (primary appointment)
MD University of Puerto Rico 1973
BS University of Puerto Rico 1970

Laurence F Perlstein, MD
Instructor in Clinical Medicine (primary appointment)
MD University of Louisville 1974
BS Tulane University 1967

Linda R Peterson, MD
Professor of Medicine (primary appointment)
Professor of Radiology
BS Georgetown University 1986
MD Washington Univ in St. Louis 1990

Lindsay L Peterson, MD
Associate Professor of Medicine (primary appointment)
BS Tulane University 2000
MD Tulane University 2006

Timothy Richard Peterson, PHD
Assistant Professor of Medicine (primary appointment)
BS University of Michigan 1999
PHD Mass Inst of Technology (MIT) 2010

Jennifer A Philips, PHD, PHD, MD
Associate Professor of Medicine (primary appointment)
Associate Professor of Molecular Microbiology
PHD University of CA San Francisco 2015
BA Columbia University 1991
PHD University of CA San Francisco 1998
MD University of CA San Francisco 2000
William J Phillips, MD  
Assistant Professor of Clinical Medicine (primary appointment)  
BA Ohio State University 1959  
MD Washington Univ in St. Louis 1963

Joel Picus, MD  
Professor of Medicine (primary appointment)  
BS University of Illinois 1979  
MD Harvard University 1984  
BA University of Illinois 1979

Stephen J Pieper, MD  
Instructor in Clinical Medicine (primary appointment)  
BA Washington Univ in St. Louis 1983  
MD Washington Univ in St. Louis 1988

Sytse J Piersma, MS, PHD  
Instructor in Medicine (primary appointment)  
MS State University of Utrecht 2003  
PHD Leiden University 2010

Mark Alan Pinkerton II, MD  
Instructor in Medicine (primary appointment)  
MD University of Mississippi 2016  
BS University of Alabama 2012

Bryan Douglas Piotrowski, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Saint Louis University 2004

Beatrice Plougastel Douglas, PHD  
Instructor in Medicine (primary appointment)  
PHD University of Pierre et Marie 1994

Nishant Poddar, MBBS  
Associate Professor of Medicine (primary appointment)  
MBBS Veer Surendra Sai Medical Coll 2000

Doug Pogue, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Washington Univ in St. Louis 1996

Donovan Polack, MD  
Assistant Professor of Clinical Medicine (primary appointment)  
MD Cornell University 1979

Faran Salim Polani, MD  
Instructor in Medicine (primary appointment)  
MD Dow Medical College Karachi 2012

Kenneth S Polonsky, MBBCH  
Adjunct Professor of Medicine (primary appointment)  
MBBCH University of the Witwatersra 1973

Makhawadee Pongruangporn, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Chiang Mai University 2001

Harish Ponnuru, MD  
Instructor in Clinical Medicine (primary appointment)  
MD University of Missouri 1995

BA University of MO Kansas City 1995

William J Popovic, MD  
Assistant Professor of Medicine (primary appointment)  
BS John Carroll University 1967  
MD Saint Louis University 1971

Lee S Portnoff, MA, MD  
Assistant Professor of Clinical Medicine (Dermatology) (primary appointment)  
MA University of California 1974  
BS Purdue University 1972  
MD Washington Univ in St. Louis 1978

Yogitha S. Potini, MD, MS  
Instructor in Clinical Medicine (primary appointment)  
BS Washington Univ in St. Louis 2009  
MD Southern Illinois University 2015  
MS Tufts University 2011

Daniel E Potts, MD  
Associate Professor of Clinical Medicine (primary appointment)  
MD Washington Univ in St. Louis 1972  
BS Beaufort Technical College 1968

William G Powderly, MD  
J. William Campbell Professor of Medicine (primary appointment)  
Associate Dean for Clinical and Translational Sciences  
Larry J. Shapiro Director of the Institute of Public Health  
MD National University of Ireland 1979

John A Powell, MD  
Assistant Professor of Clinical Medicine (Dermatology) (primary appointment)  
BS University of Notre Dame 1967  
MD University of Michigan 1971

Jennifer Lynn Powers Carson, PHD  
Associate Professor of Medicine (primary appointment)  
PHD Georgia Tech 1993  
BS Union University 1988

Diana A Prablek, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Southwestern University 1988  
BA Texas Christian University 1984

Lawrence Prablek, MD  
Instructor in Clinical Medicine (primary appointment)  
BS Southern Methodist University 1984  
MD University of Texas Southwest 1988

Simeon Prager, MD  
Assistant Professor of Clinical Medicine (primary appointment)  
MD University of California 1991  
BA Yale University 1981

Vajravel M Prasad  
Adjunct Instructor in Medicine (primary appointment)  
Christopher William Prater, MD
Assistant Professor of Medicine (primary appointment)
Assistant Professor of Pediatrics
MD Michigan State University 2017

David J Prelutsky, MD
Associate Professor of Clinical Medicine (primary appointment)
MD Saint Louis University 1979
BA Northwestern University 1975

Rachel M. Presti, PHD, MD
Associate Professor of Medicine (primary appointment)
PHD Washington Univ in St. Louis 2001
BA Scripps College 1990
MD Washington Univ in St. Louis 2011

Patricia Elizabeth Prusaczyk, PHD, MSSW
Instructor in Medicine (primary appointment)
BA Webster University 2007
PHD Washington Univ in St. Louis 2017
MSSW Washington Univ in St. Louis 2011

Aaron J Pugh
Adjunct Instructor in Medicine (primary appointment)

Edward Puro, MS, MD, PHD
Assistant Professor of Clinical Medicine (primary appointment)
MS University of Toronto 1966
MD Washington Univ in St. Louis 1975
BS University of Toronto 1962
PHD University of Toronto 1970

Iskra Pusic, MD
Associate Professor of Medicine (primary appointment)
MD University of Zagreb 1997

Usman Qayyum
Instructor in Clinical Medicine (primary appointment)

Nishath Quader, MD
Associate Professor of Medicine (primary appointment)
BS University of Illinois Chicago 2002
MD Northwestern University 2007

Annabel Quinet De Andrade, PHD1, MS, PHD2
Instructor in Medicine (primary appointment)
BS University of Paris 2007
PHD1 University of Paris 2012
MS University of Paris 2009
PHD2 University of Paris 2012

Patricia M Quinley, MD
Instructor in Clinical Medicine (primary appointment)
BS University of Illinois 1985
MD University of Illinois 1989

Abdul H Qureshi, MS
Instructor in Clinical Medicine (primary appointment)
MS School Not Listed 1992

R

Radha Devi Radhakrishna Pillai, MBBS
Assistant Professor of Medicine (primary appointment)
MBBS Jawaharial Inst of Med Educ 2006

Srinivasan Raghavan
Instructor in Clinical Medicine (primary appointment)

Amaad Bashir Rana, MD
Instructor in Medicine (primary appointment)
Instructor in Medicine
MD University of Alabama 2017
BA Emory University 2013

Prabha Ranganathan, MBBS
Professor of Medicine (primary appointment)
MBBS Kilpauk Medical College 1990

Srinivasan Dubagunta Rao
Adjunct Instructor in Medicine (primary appointment)

Antonella Luisa Rastelli, MD
Associate Professor of Medicine (primary appointment)
Associate Professor of Surgery (General Surgery)
BA University of Verona 1984
MD University of Verona 1991

Keith M Ratcliff
Instructor in Clinical Medicine (primary appointment)

Gary A Ratkin, MD
Associate Professor of Clinical Medicine (primary appointment)
Instructor in Clinical Radiation Oncology
BA Rice University 1963
MD Washington Univ in St. Louis 1967

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Professor of Medicine (primary appointment)
Alan A and Edith L Wolff Professor of Oncology
Professor of Molecular Microbiology
MD Yale University 1979
BA Harvard University 1973
MA Harvard University 1973
PHD Yale University 1979

Daniel Rauch, PHD, BS1
Assistant Professor of Medicine (primary appointment)
BS Augustana College 1996
PHD University of Iowa 2001
BS1 Augustana College 1996

Michael I. Rauchman, MD
Professor of Medicine (primary appointment)
Chromalloy Endowed Professor
Professor of Developmental Biology
MD McGill University 1984
BA Tufts University 1980

Saadia Taufiq Raza, MD
Assistant Professor of Clinical Medicine (Dermatology) (primary appointment)
BA Emory University 1993
MD Emory University 1997

Babak Razani, PHD, MD
Associate Professor of Medicine (primary appointment)
Associate Professor of Pathology and Immunology
PHD Albert Einstein College of Med 2003
MD Albert Einstein College of Med 2003

Timothy Patrick Rearden, MD, MS
Associate Professor of Medicine (primary appointment)
MD University of MO Columbia 1985
BS Southeast Missouri St Univers 1979
MS University of MO Columbia 1981

Arhaanth D Reddy
Instructor in Clinical Medicine (primary appointment)

Katherine Marie Reeder, PHD
Adjunct Assistant Professor of Medicine (primary appointment)
PHD University of Iowa 2007

Dominic N Reeds, MD
Professor of Medicine (primary appointment)
MD Texas Tech University 1996
BA University of Texas Austin 1992

Susan Robinson Reeds, MD
Assistant Professor of Medicine (primary appointment)
BS Haverford College 1990
MD University of Rochester 1996

Lester T Reese, MD
Professor of Clinical Medicine (Dermatology) (primary appointment)
MD Tulane University 1966
BS Tulane University 1962

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Instructor in Clinical Medicine (primary appointment)
UNKNOWN Saint Louis University 1986
MD Saint Louis University 1993
PHD Saint Louis University 1991

Melissa Andrea Reimers, MD
Assistant Professor of Medicine (primary appointment)
BA Washington Univ in St. Louis 2008
MD Saint Louis University 2013
BA Washington Univ in St. Louis 2008

Craig K Reiss, MD
Professor of Clinical Medicine (primary appointment)
MD University of Missouri 1983
BA University of Missouri 1979

Jacqueline Levy Reiss, MD
Instructor in Clinical Medicine (primary appointment)
BA University of MO Kansas City 1989

MD University of Missouri 1990

Maria Sara Remedi, PHD, PHARMD
Assistant Professor of Medicine (primary appointment)
Assistant Professor of Cell Biology and Physiology
BS University of Cordoba 1987
PHD University of Cordoba 1999
PHARMD University of Cordoba 1989

Zhen Ren, MD, PHD, MS
Instructor in Medicine (primary appointment)
MD Tongji University 2019
PHD City University of NY 2019
MS Shanghai Jiao Tong University 2019

Hilary Elizabeth Lee Reno, MS, MD, PHD
Associate Professor of Medicine (primary appointment)
MS University of Illinois 1997
MD University of Illinois 2002
PHD University of Illinois 2000

Stacey L. Rentschler, MS, MD, PHD
Associate Professor of Medicine (primary appointment)
Associate Professor of Biomedical Engineering
Associate Professor of Developmental Biology
BS Lehigh University 1995
MS Mount Sinai School of Medicine 2000
MD Mount Sinai School of Medicine 2004
PHD Mount Sinai School of Medicine 2002

Michael P Rettig, PHD
Associate Professor of Medicine (primary appointment)
PHD Purdue University 2000
BS Illinois State University 1993

Michael W Rich, MD
Professor of Medicine (primary appointment)
BA University of Illinois 1974
MD University of Illinois 1979

Lois F. Richard, PHD, MD
Assistant Professor of Medicine (primary appointment)
PHD Saint Louis University 1998
MD Saint Louis University 1999
BS Murray St University 1982

Nancy Ridenour
Adjunct Professor of Medicine (primary appointment)

Amy Elizabeth Riek, MD
Associate Professor of Medicine (primary appointment)
BS Univ of Wisconsin Madison 2001
MD Washington Univ in St. Louis 2005

Caron E Rigden, MD, BFA
Assistant Professor of Medicine (primary appointment)
MD Tulane University 2000
BFA Tulane University 1996

Christopher Rigell, MD
Assistant Professor of Medicine (primary appointment)
BA Vanderbilt University 2009
MD University of Alabama 2013

Tracy Marie Riordan, MD
Instructor in Clinical Medicine (primary appointment)
MD Saint Louis University 2000
BA Saint Louis University 1996

Elisha D.O. Roberson, PHD
Assistant Professor of Medicine (primary appointment)
Assistant Professor of Genetics
BS Western Kentucky University 2004
PHD Johns Hopkins University 2009

Paul Arthur Robiolio, MD, M PHIL
Assistant Professor of Clinical Medicine (primary appointment)
BS Haverford College 1983
MD Washington Univ in St. Louis 1989
M PHIL Cambridge University 1985

Guillermo Rodriguez Jr, MD
Assistant Professor of Medicine (primary appointment)
MD National Autonomous U of Mex 1980

M. Reza Rofougaran, MD
Instructor in Clinical Medicine (primary appointment)
MD Tehran University 1988

Benjamin Dale Rogers, MD
Instructor in Medicine (primary appointment)
MD University of Louisville 2014

H. Bryan Rogers, MD
Instructor in Clinical Medicine (primary appointment)
MD Washington Univ in St. Louis 1965

Felice A Rolnick, MD
Instructor in Clinical Medicine (primary appointment)
MD School Not Listed 1987
BS Union College New York 1982

Arthur G. Romero, PHD
Professor of Medicine (primary appointment)
PHD Univ of Wisconsin Madison 1985
BS Johns Hopkins University 1979

Richard Rood, MD
Professor of Medicine (primary appointment)
MD Wright State University 1982

Bruce A Rosa, PHD, MS
Assistant Professor of Medicine (primary appointment)
BS Lakehead University 2005
PHD Lakehead University 2012
MS Lakehead University 2007

Daniel B Rosenbluth, MD
Professor of Medicine (primary appointment)
Professor of Pediatrics
Tracey C and William J Marshall Professor of Medicine

MD Mount Sinai School of Medicine 1989
BS Columbia University 1985

Ilana Shaina Rosman, MD
Associate Professor of Medicine (Dermatology) (primary appointment)
Associate Professor of Pathology and Immunology
MD Washington Univ in St. Louis 2008
BA Brown University 2000

Ian Ross, MD
Assistant Professor of Medicine (primary appointment)
MD East Tennessee State Universi 2013

Bruce J Roth, MD
Professor of Medicine (primary appointment)
MD Saint Louis University 1980

Marcos Rothstein, MD
Professor of Medicine (primary appointment)
MD University of Zulia 1974

Ernest Tuttle Rouse III, MD
Instructor in Clinical Medicine (primary appointment)
MD Washington Univ in St. Louis 1971
BA Princeton University 1967

Jeremy Rower, MD
Instructor in Clinical Medicine (primary appointment)
MD University of Cincinnati 1997
BS University of Cincinnati 1993

Myra L. Rubio, MD
associate Professor of Clinical Medicine (primary appointment)
BA Washington Univ in St. Louis 1994
MD Indiana University Bloomington 1998

Paetra Ruddy, MD
Assistant Professor of Medicine (Dermatology) (primary appointment)
MD University of Iowa 2011
BA Bard College 1997

Peter G Ruminski, MS
Instructor in Medicine (primary appointment)
BS Saint Louis University 1975
BS Saint Louis University 1977
MS Washington Univ in St. Louis 1992

Michael B Rusche
Adjunct Instructor in Medicine (primary appointment)

Tonya D Russell, MD1, MD, BS1
Professor of Medicine (primary appointment)
MD1 University of Florida 1997
BS University of Florida 1993
MD University of Florida 1997
BS1 University of Florida 1993

Ilaria Russo, MS, PHD, MS
Adjunct Assistant Professor of Medicine (primary appointment)
Joseph F. Ruwitch Jr, MD  
Professor of Clinical Medicine (primary appointment)  
MD Washington Univ in St. Louis 1966

Molly Sachdev, MPH, MD  
Assistant Professor of Medicine (primary appointment)  
M PH University North Carolina 2000  
MD Duke University 2001

Justin Sadhu, MD  
Assistant Professor of Medicine (primary appointment)  
MD Washington Univ in St. Louis 2007

Mehrdad Saeed-Vafa, MD  
Instructor in Clinical Medicine (primary appointment)  
MD School Not Listed 2000

Jose Bernardo Saenz, PhD, MD  
Assistant Professor of Medicine (primary appointment)  
PHD Washington Univ in St. Louis 2009  
BA Cornell University 2003  
BA Cornell University 2003  
MD Washington Univ in St. Louis 2011

Sonny Satnam Saggar  
Instructor in Clinical Medicine (primary appointment)

Rajan Sah, MD, PhD  
Associate Professor of Medicine (primary appointment)  
Associate Professor of Cell Biology and Physiology  
MD University of Toronto 1998  
PHD University of Toronto 2020

Sana Sail Ur Rehman, MD  
Assistant Professor of Medicine (primary appointment)  
MD King Edward Medical College 2007

Kaori A. Sakurai, MD  
Assistant Professor of Medicine (primary appointment)  
MD University of Pittsburgh 1997

Maamoun Salam, MD  
Assistant Professor of Medicine (primary appointment)  
MD Damascus U. Medical School 2009

Christine Joan Salter, MD, DC  
Instructor in Clinical Medicine (primary appointment)  
MD Saint Louis University 1998  
DC Logan College of Chiropractic 1991  
BS Reading University 1982

Robert J. Saltman, MD  
Associate Professor of Clinical Medicine (primary appointment)  
BA Yale University 1976  
MD Washington Univ in St. Louis 1980

Maanasi Samant, MD  
Assistant Professor of Medicine (primary appointment)  
MD University of Tennessee 2014

Robert Van Ness Same, MD  
Assistant Professor of Medicine (Pending Executive Faculty Approval) (primary appointment)  
MD Johns Hopkins University Medc 2014

John Mark Samet, MD  
Instructor in Clinical Medicine (primary appointment)  
BS Washington & Lee 1964  
MD University of Missouri 1968

Dmitri Samovski, PhD  
Assistant Professor of Medicine (primary appointment)  
PHD Hebrew University 2009

Lawrence E. Samuels, MD  
Instructor in Clinical Medicine (Dermatology) (primary appointment)  
MD Washington Univ in St. Louis 1976  
BA University of Texas Austin 1972

Guadalupe Sanchez, MD  
Instructor in Clinical Medicine (Dermatology) (primary appointment)  
BA Berry College 1974  
MD Harvard University 1978

Mark Steven Sands, PhD  
Professor of Medicine (primary appointment)  
Professor of Genetics  
PHD State Univ of NY Stonybrook 1990  
BS Rochester Institute of Techno 1980

Kristen Marie Sanfilippo, MD, MHS  
Assistant Professor of Medicine (primary appointment)  
MD University of MO Columbia 2007  
BS Washington Univ in St. Louis 2003  
MHS Washington Univ in St. Louis 2012

Sumithra Sankararaman, MS, PhD  
Instructor in Medicine (primary appointment)  
MS Indian Institute Of Technology 1997  
PHD Institute of Math Sciences 2003  
BS Fergusson College 1995

Daniel Jose Santa Cruz, MD  
Instructor in Clinical Medicine (Dermatology) (primary appointment)  
MD Universidad de Buenos Aires 1971

Evelio E. Sardina, PhD, MS, MD  
Instructor in Clinical Medicine (primary appointment)  
PHD University of South Florida 1990  
MS University of South Florida 1988
Gregory Stephen Sayuk, MD  
Associate Professor of Medicine (primary appointment)  
Associate Professor of Psychiatry  
MD University of Texas Austin 2000

Lawrence R Schacht, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Oregon Health Science Univers 1975  
BA University Wyoming 1971

Christine Schafer, MD  
Assistant Professor of Medicine (Dermatology) (primary appointment)  
MD Rutgers-Robert Wood Johnson Me 2020

Richard O. Schamp, MD  
Instructor in Clinical Medicine (primary appointment)  
BA Emporia State University 1974  
MD University of Kansas 1978

Jennifer Lynn Scheer, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Washington Univ in St. Louis 1994

Erica Lynn Scheller, PHD, DDENT  
Assistant Professor of Medicine (primary appointment)  
Assistant Professor of Cell Biology and Physiology  
BS Michigan State University 2004  
PHD University of Michigan 2011  
DDENT University of Michigan 2011

Mark Scheperle, MD  
Instructor in Clinical Medicine (primary appointment)  
BA University of Missouri 1989  
MD University of Missouri 1989

Alvin K Schergen, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Saint Louis University 1980  
BA Washington Univ in St. Louis 1976

Joel D. Schilling, PHD, MD  
Associate Professor of Medicine (primary appointment)  
Associate Professor of Pathology and Immunology  
PHD Washington Univ in St. Louis 2001  
BA Colorado College 1996  
MD Washington Univ in St. Louis 2003

Tania L Schmid, MD  
Instructor in Clinical Medicine (primary appointment)  
BA University of Mississippi 1981  
MD University of Mississippi 1985

Jennifer Merlo Schmidt, MD  
Assistant Professor of Medicine (primary appointment)  
MD Saint Louis University 2012

Robert Jay Schneider, MD  
Assistant Professor of Clinical Medicine (primary appointment)  
MD Johns Hopkins University 1976  
BA Johns Hopkins University 1973

Erin R. Schockett, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Brown University 2005

Mark Andrew Schroeder, MD  
Associate Professor of Medicine (primary appointment)  
MD University of Cincinnati 2003  
BS University of Toledo 1999

Alexander E Schuetz, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Saint Louis University 1996  
BA Saint Louis University 1991

Stephen Schuman, MD  
Instructor in Clinical Medicine (primary appointment)  
MD Saint Louis University 1973

Benjamin D Schwartz, MD, PHD  
Professor of Clinical Medicine (primary appointment)  
Adjunct Professor of Medicine  
BA Columbia College 1965  
MD School Not Listed 1972  
PHD School Not Listed 1971

David B Schwartz, MA, PHD, MD  
Associate Professor of Medicine (primary appointment)  
MA Washington Univ in St. Louis 1987  
PHD Washington Univ in St. Louis 1986  
MD Washington Univ in St. Louis 1987  
BS University of Michigan 1980

Kristen Ann Scullin-Hartman, MD  
Assistant Professor of Clinical Medicine (primary appointment)  
MD University of MO Kansas City 1988

Alyssa Aya Self, MD  
Instructor in Medicine (primary appointment)  
Instructor in Medicine  
BA Brown University 2013  
MD University of Colorado Denver 2017

Jay R Seltzer, MD  
Assistant Professor of Clinical Medicine (primary appointment)  
MD University of Missouri 1987  
BA University of Missouri 1987

Clay F Semenkovich, MD  
Irene E and Michael M Karl Professor of Endocrinology and Metabolism in Medicine (primary appointment)  
Professor of Cell Biology and Physiology  
BA University of Virginia 1977  
MD Washington Univ in St. Louis 1981

Deepali Prabir Sen, MBBS, MD  
Assistant Professor of Medicine (primary appointment)
Joseph Michael Seria, MD  
Instructor in Clinical Medicine (primary appointment)  
BS St Vincent College 1964  
MD Saint Louis University 1968

Harvey Serota, MD  
Instructor in Clinical Medicine (primary appointment)  
BA Johns Hopkins University 1976  
MD Johns Hopkins University 1982

James F Sertl, MD  
Instructor in Clinical Medicine (primary appointment)  
BA Washington Univ in St. Louis 1962  
MD Saint Louis University 1966

Aisha Shaikh, MD  
Associate Professor of Medicine (primary appointment)  
MD Dow Medical College Karachi 2001

Liang Shan, PHD, MS  
Assistant Professor of Medicine (primary appointment)  
Assistant Professor of Pathology and Immunology  
BS Nankai University 2003  
PHD Johns Hopkins University 2012  
MS Fudan University 2007

Jieya Shao, PHD  
Assistant Professor of Medicine (primary appointment)  
BS Nankai University 1996  
PHD Oklahoma St University 2002

Rajiv Kumar Sharma  
Adjunct Instructor in Medicine (primary appointment)

Gerald Stephen Shatz, MD  
Assistant Professor of Clinical Medicine (primary appointment)  
BA Northwestern University 1970  
MD Washington Univ in St. Louis 1974

Nidal Shawahin, MD  
Instructor in Clinical Medicine (primary appointment)  
MD University of Jordan 1988

Jonathan Holden Sheehan, PHD  
Associate Professor of Medicine (primary appointment)  
BA Harvard University 1988  
PHD Vanderbilt University 2006

Edward Sheen, MD  
Assistant Professor of Medicine (primary appointment)  
MD University of CA San Francisco 2008

David M. Steinbein, MD  
Associate Professor of Medicine (Dermatology) (primary appointment)  
BA University of CA Berkeley 1987  
MD Saint Louis University 1995

Karen Ching-Chieh Shen, MD  
Instructor in Medicine (primary appointment)  
MD Washington Univ in St. Louis 2017

Mounir M Shenouda, UNKNOWN  
Instructor in Clinical Medicine (primary appointment)  
UNKNOWN Alexandria University 1984

Adrian Shilfen, MBBC, MS  
Associate Professor of Medicine (primary appointment)  
BS University of the Witwatersra 1993  
MBBC University of the Witwatersra 1996  
MS Washington Univ in St. Louis 2011

Haina Shin, PHD  
Assistant Professor of Medicine (primary appointment)  
PHD University of Pennsylvania 2009  
BA Northwestern University 2004

Bernard L Shore, MD  
Professor of Clinical Medicine (primary appointment)  
MD Washington Univ in St. Louis 1977  
BS Washington Univ in St. Louis 1972

Robert B Shuman, MD  
Associate Professor of Clinical Medicine (primary appointment)  
BA Brandeis University 1977  
MD University of Missouri 1981

Sherry E Shuman, MD  
Associate Professor of Clinical Medicine (primary appointment)  
MD Wayne State University 1982  
BS University of Michigan 1978

Corey Lamar Shy, MD  
Instructor in Medicine (primary appointment)  
BA Prairie View A&M University 2013  
MD Texas A&M University 2017

Christine A Sigman, MD  
Instructor in Clinical Medicine (primary appointment)  
BA Saint Louis University 1991  
MD Saint Louis University 1996

Jessica Monique Silva-Fisher, PHD  
Instructor in Medicine (primary appointment)  
PHD Mayo Graduate School 2011  
BS St Marys University 2005

Julie Martha Silverstein, MD  
Associate Professor of Medicine (primary appointment)  
Associate Professor of Neurological Surgery  
MD Drexel University 2007  
BA New York University 2004

Randy B Silverstein, MD  
Instructor in Clinical Medicine (primary appointment)

Robert W Sindel, MD  
Instructor in Clinical Medicine (primary appointment)  
BA Washington Univ in St. Louis 1969  
MD Washington Univ in St. Louis 1975
Gary Singer, MD
Assistant Professor of Clinical Medicine (primary appointment)
MD University of Toronto 1987

Gurcharan J Singh, MD
Instructor in Clinical Medicine (primary appointment)
BS Delhi University 1968
MD Delhi University 1975

Jasvindar Singh, MD
Associate Professor of Medicine (primary appointment)
MD Fiji School of Medicine 1988

Nathan Singh, MS, MD
Assistant Professor of Medicine (primary appointment)
BA Haverford College 2006
MS University of Pennsylvania 2013
BA Haverford College 2006
MD University of Pennsylvania 2013

Sudhir Man Singh, MBBS
Instructor in Medicine (primary appointment)
MBBS Chittagong Medical College 2004

Marc Alan Sintek, MD
Assistant Professor of Medicine (primary appointment)
MD Univ of Nebraska at Kearney 2008

Donald A Skor, MD
Professor of Clinical Medicine (primary appointment)
MD Rush University 1978
BA Washington Univ in St. Louis 1973

Amanda Melanie Smith, PHD
Instructor in Medicine (primary appointment)
PHD Univ of New Castle Medical Sch 2014

Gordon Ian Smith, MS, PHD
Associate Professor of Medicine (primary appointment)
BS University College Chichester 2001
MS University College Chichester 2002
PHD University of Aberdeen 2006

Raymond P Smith, MD
Instructor in Clinical Medicine (primary appointment)
BA Vassar College 1980
MD University of Virginia 1984

Timothy Robert Smith, MD
Instructor in Clinical Medicine (primary appointment)
BS University of Mississippi 1983
MD University of Mississippi 1989

Timothy W. Smith, MD, PHD
Professor of Medicine (primary appointment)
MD Duke University 1993
BS Duke University 1986
PHD Oxford University 1989

Michael C Snyder
Adjunct Instructor in Medicine (primary appointment)

Sandeep Sodhi, MD
Assistant Professor of Medicine (primary appointment)
MD University of Illinois 2010

Allen D Soffer, MD
Instructor in Clinical Medicine (primary appointment)
MD University of Missouri 1983

Rand Washburn Sommer, MD
Associate Professor of Clinical Medicine (primary appointment)
MD Washington Univ in St. Louis 1980
BS Davidson College 1976

Hani Charles Soudah, PHD, MD
Associate Professor of Clinical Medicine (primary appointment)
PHD School Not Listed 1988
MD School Not Listed 1983

George Souroullas, PHD
Assistant Professor of Medicine (primary appointment)
BA Ohio Wesleyan University 2004
PHD Baylor University 2010

William F Southworth, MD
Assistant Professor of Clinical Medicine (primary appointment)
BA Washington Univ in St. Louis 1969
MD Washington Univ in St. Louis 1975

James Joseph Spadaro Jr, MD
Assistant Professor of Clinical Medicine (primary appointment)
MD Louisiana St University 1976

Michael L Spearman, MD
Instructor in Clinical Medicine (primary appointment)
BS Kansas State University 1978
MD University of Kansas Medical 1982

Andrej Spec, MD
Assistant Professor of Medicine (primary appointment)
MD University of Illinois 2010
BS Loyola University Chicago 2005

Abby Lyn Spencer
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Vice Chair of Education

David H. Spencer, MD, PHD
Assistant Professor of Medicine (primary appointment)
Assistant Professor of Pathology and Immunology
MD University of Washington 2010
BS University of Washington 2001
PHD University of Washington 2008

John Spertus
Adjunct Professor of Medicine (primary appointment)

Michael Spezia
Instructor in Clinical Medicine (primary appointment)

Erik Christian Stabell, MD
Instructor in Clinical Medicine (primary appointment)
BA New College California 1976
MD School Not Listed 1983

**Paul M Stein, MD**
Professor of Clinical Medicine (primary appointment)
BA University of Rochester 1967
MD Saint Louis University 1971

**Phyllis K Stein, M ED, PHD**
Associate Professor of Medicine (primary appointment)
M ED University of Virginia 1987
BA Barnard College 1962
PHD University of Virginia 1990

**Richard Ian Stein, PHD**
Associate Professor of Medicine (primary appointment)
PHD Arizona State University 2000

**Emily Steiner, MD**
Instructor in Medicine (primary appointment)
MD University of Toledo 2013
BA Case Western Reserve Univ 2009

**William F Stenson, MD**
Dr Nicholas V Costrini Professor of Medicine (primary appointment)
BS Providence College 1967
MD Washington Univ in St. Louis 1971

**Barbara B Sterkel**
Adjunct Associate Professor of Medicine (primary appointment)

**Kara Ellen Sternhell-Blackwell, MA, MD**
Associate Professor of Medicine (Dermatology) (primary appointment)
MA Washington Univ in St. Louis 2003
MD Washington Univ in St. Louis 2005
BA Washington Univ in St. Louis 1999

**Nathan O. Stitzel, BA1, PHD, MD**
Associate Professor of Medicine (primary appointment)
Associate Professor of Genetics
BA1 Washington Univ in St. Louis 1998
PHD University of Illinois Chicago 2006
BA Washington Univ in St. Louis 1998
MD University of Illinois Chicago 2006

**Keith Evan Stockerl-Goldstein, MD**
Professor of Medicine (primary appointment)
BA Washington Univ in St. Louis 1986
MD University of CA Los Angeles 1991

**James Andrew Stokes, MD**
Instructor in Clinical Medicine (primary appointment)
BA Stanford University 1976
MD University of Missouri 1984

**Michael Gary Stone, MD**
Instructor in Clinical Medicine (primary appointment)
MD Kansas Cty Univ Med/Bioscience 2008

**Cristina Strong, PHD**
Assistant Professor of Medicine (primary appointment)
MD University of California Los Angeles 2000

**Xinming Su, MS, PHD**
Assistant Professor of Medicine (primary appointment)
BS Shihzei Medical College 1996
MS Nanjing Agriculture Univ 2003
PHD Nanjing Agriculture Univ 2006

**Xiong Su, PHD**
Assistant Professor of Medicine (primary appointment)
BS Beijing University 1998
PHD Washington Univ in St. Louis 2004

**Hamsa Subramanian, UNKNOWN**
Instructor in Clinical Medicine (primary appointment)
BS St. Joseph's Convent - Trichy 1986
UNKNOWN Thanjore Medical College 1990

**Hani Suleiman, MD**
Assistant Professor of Medicine (primary appointment)
MD Regensburg University 2007

**Kaharu Sumino, PHD, M PA, MD**
Associate Professor of Medicine (primary appointment)
PHD Yokohama City Univ Sch Med 1999
M PA Johns Hopkins University 2008
MD Yokohama City Univ Sch Med 1992

**William Craig Summers, MD**
Instructor in Clinical Medicine (primary appointment)
BS University of Alabama 1994
MD University of AL Birmingham 1999

**Luis David Sumoza, MD**
Instructor in Medicine (primary appointment)
MD University de Carabobo 1990

**Rama Suresh, MBBS**
Associate Professor of Medicine (primary appointment)
MBBS University of Madras 1993

**Rudee Suwannasiri, MD**
Instructor in Clinical Medicine (primary appointment)
MD Chiang Mai University 1973
BS Chiang Mai University 1971

**Reema Hameed Syed, MD**
Associate Professor of Medicine (primary appointment)
MD Dow Medical College Karachi 2019

**T**

**Laneshia K Tague, MD**
Instructor in Medicine (primary appointment)
MD Northwestern University Med 2011
BS Northwestern University 2007

**Mohammad Tahir, MD**
Instructor in Clinical Medicine (primary appointment)
MD Dow Medical College Karachi 1976

Benjamin R Tan, MD
Associate Professor of Medicine (primary appointment)
MD University of the Philippines 1990
BS University of the Philippines 1985

Kongsak Tanphaichitr, MD
Professor of Clinical Medicine (primary appointment)
MD Siriraj Medical School 1970

Heidi H Tastet, MD
Instructor in Medicine (primary appointment)
MD Loma Linda University 2005

Arnold S Tepper, MD
Instructor in Clinical Medicine (primary appointment)
MD University of Missouri 1970
BS School Not Listed 1966

Wanda T Terrell, MD
Associate Professor of Clinical Medicine (primary appointment)
MD Washington Univ in St. Louis 1979
BA Washington Univ in St. Louis 1975

Larissa Bryka Thackray, PhD
Associate Professor of Medicine (primary appointment)
PHD U of Colorado Health Sci Ctr 2003
BS Cornell University 1991

George K. Thampy, MD
Instructor in Clinical Medicine (primary appointment)
MD Kerala University 1977

Shaukat Thanawalla
Instructor in Clinical Medicine (primary appointment)

J. Allen Thiel, MD
Associate Professor of Clinical Medicine (primary appointment)
BS Rockhurst College 1956
MD Saint Louis University 1960

Mark S Thoelke, PhD, MD
Professor of Medicine (primary appointment)
PHD University of Illinois 1990
MD University of Illinois 1990
BS University of Illinois 1982

Alex Anthony Thomas, MD
Instructor in Medicine (primary appointment)
MD University of Louisville 2015

Benjamin S Thomas, MD
Adjunct Instructor in Medicine (primary appointment)
BS Georgia Tech 2002
MD Mercer University Macon 2009

Theodore Seth Thomas, MD, M PH, MS
Instructor in Medicine (primary appointment)
MD University of MO Columbia 2010
BS University of MO Columbia 2005

M PH Washington Univ in St. Louis 2017
MS University of MO Columbia 2006

Erik P Thyssen, MD
Assistant Professor of Clinical Medicine (primary appointment)
MD University of Copenhagen 1984
BS University of Copenhagen 1980

Lawrence S Tierney, MD
Associate Professor of Clinical Medicine (primary appointment)
MD University of Illinois 1988
BS University of Illinois 1984

Jeffrey P Tillinghast, MD
Associate Professor of Clinical Medicine (primary appointment)
MD Washington Univ in St. Louis 1980
BS State University of New York 1976

Garry S Tobin, MD
Professor of Medicine (primary appointment)
BS MO S&T (formerly UofMO Rolla) 1981
MD Washington Univ in St. Louis 1985

Fadi Tohme, MD
Adjunct Assistant Professor of Medicine (primary appointment)
MD St. Joseph University, Beirut 2010

Douglas M Tollefsen, MD, PHD
Professor of Medicine (primary appointment)
MD Washington Univ in St. Louis 1977
BA Grinnell College 1970
PHD Washington Univ in St. Louis 1977

Valeria Tosti, MD
Instructor in Medicine (primary appointment)
MD University of Verona 2009

Robert R Townsend, PhD, MS, MD
Professor of Medicine (primary appointment)
Professor of Cell Biology and Physiology
PHD Johns Hopkins University 1982
BS Centenary College 1972
MS Tulane University 1976
MD Tulane University 1976

Shivani Tripathi, MD
Assistant Professor of Medicine (primary appointment)
MD Medical College of Wisconsin 2011

**Sandeep Kumar Tripathy, MD, PHD**
Associate Professor of Medicine (primary appointment)
MD University of Chicago 1998
BS University of Illinois 1990
PHD University of Chicago 1995

**Elbert P Trulock III, MD**
Rosemary and I Jerome Flance Professor of Pulmonary Medicine in Medicine (primary appointment)
BS Emory University 1968
MD Emory University 1978

**Thomas F Tse, MD**
Instructor in Clinical Medicine (primary appointment)
BS University of Nebraska 1972
MD Univ of Nebraska at Omaha 1976

**David J Tucker, MD**
Assistant Professor of Clinical Medicine (primary appointment)
BS University of Notre Dame 1977
MD Saint Louis University 1981

**Dolores R Tucker, MD**
Assistant Professor of Clinical Medicine (Dermatology) (primary appointment)
MD Washington Univ in St. Louis 1974
BS Saint Mary's College 1958

**Stacey S Tull, MD, M PH**
Assistant Professor of Clinical Medicine (Dermatology) (primary appointment)
BS University of Texas Austin 1993
MD Duke University 1997
M PH Duke University 1997

**John W Turk, MD, PHD**
Professor of Medicine (primary appointment)
Alan A and Edith L Wolff Professor of Endocrinology
Professor of Pathology and Immunology
MD Washington Univ in St. Louis 1976
BA Washington Univ in St. Louis 1970
PHD Washington Univ in St. Louis 1976

**Robert C. Uchiyama, MD**
Instructor in Clinical Medicine (primary appointment)
MD Saint Louis University 1980
BS Stanford University 1976

**Mark C Udey, MD, PHD**
Professor of Medicine (Dermatology) (primary appointment)
MD Washington Univ in St. Louis 1982
BS Univ of Wisconsin Madison 1975
PHD Washington Univ in St. Louis 1982

**Fumihiko Urano, MD, PHD**
Samuel E Schechter Professor of Medicine (primary appointment)
Professor of Pathology and Immunology
MD Keio University 1994
PHD Keio University 1998

**Geoffrey L Uy, BA1, MD, MA**
Professor of Medicine (primary appointment)
BA Cornell University 1996
BA1 Cornell University 1996
MD Washington Univ in St. Louis 2001
MA Washington Univ in St. Louis 2001

**Justin Marinus Vader, MD**
Associate Professor of Medicine (primary appointment)
MD University of Texas Southwest 2006

**Albert Lee Van Amburg III, MD**
Assistant Professor of Clinical Medicine (primary appointment)
BA Washington Univ in St. Louis 1968
MD Washington Univ in St. Louis 1972

**Brian Andrew Van Tine, MD, PHD**
Associate Professor of Medicine (primary appointment)
Associate Professor of Pediatrics
MD University of AL Birmingham 2005
PHD University of AL Birmingham 2005
BS University of Arizona 1995

**Gil M Vardi, MD**
Assistant Professor of Clinical Medicine (primary appointment)
MD Tel-Aviv University 1988

**Maria Cristina Vazquez Guillamet, MD**
Assistant Professor of Medicine (primary appointment)
MD Carol Davila U of Medicine 2005

**Rodrigo Vazquez Guillamet, MD**
Associate Professor of Medicine (primary appointment)
MD University of Barcelona 2005

**Deborah J Veis, MD, PHD**
Professor of Medicine (primary appointment)
Professor of Pathology and Immunology
MD Washington Univ in St. Louis 1995
BA Princeton University 1987
PHD Washington Univ in St. Louis 1995

**Emmanuel A Venkatesan, MBBS**
Associate Professor of Clinical Medicine (primary appointment)
MBBS CMC, Vellore, India 1990

**Aaron Martin Ver Heul, MD, PHD**
Instructor in Medicine (primary appointment)
MD University of Iowa 2019
PHD University of Iowa 2019

**Amanda K Verma, MD**
Assistant Professor of Medicine (Pending Executive Faculty Approval) (primary appointment)
MD Duke University 2013
Kiran Raj Vij, MD
Associate Professor of Medicine (primary appointment)
Associate Professor of Pathology and Immunology
MD Gandhi Medical College 1993
Ravi Vij, MBBS
Professor of Medicine (primary appointment)
BS Delhi University 1991
MBBS Maulana Azad Medical College 1991
Anitha Vijayan, MD
Professor of Medicine (primary appointment)
MD University of the West Indies 1990
Dennis T Villareal, MD
Adjunct Associate Professor of Medicine (primary appointment)
BS University of San Carlos 1978
MD CEBU Doctor’s College of Med 1982
Alessandro Vindigni, MS, PHD
Professor of Medicine (primary appointment)
Professor of Biochemistry and Molecular Biophysics
Professor of Pathology and Immunology
MS University of Padua 1992
PHD University of Padua 1995
John L Visconti, MD
Assistant Professor of Medicine (primary appointment)
BS University of MO St Louis 1986
MD Univ of Health Sciences KC 1990
Benjamin Allen Voss, MD, BA1
Assistant Professor of Clinical Medicine (primary appointment)
MD Creighton University 2007
BA1 Saint Louis University 2003
BA Saint Louis University 2003
Stanley G Vriezelaar, MD
Instructor in Clinical Medicine (primary appointment)
MD University of Iowa 1981
BA Simpson College 1977

W

Harry Lee Wadsworth, MD
Instructor in Clinical Medicine (primary appointment)
MD Texas Tech University 1983
BS Texas Tech University 1978
Stanley M Wald, MD
Associate Professor of Clinical Medicine (primary appointment)
MD Washington Univ in St. Louis 1946
David A Walls, MD
Instructor in Clinical Medicine (primary appointment)
BA Southern Illinois University 1979

MD Southern Illinois University 1982
Sarah N. Walsh
Instructor in Clinical Medicine (Dermatology) (primary appointment)
Matthew John Walter, MD
Edward P. Evans Endowed Professor of Myelodysplastic Syndromes (primary appointment)
Professor of Genetics
BS The American University 1990
MD Saint Louis University 1995
Richard Coburn Walters, MD
Instructor in Clinical Medicine (Dermatology) (primary appointment)
MD Washington Univ in St. Louis 1973
BS University of Illinois 1969
Jean S Wang, PHD, MD
Professor of Medicine (primary appointment)
Professor of Surgery (General Surgery)
PHD John Hopkins University 2009
MD Brown University 1998
Lawrence L. Wang, PHD, MD
Instructor in Clinical Medicine (Dermatology) (primary appointment)
BA Harvard University 1993
PHD Washington Univ in St. Louis 2001
MD Washington Univ in St. Louis 2001
Leyao Wang, PHD, M PH
Instructor in Medicine (primary appointment)
BA Nankai University 2017
PHD Fudan University 2017
M PH Johns Hopkins University 2017
Andrea Wang-Gillam, MD, BS1
Associate Professor of Medicine (primary appointment)
BS Ouachita Baptist University 1993
MD University of AR Little Rock 2001
BS1 Ouachita Baptist University 1993
Salama Naheed Waqar, MD
Associate Professor of Medicine (primary appointment)
MD Aga Khan University 2001
Jeffrey Peter Ward, PHD, MD
Assistant Professor of Medicine (primary appointment)
PHD SUNY Upstate Medical Universit 2010
MD SUNY Upstate Medical Universit 2010
BS Wilkes University 2002
Corinna Hendrell Warren, MD
Instructor in Clinical Medicine (primary appointment)
BS Southern Ill Univ Edwardsville 1990
MD University of Illinois Chicago 1994
David K. Warren, MD, MPH
Professor of Medicine (primary appointment)
BS Pennsylvania State University 1990
MD University of Pittsburgh 1994
MPH Saint Louis University 2005

Lukas Delbert Wartman, MD
Assistant Professor of Medicine (primary appointment)
BS Univ of Wisconsin Madison 1998
MD Washington Univ in St. Louis 2005

Karla Washington, MSW, PHD
Associate Professor of Medicine (Pending Executive Faculty Approval) (primary appointment)
MSW University of Missouri 2000
PHD University of Missouri 2009

Scott P Wasserstrom, MA, MD
Instructor in Clinical Medicine (primary appointment)
BS University of Illinois 1990
MA Washington Univ in St. Louis 1995
MD Washington Univ in St. Louis 1995

James Richards Watson, MD
Instructor in Medicine (primary appointment)
MD Virginia Commonwealth University 2016
BS University of Virginia 2006

Jason Dean Weber, PHD
Professor of Medicine (primary appointment)
Professor of Cell Biology and Physiology
PHD Saint Louis University 1997
BS Bradley University 1993

H. James Wedner, MD
Phillip & Arleen Korenblat Professor of Allergy and Immunology in Medicine (primary appointment)
BS Cornell University 1963
MD Cornell University 1967

Xiaochao Wei, PHD
Assistant Professor of Medicine (primary appointment)
PHD University of Rochester 2007

Kevin D Welkart, MD
Instructor in Clinical Medicine (primary appointment)
MD American University of the Caribbean 1979

Gary J Weil, MD
Professor of Medicine (primary appointment)
Professor of Molecular Microbiology
MD Harvard University 1975
BA Harvard University 1971

Katherine N Weilbaecher, MD
Oliver M Langenberg Distinguished Professor of Science and Practice of Medicine (primary appointment)
Professor of Cell Biology and Physiology
Professor of Pathology and Immunology
BA Harvard University 1987

MD Stanford University 1992

Carla Joy Weinheimer, MS
Associate Professor of Medicine (primary appointment)
BS University of Illinois 1984
MS Washington University in St. Louis 1997

Leonard B Weinstock, MD
Associate Professor of Clinical Medicine (primary appointment)
Assistant Professor of Clinical Surgery (General Surgery)
BA University of Vermont 1977
MD University of Rochester 1981

Steven Jay Weinstaub, MS, MD
Associate Professor of Medicine (primary appointment)
BA State Univ of NY Binghampton 1978
MS University of Virginia 1981
MD University of Virginia 1985

Edmond Weisbart
Assistant Professor of Clinical Medicine (primary appointment)

Alan N Weiss, MD
Professor of Medicine (primary appointment)
BA Ohio State University 1963
MD Ohio State University 1966

Edward P Weiss, PHD, MS
Adjunct Research Assistant Professor of Medicine (primary appointment)
BS Southern Illinois University 1989
PHD University of Maryland 2003
MS Southern Illinois University 1992

Mia Chana Weiss, MD
Assistant Professor of Medicine (primary appointment)
BA Smith College 2010
MD Tel-Aviv University 2020

Peter Douglas Weiss, MD
Instructor in Clinical Medicine (primary appointment)
MD Case Western Reserve University 1980
BA Harvard University 1975

John Sutton Welch, MD, PHD
Associate Professor of Medicine (primary appointment)
BS Brigham Young University 1995
MD San Diego State University 2004
PHD University of California San Diego 2002

Lynn Ellis Welling, MD
Adjunct Associate Professor of Medicine (primary appointment)
MD Uniformed Services University of Health Sciences 1989

Alvin S Wenneker, MD
Professor of Clinical Medicine (primary appointment)
MD Washington University in St. Louis 1953
BA Washington University in St. Louis 1949

Jennifer Marie Wessels, MD
Instructor in Clinical Medicine (primary appointment)
Timothy John Williams, MD  
Instructor in Medicine (primary appointment)  
BA McKendree College 2008  
MD University of Cincinnati 2012

Patrick H Win  
Instructor in Clinical Medicine (primary appointment)

Karen Winters, MD  
Associate Professor of Medicine (primary appointment)  
Director of the Student and Employee Health Service - Medical Campus  
MD Southern Illinois University 1983  
BS Illinois State University 1975

Chad Alan Witt, MD  
Associate Professor of Medicine (primary appointment)  
BS Texas Tech University 2001  
MD University of Texas Southwest 2005

Keith Frederic Woeltje, MD, PHD  
Professor of Medicine (primary appointment)  
MD Texas Southern University 1991  
BS University of Dallas 1984  
PHD Texas Southern University 1991

Edward M Wolfe, MD  
Assistant Professor of Clinical Medicine (Dermatology) (primary appointment)  
BA Hobart College 1956  
MD Washington Univ in St. Louis 1960

Gerald Wolff, MD  
Assistant Professor of Clinical Medicine (primary appointment)  
BA Harvard University 1955  
MD Washington Univ in St. Louis 1961

John A Wood, MD  
Associate Professor of Clinical Medicine (primary appointment)  
MD University of Oklahoma 1968

Megan Elizabeth Wren, MD  
Professor of Medicine (primary appointment)  
BA Washington Univ in St. Louis 1981  
MD Washington Univ in St. Louis 1985

Jeffrey M Wright, MD  
Assistant Professor of Clinical Medicine (primary appointment)  
Assistant Professor of Clinical Pediatrics  
MD Washington Univ in St. Louis 1979  
BS Vanderbilt University 1975

Haojia Wu, PHD  
Assistant Professor of Medicine (primary appointment)  
BS Sun Yat-Sen University 2007  
PHD University of Hong Kong 2014

Kangyun Wu, PHD  
Instructor in Medicine (primary appointment)  
PHD Beijing University 2007
Xiaobo Wu, MD  
Associate Professor of Medicine (primary appointment)  
MD Tongji University 1986

Matthew A Wyczalkowski, MME, PHD  
Instructor in Medicine (primary appointment)  
MME University of CA Berkeley 2000  
BS Pennsylvania State University 1996  
PHD Washington Univ in St. Louis 2009

X  

Jun Xia, PHD  
Instructor in Medicine (primary appointment)  
PHD University of Illinois 2006

Zhifu Xiang, MD, PHD  
Associate Professor of Medicine (primary appointment)  
MD Tongji University 1990  
PHD Tongji University 1998

Yan Xie, MD, MS  
Instructor in Medicine (primary appointment)  
MD Tongji University 1986  
MS Hubei Medical University 1991

Y  

Naga M Yalla, MD  
Assistant Professor of Medicine (primary appointment)  
MD SRTR Medical College 2005

Timothy Teng-Kay Yau, MD  
Associate Professor of Medicine (primary appointment)  
MD Saint Louis University 2005  
BA Saint Louis University 2001

Derek Yee, MD  
Instructor in Medicine (primary appointment)  
MD Rutgers University 2014

Debra Wendy Yen, MD  
Instructor in Medicine (primary appointment)  
BS Washington Univ in St. Louis 2013  
MD Washington Univ in St. Louis 2017

Po-Yin Yen, PHD, MS  
Associate Professor of Medicine (primary appointment)  
PHD Columbia University 2010  
BS National Cheng Kung University 2001  
MS Oregon Health Science Univers 2005

Wayne M Yokoyama, MD  
Sam and Audrey Loew Levin Professor of Medicine (Rheumatology) (primary appointment)  
Professor of Pathology and Immunology  
BA University of Rochester 1974  
MD University of Hawaii 1978

Jun Yoshino, PHD, MD  
Assistant Professor of Medicine (primary appointment)  
Assistant Professor of Developmental Biology  
PHD Keio University 2004  
MD Keio University 2000

Mihoko Yoshino, MD, PHD  
Assistant Professor of Medicine (primary appointment)  
MD Keio University 2000  
PHD Shimane Medical University 2006

Danicela Younce, MD  
Instructor in Medicine (primary appointment)  
BS University North Carolina 2008  
MD University North Carolina 2014

Eman B Yousif, MD  
Instructor in Medicine (primary appointment)  
MD University of Illinois 2017  
BA Northwestern University 2013

Simon Yu, MD  
Instructor in Clinical Medicine (primary appointment)  
MD University of MO Columbia 1984

Roger D. Yusen, MD, MPH  
Associate Professor of Medicine (primary appointment)  
MD University of Illinois 1990  
MPH Saint Louis University 2002  
BS University of Illinois 1986

Z  

Alan Zajarias, MD  
Professor of Medicine (primary appointment)  
Professor of Surgery (Cardiothoracic Surgery)  
MD National Autonomous U of Mex 2000

John F. Zalewski, MD  
Instructor in Clinical Medicine (primary appointment)  
MD State Univ of NY Buffalo 1980  
BS Clarkson University 1973

Nichole Gallegos Zehnder, MD  
Associate Professor of Medicine (primary appointment)  
Associate Dean for Education Strategy  
MD University of Rochester 2006

Kathleen W Zhang, MD  
Assistant Professor of Medicine (primary appointment)  
MD University of Pennsylvania 2013

Qiang Zhang, PHD, MCHEM  
Instructor in Medicine (primary appointment)  
BS Xiamen University 1995  
PHD University of CA Santa Barbara 2003  
MCHEM Xiamen University 1998

Rong Mei Zhang, MD  
Instructor in Medicine (primary appointment)  
BS University of Wisconsin - Madi 2005  
MD Medical College of Wisconsin 2011
Yong Zhang, MD, MS, PHD
Assistant Professor of Medicine (primary appointment)
MD Anhui Medical University 1978
MS Sun Yat-Sen University 1983
PHD Albert Ludwig University 1999

Diana Yi Zhao, PHD, MD
Instructor in Medicine (primary appointment)
BS University of Chicago 2008
PHD Washington Univ in St. Louis 2017
MD Washington Univ in St. Louis 2017

Peter Chen Zhao, MD
Instructor in Medicine (primary appointment)
BS Emory University 2011
MD Washington Univ in St. Louis 2015

Amy Wei Wei Zhou, MD
Assistant Professor of Medicine (primary appointment)
MD Wayne State University 2009
BS University of Michigan 2005

Lisa Ann Zickuhr, MD
Assistant Professor of Medicine (primary appointment)
MD Northwestern University Med 2012
BS University of Notre Dame 2008

Robert E Ziegler, MD, PHD
Assistant Professor of Clinical Medicine (Dermatology) (primary appointment)
BA University of Colorado Boulder 1972
MD Duke University 1980
PHD Duke University 1980

Ofer Zimmerman, MD
Instructor in Medicine (primary appointment)
MD Ban-Ilan University 2020

Research Electives

Medicine Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

For information about Primary Care Summer Preceptorships (p. 180), please refer to the information at the bottom of this section.

John P. Atkinson, MD
Clinical Sciences Research Building, 10th Floor
Phone: 314-362-8391

A clinical research elective is offered in the evaluation of patients with complement deficiency or overactivity states and with undiagnosed rheumatic disease syndromes.

Roberto Civitelli, MD
BJC Institute of Health, 11th Floor, Musculoskeletal Research Center
Phone: 314-454-8408

Biology of cell-cell interactions and communication in bone via gap junctions and cell adhesion molecules; function of connexins and cadherins in transcriptional control of osteoblast differentiation, osteoclastogenesis, and mechanotransduction; modulation of mesenchymal lineage allocation and osteogenic differentiation by cadherins and beta-catenin signaling.

Nicholas O. Davidson, MD
910 Clinical Sciences Research Building, North Tower
Phone: 314-362-2027

Our focus is on the genetic pathways of nonalcoholic fatty liver disease (NAFLD) and colorectal cancer development. We have two major areas of research interest. Our laboratory is interested, first, in the molecular mechanisms of hepatic steatosis and the pathogenesis of NAFLD. This is the most prevalent liver disease in the United States, likely affecting a quarter of the population. We have generated genetically manipulated mouse strains that offer insights into the mechanisms of hepatic steatosis. The student would work as part of a team, designing and conducting experiments that will test hypotheses concerning the mechanisms and consequences of hepatic steatosis. These studies will primarily involve mouse genetics, examining the expression of candidate genes under a variety of nutritional and pharmacologic settings that modulate hepatic lipid metabolism. In addition, we are using microarrays to study the spectrum of genetic changes that may predict the extent of hepatic lipid accumulation in patients with steatohepatitis. Our goal is to test hypotheses using mouse genetics and to extend these studies to examine the same pathways in humans with NAFLD. Our second area of interest concerns the genetic pathways involved in colorectal cancer, the second leading cause of cancer-related deaths. We have developed a novel strain of mice in which the dominant effects of mutations in the APC tumor suppressor gene have been abrogated through deletion of an RNA binding protein, apobec-1. This deletion has a major effect on the expression of cox-2, abrogating the increase in expression seen in human colonic adenomas and wild-type mouse intestinal adenomas. These findings suggest that apobec-1 is a genetic modifier of colon cancer development. We will study the importance of apobec-1 expression in human colon cancer specimens and continue our murine genetic studies of this novel pathway for modulating colon cancer development and progression.

Bradley Evanoff, MD, MPH
Phone: 314-454-8638
Our primary interest is on occupational medicine epidemiology and intervention research. Our research involves the use of epidemiology methods to characterize associations between diseases and work-related exposures. We are also doing workplace intervention studies to prevent injuries and illnesses and to improve healthy diet and physical activity among working populations. During an elective in occupational medicine epidemiology research, students will learn how to use epidemiologic methods to investigate disease processes by working on a mutually agreed-on topic of interest related to occupational diseases. Other activities can include worksite visits and intervention projects as well as involvement with worksite health promotion and policy making. Elective length is variable, depending on individual circumstances. Please contact Dr. Evanoff to discuss this research.

Gregory I. Goldberg, PhD
Wohl Clinic, 4th Floor
Phone: 314-362-8172
Role of secreted extracellular matrix metalloproteases in tissue remodeling; structure and function of the metalloproteases.

Richard W. Gross, MD, PhD
4525 Scott Avenue, East Building
Phone: 314-362-2690
Lipid mediators of signal transduction in the cardiovascular system; characterization of regulatory mechanisms responsible for the liberation of lipid second messengers during cellular activation; roles of phospholipases in mediating the metabolic syndrome and end-organ tissue damage.

Stacey House, MD, PhD
Phone: 314-362-8070
houses@wustl.edu
Lisa Hayes
Phone: 314-362-4362
hayesl@wustl.edu
Emergency medicine clinical research is the primary focus of this lab. This type of research involves the gamut of research designs, from retrospective cohort studies ("The Use of B Hydroxy Butyrate Point-of-Care Testing in Diabetic Ketoacidosis") to prospective clinical trials ("Biomarkers in Traumatic Brain Injury") to the evaluation of health care systems and emergency department processes ("Effects of a Triage Process Conversion on the Triage of High Risk Presentations") to the analysis of health policy issues ("Rate of Follow-up to a Primary Care Clinic and Subsequent Emergency Department Utilization among an Urban ED Population"). Students will learn the basic clinical research designs and will be able to articulate the benefits and drawbacks of each. They will be involved in hypothesis generation and study design for projects that are at that stage. For ongoing projects, they will learn about the informed consent process and be involved in screening for study subjects and subject selection and enrollment. They will be allowed to consent for studies judged to be of minimal risk. Students will be taught important rules regarding data acquisition and entry, particularly as these relate to standards that have been set forth in the medical literature. They will learn about bias and inter-rater reliability. Students will participate in data entry, data analysis, and subsequent abstract/manuscript preparation based on their level of interest and time commitment. Students will meet weekly with one of the course directors to discuss study progress and to identify any roadblocks to study completion. These meetings will also serve as a forum for one-on-one education of the student regarding study methodology, ethical issues in research, and various resources available to the clinical researcher at Washington University.

Sandor J. Kovacs, MD, PhD
9965 Clinical Sciences Research Building
Phone: 314-362-8901
This experience is geared toward students with math, physics and engineering backgrounds. The cardiovascular biophysics research elective concentrates on physiologic modeling and the comparison of model predictions to in vivo human data. The minimum elective time is eight weeks.

Marc S. Levin, MD, and Deborah C. Rubin, MD
922/924 Clinical Sciences Research Building
Phone: 314-362-8933 or 314-362-8935
Students will be members of a collaborative research team headed by Drs. Levin and Rubin (Department of Medicine) investigating the mechanisms underlying the intestinal adaptive response that occurs to compensate for the loss of functional small intestine. A second project focuses on epithelial-mesenchymal interactions and their role in regulating gut epithelial proliferation carcinogenesis and the normal and cancer stem cell niche. Specific mechanisms under investigation include the function of an immediate early gene Tis7 on gut adaptation after resection or injury. The role of myofibroblast protein epimorphin in regulating cell proliferation and colon carcinogenesis is being explored. The student will have the opportunity to learn basic molecular biology and physiology as they relate to small intestinal growth and function. Examples of techniques that are used in these studies include small animal surgery and colitis and cancer models (mice and rats), molecular biological techniques including PCR, Northern blotting, vector construction for the production of transgenic and knockout mouse models, in situ hybridization and immunohistochemistry.

Jason C. Mills, MD, PhD
Clinical Sciences Research Building, North Tower, Room 1030
Phone: 314-362-4213
We investigate the differentiation of epithelial stem cells in the upper gastrointestinal tract. We study how genes regulate differentiation in mouse models and in vitro in tissue culture, and we correlate our findings with human tissue specimens. Specific projects include the following: (1) understanding how inflammation leads to aberrant differentiation (metaplasia), which is a precursor for cancer; (2) elucidating how master regulatory transcription factors like Xbp1 and Mist1 coordinate the massive cytoskeletal and organelar expansion of specialized secretory cells as they differentiate from stem cells; and (3) understanding the mechanisms that regulate how differentiated cells can be reprogrammed into stem cells in gastrointestinal organs like the stomach and the pancreas.

Richard E. Ostlund, MD
8804 Wohl Hospital
Phone: 314-362-8286

Our laboratory focuses on the prevention and treatment of coronary heart disease by studying cholesterol absorption, detoxification and elimination from the body. Direct patient studies that use new stable isotopic cholesterol tracers and mass spectrometry techniques complement in vitro work on the biochemistry of cholesterol transport in cultured cells.

Russell Pachynski, MD
BJC Institute of Health, 7th Floor
Phone: 314-286-2341

Our lab focuses on several aspects of tumor immunology and translational immunotherapy. We utilize mouse tumor models, human tissues and samples, and advanced molecular and immunologic techniques to study leukocyte trafficking in the setting of tumor development and progression. We also have projects focusing on developing novel immunotherapeutics aimed at augmenting the recruitment of beneficial leukocyte subsets into the tumor microenvironment in order to suppress tumor growth. We are utilizing several approaches, such as nanoparticles, fusion proteins and viruses.

Katherine Ponder, MD
8818 Cancer Science Research Building
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kponder@wustl.edu

The focus of this lab is on gene therapy for lysosomal storage diseases such as mucopolysaccharidosis (MPS). We have developed a retroviral vector that can be efficiently delivered to the liver of mice and dogs and that results in expression sufficient to reduce many of the clinical manifestations of these genetic diseases. Current studies focus on assessing the therapeutic effect of gene therapy on sites that are affected in MPS (e.g., heart, aorta, bones, joints) and on developing vectors that might be translated into human patients. In addition, we are evaluating the pathogenesis of disease in MPS, which appears to involve the upregulation of destructive proteases in the aorta and possibly other sites. A better understanding of the pathogenesis of disease might result in additional therapies for MPS.

Clay F. Semenkovich, MD
Southwest Tower, 8th Floor
Phone: 314-362-4454

Fatty acid metabolism and its role in atherosclerosis, diabetes, hypertension and obesity; modulation of respiratory uncoupling for the treatment of aging, obesity and vascular disease.

Phyllis K. Stein, PhD
Northwest Tower, Room 13116
Phone: 314-286-1350
pstein@wustl.edu

This lab's main focus is on the clinical significance of heart rate variability and ECG-derived waveform parameters obtained from continuous ambulatory monitoring. This elective affords the student the opportunity to perform research in heart rate variability or in other measurements, like QT variability or T-wave alternans that can be derived from continuous ECG monitoring from Holter recordings or polysomnography recordings in the sleep lab. One area of active research is the identification of heart rate patterns associated with obstructive and central sleep apneas and hypopneas and the relationship of previously unappreciated cycling heart rate patterns and outcomes. Data are also available from mice. Many possible projects are available using our many large existing datasets, using the thousands of stored studies in the sleep lab, or using de novo data collection in a clinical or animal population and in infants. Also, many possible directions for this research are available, from applying traditional and nonlinear HRV to different populations to developing methods to quantify ultradian heart rate variability patterns to developing novel ECG analysis techniques, among others. Also, we are involved with the Cardiovascular Health Study (CHS), a large population-based longitudinal study of risk factors for heart disease and stroke among community-dwelling people more than 65 years old. There is a subset of this population who had Holter recordings (~1400 at baseline, ~800 of the same people five years later, and ~370 minority subjects recorded at the same time as the second CHS recording). These recordings have already been analyzed by us, so there is a large amount of heart rate variability and heart rate pattern data available. There are also subsets of patients from the CHS and from another study (EPHESUS) who are known to have died suddenly, and we have developed a matched control group in order to examine ECG-based differences in those who died suddenly. We also have electronic sleep studies at two time points for about 300 of the CHS Holter participants who also participated in the Sleep Heart Health Study. We have analyzed an additional ~1500 sleep studies from CHS participants who did not have
Holter recordings. Thus, there is also an opportunity in the CHS dataset for studies of the relationship of heart rate variability with changes in heart rate variability over time and with a huge number of clinical and demographic factors among the elderly. We also have data on the relationship of Holter-based HRV and sleep apnea patterns to the development of atrial fibrillation after cardiac surgery as well as data from a study of the treatment of depression in treatment-resistant depressed post-MI patients, a study of sickle cell patients, and a study of heart rate variability and echo parameters in elderly African Americans. Currently, we are also analyzing HRV in premature infants as they mature and HRV as a predictor of response to treatment in babies in the NICU and PICU, using stored 24-hour bedside ECGs.

Heart rate variability and clinical outcomes: The student will be learning about HRV methods and will investigate the relationship of HRV and outcomes in one of our datasets. Because we have clinical and demographic data for about 20,000 subjects for whom continuous ECGs from Holter recordings, sleep studies, and ICU studies are available, as well as some mouse data, the student will be able to choose a project that may lead to a publishable result in an area of interest. The HRV Lab has enough computers and software to accommodate the needs of any interested students.

John Turk, MD, PhD
Southwest Tower, 8th Floor
Phone: 314-362-8190

Phospholipid signaling mechanisms in pancreatic islets is the main focus of this lab. Experience with the mass spectrometric analysis of complex lipids is available.

H.J. Wedner, MD
5002 Steinberg Pavilion, Barnes-Jewish Hospital, North Campus
Phone: 314-454-7937 or 314-454-7377

Asthma care in the inner city: Students will participate in ongoing studies of the delivery of asthma care to inner-city children and adults. The emphasis will be on direct contact between the asthmatic patients and the student, along with an asthma counselor.

Biology of pollen and fungal allergens: Our laboratory has been characterizing the important allergenic proteins from molds and pollen. The allergens are identified using skin-test–sensitive individuals, and the proteins are isolated and characterized by a combination of physiochemical and molecular biological techniques. These studies should lead to better forms of allergy immunotherapy. Students will participate in the isolation, characterization and modification of major allergens from a number of molds, including *Stachybotrys atra* and *Epicoccum nigrum*, and from several pollens, including those from white oak and *Parthenium hysterophoros*, a newly recognized allergen.

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### Primary Care Summer Preceptorships

Since 1996, the School of Medicine has sponsored a primary care preceptorship program for medical students during the summer between their first and second years of classes. Students select a preceptor in internal medicine, pediatrics or family practice and spend up to eight weeks observing that physician's clinical practice. A stipend is provided to the student. Although many of the preceptors are in St. Louis, others — particularly alumni — are located in cities throughout the country.

#### Courses

Courses include the following:

- M25 Medicine (p. 180)
- M27 Emergency Medicine (p. 188)

### M25 Medicine


#### M25 Medicine 507 Practice of Medicine I

POM I is a large course which spans all 3 blocks of the first year. It is composed of three content areas: 1. Clinical Skills 2. Patient, Physician, and Society 3. Clinical Knowledge Each of these three content areas has two or more sections, each run by a faculty section leader. POM I employs a variety of teaching techniques, instructors and venues. This includes lecture, small group discussions, panel sessions, one-on-one hospital interviews, standardized patient sessions, a patient home visit, and visits to both a primary care office and a city clinic. What are the educational goals of POM I? Students will learn to: 1. Perform a complete history and physical examination with thoroughness, accuracy, sensitivity and compassion. 2. Communicate effectively, efficiently and compassionately with patients, families and other health professionals. 3. Describe and analyze the statistical methodology of clinical studies and apply the results to individuals and groups of patients. 4. Identify and investigate ethical, cultural, socioeconomic and political factors relevant to medical interactions. 5. Examine and analyze personal and professional competencies, limitations and behaviors. How do we accomplish these goals? 1. Learning skills and techniques requires a cycle of steps: preparation, background reading, attempts at skill performance, analysis and reflection on performance, discussion of potential improvements and successive performance of the skill with advancement to a new level of expertise. 2. The focus is on learning skills. You practice each skill, such as interviewing, in a variety of venues and situations of varying complexity. This course is for learning about how to do things that you will use for taking care of patients and families. 3. You work in multiple learning environments. a. Academic environments: Small group sessions for discussion, small group practice sessions, peer learning, small group presentations, individual and group writing assignments, and reflections on experiences are the preferred learning locations. b. Clinical environments: Inpatient units with faculty and WUSM IV mentors, standardized patient experiences with videotape review, physicians' offices, patients' homes with and without home care professionals, and a city clinic.

Credit 198.5 units.
M25 Medicine 605A Infectious Diseases
The Infectious Diseases course teaches both organism-specific and organ-specific approaches to disease caused by microbes. The course expands upon the material presented in the first year concerning bacteria, viruses, fungi and parasites and their involvement in causation of human disease. It explores the complex interaction between microbes and host in the individual patient, and at the broader public health level. The course introduces the recognition and initial management of common infectious diseases. Educational methods include lecture, interactive in-class case discussions and review sessions, and student-led clinical case discussions in small groups. Credit 89 units.

M25 Medicine 606A Rheumatology
A major focus of the course is teaching "how to think like a rheumatologist", emphasizing the concept of clinical diagnosis: the history and physical generate a clinical hypothesis, which is supported by laboratory tests. Inflammatory arthritis (rheumatoid arthritis, spondyloarthropathies, crystalline disorders, and infectious arthritis), classic "autoimmune diseases" (lupus, inflammatory myopathy, and scleroderma), and vasculitic syndromes are presented. A team based learning exercise on rheumatology lab tests gives students a chance to teach one another the details. Two separate sessions with four unknown patients gives students a chance to interview patients and try to make a diagnosis. Credit 17 units.

M25 Medicine 607 Practice of Medicine II
The goal of The Practice of Medicine (POM) course is to provide students with the knowledge, skills and attitudes essential to patient care regardless of specialty. POM II is a continuation of POM I and will continue to address various interfaces between patients, physicians and society and will also introduce the advanced physical exam and approaches to clinical thinking and decision-making. The sections of POM II include Clinical Skills, Case Development, Communication Skills, Ophthalmology, Radiology, Community and Public Health, Ethics and Health Policy Humanities, and Scientific Methods. The learning objectives for each section of POM II emphasize topics and skills used in all fields of medicine, and the majority of the course work will be taught in small groups or through clinical experiences. Credit 89 units.

M25 Medicine 611B Cardiovascular Disease
Cardiovascular disease remains the number one cause of death within the United States, although steady advances in the field have greatly reduced both its associated morbidity and mortality. This course provides a foundation for understanding the pathophysiology, diagnosis, and management of cardiovascular conditions commonly encountered in clinical practice, including hypertension, ischemic heart disease, heart failure, arrhythmias, valvular heart disease, pericardial diseases, aortic diseases, peripheral arterial disease, and venous disorders. An emphasis is placed on describing the current state of knowledge in cardiology while also including some of the exciting new developments that are revolutionizing patient care. The course includes lecture overviews of each topic along with small group and team-based learning sessions to solidify and apply knowledge of the material to patient case scenarios. In addition, "EKGs of the Week" allow students to practice a structured approach to the interpretation of EKGs. Credit 30 units.

M25 Medicine 612B Pulmonary Diseases
The pulmonary pathophysiology course is designed to familiarize medical students with the pathophysiological mechanisms underlying diseases of the pulmonary system. The course begins with a brief review of pertinent pulmonary physiology and pulmonary function, and then explores how pathologic disorders alter normal lung physiology resulting in the clinical presentation of disease. Major categories of clinical pulmonary diseases discussed include obstructive lung diseases, restrictive lung diseases, pulmonary vascular diseases and pleural disease. Educational methods include lectures, team based learning and review sessions. Credit 22.5 units.

M25 Medicine 613B Renal & Genitourinary Diseases
This course focuses upon the wide variety of renal diseases. It will begin with a brief review of pertinent renal physiology, and then will explore disorders of fluids/electrolytes (abnormalities in plasma water/solute balance), patterns of acute and chronic kidney injury (including nephritic/nephrotic syndromes and renal involvement in systemic disorders), and finally the options available when end stage kidney disease is reached (hemodialysis, peritoneal dialysis, transplantation). The course contains a mixture of lecture, small group, team based learning, case-based presentations, and patient presentation. Credit 38 units.

M25 Medicine 614 Dermatology
The dermatology second-year course is designed to provide medical students with a foundation in dermatology that will support future learning and improve diagnostic skills in general medicine and a wide variety of specialties. Medical students will learn how to describe skin lesions and the pathophysiologic basis and clinical characteristics of major dermatologic diseases. Major categories of clinical skin diseases and their most prominent constituents will be discussed, including papulosquamous diseases, blistering diseases, infectious diseases, and benign and malignant neoplasms. Credit 8 units.

M25 Medicine 615A Endocrinology and Metabolism
The endocrine pathophysiology course aims to provide an understanding of the pathophysiology and clinical manifestations of common endocrine disorders. Emphasis is placed upon relevant clinical history and physical examination as well as the interpretation of investigations for endocrine disorders. Basic principles of treatment of endocrine disorders will also be discussed. Lectures are supplemented by organ-specific clinical case discussions. Credit 31 units.

M25 Medicine 620A Gastroint. and Liver Diseases/Nutrition
This course discusses the pathophysiological mechanisms underlying diseases of the gastrointestinal tract including esophagus, stomach, small and large intestines, liver, gall bladder and pancreas. A series of lectures related to nutrition and the impact of nutritional disorders on health and disease are also included. Lectures are supplemented by group seminars that include discussion of clinical case presentations. Credit 32 units.
M25 Medicine 625A Hematology and Oncology
The hematology pathophysiology course exposes students to common hematologic disorders and hematologic malignancies. The course utilizes lectures, clinical case discussions and practical sessions involving microscopy. Credit 39 units.

M25 Medicine 705 WUMSCare

M25 Medicine 707 Practice of Medicine III
Objectives: 1. To review challenges and dilemmas relevant to the practice of clinical medicine. 2. To examine clinical experiences from a variety of perspectives. In this course, themes and topics relevant to students in their clinical stage of training are discussed. Session formats include lecture, panel discussion and/or small groups. As students exchange problematic scenarios and questions, the group develops potential solutions and management schemes. *Topics in the past have included: 1) Diversity 3.0 training 2) Business of medicine 3) Individualized Learning Objectives in clinical scenario 4) PSQI 5) Mock Deposition, Risk Management, and Adverse Patient Outcomes 6) Compassion Fatigue, Resilience, and Burnout Part 1 7) Compassion Fatigue, Resilience, and Burnout Part 2 8) Caring for Incendiary Patients 9) Diagnostic Error and Transitions of Care 10) Strategies for Effective Teaching and Mentoring Attendance at 8 out of 10 POM III sessions is required to pass this course. Students may use 2 absences for any reason and are recommended to save them for their ACES rotation, Labor & Deliver rotation, or an emergency. Credit 154 units.

M25 Medicine 710 Medicine Clerkship
The Medicine clerkship provides supervised study of patients in both inpatient and ambulatory settings. For the inpatient rotations, students are assigned as clinical clerks to patients admitted to the general medical teaching services of Barnes-Jewish Hospital and Veterans Administration Medical Center. For the outpatient rotations, students learn primary care in internal medicine and family medicine clinics at Barnes-Jewish hospital or community-based practices. Teaching is provided by the Chief of Service, attending Physicians, House Officers, consultants, Chief Residents and regularly scheduled conferences. Formal instruction is given regarding core internal medicine topics during the clerkship. A minimum of 8 weeks is required: 2 consecutive 4-week rotations. Credit 308 units.

M25 Medicine 714 Ambulatory Clerkship: Emergency Medicine
The Urgent Care area (UCA) serves as our site for the WUSM III Ambulatory Care Rotation. Three students at a time are assigned to this 4 week rotation. Students will spend their first day in an orientation session learning suturing, ECG interpretation and airway management (including intubation skills) in hands-on laboratories. They will also review pelvic examinations and view an education video on domestic violence. On day two, they begin primarily evaluating non-emergent patients in Urgent Care and report directly to an Emergency Medicine attending. There are 4 hours of conferences per week (8:00 - 10:00 AM on Tuesday and Wednesday mornings) - attendance is mandatory. Discussions are currently underway to allow students to participate in helicopter rides-alongs with ARCH Airmedical Services. Students can expect to gain a wide range of skills in evaluating uncomplicated upper respiratory infections, urinary tract infections, sexually transmitted diseases, lacerations, eye problems, rashes, simple extremity trauma--in general, “bread and butter” medical/surgical problems. Students do a case presentation (15 min) at the close of the block. Credit 154 units.

M25 Medicine 740 Dermatology Clerkship
The goal of the dermatology clerkship is to provide a guide for the student to appreciate dermatology within the broader perspectives of medicine and biology. The student will develop familiarity with dermatologic vocabulary, learn to recognize and initiate therapy of common dermatologic disorders and become cognizant of uncommon or complicated dermatologic problems that require specialty care. Emphasis will be placed on careful history taking and physical examination. Students will always work under the direction of the resident physician and the attending physicians in the clinic setting. Credit 77 units.

M25 Medicine 750 Geriatrics Clerkship
The primary goal of this rotation is for students to gain proficiency in the principles of geriatric evaluation and management, including the medical, psychological, social, and functional assessments of older adults. Students are expected to participate in the evaluation of three to five patients per week, in a variety of settings including the outpatient Geriatric Assessment Clinic, in-patient Geriatric Consult service, Parc Provence nursing home, and the Rehabilitation Institute of St. Louis (TRISL). Students will also have the opportunity to participate in hospice and home care visits, interdisciplinary team meetings, and observe an assessment at the WU Alzheimer’s Disease Research Center. Students are expected to attend weekly conferences while on the rotation. The day normally begins at 8:30 a.m. and is usually finished by 5:30 p.m. There is no night or weekend call. Time is provided to read the detailed syllabus/bibliography. Many clinical activities are off-site from the medical campus. Students will be required to coordinate transportation to and from such sites. Students will be expected to give an oral presentation on a topic of their choice once during the rotation. Credit 77 units.

M25 Medicine 801 General Medicine Subinternship - BJH
The purpose of the General Medicine Subinternship is the development of expertise in the care of hospitalized patients in a well-supervised teaching environment. Subinterns act as their patients’ interns under the supervision of residents and attending physicians. Subinterns have the same on-call and admitting schedules as the interns on their teams and are assigned up to two new patients on each admitting day. Subinterns are not required to spend call nights in the hospital. Except in emergencies, subinterns are the first individuals to evaluate patients admitted to medical service teams. A diagnostic and therapeutic approach to the patient is planned in consultation with the resident. Subinterns assume primary responsibility for the daily care of their patients, under the supervision of resident and attending physicians. This includes evaluation on daily rounds, scheduling and obtaining results of diagnostic studies, planning therapy, making arrangements for care after discharge and communicating with patients and their families. Subinterns attend the same conferences as the house staff.
M25 Medicine 805 Rheumatology
Students will be involved in the diagnostic work-up and management of patients with conditions such as: systemic lupus erythematosus, rheumatoid arthritis, scleroderma, vasculitis (ANCA-associated vasculitis, temporal arteritis, etc.), spondyloarthropathies (ankylosing spondylitis, psoriatic arthritis, reactive arthritis, etc.), and gout; there is less exposure to osteoarthritis and regional musculoskeletal problems. By working closely with a faculty member, fellows and medical residents, students become integral and active members of the rheumatology service for inpatient consultations and outpatient clinics at Barnes-Jewish Hospital. An emphasis is placed on the physical examination of joints and the musculoskeletal system, synovial fluid analysis, and interpretation of diagnostic tests and radiographs. Students attend two rheumatology conferences held weekly. A rotation limited to outpatient rheumatology is possible by prior arrangement with the Course Director.

M25 Medicine 807 General Medicine Subinternship - VA
The purpose of the General Medicine Subinternship at the VA Medical Center is to develop proficiency in the care of hospitalized patients on an internal medicine ward. Subinterns will have similar responsibilities as interns, with appropriate supervision by the attending and resident physicians. They have the same on-call/admitting schedules as the interns and participate in the same teaching conferences, but they do not take overnight call. Subinterns should admit at least two patients per call day, and they should be the first to evaluate the patients admitted to the medical service, except in emergencies. A diagnostic and therapeutic approach to evaluating each patient is planned in consultation with the resident. Subinterns assume primary responsibility for the daily care of their patients, including evaluating each patient daily, presenting on morning rounds entering orders (discussed with and co-signed by the resident), interpreting results of diagnostic studies, calling consults, collaborating with nurses and social work, organizing post-discharge care, and communicating with patients and their families. Subinterns also attend weekly small group learning sessions during which they discuss, diagnose, and treat patients using example cases. By the end of the VA General Medicine Subinternship, subinterns will be able to independently: - synthesize and succinctly present a patient’s history, exam, diagnostic data, assessment, and plan of care. - support differential diagnoses and proposed care plans with clinical reasoning and evidence. - demonstrate how to correctly order diagnostic tests and medications that further patient care. - analyze complex patient cases during interactive small group learning sessions. - integrate feedback from patients, residents, and attending physicians, and formulate a plan for ongoing improvement as a clinician.

M25 Medicine 810 Geriatric Medicine
The primary goal of this rotation is for students to gain proficiency in the principles of geriatric evaluation and management, including the medical, psychological, social, and functional assessments of older adults. Students are expected to participate in the evaluation of two to ten patients per day, in a variety of settings including the outpatient Geriatric Assessment Clinic, inpatient Geriatric Consult service, outpatient Geriatric Medicine Primary Care clinics, VA Home-Based Primary Care, and Parc Provence Nursing Home. Students will also have the opportunity to participate in hospice and home care visits, interdisciplinary team meetings, and observe an assessment at the WU Alzheimer’s Disease Research Center. Students are expected to attend weekly conferences while on the rotation. The day normally begins at 8:30 am and is usually finished by 5:30 pm. There is no night or weekend call. Time is provided to read the detailed syllabus/bibliography. Many clinical activities are off-site from the medical campus; students will be required to coordinate transportation to and from such sites. Students will be expected to give an oral presentation on a topic of their choice once during the rotation.

M25 Medicine 811 Hospitalist Subinternship
This course allows the student to work one-on-one with hospitalist physicians on a patient care team. The student acts as the intern under the direct supervision of the attending physician. Daily responsibilities include admission history and physicals, daily notes and discharge summaries on assigned patients. Students will also have the opportunity to perform indicated procedures on patients on this service. Students are encouraged to participate in Department of Medicine conferences.

M25 Medicine 811A Clinical Internal Medicine: Hospitalist
This course allows the student to work one-on-one with hospitalist physicians on a patient care team. Daily responsibilities include admission history and physicals, daily notes, and discharge summaries for assigned patients. Students will also have the opportunity to perform indicated procedures on patients on this service. Students are encouraged to participate in Department of Medicine conferences.

M25 Medicine 821 Inpatient Cardiology
Students will participate as members of the Barnes-Jewish Cardiology at Washington University Consultative Team. They will be part of a team composed of faculty members, fellows, residents, and nurse practitioners that sees a large population of cardiac patients and follows them through all aspects of their in-hospital care. Emphasis will be placed on physical examination and the interpretation of modern cardiac diagnostic tests including electrocardiograms, echocardiograms and coronary angiograms and their role in clinical decision making.

M25 Medicine 822 Cardiology Subinternship
The structure and functioning of the Cardiology subinternship is very similar to the General Medicine Subinternship (M25 801 and M25 807). The basic purpose is to develop expertise in the care of hospitalized patients in a well-supervised teaching environment. The majority of patients admitted to the service will have a cardiology diagnosis as the main reason for admission. Some general medical problems will also be seen. All attendings on the service are cardiology subspecialists. Cardiology fellows act as the chief resident for the service on a monthly basis. Subinterns act as their patients’ interns under the supervision of residents and attending physicians. Subinterns have the same on-call and admitting schedules as the interns on their teams and are assigned up to two new patients on each admitting day. Subinterns are not required to spend call nights in the hospital. Except in emergencies, subinterns are the first individuals to evaluate patients admitted to medical service teams. A diagnostic and therapeutic approach to the patient is planned in consultation with the resident. Subinterns assume primary responsibility for the daily care of their patients, under the supervision of resident and attending physicians. This includes evaluation on daily rounds, scheduling and obtaining results of diagnostic studies, planning therapy, making arrangements for care after discharge and communicating with patients and their families. Subinterns attend the same conferences as the internal medicine house staff. There are also several conferences specific to the cardiology service.
M25 Medicine 823 Clinical Cardiology - VA Hospital
The major purpose of this elective in clinical cardiology at the John Cochran VA Hospital is to improve evaluation and management skills for diagnosis and treatment of important cardiovascular conditions such as coronary artery disease including acute myocardial infarction, congestive heart failure, hypertension, and valvular heart disease. The rotation is designed to be flexible enough to accommodate a wide variety of course objectives but includes the opportunity to participate in 1-3 outpatient clinics per week; 1-4 weeks of inpatient intensive care, telemetry, or cardiology consultation rounds; and ECG, stress testing, nuclear imaging, or echocardiographic reading sessions, cardiac catheterization and electrophysiologic procedures. The emphasis will be on improvement of the ability to diagnose and treat cardiovascular disease on the basis of information obtained from a thorough history and physical examination that is integrated with data from appropriate highly targeted laboratory studies in a manner that optimizes patient outcome and minimizes risk and costs.

M25 Medicine 825 Cardiac Arrhythmias and Electrophysiology
Students will be members of the Cardiac Electrophysiology Consultation Team, which includes faculty members, fellows, residents, and nurse practitioners. The student will serve at the primary assessor for consultations and will, in concert with the rest of the team, complete the patient's assessment and initiation recommendations and plan, as well as follow up. There is an emphasis on ECG evaluation and gaining familiarity with indications and details of arrhythmia therapeutics, including catheter ablation procedures, implantable device procedures, assessment, and programming, as well as antiarrhythmic drug therapy.

M25 Medicine 827 Heart Failure/Cardiac Transplantation
This rotation is intended to provide trainees with a comprehensive experience managing patients with advanced heart failure. In addition to daily inpatient rounds, trainees are invited to attend both heart failure and transplant clinics. Further, the curriculum is supplemented by a syllabus that contains the critical literature pertinent to this patient population. The trainees will also have experience with the evaluation of patients for operative heart failure therapies and will have the opportunity to observe these surgical procedures.

M25 Medicine 830 Dermatology
The aim of this elective is to provide a guide for students so they are able to appreciate dermatology within the broader perspectives of medicine and biology. Emphasis will be placed on the dermatologic variations encountered in a normal physical examination of the skin, the identification of common skin diseases, dermatologic clues to systemic disease, as well as those dermatologic conditions that are life-threatening. The student will participate in outpatient care in the Barnes-Jewish Hospital, VA, and affiliated clinics. Students will attend all clinical teaching rounds and conferences in addition to the basic science and cutaneous histopathology conferences.

M25 Medicine 831 Pediatric Dermatology
This clinical rotation will be available to students interested in dermatology, pediatrics or both. Students will follow the dermatology rotation (M25 830) with an emphasis on pediatric dermatology by attending pediatric dermatology clinics, seeing consults, etc.

M25 Medicine 834A SNHC Clinical Mentoring
This elective is designed to develop the teaching and mentoring skills of our fourth-year medical students through clinical sessions at the Saturday Neighborhood Clinic. In addition, the elective will develop the ability of our fourth-year students to productively engage and present complex social issues through the development of a one-hour lecture. Three mentoring sessions will also occur. Each fourth-year student will pair with a preclinical (first- or second-year) student each session and then supervise that student throughout the clinic day. The fourth-year student will supervise and assist as the preclinical students completes the patient history and physical, presents the exam results to the physician, and writes the visit notes for multiple patients. The preclinical student will complete one patient note without assistance, which the fourth-year student will then thoroughly review, edit, and return to the preclinical student, along with constructive feedback regarding the preclinical student's general performance. The attending present at the SNHC will verify that the fourth-year mentor fulfilled the specified mentoring requirements. Additional practice sessions to review exam skills, note writing, and communication are optional and can be individually arranged between teams so the fourth-year mentor can assist the first-year student with personalized skills. Reading: (1 presentation) The fourth-years taking this elective will break into groups of 3-4. Each group will be responsible for presenting a 1-hour presentation on a topic related to "social determinants of health". There should be a case component to the presentation as well as a broader discussion. The presentations will be based on thorough research and should engage the broader context of the topic including the epidemiology, social and health ramifications, economics, interventions, etc. The presentation should include descriptions of potential solutions and innovation, where applicable.

M25 Medicine 836 Clinical Gastroenterology and Hepatology
The GI Hepatology elective is integrated into a very active inpatient and endoscopy service at Barnes-Jewish Hospital. Students will participate in the evaluation of inpatients with a spectrum of gut and liver disorders, make patient rounds with the faculty and fellows, and have responsibility for patients on whom consultations have been requested. In addition, they will observe general endoscopic techniques and participate in GI conferences.

M25 Medicine 836A Treatment of Patients with Inflammatory Bowel Disease
This elective will allow students to spend an intensive period of time learning about all aspects of the care of patients with IBD (surgical, endoscopic, and medical management). Although a predetermined schedule has been developed, it can be modified based on the student's interest. Alternative options include: - Inpatient IBD care (Barnes-Jewish Hospital and Barnes West County) - Wound clinic / stoma care - Specialized endoscopy (chromoendoscopy, ERCP) - IBD / colorectal surgery - Pathology

M25 Medicine 838 Medicine Consult Service
The focus of the Medicine Consult Service elective is the evaluation and management of medically complex patients admitted to the hospital on non-medicine services. The issues involved with perioperative management are particularly stressed. The student will function as a member of the consult
service team. Duties will include performing initial consultations and follow-up care under the supervision of a Hospital Medicine attending and a resident. Attending participation in Department of Medicine and division conferences is encouraged.

M25 Medicine 844 Hematology and Hemostasis
Activities include work-up of patients at Barnes-Jewish Hospital under the supervision of the hematology fellow and faculty; attendance at daily clinical rounds for 1-1.5 hours per day. These are staffed by a senior faculty in the Division of Hematology. In addition to evaluation of patients with hematologic disorders, the student will gain additional analytic skills including: 1. Interpret and integrate laboratory data in the diagnosis of anemia and other cytopenias. 2. Review peripheral blood and bone marrow morphology. 3. Analyze laboratory data for the diagnosis of thrombophilia and bleeding. 4. Discern the principles of blood banking and pheresis. The students will have the opportunity to follow patients with sickle cell disease and understand the treatment of this disorder. The student is expected to attend and participate in the weekly hematology conference.

M25 Medicine 847 Bone and Mineral Diseases
The course is designed to acquaint the student with the clinical, radiological and pathological manifestations and treatment of disorders of bone and mineral metabolism, including osteoporosis, Paget's disease of bone, hyperparathyroidism, osteomalacia, and more rare disorders of bone development and homeostasis. The student will rotate through clinics of the Division of Bone and Mineral Diseases, and see patients at Barnes-Jewish Hospital, Barnes-Jewish West County Hospital and Shriners Hospital for Children. Acquired and heritable bone diseases will be studied in the context of derangements of mineral homeostasis with emphasis on vitamin D and peptide hormone metabolism and skeletal formation and remodeling. The role of non-invasive methods for measuring bone mass in the diagnosis and management of skeletal diseases also will be stressed. Faculty and medical students will present interesting cases for discussion or the students can present a pertinent topic related to bone metabolism they have researched during their rotation.

M25 Medicine 849 Sun Protection Outreach Teaching by Students (SPOTS)
Students will teach public and private middle school and/or high school students in the St. Louis area about skin cancer and sun protection. SPOTS courses are taught in 60- to 90-minute sessions. The program involves delivering a PowerPoint presentation with a prewritten script, interactive games, a video, and hands-on demonstrations. The elective is open to students who are new to this program, as well as students who previously participated in the SPOTS first-year selective. Students new to SPOTS are required to attend two evening training sessions (2.5 hours each) to learn the content of the program, as well as teaching strategies. For students who have taught SPOTS before, only one evening session is required. Training sessions for all enrolled students occur in the fall. A winter training session can be added if needed. Students will teach 4 SPOTS session per week of elective credit (8 sessions total). Students participating in the elective need to arrange for their own transportation to teach sessions. Sessions are typically taught by students in pairs. Learning objectives: 1. Demonstrate knowledge of basic principles of skin cancer, including how to detect skin cancer and how to decrease risk with photoprotection. 2. Effectively communicate this knowledge to children/adolescents. COVID UPDATE: Many schools are not allowing in-person visits and we have sent them the recorded materials but have not had medical students visit. If we have more interest by students than sessions, we may have to engage the medical students in other ways.

M25 Medicine 853 Bone and Joint Infectious Diseases
Study of infectious diseases of the bones and joints, including infections in both native and prosthetic joints. The elective is designed to teach students the fundamentals of evaluating clinical orthopedic infections and formulating plans for workup and therapy. Students see consultations in infectious diseases in every part of Barnes-Jewish Hospital under the supervision of a faculty member who rounds with them every day. They work closely with the infectious diseases attending and nurse practitioner, follow their own patients and play an important role in their management. They also learn appropriate use of antibiotics and antifungal agents. The role of surgical and medical management is discussed, and the students will interact with surgical staff in understanding the risks and outcomes of these common infections. Two weeks of General Infectious Disease are a prerequisite to this course.

M25 Medicine 854 Transplant Infectious Diseases
Study of infectious diseases in patients who have had bone marrow or solid organ transplants, or who have a hematologic malignancy. The elective is designed to teach students the fundamentals of evaluating clinical infections in these complex and interesting patients and formulating plans for workup and therapy. Students see consultations in every part of Barnes-Jewish Hospital under the supervision of a faculty member who rounds with them every day. They work closely with infectious disease fellows, follow their own patients and play an important role in their management. They are expected to read the literature about their patients and participate in clinical conferences. They attend teaching rounds and conferences and lectures in infectious diseases. They also learn appropriate use of antibiotics, antifungal and antiviral agents in this highly immune suppressed population. A wide distribution of infectious diseases is covered including management of neutropenic fever, invasive fungal infections in the transplant population, acute and chronic infections, infection prophylaxis and monitoring and interactions between immunosuppressive agents and antibiotics.

M25 Medicine 858 Ambulatory Infectious Diseases
The elective is designed to teach students the fundamentals of evaluating clinical infections in the outpatient setting. Students see patients under the supervision of a faculty member and interact with ID fellows and internal medicine residents. Students will participate in the care of HIV-infected or otherwise immunosuppressed patients as well as general infectious disease patients. The clinic is the primary provider for many HIV-infected patients, and students will learn the pathogenesis of HIV, become familiar with most antiretroviral medications, and have the opportunity to learn about opportunistic infections and their prophylaxis. They will also have the opportunity to see patients with bone and joint infections, endovascular infections, endemic and opportunistic mycoses, mycobacterial infections, sexually transmitted diseases, and many other infections. Patients seen will have a wide range of acute and chronic infections, and will include indigent and insured patients across a wide range of ages. The students will play an important role.
in the management of these patients and will present their assessments and plans to the supervising attending. They are expected to write clinic notes, read the literature about their patients, and participate in clinical conferences.

M25 Medicine 859 General Inpatient Infectious Diseases
This elective allows students to participate in the management of patients with a wide variety of infections in the inpatient setting. The elective is designed to teach students the fundamentals of evaluating clinical problems in infection and formulating plans for diagnosis and management. Students see consultations in infectious diseases in every part of Barnes-Jewish Hospital under the supervision of a faculty member who rounds with them every day. They work closely with medical residents and infectious disease fellows, follow their own patients and play an important role in their management. They are expected to read the literature about their patients and participate in clinical conferences. They attend teaching rounds, conferences, and lectures in infectious diseases. They see a wide variety of infection diseases including community acquired acute and chronic infections, surgical infections, opportunistic infections in HIV-infected patients and other immunocompromised hosts, hospital-acquired infections, and basic infection control practices. They also learn appropriate use of antibiotics, antifungal and antiviral agents.

M25 Medicine 861 Oncology - Inpatient Consult Service
Medical Oncology is a complex subspecialty that is undergoing a rapid evolution as a result of new systemic treatment approaches that stem from biological insights into the nature of cancer. During the course of the elective, medical students will be able to interact with attending physicians and patients for bed side teaching and attend tumor boards and lectures focused on the care of patients with solid tumors. At the end of the rotation, the students will appreciate the principles of our approach to cancer patients and should have gained insights into the evaluation and management of patients with newly diagnosed malignancies. The role of surgery, radiation, and systemic treatment will also be an important theme, as well as the conduct of clinical research in this patient population. Students will also learn to care for hospitalized patients suffering from complications from their cancer or from toxicities due to treatments. Oncologic emergencies will be covered. Issues such as palliative care treatment options and end-of-life decision making will be explored as well.

M25 Medicine 867 Medical Intensive Care
The Medical Intensive Care Unit Elective is designed to introduce senior medical students to cognitive and procedural aspects of critical care medicine. Students will be expected to learn the basic pathophysiology and treatment approaches to respiratory failure, shock states and metabolic derangements. Participation in procedures will be encouraged as available. Dynamics of difficult conversations with patients and family members will also be modeled and discussed. Clinical responsibilities will occur as a part of a team and students will be expected to participate in admissions and daily follow-up on assigned patients. Teaching will occur via didactic lectures on weekdays and formal patient discussions on rounds.

M25 Medicine 869 Palliative Medicine
The Palliative Medicine elective will focus on the care of patients with life-threatening or debilitating illness throughout the course of their care. Skills in symptom management, communication, and interdisciplinary team-based care will be the focus. Students will spend the majority of their time on the BJH Palliative Care Service. Based on the individual student’s interest, there may also be opportunities to work with the BJC Hospice Team and the St. Louis Children’s Hospital Pediatric Advance Care Team. Students wishing to work with either team should contact the Course Director and Administrative Contact, as well as the Instructors of the appropriate team, with as much advance notice as possible as trainee spots are very limited for both. In the hospital, students will be responsible for seeing patients upon initial assessment as well as delivering follow-up care with the team. Patients will be seen for both end-of-life care as well as symptom management. Students will learn to assess and treat refractory symptoms and participate in complicated advanced care planning. Students will attend interdisciplinary team meetings, and may participate in conversations about goals of care and coping with bad news. They may also make home visits with hospice care providers, if desired. Emphasis will be placed on observing and understanding the psychosocial and spiritual needs of the patients, as well as the impact of the burden on caregivers. In addition, students will be expected to participate in bi-weekly presenting case conferences and group discussions on selected aspects of Palliative Medicine with the BJH Palliative Care team. Students will also be required to give a 20-minute presentation to the BJH Palliative Care team at the end of their rotation.

M25 Medicine 870 Endocrinology, Diabetes, and Metabolism
In general, the four-week rotation will be divided into two weeks of general endocrinology and two weeks of diabetes. Students taking this elective will perform consultations with fellows and faculty on the inpatient services at Barnes-Jewish Hospital and will also see patients with endocrine and metabolic diseases in the Outpatient Consultation. They will present these cases daily on teaching rounds. They will also participate in case conferences and seminars on a weekly basis. Extensive interaction with patients with diabetes and a diabetes education program are included, as is involvement with patients with thyroid, pituitary, adrenal, gonad, metabolic bone disease, and lipid disorders. Ample opportunities will be provided for discussions of patient problems with the members of the division. A variety of outpatient clinics are offered in the division and interested students should speak with the fellows and faculty members to customize the learning experience to match his or her career goals. At the end of the rotation, it is expected that students will have the ability to initiate inpatient and outpatient management of diabetes including insulin dosing and glucose monitoring, as well as evaluate and treat a variety of endocrine disorders including but not limited to thyroid, pituitary, and adrenal disease. Students will learn to perform effective inpatient and outpatient consultations.

M25 Medicine 871 Oncology - Outpatient
Students will gain experience in the initial treatment of newly-diagnosed malignancies and the outpatient management of oncology patients. Participation in multidisciplinary tumor conferences will stress a combined-modality approach to management, incorporating chemotherapy, radiotherapy and surgery. Students will see patients with a variety of malignancies, including lymphoma, myeloma, and tumors of the lung, breast, and colon. Management of hypercalcemia and other paraneoplastic syndromes, as well as cancer pain management, will be covered. Students will have the opportunity to see how most oncologists spend 90% of their workday. They will observe different styles that oncologists use when presenting news about prognosis, treatment options, and other information to patients while they also learn about the molecular basis for cancer, the
M25 Medicine 877 Intensive ECG Interpretation
During this two-week elective, students will read 20-25 ECGs obtained from the Barnes-Jewish Cardiac Diagnostic Laboratory, with an overview by an experienced electrocardiographer. There will also be didactic sessions covering infarction, ventricular hypertrophy, heart block, arrhythmias, and aberrant conduction.

M25 Medicine 879 Pulmonary Clinic for the Underserved Clinical setting: Outpatient Clinic dedicated to providing pulmonary specialty care to patients who are predominantly uninsured or who rely upon public assistance such as Medicaid. Student role: Students independently interview and examine patients and present findings to the attending, tests and imaging are reviewed, and provider and attending develop plan. Common problems/diseases: Asthma, COPD, sarcoidosis, lung cancer, and obstructive sleep apnea are commonly seen. Also, patients are referred for evaluation of abnormal x-rays and for symptoms such as dyspnea. Primary learning objectives: - to understand and practice important history and exam skills in pulmonary medicine: symptoms, smoking history, work and environmental exposures, and important pulmonary physical exam findings. - to understand the basics of pulmonary function tests, chest imaging, and methods for tissue sampling. - to understand the basis of treatment of common pulmonary disorders. Conferences: There is no conference associated with this clinic, but students may attend the usual Thursday morning Medicine Grand Rounds at 8:00 am and the Pulmonary Grand Rounds at 11:00 am if the subject matter is appropriate.

M25 Medicine 880 Pulmonary Medicine - Barnes-Jewish Hospital
Students will acquire skills in the evaluation and management of patients with pulmonary diseases and in the interpretation of pulmonary function tests. They will gain experience in outpatient Lung Center and attend regular pulmonary and critical care medicine conferences.

M25 Medicine 884 Stem Cell Transplantation and Cellular Therapies
This elective is designed to introduce students to the general inpatient, intensive care, and outpatient management of patients with multiple hematologic malignancies including leukemia, lymphoma, marrow failure states and myeloma. These patients will be treated with chemotherapy, targeted therapies and cellular immunotherapies including chimeric receptor T cells (CART), natural killer cells, bispecific antibody treatments and stem cell transplant (both autologous and allogeneic). As the primary team, the BMT service is responsible for diagnosing and treating all medical problems including many critical care issues that may occur in these patients. These complex patients are often severely immunocompromised, coagulopathic, and at high-risk of multi-organ complications from both their disease and their therapy. Students work closely with residents, fellows, and faculty to develop treatment plans for patients. Students participate in daily rounds discussing general inpatient and intensive care BMT patients and attend outpatient clinic 1 day/wk to see how BMT physicians approach patients faced with difficult decisions to make regarding their care. In addition to multiple weekly conferences, students also attend daily teaching rounds led by faculty to learn the basic science of hematopoiesis, the genomics of leukemia, stem cell biology, gene therapy and cell therapy, transplantation immunology, graft vs host disease and infectious diseases seen in these immunocompromised patients. The average medical student will contribute to the care of inpatients (30-40 patients/day) and will be directly involved in the assessment and care of selected outpatients as well.

M25 Medicine 887 Clinical Cardiovascular Medicine
This course involves clinical cardiology with some internal medicine in a rural setting. Topics include inpatient and outpatient care, diagnostic testing, device implants and follow-up care, cardiac catheterization, and peripheral vascular angiography and intervention.

M25 Medicine 890 Clinical Nephrology
Students rotate through inpatient and outpatient experiences to gain exposure to all facets of nephrology. They will spend time the majority of their time on an inpatient consult service, gaining exposure to acute and chronic renal failure, glomerulonephritis, and electrolyte disorders. During this time, they will serve as a fully integrated member of the consult team, evaluating underlying causes of kidney disease, performing diagnostic procedures, formulating management plans, and engaging in decision-making discussions with primary services and families. In addition, students will have the opportunity to experience ICU nephrology, transplant nephrology, the various CKD clinics, and all modalities of dialysis, including in-center, home, and peritoneal dialysis.

M25 Medicine 890A Kidney Transplant
Students participating in this elective will gain exposure to end-stage renal disease and the treatment options, examine kidney transplantation as the most valuable option, learn about immunosuppression, and gain exposure to infectious diseases like CMV, BK, and adenovirus that are commonly seen in patients who have had a kidney transplant (and not often seen otherwise).

M25 Medicine 893 Adult Allergy and Clinical Immunology
Students will participate in the outpatient Allergy Clinics located in Barnes Jewish Hospital Center for Advanced Medicine, Barnes Jewish West County, and Center for Advanced Medicine South County. Students will participate in allergy skin testing, pulmonary function testing, and drug desensitization. They will have the opportunity to see patients with allergic rhinitis, asthma, hives, food allergy, immunodeficiency, eosinophilic esophagitis, hereditary angioedema, mastocytosis, contact allergic dermatitis, eczema, and more. They can attend allergy conferences on Thursday morning. Students have the option to follow a fellow and see inpatient consults at Barnes Jewish Hospital.

M25 Medicine 897 Complex Primary Care (ComPACT)
ComPACT is an intensive primary care clinic. We work with veterans with multiple medical comorbidities and multiple hospitalizations. Frequently, they also have many social barriers to health care. Our goals are to reduce admissions and improve overall health and wellness. Students will be responsible for performing histories and physicals in the outpatient setting. In
addition, when appropriate, students will round on hospitalized ComPACT patients with Drs. Rumora and McCarthy. Patient interactions will be face-to-face and electronic (phone, video). Students will gain experience with balancing the demands of competing medical issues. Many of our vets have heart failure, diabetes, kidney disease, COPD, and other conditions. Students will also gain experience in identifying and working to mitigate social barriers to health. We have weekly staff "huddles" that we encourage students to attend. We also have a journal club approximately monthly. If this occurs during the student's time with us, we may ask them to present an appropriate paper.

M25 Medicine 900 Research Elective - Internal Medicine
Research opportunities may be available. If interested, please contact the Department of Internal Medicine.

M27 Emergency Medicine

M27 EMED 714 Ambulatory Clerkship: Emergency Medicine
The Urgent Care area (UCA) serves as our site for the WUSM III Ambulatory Care Rotation. Three students at a time are assigned to this two-week rotation. Students will spend their first day in an orientation session learning suturing, ECG interpretation, and airway management (including intubation skills) in hands-on laboratories. They will also review pelvic examinations and view an education video about domestic violence. On day two, they begin primarily evaluating non-emergent patients in Urgent Care and report directly to an Emergency Medicine attending. There are four hours of conferences per week (8-10 a.m. on Tuesday and Wednesday mornings), and attendance is mandatory. Discussions are currently underway to allow students to participate in helicopter ride-alongs with ARCH AirMedical Services. Students can expect to gain a wide range of skills in evaluating uncomplicated upper respiratory infections, urinary tract infections, sexually transmitted diseases, lacerations, eye problems, rashes, simple extremity trauma -- in general, the "bread and butter" medical/surgical problems. Students do a 15-minute case presentation at the close of the block.
Credit 77 units.

M27 EMED 800 Reading Elective - Emergency Medicine

M27 EMED 810 Medical Toxicology
This rotation offers practical experience in the evaluation and management of the acutely ill, poisoned, or intoxicated patient. Students will function as subinterns and either report to the emergency resident, fellow, or directly to the toxicology attending. Students will gain familiarity and experience evaluating and treating patients who have intentionally and unintentionally overdosed on medications or illicit drugs or have substance use disorders, been envenomated (such as by spiders, snakes, or other reptiles), or been exposed to toxic substances or chemicals. Students will also gain experience in administering antidotes and learning to properly decontaminate someone after an ingestion or exposure. There are no overnight or weekend shifts. While not required, students are welcome to come in off hours to see new consults and enhance their experience and learning. Daily activities start in the morning and are generally concluded by the early afternoon. A core content of lectures will be provided. The students will also be assigned small projects during their rotation that will enhance their experience particularly in environmental and occupational toxicology. Students will also be asked to complete SAMHSA approved training which will allow them to apply for DEA buprenorphine waivers upon obtaining their permanent medical license. Opportunities to increase their experience with occupational toxicology and addiction medicine also exist during this rotation; students will be able to rotate in the outpatient toxicology and addiction medicine clinic. Students will also have the opportunity to go to the Missouri Poison Center. Students desiring a letter of recommendation from one of the toxicology attendings (who are also Emergency Medicine attendings) or interested in Emergency Medicine or Medical Toxicology should take this elective. Also, students considering other specialties such as Pediatrics, Psychiatry, Neurology, or Internal Medicine should consider this rotation as they will be responsible for evaluating these patients as part of their inpatient or outpatient practice. Please be advised that there is a limit of days off while on this rotation during interview season; otherwise, students should arrange to take the elective at a different time during the year. Days off during the rest of the year will conform to university policy. Days off should be requested from the Course Coordinator at least two weeks prior to the beginning of the rotation for scheduling purposes.
M27 EMED 820 Emergency Ultrasound
Point-of-care ultrasound has become an integral diagnostic and procedural tool for nearly every clinical specialty. Ultrasound examination at the bedside is noninvasive, painless, and repeatable, unlike many other common diagnostic tests. However, like all procedures, developing ultrasound skills takes a significant amount of practice and experience. This rotation will focus on clinical ultrasound image acquisition and interpretation at the bedside. Students will participate in the performance of bedside ultrasound of patients in the Emergency Department. Common applications of emergency ultrasound include the FAST exam, pelvic ultrasound, abdominal aortic aneurysm (AAA), vascular access, renal, ocular, cardiac ultrasound, and DVT. Students will be involved in direct patient care during this rotation as part of the ultrasound team in the Emergency Department. In general, the student will be in the Emergency Department during weekdays to perform these exams. In addition, the student will meet with the elective instructor approximately once per week to review images or for direct hands-on instruction. At the end of the rotation, the student should be able to obtain images for basic point-of-care ultrasound examinations and to interpret those images for diagnostic purposes. Students may also have opportunity to practice ultrasound-guided procedures during the rotation.

M27 EMED 900 Emergency Medicine Research Elective

Department of Molecular Microbiology
The Department of Molecular Microbiology teaches introductory courses in microbiology and pathogenic microorganisms for first-year medical students and graduate students. In conjunction with the Division of Biology & Biomedical Sciences (DBBS) (http://www.dbbs.wustl.edu/Pages/) program in Molecular Microbiology and Microbial Pathogenesis (http://www.dbbs.wustl.edu/divprograms/micro/Pages/default.aspx), the department also offers a number of advanced courses that are primarily designed for graduate students but also open to medical students. Advanced elective research activities are offered by faculty in the department.

Website: http://www.microbiology.wustl.edu

Faculty

Sean P. J. Whelan, PhD
Department Chair

Christina L. Stallings, PhD
Program Director

Visit our website for more information about our faculty (https://microbiology.wustl.edu/faculty/) and their appointments.

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PHD Madurai Kamaraj University 2002

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BS Stanford University 1992  
PHD Mass Inst of Technology (MIT) 1998  
Sean P. J. Whelan, PHD
Marvin A Brennecke Distinguished Professor of Molecular Microbiology (primary appointment)
Head of the Department of Molecular Microbiology
PHD University of Reading 1993

Research Electives

Molecular Microbiology Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Stephen M. Beverley, PhD
McDonnell Pediatric Research Building, 9th Floor
Phone: 314-747-2630
Molecular genetics of protozoan parasites and tropical diseases; biosynthesis of the parasite surface, genomics, virulence and drug action or resistance.

Michael Caparon, PhD
McDonnell Pediatric Research Building, 10th Floor
Phone: 314-362-1485
Molecular genetics and pathogenicity of the streptococci and other pathogenic gram-positive bacteria.

Siyuan Ding, PhD
McDonnell Pediatric Research Building, 9th Floor
Phone: 314-273-3963
Molecular mechanisms of rotavirus replication and pathogenesis; virus-host interactions; innate immune signaling in the intestinal epithelium.

Tamara L. Doering, MD, PhD
McDonnell Pediatric Research Building, 10th Floor
Phone: 314-747-5597
The Doering lab studies the opportunistic fungal pathogen Cryptococcus neoformans, with the dual motivations of elucidating basic biology and identifying potential drug targets. Projects include studies of the synthesis and regulation of the main cryptococcal virulence factor, its polysaccharide capsule, and host-fungal interactions. Current approaches include those of biochemistry, cell and molecular biology, and genetics; studies also include high-throughput analysis of host-pathogen interactions and computational approaches to reconstructing the capsule regulatory network.

Daniel Goldberg, MD, PhD
McDonnell Pediatric Research Building, 9th Floor
Phone: 314-362-1514
Biochemistry of malaria.

Henry Huang, PhD
McDonnell Pediatric Research Building, 8th Floor
Phone: 314-362-2755
RNA virus evolution; molecular biology of alphaviruses; alphavirus gene expression vectors; antiviral drug design.

Scott J. Hultgren, PhD
McDonnell Pediatric Research Building, 10th Floor
Phone: 314-362-6772
Our focus is on the pathogenic mechanisms and disease outcomes in the urinary tract. Work in the Hultgren lab blends multiple scientific disciplines to elucidate bacterial and host mechanisms that determine the onset, course and outcome of interactions between a host mucosal surface and bacterial pathogens. Using genetics, genomics, biochemistry, structural biology, high-resolution imaging, animal models, clinical studies and combinatorial chemistry, we have illuminated new ways in which intracellular lifestyles and community behavior play critical roles in the pathogenesis of urinary tract infection. We have uncovered new principles of adhesive pili biogenesis in gram-negative bacteria by the chaperone/usher pathway, delineating the fine molecular details of a donor strand complementation and exchange mechanism by which the energy of final subunit folding is used to complete the assembly and extrusion of pili across the outer membrane. We revealed how uropathogenic Escherichia coli use type 1 pili to invade and establish biofilm-like intracellular bacterial communities within bladder cells as part of a mechanism that subverts host defenses and how quiescent intracellular reservoirs can seed recurrent infections. We have uncovered complex networks that govern mucosal epithelial response to infection, which we have shown determines disease outcome. Further, we have made seminal contributions to our understanding of the pathogenesis and response to other uropathogens, polymicrobial infections and catheter-associated UTIs and to the mechanisms by which bacteria form a directed amyloid fiber, curli, which is important in biofilm formation. Together, this work is changing the way UTIs are evaluated, reshaping models of bacterial infections in general and spawning new technologies to design novel vaccines and antimicrobial therapeutics to diagnose, treat and/or prevent UTIs and their sequelae.

Jennifer Lodge, PhD
McDonnell Pediatric Research Building, 10210A
Phone: 314-286-2125
The Lodge lab’s main focus is on the fungal cell wall and using it to develop vaccine candidates, understand host response, and develop antifungal therapies. Our main model system is Cryptococcus neoformans, a pathogenic fungus that kills almost 200,000 people every year, predominantly patients with AIDS or...
other immunodeficiencies. We examine the basic biochemistry and molecular genetics of cell wall structure and biosynthesis, and we have used this information to develop antifungal targets and to examine cell wall contributions to protective immunity.

David Sibley, PhD
McDonnell Pediatric Research Building, 9th Floor
Phone: 314-362-8873

We study the intracellular survival mechanisms of protozoan parasites, focusing primarily on the model opportunistic parasite Toxoplasma gondii. We also study Cryptosporidium, an enteric parasite of global importance among young children in developing countries. Current approaches include high-resolution microscopy, genetic mapping of virulence traits, comparative genomic analyses, and the development of animal models for studying pathogenesis and host resistance.

Christina L. Stallings, PhD
McDonnell Pediatric Research Building, 8th Floor
Phone: 314-286-0276

Our main focus is the molecular pathogenesis of mycobacteria. Our laboratory integrates in vivo disease modeling, molecular biology and biochemistry to provide answers to the fundamental biological questions regarding molecular pathogenesis and to yield therapeutic strategies for the treatment of mycobacterial infections.

Joseph P. Vogel, PhD
McDonnell Pediatric Research Building, 10th Floor
Phone: 314-747-1029

Legionella pneumophila, the causative agent of Legionnaires’ pneumonia, replicates inside alveolar macrophages by preventing phagosome-lysosome fusion.

David Wang, PhD
McDonnell Pediatric Research Building, 8th Floor
Phone: 314-286-1123

Our work focuses on the discovery and characterization of novel viruses. We use functional genomic technologies to identify novel viruses from a variety of clinical samples from diseases of unexplained etiology. We then use epidemiologic, molecular and cellular strategies to define the relevance of newly identified viruses to human disease. A range of new viruses — including polyomaviruses, astroviruses and picornaviruses — are currently under investigation.

Sean P.J. Whelan, PhD
McDonnell Pediatric Research Building, 9th Floor
Phone: 314-286-1585

The Whelan Lab research focus is on the molecular mechanisms that underpin gene expression in nonsegmented negative-strand (NNS) RNA viruses — a group of viruses that includes some of the most significant human pathogens in existence (e.g., rabies, ebola, respiratory syncytial virus, measles, mumps, Nipah viruses). Vesicular stomatitis virus (VSV) has served as an important prototype of the NNS RNA viruses for more than 50 years, and Dr. Whelan has played a leading role in this field that can be traced back to the recovery of infectious virus from cDNA. As independent investigators, Dr. Whelan and his colleagues have led the way to understanding the structure and function of the viral replication machinery. The goals of such studies have been to ultimately inform the development of inhibitors against this group of important pathogens and to advance the use of VSV as a vaccine vector, an oncolytic agent, and a neuronal tracer.

Courses

M30 MolMB 526 Microbes and Pathogenesis
The course will familiarize the student with the diversity of pathogenic microbes and the different ways they can survive and cause disease. It is a concepts-based course, emphasizing the general principles of microbial pathogenesis. Selected pathogenic microbes are used as models to describe pathogen-host interactions in molecular detail. The laboratory will introduce the student to the principles and the basic techniques of diagnostic bacteriology.
Credit 30 units.

M30 MolMB 900 Research Elective - Molecular Microbiology
Research opportunities may be available. If interested, please contact the Department of Molecular Microbiology.

Department of Neurology
Neurology concerns itself with the diseases of the brain, spinal cord, peripheral nerves and muscles. An introduction to the anatomy and physiology of the nervous system is presented in the first-year neuroscience course by faculty from the Department of Neuroscience (http://neurosci.wustl.edu/), with participation of faculty from the Department of Neurology (http://neuro.wustl.edu/). A first-year selective titled Clinical Correlations in Neurosciences (FYSelect 5017) is available, which is an opportunity for interested students to shadow physicians in neuro-related fields and to attend basic science or clinical conferences. During the second year, the Department of Neurology presents the course Diseases of the Nervous System (Neur 632) in conjunction with the departments of Pathology & Immunology (http://pathology.wustl.edu/), Neurosurgery (http://neurosurgery.wustl.edu/) and Ophthalmology & Visual Sciences (http://ophthalmology.wustl.edu/). The course emphasizes
the pathophysiology, pathology, clinical manifestations and treatment of the major neurological and neurosurgical diseases. The department also participates in the Practice of Medicine course, providing lectures, demonstrations and teaching exercises with patients in neurological physical diagnosis.

For more information about the Department of Neurology and its 13 divisions, please visit the department website.

Website: https://neuro.wustl.edu/education

Faculty

David Holtzman, MD (https://wuphysicians.wustl.edu/for-patients/find-a-physician/david-michael-holtzman/)  
Department Chair

Visit our website for more information about our faculty (https://neuro.wustl.edu/Faculty/) and their appointments.

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MS Washington Univ in St. Louis 2007  
PHD Washington Univ in St. Louis 2011

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BS1 Michigan State University 2005  
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BS Michigan State University 2005

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MA Georgetown University 2006  
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PHD Washington Univ in St. Louis 2016  
BS University of Kansas 2010  
MS Washington Univ in St. Louis 2013

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MD American University of Beirut 2014  
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B

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BS Indiana University Bloomington 2004  
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PHD Marquette University 2012  
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PHD University of Minnesota 1979  
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BS Bates College 2001  
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Assistant Professor of Pediatrics  
MD University of Virginia 2006  
BS Furman University 2002

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Professor of Orthopaedic Surgery  
Professor of Pediatrics  
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PHD University of Iowa 1998  
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Donald O. Schnuck Family Professor of Neurology (primary appointment)  
Professor of Genetics  
Professor of Neurological Surgery  
Professor of Pediatrics  
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PHD Davenport University 1984  
BS Davenport University 1979  
MD Davenport University 1986  
MS Davenport University 1980

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MD McGill University 1960  
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PHD Fordham University 2009  
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BA St Johns University 1970

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Professor of Neurology (primary appointment)  
BA Augustana College 1985  
MD University of MO Columbia 1989

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MD CHICAGO MEDICAL SCHOOL 2012

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Head of the Department of Neurology  
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BSW University of Illinois 1981  
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PHD University of Virginia 1975  
MD National Taiwan University 1970

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MD Northwestern University Med 1996
BS Northwestern University 1993

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PHD Saint Louis University 1996
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MD Lebanese Univ Med Science 2000

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BS Northwestern University 1989
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MD University of Iowa 2020
PHD University of Iowa 2015
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PHD Washington Univ in St. Louis 2009

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BE Washington of Washington 2003
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BS University of the Philippines 1987

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BS Huazhong Agricultural U 2007
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MS Georgetown University 1988

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PHD Baylor College of Medicine 2008
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BS St Peters College 1994
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MD SUNY DOWNSTATE MED BROOKLYN 2013
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Assistant Professor of Pediatrics  
MD Rush University 2014  
BS Loyola University Chicago 2010

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Associate Professor of Pediatrics  
Associate Professor of Radiology  
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BS University of Iowa 1998

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BA Northwestern University 1979  
PHD University of Texas Southwest 1989  
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BS McGill University 1987  
PHD University of Florida 1997  
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Mengesha A Teshome, MD  
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Kwee L Thio, PHD, MD  
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Jeffrey B. Titus, MA, PHD  
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Stuart Ramm Tomko, MD  
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BS Davidson College 2005  
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BS David Lipscomb University 1977  
MS Emory University 1982  
MD Emory University 1982

Angela M Tripp  
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Keisuke Ueda, MD  
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Assistant Professor of Pediatrics  
MD Keio University 2006

Jason Daniel Ulrich, PHD  
Associate Professor of Neurology (primary appointment)  
BS Quincy College 2004
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<th>Name</th>
<th>Degree/Institution/Year</th>
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<td><strong>Mwiza Ushe, MS, MD</strong></td>
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<td><strong>Renee Bailey Van Stavern, MD</strong></td>
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<td><strong>Arun S. Varadhachary, PHD, MD</strong></td>
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<td><strong>Amy Robichaux Viehoever, MD, PHD, BE</strong></td>
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<td><strong>Oksana Volshteyn, MD</strong></td>
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<td>Professor of Neurology (primary appointment)</td>
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<td><strong>Yan Wang, MD</strong></td>
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<td>Instructor in Neurology (primary appointment)</td>
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<td><strong>Andrew M. Wayne, MD</strong></td>
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<td><strong>Ling Wei, MD</strong></td>
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<td>Adjunct Research Assistant Professor of Neurology (primary appointment)</td>
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<td>MD Beijing Medical University 1977</td>
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<td><strong>Conrad Christian Weihl, MD, PHD</strong></td>
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<td><strong>Judith L. Weisenberg, MD</strong></td>
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<td><strong>Howard I Weiss, MD</strong></td>
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<td><strong>Nicole Joy Werner, MS, PHD</strong></td>
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<td><strong>Robert L. White III</strong></td>
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<td><strong>Kyle Byron Womack, MD, MS</strong></td>
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<td><strong>Michael Wong, MD, PHD</strong></td>
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<td>Allen P and Josephine B Green Professor of Pediatric Neurology (primary appointment)</td>
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<td><strong>Gregory Frederick Wu, MD, PHD</strong></td>
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<td><strong>John Robert Younce, MD</strong></td>
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<td><strong>Craig Mitchell Zaidman, MD</strong></td>
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<td><strong>Allyson R Zazulia, MD</strong></td>
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<td><strong>John M Zempel, MD, PHD</strong></td>
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Research Electives

Neurology Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Beau Ances, MD
Taylor Avenue Building Extension, 2nd Floor
Phone: 314-747-8423

Neuroimaging of neurodegenerative disorders. Students can work in a neuroimaging laboratory that is focused on the translational discovery of neuroimaging biomarkers for neurodegenerative diseases. The laboratory focuses on the pathogenesis of Alzheimer's disease and HIV-associated neurocognitive disorders. We are investigating the effects of neurodegenerative diseases on the brain network level using functional (blood oxygen level dependent imaging, arterial spin labeling), structural (volumetrics, diffusion tensor imaging), and metabolic (PET amyloid and tau) methods. Multiple projects that involve bioengineering, neuroimaging and infectious disease are available, depending on the interest of the student.

Robert T. Naismith, MD
McMillan, Room 310B
Phone: 314-747-0432

Clinical imaging research in multiple sclerosis. The student will learn about neuroimaging, imaging analyses, data collection, data management and clinical study endpoints in multiple sclerosis. They will observe patient participants undergoing a detailed evaluation of disability measures, such as ambulation, symptom scales, cognition, vision, upper extremity function, and so on. They will witness the entire process of image acquisition, processing, analysis and data extraction. They will have the opportunity to interact with many people who are vital to the research, including research coordinators, imaging technologists, imaging physicists/chemists and specialized research clinicians (i.e., neurocognitive and physical therapy research specialists).

The student will assist with hands-on clinical investigative research. They will gain an excellent appreciation of multiple sclerosis, from its pathophysiology within the central nervous system to how it affects the neurological function of individuals. Through detailed and quantitative imaging analysis, the student will become very adept at analyzing brain MRI scans. They will mark and track lesions to determine their effects on clinical function and learn to identify normal-appearing white matter, cortex and gray-matter structures. They will become familiar with Amira Imaging Analysis Software, SPSS Statistical Analysis Software, SIENA Volume Analysis Software and Matlab Imaging Analysis Software.

Steven E. Petersen, PhD
East Building, Room 2108
Phone: 314-362-3319

This lab is interested in brain organization and function, particularly for language, attention and memory. Our main approach to these issues is through functional MRI and large-scale network analysis.
Joel S. Perlmutter, MD  
East Building, 2nd Floor  
Phone: 314-362-6026

Pathophysiology of movement disorders. The lab is primarily interested in the etiology, pathophysiology and treatment of basal ganglia disorders. We have several studies of Parkinson disease (PD). We investigate mechanisms of action of deep brain stimulation, which is a dramatic new treatment. These studies combine PET, cognitive testing and quantified measures of movement. We also test new drugs that might rescue injured nigrostriatal neurons (a model of PD). For these, we use PET to measure dopamine pathways and also to quantify motor behavior. We also have an active program developing and validating neuroimaging biomarkers for PD and for determining the integrity of the nigrostriatal pathway that includes studies in human and animal models of PD. We have an active program that combines a variety of approaches to developing biomarkers and investigating the pathophysiology of dementia associated with PD. We use PET to measure radioligand binding and sensorimotor processing in dystonia. We developed a new animal model of dystonia to investigate pharmacologic and physiologic changes. We use PET to investigate drug-mediated pathways in the brain and to parse out the effects of selective dopaminergic agonists. We are also working to develop MR-based methods including diffusion tensor imaging and resting-state functional connectivity to investigate the brain mechanisms underlying PD and dystonia.

Brad A. Racette, MD  
McMillan, 9th Floor  
Phone: 314-362-5291

Our lab is primarily interested in environmental risk factors associated with Parkinson’s disease. We use a variety of techniques to study these risk factors, including traditional field epidemiology, in which we evaluate workers exposed to metals in the United States and residents living near a smelter in South Africa; neuroimaging, in which we study the pathophysiology of toxin-mediated parkinsonism; geographic information systems research, in which we associate environmental toxin exposures with the incidence and prevalence of Parkinson’s disease in the United States and Finland; and neuropathologic studies, in which we evaluate manganese-exposed workers from South Africa. There are numerous opportunities available for students to be involved with any of these projects. Students will receive some clinical exposure as well to familiarize them with pertinent clinical syndromes.

Marcus E. Raichle, MD  
East Building, 2nd Floor  
Phone: 314-362-6907

This lab investigates in vivo brain hemodynamic, metabolic and functional studies of human cognition and emotion using cyclotron-produced isotopes and PET as well as MRI in humans. Refer also to the listing on this page for Steven E. Petersen, PhD.

Gregory Wu, MD, PhD  
McMillan, 3rd Floor  
Phone: 314-362-3293

Understanding how immune responses are generated that target the central nervous system. Specifically, this lab studies antigen-presenting cell contributions to autoimmune animal models of multiple sclerosis. Our goal is to understand what cellular interactions are critical to the development of immune-mediated demyelination.

Courses

M35 Neurol 632 Diseases of the Nervous System
The goal of this course is to provide an introduction to the diseases of the central and peripheral nervous systems, including their clinical manifestations, pathology, pathophysiology and pharmacotherapy. The course includes reading assignments, lectures, laboratories, team activities, and clinical presentations.
Credit 53 units.

M35 Neurol 720 Neurology Clerkship
During the four week Neurology clerkship, students will gain proficiency in understanding diseases of the nervous system, the neurologic work-up, localization and differential diagnosis generation, and devising a treatment plan. A variety of settings are available, which could include adults or pediatric services, with both inpatient and outpatient experiences. Students will provide care for patients with neurologic problems under the supervision of residents, fellows, and attendings.
Credit 154 units.

M35 Neurol 730 Physical Medicine and Rehabilitation Clerkship
Clerkship in PM & R for 3rd year medical students provides an opportunity to gain basic knowledge and clinical skills in evaluation and management of wide range of neurological and musculoskeletal diseases and conditions that require specialized rehabilitative medical and therapeutic care. Students spend time on Spinal Cord Injury Unit (SCI) and time on Brain Injury (BI) & Stroke Unit at The Rehabilitation Institute of St. Louis. Students are expected to be a part of the rehabilitation team, follow 2 to 3 patients, participate in daily morning rounds, participate in performing consults, attend team meetings and family conferences. Students are required to attend several outpatient clinics such as SCI, BI, Amputee and Stroke. During the entire rotation, students work together with PM&R residents and fellows, and under direct guidance of the NeuroRehabilitation faculty. The usual duty hours are 7-7:30AM to 5PM during...
weekdays, and 8AM-12NN on Saturdays. There is no night call. Students are required to attend all PM&R curriculum lectures and conferences. On the first day of rotation, students meet with the PM&R program director to go over goals, objectives and schedules. Upon completion of the rotation students are required to fill out the evaluation form to provide feedback regarding rotation experience.

Credit 77 units.

M35 Neurol 827 Neurology Subinternship for WUSM Students

This four-week elective will be customized to include inpatient and outpatient experiences desired by WUSM students who have completed the WUSM Neurology Clerkship. Students may choose this elective to further improve their neurology knowledge and skills. Students considering neurology as a career may also desire additional exposure to supplement their prior clerkship experience. The elective is split into two two-week rotations, which may include the following: (1) Adult Inpatient General Service (with one clinic/week); (2) Adult Inpatient Stroke Service (with one clinic/week); (3) Adult Inpatient Consult Service (with one clinic/week); (4) Pediatric Neurology Consult Service (with one clinic/week); (5) Adult Neurology ICU (with one clinic/week); and (6) Outpatient Clinics (with eight to 10 clinics/week).

M35 Neurol 827A Special Elective in Adult Inpatient Clinical Neurology

Special Elective in Adult Inpatient Clinical Neurology

M35 Neurol 828 Neurology Subinternship for Visiting Medical Students

This four-week elective for fourth-year visiting students from a US medical school provides the option (space permitting) of four weeks of Adult Inpatient Service (Stroke for 2 weeks, General Neurology for 2 weeks), or two weeks on an Adult Inpatient Service and two weeks on the Adult Consult Service. Students on the inpatient service will function as a subintern under the supervision of their junior resident, chief resident, and attending physician. The student will also attend weekly clinical conferences and a weekly outpatient clinic experience. This elective is suitable for visiting fourth-year students interested in Neurology, who wish to improve their Neurology knowledge and skills.

M35 Neurol 830 Neuro-Oncology

This elective provides an outpatient-oriented pediatric and adult neuro-oncology experience for fourth-year medical students. Students will: - attend multidisciplinary adult and pediatric neuro-oncology clinics and case conferences (tumor boards), - attend adult and pediatric radiation oncology clinics, - attend neuropathology brain tumor review, - participate in subspecialty brain tumor clinics, and - attend monthly brain tumor research conferences.

M35 Neurol 851 Clinical Aspects of Aging and Dementia

This elective provides the opportunity to learn about clinical research and clinical care in healthy brain aging and dementia. Students are encouraged to contact the Course Directors (Dr. B. Joy Snider and/or Dr. John Morris) before the elective begins to discuss their interests, as this elective is customized based on student interests. This can be a two-week or four-week elective. Students can gain proficiency in interviewing techniques and in the neurologic examination of the geriatric patient, and are introduced to neuropsychology, neuropathology, biomarkers, neuroimaging, genetics, and other biomedical procedures important in the diagnostic evaluation of older adults. The Knight ADRC is an interdisciplinary group, so students have the opportunity to interact with physicians, nurses, clinicians, psychologists, and social workers, and to explore the neuropsychology, neuropathology, biomarkers, neuroimaging, genetics, and other biomedical procedures used in the diagnosis of dementing disorders such as Alzheimer's disease, dementia with Lewy bodies, frontotemporal dementias, cerebrovascular disorders, and affective disorders.

M35 Neurol 859 Neonatal Neurology

The Neonatal Neurology elective will consist of a combination of inpatient and outpatient experiences designed to provide medical students with comprehensive exposure to the field. Through the rotation, students will actively participate in all aspects of patient care, acquiring the knowledge and skill necessary to effectively evaluate infants with neurological disorders, including encephalopathy, stroke, seizures, hypotonia, intraventricular hemorrhage, and periventricular leukomalacia, among others. Clinical activities will be tailored to fit the interests and goals of the individual student and include a combination of inpatient and outpatient exposures. Inpatient activities will occur in the St. Louis Children's Hospital Neonatal Intensive Unit as part of the Neonatal Neurology Consultation service. Outpatient activities will occur in the St. Louis Children's Hospital Outpatient Clinics. Students will also attend educational conferences specific to the field during the rotation, including Neonatal Neurology Clinical Conference and Neonatal Neuroradiology Conference.

M35 Neurol 860 Pediatric Neurology

The senior elective experience in child neurology is designed to adapt to the individual goals and objectives of students. The elective takes place in one or two 2-week blocks that occur among five possible venues as chosen by the student: 1. Outpatient clinics, 2. Inpatient ward service, 3. Inpatient general consult service, 4. NICU consult service, and 5. Video EEG (VEEG) monitoring service. The combination of services and experiences will be arranged directly between the student and the Course Director prior to beginning the rotation. In the outpatient clinicals, students will rotate between a variety of subspecialty clinics and work with a variety of attendings in order to experience the breadth of outpatient pediatric neurology. Students rotating on the inpatient ward service will have a different role than the third-year student in pediatrics. The fourth-year student will focus solely on neurology patients and work closely with the pediatric neurology resident to develop specialty-specific care plans. No call or weekend duties will be expected on this rotation. On the general consult services, students will work with the consult attending and pediatric neurology residents on that team to see consults in the PICU, CICU, ER, and other hospital floors. The NICU consult team focuses on infants in the NICU. Student rotating on the VEEG monitoring service will focus on learning the indications and uses of VEEG and basic EEG reading skills.

M35 Neurol 861 Neurointensive Care Unit

The student will be integrated into the Critical Care Team that provides care in the Neurology/Neurosurgery ICU. Diseases frequently encountered include intracerebral hemorrhage, subarachnoid hemorrhage, stroke, spinal cord disease, and neuromuscular disease. The student will follow patients, participate in rounds and pay participate in some procedures under supervision. Didactic sessions will be provided as conferences or lectures from the ICU attending and fellow.
M35 Neurol 865 Adult and Pediatric Epilepsy
Students will learn how epileptologists diagnose and manage epilepsy in adults and children. They will learn how to use the history and physical exam and laboratory studies such as EEG, MRI, PET, and SPECT to diagnose and manage patients with new onset epilepsy, established epilepsy, and medically intractable epilepsy. They will become familiar with the medical management of epilepsy as well as the treatment options for medically intractable epilepsy including surgery, the vagus nerve stimulator, and the ketogenic diet. They will also learn how to manage the co-morbid conditions that accompany epilepsy such as depression, behavioral problems, cognitive impairment, sleep disturbance, and non-epileptic events. Students will accomplish these goals by attending epilepsy clinics and rounding on the inpatient epilepsy service with the epilepsy team at Barnes-Jewish Hospital and St. Louis Children's Hospital. They will attend the Adult Epilepsy Conference, the Pediatric Epilepsy Conference, and Neurology Grand Rounds. Students will also have the opportunity to observe epilepsy surgery if they wish. They will have the option to present one 15-30 minute talk on a topic relevant to epilepsy.

M35 Neurol 872 MS Center/Outpatient - Missouri Baptist
Students will develop their skills in taking histories and performing neurological examinations on patients with multiple sclerosis under direct supervision of multiple sclerosis specialists. Localization of neurological findings and symptoms to the neuro-axis will be emphasized. A major goal for the students will be to increase the understanding of comprehensive patient management including disease treatment, symptom management, adjunctive therapy services, and psychosocial issues. The outpatient rotation will be four weeks at The MS Center for Innovations in Care at Missouri Baptist Medical Center with Dr. Barry Singer and Dr. Mark Tullman. An additional goal for students will be to understand process of clinical research and translation into approved therapies. The center has been a leader in clinical trial development of therapeutics that have been or will soon be FDA-approved as new medications for multiple sclerosis.

M35 Neurol 900 Research Elective - Neurology
Research opportunities may be available. If interested, please contact the Department of Neurology.

Department of Neuroscience
The Department of Neuroscience plays a key role in the development and teaching of basic sciences in the Medical School Gateway curriculum (https://sites.wustl.edu/gatewaycurriculum/), including human anatomy, histology, and neuroscience. In conjunction with the Division of Biology & Biomedical Sciences (DBBS) program in neuroscience, the department also offers introductory graduate courses in cellular, molecular, and systems neuroscience (http://neuroscienceprogram.wustl.edu/Program/-Curriculum/). In addition, the department also offers a number of advanced courses that are primarily designed for graduate students but that are also open to students in the medical curriculum. Finally, advanced elective research activities are offered by faculty in the department.

Website: http://neuroscience.wustl.edu

Faculty
Linda J. Richards AO, FAA, FAHMS, PhD
Department Chair
Visit our website for more information about our faculty (http://neurosci.wustl.edu/People/Faculty/) and their appointments.

A
Kari Leigh Allen, MA, PHD
Assistant Professor of Anatomy (primary appointment)
Assistant Professor of Anthropology (Courtesy)
MA New Mexico St University 2008
PHD Duke University 2014
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B
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Associate Professor of Anthropology (Courtesy)
BS Vanderbilt University 2004
PHD George Washington University 2014
M PHIL George Washington University 2011

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Associate Professor of Neurobiology in Neurological Surgery
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MS University of Zurich 1973

Harold Burton, PHD
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Professor of Cell Biology and Physiology
Professor of Radiology
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C
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Yao Chen, MS, PHD
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Robert J Terry Professor of Neuroscience
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BA China Agriculture University 2006
PHD Duke University 2015

M

Ilya E. Monosov, MS, PHD
Associate Professor of Neuroscience (primary appointment)
Associate Professor of Neurological Surgery
MS NewSchool Architecture Design 2005
PHD Brown University 2009
BS University of CA San Diego 2004

Ashley C. Morhardt, PHD, MS
Assistant Professor of Anatomy (primary appointment)
BS Illinois College, Jacksonville 2006
PHD Ohio University 2016
MS Western Illinois University 2009

N

Michael L Nonet, PHD
Associate Professor of Neuroscience (primary appointment)
PHD Mass Inst of Technology (MIT) 1989
BS University of CA Davis 1984

O

Karen Laurel O'Malley, PHD, MS
Professor of Neuroscience (primary appointment)
PHD University of Texas Austin 1980
MS Portland St University 1973
BA Sonoma State University 1971

P

Camillo Padoa-Schioppa, PHD, MS
Professor of Neuroscience (primary appointment)
Professor of Biomedical Engineering
Professor of Economics (Courtesy)
Research Electives

Neuroscience Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Kari Allen, PhD
North Building, 3rd Floor
Phone: 314-747-6572
Paleoanthropology and phylogenetic statistics; comparative analyses of primate craniodental morphology and the evolution of brain size

Martha Bagnall, PhD
McDonnell Medical Sciences Building, 4th Floor
Phone: 314-362-9695
Molecular, electrophysiological, and behavioral analyses of neural circuits for vestibular control of spinal function

Amy Bauernfeind, PhD
North Building, 3rd Floor
Phone: 314-747-6566
Biological bases of human cognition; comparative neurobiology of primates

Lawrence B. Salkoff, PhD
Professor of Neuroscience (primary appointment)
Professor of Genetics
BA University of CA Los Angeles 1967
PHD University of CA Berkeley 1979

Paul Joseph Shaw, PhD, MA
Professor of Neuroscience (primary appointment)
Professor of Psychological & Brain Sciences
PHD University of Rochester 1992
MD University of Rochester 1992
MS University of Rochester 1992
AB Princeton University 1982

Lawrence H. Snyder, PhD, MD, MS, AB
Professor of Neuroscience (primary appointment)
Professor of Psychological & Brain Sciences
PHD University of Rochester 1992
MD University of Rochester 1992
MS University of Rochester 1992
AB Princeton University 1982

Paul H. Taghert, PhD
Professor of Neuroscience (primary appointment)
PHD University of Washington 1981
BA Reed College 1975

Gaia Tavoni, PhD
Assistant Professor of Neuroscience (primary appointment)
Assistant Professor of Medicine
BS Polytechnic University of Turi 2010
PHD Ecole Normale Superieure Lyon 2015

V

David C Van Essen, PhD
Alumni Endowed Professor of Neurobiology (primary appointment)
Professor of Biomedical Engineering
BS California Institute Technolo 1967
PHD Harvard University 1971

Y

Jason Yi, PhD
Assistant Professor of Neuroscience (primary appointment)
BS Dickinson College 2001
PHD Duke University 2009

Z

Guoyan Zhao, MS, PHD
Assistant Professor of Neuroscience (primary appointment)
MS School Not Listed 1998
PHD Washington Univ in St. Louis 2003
BS School Not Listed 1995

Thomas J. Papouin, PhD
BS Ecole Normale Superieure Lyon 2005
PHD University of Bordeaux 2 2011
MS Ecole Normale Superieure Lyon 2007

Carlos Ramon Ponce, MD, PHD
Assistant Professor of Neuroscience (primary appointment)
BS University of Utah 2001
MD Harvard University 2010
PHD Harvard University 2008

Linda J. Richards, PhD
Edison Professor of Neurobiology (primary appointment)
Head of the Department of Neuroscience
PHD Walter & Eliza Hall Institute 1994
BS Walter & Eliza Hall Institute 1990

Terrence Bradley Ritzman, MA, PHD
Assistant Professor of Anatomy (primary appointment)
Assistant Professor of Anthropology
BA University of Illinois 1999
MA Colorado St University 2005
PHD Arizona State University 2014

Lawrence B. Salkoff, PhD
Professor of Neuroscience (primary appointment)
Professor of Genetics
BA University of CA Los Angeles 1967
PHD University of CA Berkeley 1979

Paul Joseph Shaw, PhD, MA
Professor of Neuroscience (primary appointment)
Professor of Psychological & Brain Sciences
PHD University of Rochester 1992
MD University of Rochester 1992
MS University of Rochester 1992
AB Princeton University 1982

Lawrence H. Snyder, PhD, MD, MS, AB
Professor of Neuroscience (primary appointment)
Professor of Psychological & Brain Sciences
PHD University of Rochester 1992
MD University of Rochester 1992
MS University of Rochester 1992
AB Princeton University 1982

Paul H. Taghert, PhD
Professor of Neuroscience (primary appointment)
PHD University of Washington 1981
BA Reed College 1975

Gaia Tavoni, PhD
Assistant Professor of Neuroscience (primary appointment)
Assistant Professor of Medicine
BS Polytechnic University of Turi 2010
PHD Ecole Normale Superieure Lyon 2015

V

David C Van Essen, PhD
Alumni Endowed Professor of Neurobiology (primary appointment)
Professor of Biomedical Engineering
BS California Institute Technolo 1967
PHD Harvard University 1971

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Jason Yi, PhD
Assistant Professor of Neuroscience (primary appointment)
BS Dickinson College 2001
PHD Duke University 2009

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Guoyan Zhao, MS, PHD
Assistant Professor of Neuroscience (primary appointment)
MS School Not Listed 1998
PHD Washington Univ in St. Louis 2003
BS School Not Listed 1995

Research Electives

Neuroscience Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Kari Allen, PhD
North Building, 3rd Floor
Phone: 314-747-6572
Paleoanthropology and phylogenetic statistics; comparative analyses of primate craniodental morphology and the evolution of brain size

Martha Bagnall, PhD
McDonnell Medical Sciences Building, 4th Floor
Phone: 314-362-9695
Molecular, electrophysiological, and behavioral analyses of neural circuits for vestibular control of spinal function

Amy Bauernfeind, PhD
North Building, 3rd Floor
Phone: 314-747-6566
Biological bases of human cognition; comparative neurobiology of primates
Paul Bridgman, PhD
McDonnell Medical Sciences Building, 8th Floor
Phone: 314-362-3449
Cell biology of the developing nervous system

Andreas Burkhalter, PhD
North Building, 4th Floor
Phone: 314-362-4068
Organization and function of neuronal circuits in mouse visual cortex

Harold Burton, PhD
East McDonnell Building, 3rd Floor
Phone: 314-362-3556
Cortical functional reorganization in response to sensory changes due to unilateral deafness or strabismus

Valeria Cavalli, PhD
McDonnell Medical Sciences Building, 9th Floor
Phone: 314-362-3540
Cellular, molecular and epigenetic mechanisms controlling axon regeneration

Yao Chen, PhD
McDonnell Medical Sciences Building, 9th Floor
Phone: 314-273-7739
We aim to understand how the dynamics of neuromodulators and intracellular signals contribute to the function of neuromodulators, to learning, and to the function of sleep.

Krikor Dikranian, MD, PhD
North Building, 3rd Floor
Phone: 314-362-3548
Development and morphology of the amyloid plaques in experimental animals; neuropathological changes after head trauma

Edward Han, PhD
McDonnell Medical Sciences Building, 9th Floor
Phone: 314-747-2505
Learning-related hippocampal network activation

Timothy E. Holy, PhD
North Building, 4th Floor
Phone: 314-362-0086
Neural mechanisms of action of mammalian pheromones

Adam Kepecs, PhD
McDonnell Medical Sciences Building, 4th Floor
Phone: 314-273-8523
Our long-term goal is to reverse engineer the computational and neurobiological processes underlying cognition and decision-making and apply these insights to biological psychiatry.

Tristan (Qingyun) Li, PhD
McDonnell Medical Sciences Building, 8th Floor
Phone: 314-273-1422
My lab is broadly interested in neuroimmunology, with a focus on microglial biology. We combine cutting-edge, single-cell genomic technologies with in vitro and in vivo genetic, molecular, and cellular tools to investigate microglial functions in the establishment of the nervous system, and we study how changes in these functions contribute to neurological diseases.

Ilya Monosov, MS, PhD
East McDonnell Building, 2nd Floor
Phone: 314-362-3740
Neuronal mechanisms of voluntary behavior

Ashley Morhardt, PhD
North Building, 3rd Floor
Phone: 314-273-1859
Evolution of neural diversity within and across non-mammalian vertebrate clades, especially dinosaurs

Michael L. Nonet, PhD
McDonnell Medical Sciences Building, 9th Floor
Phone: 314-747-1176
Molecular genetic analysis of synaptic development and function
Karen L. O’Malley, PhD
McDonnell Medical Sciences Building, 9th Floor
Phone: 314-362-7087

Molecular mechanisms underlying neurodegenerative processes; signaling mechanisms associated with intracellular receptors

Camillo Padoa Schioppa, PhD
East McDonnell Building, 3rd Floor
Phone: 314-362-3530

Neuronal bases of economic choice and decision making

Thomas Papouin, PhD
McDonnell Medical Sciences Building, 9th Floor
Phone: 314-273-7738

Role played by the 80% to 90% of non-neuronal cells (glial cells) in brain function

Carlos Ponce, MD, PhD
East McDonnell Building, 2nd Floor
Phone: 314-273-2746

The goal of our lab is to define how neurons from different cortical areas interact to realize our perception of shape and motion.

Linda J. Richards AO, FAA, FAHMS, PhD
McDonnell Medical Sciences Building, 9th Floor
Phone: 314-362-3033

The Brain Development and Disorders Laboratory investigates how long-range neural circuits are established in the brain and how neural circuit plasticity affects the function of the cerebral cortex.

Terry Ritzman, PhD
North Building, 3rd Floor
Phone: 314-273-1861

Comparative anatomy of the skull in primates as it relates to human evolution

Lawrence H. Snyder, MD, PhD
East McDonnell Building, 3rd Floor
Phone: 314-747-3530

Computational and cognitive issues in cortical control of eye and arm movement investigated via electrophysiology and imaging

Paul H. Taghert, PhD
McDonnell Medical Sciences Building, 9th Floor
Phone: 314-362-3641

Neurobiology of circadian rhythms; neurobiology of peptidergic neurotransmission

Gaia Tavoni
East McDonnell Building, 3rd Floor
Phone: 314-362-3590

Applying concepts and methods from statistical mechanics, Bayesian theory, mathematics and biophysics to the study of the brain

David C. Van Essen, PhD
East McDonnell Building, 2nd Floor
Phone: 314-362-7043

Organization, function, and development of primate cerebral cortex, especially in humans; generation and utilization of neuroinformatics tools for data mining

Jason Yi, PhD
McDonnell Medical Sciences Building, 8th Floor
Phone: 314-273-1664

Molecular pathways shaping nervous system development and function

Guoyan Zhao, PhD
McDonnell Medical Sciences Building, 8th Floor
Phone: 314-273-9045

My laboratory is interested in understanding the regulatory networks that control the development and proper function of mammalian brains in the context of human health and disease.

Courses
Visit online course listings to view offerings for M05 Neurosci (https://courses.wustl.edu/CourseInfo.aspx?sch=M&dept=M05).
**M05 Neurosci 554 Neural Science**

This is an intensive seven-week course that covers the structure, development, and function of the nervous system as seen from molecular, cellular, and systems-oriented perspectives. The emphasis is on the organization and function of the nervous system in health, but there is frequent reference to the clinical relevance of the material presented. The course includes regular lectures, conference sessions, and laboratories (including a team based learning session), plus a number of clinically oriented presentations and special topics sessions that address selected issues in greater depth. Computer-aided instructional programs, which are accessible from a variety of locations, provide auxiliary modes of self-paced learning and review. Exams emphasize the core body of important facts and principles presented in the lectures and laboratories. Limited space is available for non-medical students with the instructor’s permission. Non-medical students should register under the cross-listed number L41 554. Spring only.

Credit 109 units.

**M05 Neurosci 810 Advanced Dissection**

Students will perform detailed dissections on a discrete region of the body of their choosing—i.e. head/neck, thorax, abdomen, pelvic cavity, or limbs. Students will compile a list of personal learning objectives with approval of the course director(s). A minimum of 30hrs of self-paced individual dissection is required and may include practice of surgical approaches, and/or study of cross-sectional anatomy and medical imaging.

**L41 Biol 5622 Cognitive, Computational, and Systems Neuroscience Project Building**

The goal of this course is to help students in the CCSN Pathway develop the critical thinking skills necessary to develop and implement high quality, interdisciplinary research projects. Throughout the course of the semester, each student will develop a research plan in their chosen area of interest. The plan will be developed in consultation with at least two faculty members (from at least two different subdisciplines within the pathway) as well as the other students and faculty participating in the course. The culmination of this course will be for each student to produce an NIH-style grant proposal on the research project of their choosing. For most students, this will serve either as their thesis proposal or a solid precursor to the thesis proposal. The course will be designed to help facilitate the development of such a research plan through didactic work, class presentations, class discussion, and constructive feedback on written work. The course will begin with a review of written examples of outstanding research proposals, primarily in the form of grant submissions similar to those that the students are expected to develop (i.e., NRSA style proposals, R03 proposals). Review of these proposals will serve as a stimulus to promote discussion about the critical elements of good research proposals and designs in different areas. Each student will be expected to give three presentations throughout the semester that will provide opportunities to receive constructive feedback on the development and implementation of research aims. The first presentation (towards the beginning of the semester) will involve presentation of the student’s general topic of interest and preliminary formulation of research questions. Feedback will emphasize ways to focus and develop the research hypotheses into well-formulated questions and experiments. The second presentation will involve a more detailed presentation of specific research questions (along the lines of NIH-style Specific Aims) and an initial outline of research methods. The final presentation will involve a fuller presentation of research questions and proposed methods. Feedback, didactic work, and group discussion throughout the semester will include guidance on critical components of the development of a research plan, including how to perform literature searches, formulate testable hypotheses, write critical literature summaries, and design experiments and analyses. The course will meet once a week, with faculty members from different tracks within the Pathway present at each meeting. This will allow students to receive feedback from several perspectives. Prerequisite: Member of CCSN Pathway, permission of instructor.

Credit 3 units.

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**Department of Neurosurgery**

Instruction in neurological surgery begins with an introduction to the anatomy and physiology of the nervous system presented in the first-year course in neural sciences directed by the Department of Neuroscience (http://neurosci.wustl.edu/), with the participation of the neurosurgery faculty. During the second year, the Department of Neurosurgery (http://www.neurosurgery.wustl.edu) presents the course in diseases of the nervous system in conjunction with the departments of Neurology, Pathology & Immunology, Molecular Microbiology, Medicine and Pediatrics. The course emphasizes how knowledge derived from basic or clinical investigations leads to improvements in clinical care. During the third year, students may elect to participate in a two- or four-week neurosurgery clerkship that introduces them to the clinical care of patients with diseases of the nervous system. Neurosurgical faculty members work with the neurologists to provide lectures, demonstrations and teaching exercises involving patients with neurological diagnoses as part of the clinical medicine course. Students may elect to fulfill their neurology requirement by rotating on the neurosurgery service. Students may also choose neurosurgery as part of the surgical specialty rotations. Neurosurgical diagnosis, critical care, operative treatment and ethical issues in patient management are emphasized. During the fourth year, students may choose from several advanced electives, including clinical externships in neurosurgery and experiences in basic or clinical/translational research.

**Neurosurgical Specialties**

As members of one of the most comprehensive neurosurgical programs in both the region and the nation, Washington University neurosurgeons offer exceptional care in a variety of specialties.

**Tumors**

The Department of Neurosurgery at Washington University School of Medicine offers a comprehensive, multidisciplinary approach for the treatment of all types of neurological tumors, including brain tumors, inoperable tumors, pituitary tumors, skull-base tumors and spine tumors. Depending on the type of
tumor, our multidisciplinary team comprises ophthalmologists, otolaryngologists, radiation oncologists, neuroradiologists, neuroanesthesiologists, medical oncologists and other specialists.

Aneurysms and Cerebrovascular Disorders and Diseases
The multidisciplinary medical team focuses on the treatment of aneurysms, arteriovenous fistulas, arteriovenous malformations, carotid stenosis, cavernous malformations, moyamoya and stroke. It includes cerebrovascular surgeons, who perform microsurgical procedures, and interventional radiologists, who offer minimally invasive endovascular treatment options. We also have a team of critical care neurologists, who coordinate postprocedure care in a dedicated neurointensive care unit, as well as neurologists, who coordinate neurorehabilitation care at The Rehabilitation Institute of St. Louis.

Spine Injuries and Disorders
Washington University spinal neurosurgeons are recognized as national leaders in the treatment of disorders of the spine, spinal cord and peripheral nervous system. We use a multidisciplinary approach to treating spinal diseases and disorders. The personalized care of each patient is emphasized. Where appropriate, spine patients receive comprehensive, collaborative care from both neurosurgeons and specialists in thoracic surgery; vascular surgery; ear, nose and throat surgery; medical oncology; radiation oncology; anesthesia; pain management; and physiatry.

Peripheral Nerves
Washington University neurosurgeons work with a multidisciplinary group of surgeons, neurologists and therapists to customize patient treatments to maximize functional outcomes. Washington University neurosurgeons have extensive expertise in advanced microsurgical reconstructive techniques and are on the forefront of new and innovative ways to improve patient outcomes.

Pediatric Neurosurgery
The entire spectrum of neurosurgical disorders in children is treated by pediatric neurosurgeons and physicians in related disciplines. Our pediatric neurosurgeons are also part of multidisciplinary teams that provide care in several specialized pediatric centers, including the brachial plexus center, the center for cerebral palsy spasticity, the neurofibromatosis clinic, the pediatric epilepsy center, the pediatric gamma knife program, the pediatric neuro-oncology program, and the spina bifida clinic.

Epilepsy
Our neurosurgeons are nationally recognized for their care of patients with epilepsy as well as research in this field. They are part of a multidisciplinary team that works together to develop the optimal plan to help patients control or minimize their seizures. The Department of Neurosurgery offers care for both adults and children with medically intractable seizures; it provides a full range of surgical options for intractable epilepsy, including implantable seizure-control devices, resection of seizure foci, and vagal nerve stimulation.

Movement Disorders
The multidisciplinary team specializes in the treatment of movement disorders such as ataxia, catatonia, dystonia, essential tremor, Huntington’s disease, myoclonus, Parkinson’s disease, and Tourette’s syndrome. For some patients with Parkinson’s disease or essential tremor, medications are often inadequate to control disabling symptoms. These patients may benefit from stereotactic neurosurgical procedures to improve their function.

Website: http://www.neurosurgery.wustl.edu

Faculty
Ralph G. Dacey, MD (http://www.neurosurgery.wustl.edu/patient-care/find-a-physician/clinical-faculty/ralph-g-dacey-jr-md-229/)
Department Head
Visit our website for more information about our faculty (http://www.neurosurgery.wustl.edu/patient-care/find-a-physician/clinical-faculty-243/) and their appointments.

B
Peter Brunner, PHD, MS
Associate Professor of Neurological Surgery (primary appointment)
Associate Professor of Neurology
PHD University of Graz 2013
BS University of Graz 2004
MS University of Graz 2005

C
Michael R Chicoine, MD
Professor of Neurological Surgery (primary appointment)
August A. Busch, Jr. Distinguished Professor
BS University of Illinois 1985
MD University of California 1990

D
Ralph G Dacey Jr, MD
Henry G and Edith R Schwartz Professor of Neurological Surgery (primary appointment)
MD University of Virginia 1974
BA Harvard University 1970
Ian G Dorward, MD
Associate Professor of Neurological Surgery (primary appointment)
Associate Professor of Orthopaedic Surgery  
BS University of Colorado Boulder 2000  
MD Washington Univ in St. Louis 2005  

Joshua L Dowling, MD  
Professor of Neurological Surgery (primary appointment)  
MD Tulane University 1989  
BA Yale University 1985  

Gavin P. Dunn, PHD, MD  
Associate Professor of Neurological Surgery (primary appointment)  
Associate Professor of Pathology and Immunology  
PHD Washington Univ in St. Louis 2006  
MD Washington Univ in St. Louis 2006  
BA Princeton University 1998  

Gabriel E. Haller, PHD  
Assistant Professor of Neurological Surgery (primary appointment)  
Assistant Professor of Genetics  
Assistant Professor of Neurology  
PHD Washington Univ in St. Louis 2013  
BS University of Chicago 2008  

Albert H Kim, MA, PHD, MD  
Professor of Neurological Surgery (primary appointment)  
Professor of Developmental Biology  
Professor of Neurology  
MA Washington Univ in St. Louis 1999  
PHD New York U. School of Medicine 2002  
MD New York U. School of Medicine 2003  
BA Harvard University 1994  

Eric Claude Leuthardt, MD  
Shi Hui Huang Professor of Neurological Surgery (primary appointment)  
Professor of Mechanical Engineering and Applied Science  
Professor of Neuroscience  
BS Saint Louis University 1995  
MD University of Pennsylvania 1999  

David D Limbrick Jr, PHD, MD  
Professor of Neurological Surgery (primary appointment)  
Professor of Pediatrics  
T.S. Park, MD, Chair in Pediatric Neurosurgery  
PHD Virginia Comm University 2001  
MD Virginia Comm University 2001  
BS College of William and Mary 1995  

Matthew R. MacEwan, PHD  

Assistant Professor of Neurological Surgery (primary appointment)  
PHD Washington Univ in St. Louis 2015  
BS Case Western Reserve Univ 2004  

James Patterson McAllister, PHD  
Professor of Neurological Surgery (primary appointment)  
BA Earlham College 1970  
PHD Purdue University 1976  

Sean David McEvoy, MD, MHS  
Assistant Professor of Neurological Surgery (primary appointment)  
Assistant Professor of Pediatrics  
MD Yale University 2010  
BS University of Iowa 2005  
MHS Yale University 2010  

Camilo Alejandro Molina, MD  
Assistant Professor of Neurological Surgery (primary appointment)  
Assistant Professor of Orthopaedic Surgery  
MD Johns Hopkins University 2013  
BA Miami University 2008  

Joshua William Osbun, MD  
Associate Professor of Neurological Surgery (primary appointment)  
Associate Professor of Neurology  
Associate Professor of Radiology  
BA Texas A&M University 2002  
MD University of Texas Southwest 2007  
BA Texas A&M University 2002  

Tae Sung Park, MD  
Margery Campbell Fort Professor of Neurological Surgery (primary appointment)  
Professor of Neuroscience  
Professor of Pediatrics  
BS Yonsei University 1967  
MD Yonsei University 1971  

Brenton Henry Pennicooke, MS, MD  
Assistant Professor of Neurological Surgery (primary appointment)  
Assistant Professor of Orthopaedic Surgery  
BS John Hopkins University 2008  
MS John Hopkins University 2008  
MD Harvard University 2012  

Allegra Petti, PHD  
Assistant Professor of Neurosurgery (primary appointment)  
BS Lawrence University 2003  
PHD Emory University 2005
Wilson Z Ray, MD
Professor of Neurological Surgery (primary appointment)
Professor of Biomedical Engineering
Professor of Orthopaedic Surgery
MD University of Iowa 2004

Paul Santiago, MD
Professor of Neurological Surgery (primary appointment)
Professor of Orthopaedic Surgery
MD Yale University 1995
BS Stanford University 1990

Matthew D Smyth, MD
Appoline Blair Endowed Chair Professor of Neurological Surgery
(secondary appointment)
Professor of Pediatrics
BA Cornell University 1992
MD University of CA San Francisco 1996

Jennifer Mae Strahle, MD
Associate Professor of Neurological Surgery (primary appointment)
Associate Professor of Orthopaedic Surgery
Associate Professor of Pediatrics
BS Bates College 2002
MD University of Minnesota 2008

Jon T. Willie, PHD, MD
Associate Professor of Neurological Surgery (primary appointment)
Associate Professor Neurology
Associate Professor of Neuroscience
Associate Professor of Psychiatry
PHD University of Texas Southwest 2005
MD University of Texas Southwest 2005
BA University of Texas Austin 1996

Hiroko Yano, MS, PHD
Associate Professor of Neurological Surgery (primary appointment)
Associate Professor of Genetics
Associate Professor of Neurology
BS Science University of Tokyo 1991
MS University of Tokyo 1993
PHD University of Tokyo 1996

Liya Yuan, PHD, MS
Instructor in Neurological Surgery (primary appointment)
PHD Tongji University 1994
MS Tongji University 1987

Gregory Joseph Zipfel, MD
Ralph G Dacey Distinguished Professorship of Neurological Surgery (primary appointment)
Head of the Department of Neurological Surgery
Professor of Neurology
BS University of Illinois 1991
MD Northwestern University Med 1995

Research Electives

Neurosurgery Research Electives
During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Michael R. Chicoine, MD
Phone: 314-747-6143
Our focus is on outcomes analysis for adult patients with brain tumors. Current clinical studies focus on the outcomes of patients with benign and malignant brain tumors utilizing a prospective brain tumor database. Particular emphasis includes the impact of intraoperative MRI (iMRI) on outcomes for patients with brain tumors and other diseases. We are establishing a multicenter database pooling data from multiple iMRI centers in North America.

Ian G. Dorward, MD
Phone: 314-747-6142
Our research interests include outcomes analysis in spinal reconstruction surgery, including the impact of age, obesity, and other clinical variables on costs, complications, and patient satisfaction. Another area of interest is the evaluation of novel techniques in spinal deformity correction and minimally invasive spinal surgery. Additional work focuses on etiologic factors of spinal deformity in both adolescents and adults.

Gavin P. Dunn, MD, PhD
Phone: 314-747-6141
Our studies focus on the examination of molecular mechanisms in the endothelial cells and smooth muscle cells in the intracerebral microcirculation and the contribution of glial cells to their impairment after hypoxia/reoxygenation. In vitro techniques for studying isolated perfused microvessels are used to examine questions centered on endothelial smooth muscle and glial cell integration of cerebral blood flow responses.

Ammar H. Hawasli, MD, PhD
Phone: 314-747-6144
Our functional spinal neurosurgery research laboratory aims to understand the physiological and pathophysiological relationships between the spine and the brain. We study brain physiology and connectivity in spinal disorder patients, leveraging expertise in both spinal neurosurgery and brain physiology and a network of high-level collaborators at Washington University School of Medicine.

Albert H. Kim, MD, PhD
Phone: 314-747-6141
I have laboratory and clinical research interests in the cancer stem cell state and the genetics of glioblastoma using human tumor specimens. I additionally have clinical projects examining patient outcomes for two common types of brain tumors: meningiomas and pituitary tumors.

Eric C. Leuthardt, MD
Phone: 314-747-6146
Our lab is pursuing research in the areas of neuroprosthetics, brain-computer interfaces (BCIs), and advanced imaging modalities. These include opportunities in basic neurophysiology, engineering for BCIs, and functional MRI imaging research for applications toward brain tumors.

David D. Limbrick, MD, PhD
Phone: 314-454-4630
Our lab investigates clinical and translational research into newborn brain injuries, including posthemorrhagic hydrocephalus. Our main research areas include cerebrospinal fluid protein markers of disease, MRI diffusion tensor imaging, and prospective clinical trials. In addition, multi-institutional clinical research opportunities exist for syringomyelia associated with Chiari I malformation.

T.S. Park, MD
Phone: 314-454-2810
Our ongoing projects include outcome studies of selective dorsal rhizotomies for the treatment of spastic cerebral palsy in children and brachial plexus repair after birth injury. We are also involved in a multicenter outcome study of syringomyelia associated with Chiari I malformation in children.

Wilson Z. Ray, MD
Phone: 314-362-3114
Clinical and translational research on peripheral nerve and spinal cord injuries; lab-based opportunities for longer research electives investigating peripheral nerve regeneration and peripheral neuroprosthetics incorporating transient electronics.

Keith M. Rich, MD
Phone: 314-747-6142
Research on neuronal and glioma cellular apoptosis after treatment with DNA-damaging agents; techniques include growing human brain tumor cells in culture, bioassay for apoptosis with fluorescent staining, protein immunoblotting, and PCR.

Matthew Smyth, MD
Phone: 314-454-4454
Clinical outcomes studies for pediatric epilepsy surgery and craniosynostosis surgery, basic and translational research in advanced clinical imaging, and translational research in the development of focal brain cooling devices for the treatment of epilepsy.

Gregory J. Zipfel, MD
Phone: 314-747-6141
My NIH-funded research program involves both basic and clinical research efforts focused on two main conditions: (1) cerebral amyloid angiopathy and its contribution to ischemic stroke, vascular dementia, and Alzheimer's disease; and (2) vasospasm-induced delayed cerebral ischemia and long-term cognitive deficits after aneurysmal subarachnoid hemorrhage. My work includes the following: basic experimental methods, including cell culture and ex vivo vascular techniques; in vivo studies utilizing animal models of ischemic stroke and subarachnoid hemorrhage and live animal epifluorescent and confocal imaging; and phase I clinical trials in patients.

Courses

Clerkship Opportunities
Students may elect to obtain their neurology clerkship experience on the neurosurgery service, or they can choose neurosurgery as part of the surgical specialty rotations. Third-year students participate with the residents and attendings on hospital rounds, evaluate patients in the neurosurgery outpatient department and participate in the neurosurgical operating room. The main objectives of the rotation include: 1) the evaluation of comatose or head-injured patients; 2) clinical presentation, diagnostic work-up and treatment of cervical and lumbar disc disease; and 3) evaluation and treatment of patients with hemorrhagic and ischemic stroke.
M40 NeurSurg 805 Neurosurgery Subinternship
The goal of this elective is to provide an overview of neurological surgery, with most students planning to apply for neurosurgery residency in the next year. The fourth-year medical student will participate in patient work-ups, pre-, intra- and postoperative care, and diagnostic procedures. Students will also scrub in cases with senior level and chief residents assisting with neurosurgical procedures and observing the more critical portions of these procedures. It is expected that they will learn how to perform basic neurosurgical procedures such as lumbar punctures, ICP monitor placement, and ventricular drain placement. Fourth-year medical students are encouraged to participate in Grand Rounds, Neurosurgery Resident Curriculum conference, and Journal Club with the neurosurgery residents. At least one day/week is spent in an outpatient neurosurgery office setting. Students are expected to take overnight call. A week spent on the pediatric service at St. Louis Children’s Hospital is a component of this fourth-year elective.

M40 NeurSurg 900 Research Elective - Neurosurgery
Research opportunities may be available. If interested, please contact the Department of Neurosurgery.

Department of Obstetrics and Gynecology
The Department of Obstetrics and Gynecology (http://www.obgyn.wustl.edu/) has clinical teaching services located at Barnes-Jewish Hospital and Missouri Baptist Medical Center under the following director:

Dineo Khabele, MD, FACOG, FACS
Mitchell and Elaine Yanow Professor and Head, Department of Obstetrics and Gynecology

In addition, for the purposes of teaching, clinical care and research, the Department of Obstetrics and Gynecology is divided into subspecialty divisions under the following directors:

Gynecologic Oncology
Matthew A. Powell, MD

Maternal-Fetal Medicine
Anthony O. Odibo, MD, MSCE

Fetal Care Center

Imaging
Jeffrey M. Dicke, MD

Reproductive Endocrinology and Infertility
Kenan R. Omurtag, MD

General Obstetrics and Gynecology / Pediatric and Adolescent Gynecology
Eric A. Strand, MD

Female Pelvic Medicine and Reconstructive Surgery
(formerly Uro-Gynecology)
Jerry L. Lowder, MD, MSc

Family Planning
Tessa Madden, MD, MPH

Minimally Invasive Gynecologic Surgery
Scott W. Biest, MD

Research, Vice Chair
Sarah K. England, PhD

Clinical Research Director
Ebony B. Carter, MD, MPH

Reproductive Health Sciences Center, Director
Sarah K. England, PhD

Residency Program Director
Eric A. Strand, MD

Residency Program Associate Director
Shelby M. Dickison, MD

Vice Chair for Education
Tammy S. Sonn, MD

WUSM III Clerkship Director
Gillian M. Schivone, MD, MS

Website:
http://www.obgyn.wustl.edu

Faculty
Dineo Khabele, MD, FACOG, FACS
Department Head
Tammy Sonn, MD (https://obgyn.wustl.edu/about/directory/ tammy-l-sonn-md-facog/)
OB-GYN Student Clerkship Director

Visit our website for the most updated information about our faculty (http://www.obgyn.wustl.edu/content/199/ faculty_listing.aspx) and their appointments.

A

John K Appelbaum, MD
Assistant Professor of Clinical Obstetrics and Gynecology
(primary appointment)
MD Washington Univ in St. Louis 1984
BA Saint Louis University 1980

Tomas Ismael Aquino
Assistant Professor of Clinical Obstetrics and Gynecology
(primary appointment)

Elise Cosette Bardawil, MD
Assistant Professor of Obstetrics and Gynecology
(primary appointment)
BA University of Pennsylvania 2007
MD Drexel University 2013

Margaret Elizabeth Baum, BA1, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
BA1 Saint Louis University 1997  
MD John Hopkins University 2001  
BA Saint Louis University 1997  

Michael William Bebbington, MHS, BE, MD  
Professor of Obstetrics and Gynecology (primary appointment)  
MHS University of British Columbia 1993  
BE McMaster University 1979  
BS McMaster University 1978  
MD McMaster University 1982  

Robert L Becker, MD  
Assistant Professor of Clinical Obstetrics and Gynecology (primary appointment)  
MD Washington Univ in St. Louis 1969  
BA Cornell University 1965  

James E Belcher, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
BS University of Texas Austin 1972  
MD Washington Univ in St. Louis 1976  

Joe E Belew, MD  
Associate Professor of Clinical Obstetrics and Gynecology (primary appointment)  
MD Saint Louis University 1957  
BA Central Methodist College 1953  

Scott W Biest, MD  
Associate Professor of Obstetrics and Gynecology (primary appointment)  
MD University of MO Kansas City 1989  
BS University of MO Kansas City 1985  

Jeffrey D Bloss  
Adjunct Associate Professor of Obstetrics and Gynecology (primary appointment)  

Richard Gerald Bolanos  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  

Lawrence V Boveri, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
MD University of Missouri 1988  

Robert J Brown, MD  
Assistant Professor of Clinical Obstetrics and Gynecology (primary appointment)  
BS St Peters College 1977  
MD Washington Univ in St. Louis 1983  

Bruce L Bryan, BE, MD  
Assistant Professor of Clinical Obstetrics and Gynecology (primary appointment)  

BE Purdue University 1973  

C  

Ebony Boyce Carter, M PH, MD  
Assistant Professor of Obstetrics and Gynecology (primary appointment)  
Assistant Professor of Social Work  
Assistant Professor of Surgery (Public Health Sciences)  
BS Stanford University 2000  
M PH University of Michigan 2002  
MD Duke University 2006  

Emma Elizabeth Cermak, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
BA University of Pennsylvania 2005  
MD Case Western Reserve Univ 2010  

Michael B Chen  
Assistant Professor of Clinical Obstetrics and Gynecology (primary appointment)  

Ronald J Chod, MD  
Adjunct Associate Professor of Obstetrics and Gynecology (primary appointment)  
MD Southwestern University 1983  
BA University of Texas Austin 1978  

Christine M Chu, MD  
Assistant Professor of Obstetrics and Gynecology (primary appointment)  
MD Jefferson Medical College 2009  

Vicente M Colon-Alcaraz, MD  
Assistant Professor of Clinical Obstetrics and Gynecology (primary appointment)  
BA University of Puerto Rico 1978  
MD School Not Listed 1982  

D  

Jessica Despotovic  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  

Michelle R Devera, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
BA Washington Univ in St. Louis 1985  
MD Washington Univ in St. Louis 1993  

Jeffrey M Dicke, MD  
Professor of Obstetrics and Gynecology (primary appointment)  
BA University of Toledo 1975  
MD Ohio State University 1978  

Shelby Marie Dickison, MD  
Assistant Professor of Obstetrics and Gynecology (primary appointment)  
MD University of MO Columbia 2011
BS University of MO St Louis 2004

Justin T Diedrich, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BA Case Western Reserve Univ 2004
MD Case Western Reserve Univ 2008

Russell B Dieterich, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BA Knox College 1965
MD University of Illinois 1970

Michael McKinley Dombrowski, MD
Assistant Professor of Obstetrics and Gynecology (primary appointment)
Assistant Professor of Anesthesiology
MD Wayne State University 2011
BS University of Michigan 2006

David Louis Eisenberg, M PH, MD
Associate Professor of Obstetrics and Gynecology (primary appointment)
M PH Northwestern University 2009
MD University of Alabama 2003
BS University of Pittsburgh 1999

Josiah O. Ekunno, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BS School Not Listed 1965
MD School Not Listed 1974

Sarah E England, PHD
Professor of Obstetrics and Gynecology (primary appointment)
Alan A and Edith L Wolff Professor of Medicine
Professor of Cell Biology and Physiology
PHD Medical College of Wisconsin 1993
BA Carleton College 1988

Renee D Ewing, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
MD Southern Illinois University 1984
BA University of MO St Louis 1979

Cathleen Rae Faris, MD
Assistant Professor of Clinical Obstetrics and Gynecology (primary appointment)
BA University of Kansas 1977
MD University of Kansas 1982

Laurel D Fendrich
Instructor in Clinical Obstetrics and Gynecology (primary appointment)

Megan Elizabeth Foeller, MD
Assistant Professor of Obstetrics and Gynecology (primary appointment)
BS University of Colorado Boulder 2008
MD Loyola University Chicago 2012

Antonina I Frolova, MD, PHD
Assistant Professor of Obstetrics and Gynecology (primary appointment)
MD Washington Univ in St. Louis 2013
PHD Washington Univ in St. Louis 2013
BS Univ of IL -Urbana-Champaign 2005

Katherine C Fuh, MD, PHD
Associate Professor of Obstetrics and Gynecology (primary appointment)
BA Johns Hopkins University 1999
MD Georgetown University 2005
PHD Stanford University 2013

Andrew E Galakatos, MD
Professor of Clinical Obstetrics and Gynecology (primary appointment)
BS St Louis College of Pharmacy 1960
MD University of Missouri 1965

Chiara G I Ghetti, MD, MSCI
Associate Professor of Obstetrics and Gynecology (primary appointment)
MD Indiana University Indianapolis 1997
BA Cornell University 1992
MSCI University of Pittsburgh 2013

Diana Lee Gray, MD
Professor of Obstetrics and Gynecology (primary appointment)
Associate Dean for Faculty Affairs
Professor of Engineering
Professor of Radiology
BS University of Illinois 1977
MD University of Illinois 1981

Margaret Rosanna Gray-Swain, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
MD Washington Univ in St. Louis 2002

Andrea Ruth Hagemann, AB, MD, MSCI
Associate Professor of Obstetrics and Gynecology (primary appointment)
AB Princeton University 2000
MD Washington Univ in St. Louis 2004
MSCI Washington Univ in St. Louis 2015

Richard Alan Hartman, MD
Associate Professor of Clinical Obstetrics and Gynecology (primary appointment)
Kenneth Edmond Hemba, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
MD Jefferson Medical College 2011

Holly R Hoefgen, MD  
Assistant Professor of Obstetrics and Gynecology (primary appointment)  
MD Southern Illinois University 2008  
BS Southern Ill Univ Edwardsville 2002

Kathleen M Hogan, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
MD University of Missouri 1989  
BA Westminster College 1985

William Edward Houck, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
MD University of Cincinnati 1981  
BS Brown University 1977

Laura Hulbert, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
MD Washington Univ in St. Louis 1981  
BA Washington Univ in St. Louis 1976

Saji Jacob, DIP, MD, MS, UNKNOWN  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
DIP School Not Listed 1998  
MD School Not Listed 1993  
MS Kerala University 1989  
UNKNOWN School Not Listed 1996

Kathleen E Jaeger, MD, PHD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
BA Miami University 2007  
MD Loyola University Chicago 2014  
PHD Loyola University Chicago 2014

Eboni C January  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)

Patricia T. Jimenez, MD  
Assistant Professor of Obstetrics and Gynecology (primary appointment)  
MD University of Texas Southwest 2005  
BA Rice University 2001

Michael K Johnson, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
BS Ohio State University 1970  
MD Saint Louis University 1975

Sandy Lynn Jost  
Adjunct Instructor in Obstetrics and Gynecology (primary appointment)

Mark J Jostes, MD  
Assistant Professor of Clinical Obstetrics and Gynecology (primary appointment)  
MD University of Missouri 1981  
BS Rockhurst College 1976

Mary Bridget Keegan, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
BA Northwestern University 2004  
MD University of MO Columbia 2010

Sarah Lynn Keller, MD  
Associate Professor of Obstetrics and Gynecology (primary appointment)  
MD Southern Illinois University 1989  
BA University of Notre Dame 1985

Jeannie Chen Kelly, AB, MD, MS  
Assistant Professor of Obstetrics and Gynecology (primary appointment)  
AB Duke University 2005  
BS Duke University 2020  
MD Columbia University 2009  
MS Tufts University 2017

Dineo Khabele, MD  
Mitchell and Elaine Yanow Professor of Obstetrics and Gynecology (primary appointment)  
Head of the Department of Obstetrics and Gynecology  
Professor of Biochemistry and Molecular Biophysics 
MD Columbia University 1994  
BS Columbia University 1989

Erin L King, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
BA Stanford University 1997  
MD Washington Univ in St. Louis 2003

Phillip Lee Kintner, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
MD Southern Illinois University 1986

Laurie Klabi, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
BA University of Missouri 1987
MD University of Missouri 1991

Jacob Klein, MD
Professor of Clinical Obstetrics and Gynecology (primary appointment)
MD School Not Listed 1968
BS Muhlenberg College 1964

Yosuke Komatsu
Instructor in Clinical Obstetrics and Gynecology (primary appointment)

Ramakrishna Kommagani, PHD
Assistant Professor of Obstetrics and Gynecology (primary appointment)
PHD Wright State University 2009

Claudia Krasnoff, MD, MA
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BA Goucher College 1986
MD University of Maryland 1994
MA Johns Hopkins University 1990

Lindsay M Kuroki, MD
Assistant Professor of Obstetrics and Gynecology (primary appointment)
BS Brown University 2004
MD Brown University 2009

Christine Marie Ladd, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BA Saint Louis University 1986
MD University of Missouri 1990

Bobbi Omori Lakin, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
MD Univ of Oklahoma Health Sci 2015
BA University of Oklahoma 2010

Patricia Lazaroff, BN, MSN
Adjunct Instructor in Obstetrics and Gynecology (primary appointment)
BN School Not Listed 1972
MSN Saint Louis University 1974

Edward S Levy, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BA Duke University 1987
MD Washington Univ in St. Louis 1991

Jerry L Lowder, MS, MD
Associate Professor of Obstetrics and Gynecology (primary appointment)
BS University of North Carolina 1995

MS University of Pittsburgh 2006
MD East Carolina University 1999

Kerith Lucia Lucco
Instructor in Clinical Obstetrics and Gynecology (primary appointment)

Tessa E Madden, M PH, MD
Associate Professor of Obstetrics and Gynecology (primary appointment)
BS Smith College 1995
M PH Johns Hopkns University Medic 2006
MD Washington Univ in St. Louis 2001

Carolyn Marie Martin, MD
Assistant Professor of Clinical Obstetrics and Gynecology (primary appointment)
BA Lindenwood College 1970
MD Washington Univ in St. Louis 1976

Katherine Mae Massa, MD
Assistant Professor of Obstetrics and Gynecology (primary appointment)
MD Temple University 2013
BS Northwestern University 2008

Leslie Stewart Massad, MD
Professor of Obstetrics and Gynecology (primary appointment)
MD Duke University 1984
BS Williams College 1980

Jennifer Ann McCabe, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BS Saint Louis University 2001
MD Saint Louis University 2005

Carolyn Kay McCourt, MD
Associate Professor of Obstetrics and Gynecology (primary appointment)
BS Creighton University 1997
MD Creighton University 2001

Daniel S McDonald, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BS Yale University 1984
MD University of Missouri 1989

Denise Andrea Meckler, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
MD Ohio State University 1992
BA Duke University 1988

Jerry N Middleton, MD
Instructor Emeritus in Clinical Obstetrics and Gynecology (primary appointment)
Cory Scott Miller, MD  
Assistant Professor of Obstetrics and Gynecology (Pending Executive Faculty Approval) (primary appointment)  
BS University of Missouri 2006  
MD Saint Louis University 2010

Kelle Harbert Moley, MD  
Adjunct Professor of Obstetrics and Gynecology (primary appointment)  
MD Yale University 1988  
BA Wellesley College 1984

Jeffrey Stuart Mormol  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
BS Indiana University Bloomington 1986

Nathaniel H Murdock, MD  
Associate Professor of Clinical Obstetrics and Gynecology (primary appointment)  
MD Meharry Med College 1963  
BS Howard University 1958

Helen I-Yun Mussemann, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
MD Beaufort Technical College 1996  
BA Rice University 1992

David G Mutch, MD  
Ira C and Judith Gall Professor of Obstetrics and Gynecology (primary appointment)  
BA Carleton College 1976  
MD Washington Univ in St. Louis 1980

Indira U Mysorekar, PhD, MS  
James P Crane Professor of Obstetrics and Gynecology (primary appointment)  
Professor of Pathology and Immunology  
PHD Washington Univ in St. Louis 2002  
MS University of Lund 1995  
BS University of Lund 1994

Sarah Ayesha Nazeer, MD  
Assistant Professor of Obstetrics and Gynecology (primary appointment)  
BA University of MO Kansas City 2017  
MD University of MO Kansas City 2017

Jessica A Norton, MD  
Instructor in Obstetrics and Gynecology (primary appointment)  
MD Boston University 2015  
BA Yale University 2011

Micaela E O'Neil, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
MD Univ of Wisconsin Madison 2010  
BS Univ of Wisconsin Madison 2006

Kenan Rifat Omurtag, MD  
Associate Professor of Obstetrics and Gynecology (primary appointment)  
BA University of MO Kansas City 2006  
MD University of MO Kansas City 2006

Margaret McCarthy Ormonde  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
BS University of Missouri 1983

Meera Raman Patel, MD  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
MD University of MO Kansas City 1996  
BA University of MO Kansas City 1995

Marta J Perez, MD  
Assistant Professor of Obstetrics and Gynecology (primary appointment)  
MD Vanderbilt University 2014  
BA Georgetown University 2010

Timothy Charles Philpott, MD  
Assistant Professor of Clinical Obstetrics and Gynecology (primary appointment)  
BA Carleton College 1987  
MD Washington Univ in St. Louis 1994

Genie Marie Pierson  
Instructor in Clinical Obstetrics and Gynecology (primary appointment)  
BA Norfolk State University 1980  
MD School Not Listed 1983

Jorge Pineda, MD  
Assistant Professor of Clinical Obstetrics and Gynecology (primary appointment)  
MD School Not Listed 1972

Matthew A Powell, MD  
Professor of Obstetrics and Gynecology (primary appointment)  
MD Michigan State University 1995  
BS Washington St University 1990
Janet Sue Rader, MD
Adjunct Professor of Obstetrics and Gynecology (primary appointment)
MD University of Missouri 1983
BA Drake University 1978

Nandini Raghuraman, MS, MD
Assistant Professor of Obstetrics and Gynecology (primary appointment)
BS University of AL Birmingham 2007
MS University of AL Birmingham 2007
MD University of Alabama 2011

Jodie Rai, MD
Associate Professor of Clinical Obstetrics and Gynecology (primary appointment)
BA Harvard University 1983
MD University of Illinois 1988

Roxane M. Rampersad, MD
Associate Professor of Obstetrics and Gynecology (primary appointment)
MD Emory University 1998
BS Emory University 1994

Valerie Ratts, MD
Professor of Obstetrics and Gynecology (primary appointment)
Associate Dean for Admissions
MD Johns Hopkns University Medic 1987
BS University of Illinois 1983

Angela Mary Reining
Instructor in Clinical Obstetrics and Gynecology (primary appointment)

Lee A Rigg, PHD, MD
Associate Professor of Clinical Obstetrics and Gynecology (primary appointment)
PHD University of Colorado Boulder 1965
BA Arizona State University 1961
MD Washington Univ in St. Louis 1971

Joan K. Riley, MS, PHD
Associate Professor of Obstetrics and Gynecology (primary appointment)
Associate Professor of Medicine
Associate Professor of Pediatrics
MS University of Leeds 2015
PHD Washington Univ in St. Louis 1998
BS University of Illinois 1992

Ann Marie Rockmann, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BA Saint Louis University 1987
MD Saint Louis University 1991

Chinda Vanasin Rojanasathit, MD
Assistant Professor of Clinical Obstetrics and Gynecology (primary appointment)
MD School Not Listed 1967

Whitney T Ross, MD
Assistant Professor of Obstetrics and Gynecology (primary appointment)
BS East Tennessee State Universi 2010
BA East Tennessee State Universi 2010
MD East Tennessee State Universi 2014

Sharman M Russell, MD
Assistant Professor of Obstetrics and Gynecology (primary appointment)
MD CHICAGO MEDICAL SCHOOL 2010

Bridget Scheve Rutledge
Instructor in Clinical Obstetrics and Gynecology (primary appointment)

Jerome D Sachar, MD
Assistant Professor of Clinical Obstetrics and Gynecology (primary appointment)
MD University of Missouri 1979
BA Amherst College 2000

Celia Maria Santi Grau Perez, PHD, MD
Associate Professor of Obstetrics and Gynecology (primary appointment)
Associate Professor of Neuroscience
BS Instituto de Montevideo 1979
PHD National Autonomous U of Mex 1998
MD Instituto de Montevideo 1992

Gillian Brit Schivone, MD, MS
Assistant Professor of Obstetrics and Gynecology (primary appointment)
MD University of Minnesota 2011
BA Boston University 2005
MS Stanford University 2017

Leslie A Scott
Instructor in Clinical Obstetrics and Gynecology (primary appointment)

Anne R Seyer, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
MD Saint Louis University 2006
BA Saint Louis University 2002

Clayton D. Skaggs, DC
Adjunct Instructor in Obstetrics and Gynecology (primary appointment)
DC Logan College of Chiropractic 1987
BS Southwest Misouri St Universi 1984

Jennifer H. Smith, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BS University of California 1995
MD Washington Univ in St. Louis 1999

Tammy Shim Sonn, MD
Professor of Obstetrics and Gynecology (primary appointment)
BS University of Chicago 1999
MD Rush University 2004

Chotchai Srisuro, MD
Associate Professor of Clinical Obstetrics and Gynecology
(primary appointment)
MD School Not Listed 1967

Andrea L Stephens, MS, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BA University of CA San Diego 1982
MS University of CA Los Angeles 1983
MD University of CA Los Angeles 1987

John A Stopple, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BA Grinnell College 1962
MD Univ of Wisconsin Madison 1969

Eric A Strand, MD
Professor of Obstetrics and Gynecology (primary appointment)
MD Johns Hopkins University Medc 1995

Abbe L Sudvarg
Instructor in Clinical Obstetrics and Gynecology (primary appointment)

Melissa Dawn Tepe, MS, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BS Yale University 1999
MS Columbia University 2004
MD Albert Einstein College of Med 2005

Premal H Thaker, MS, MD
Professor of Obstetrics and Gynecology (primary appointment)
BA Villanova University 1995
MS University of Texas Houston 2004
MD Allegheny College 1997

Jean Alfred Thomas Sr., MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
MD School Not Listed 1972

Jeffrey Bryant Thompson, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BS Vanderbilt University 1989

MD University of Missouri 1994

M. Bryant Thompson, MD
Associate Professor of Clinical Obstetrics and Gynecology
(primary appointment)
BA Eastern New Mexico University 1957
MD University of California 1961

Albro C Tobey, MD
Assistant Professor of Clinical Obstetrics and Gynecology
(primary appointment)
BS Butler University 1965
MD School Not Listed 1972

Randall W Tobler, MD
Assistant Professor of Clinical Obstetrics and Gynecology
(primary appointment)
BA University of Missouri 1980
MD Washington Univ in St. Louis 1984

Jacqueline Sue Turner, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BA Mass Inst of Technology (MIT) 1979
MD Tulane University 1983

Kanika A Turner
Instructor in Clinical Obstetrics and Gynecology (primary appointment)

Ashley Veade, MD
Assistant Professor of Obstetrics and Gynecology (primary appointment)
BS Louisiana State University, Co 2010
MD Louisiana Health Sciences Cent 2014

Zevidad Vickery, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
MD Ben-Gurion Univ of the Negev 2005

Daniel G Wagner, MD, BA1
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BA Holy Cross College 1985
MD Saint Louis University 1989
BA1 Holy Cross College 1985

Yong Wang, PHD
Associate Professor of Obstetrics and Gynecology (primary appointment)
Associate Professor
Associate Professor of Radiology
PHD Washington Univ in St. Louis 2009

Gary Michael Wasserman, MD
Assistant Professor of Clinical Obstetrics and Gynecology (primary appointment)
BA University of MO Kansas City 1978
MD University of Missouri 1980
Mark S Wasserman, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
BA University of Missouri 1980
MD University of Missouri 1984
David L Weinstein, MD
Associate Professor of Clinical Obstetrics and Gynecology (primary appointment)
MD Saint Louis University 1985
BS University of Michigan 1981
Denise Michelle Willers, MD
Associate Professor of Obstetrics and Gynecology (primary appointment)
MD Southern Illinois University 2000
BS Drake University 1996
Holly L Wright, MD
Assistant Professor of Obstetrics and Gynecology (primary appointment)
MD Southern Illinois University 2009
BS Southern Ill Univ Edwardsville 2005
Heather E. Wuebker, MD
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
MD University of MO Kansas City 1998
BA University of MO Kansas City 1996
Z
Sandra G.H. Zakroff
Instructor in Clinical Obstetrics and Gynecology (primary appointment)
Peinan Zhao, PHD, MS
Instructor in Obstetrics and Gynecology (primary appointment)
PHD Wuhan University 2011
MS University of MO Columbia 2016
Darryl Thomas Zinck
Instructor in Clinical Obstetrics and Gynecology (primary appointment)

Research Electives
Obstetrics and Gynecology Research Electives
During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Celia Santi, PhD
Ramakrishma Kommagani, PhD
Katherine Fuh, MD, PhD
BJC Institute of Health, 10th Floor
Phone: 314-286-1775
During this six-week elective, students will have the opportunity to immerse themselves in bench research in reproductive science.

- Dr. England’s laboratory focuses on uterine contractility and ion channels in the uterine myometrium.
- The Mysorekar lab studies the dynamics of tissue regeneration in the adult mammalian urinary bladder, the pathogenesis of a common infectious disease in women (namely, recurrent urinary tract infections), and the potential infectious etiology of preterm birth in pregnant women.
- Dr. Sant’s work focuses on ion channels in mouse and human sperm.
- Dr. Fuh investigates cell signaling in ovarian cancer and the biology of ovarian cancer metastasis.

The main criteria for this rotation is that the student must have prior experience as an undergraduate or postgraduate in a laboratory, not including class work. This rotation is designed for the student who is planning a career in academic medicine as a physician-scientist and who is interested in considering reproductive science as a field. Prior to signing up for this course, the student must contact Dr. England to discuss the schedule and expectations of the rotation.

Courses

M45 ObGyn 730 OB/GYN Clerkship
All third-year medical students participate in a five-week clinical clerkship in Obstetrics and Gynecology. This is divided into components of outpatient OB/GYN, inpatient obstetrics and inpatient gynecology. Comprehensive study of the reproductive health needs of women in both the office setting and the surgical setting is the focus of the curriculum. Students are actively involved in all settings of health care delivery: outpatient faculty clinics within all specialties, resident ambulatory clinics, operating rooms for all obstetric or gynecologic cases, inpatient floors of L&D and Gynecology, and the emergency department/hospital inpatient consults. Faculty, fellows, residents, and nurse practitioners provide teaching for this rotation. Student-directed didactics include the faculty and chief resident lecture series, procedural skill station session and faculty-assigned preceptor groups that meet throughout their five-week rotation. Credit 192 units.
M45 ObGyn 804 OB/GYN Generalist Outpatient Care Subinternship
This experience is designed to primarily acquaint the student with the diagnosis and care of outpatients. Students will work one-on-one with attending staff, to focus on an overview of evaluation, diagnosis, and treatment of common obstetric and gynecologic concerns. The subintern will spend the majority of time attending half day clinics and private offices. Overnight OB call is required (approximately 2 evening shifts) to acquaint the student with the house staff and hospital, providing opportunity to participate in deliveries. If desired, additional time can be arranged to participate in/observe outpatient surgical procedures. A 30-45 minute presentation to attendings and house staff will culminate the rotation on a selected OB/GYN topic.

M45 ObGyn 810 OB/GYN Reproductive Endocrinology & Infertility Subinternship
The subintern will participate (in the office and hospital) in the study and treatment of women with reproductive endocrine disorders and infertility. The student will attend and present in conferences, attend surgery, observe assisted reproductive technology procedures, have assigned reading and be an integral part of the reproductive endocrine service. Opportunities for clinical research projects in reproductive endocrinology are also available.

M45 ObGyn 830 Gynecologic Oncology Subinternship
The subintern will take part in the work-up of tumor patients prior to surgery and/or radiotherapy, assist in pelvic operations, help render perioperative care, and review pathology specimens and slides. The student will participate in GYN Tumor Clinic sessions, make hospital rounds with house staff, accompany chief residents on consultations, and attend OB/GYN conferences. Opportunities for clinical or basic research projects in gynecologic malignancy are also available.

M45 ObGyn 833 Special Topics in Reproductive Health
Students will attend a variety of outpatient clinics to interact with patients seeking different reproductive health services. These topics include family planning and abortion services at the Hope Clinic and BJH; general gynecology services at our faculty practice GYN clinic (WHC) and OB/GYN resident clinic (COH 3); specialized reproductive health services including STI testing and contraception at the St. Louis STD clinic, the SPOT, and C3 Clinic; and OB and pregnancy centering clinics at the Center for Outpatient Health and Affinia. There may also be an opportunity to attend an adolescent and pediatric gynecology clinic, a women’s cardiology clinic, and an adult transgender care clinic. Clinical experiences will be mainly ambulatory, but there is potential to work with the Family Planning faculty physicians in the operating room at Barnes Jewish Hospital. The student will prepare a 15-20 minute presentation on a reproductive health topic of their choice to present at the end of the rotation.

M45 ObGyn 843 Maternal-Fetal Medicine Outpatient Care Subinternship
Students will see a variety of high-risk obstetrical patients in the outpatient setting in the Center for Outpatient Health. The student will evaluate various types of reproductive age patients with medical or obstetrical complications, including preconception consultations, prenatal care consultations, and initial prenatal visits. The student also will see return patients to experience the continuity of prenatal care. Students will participate in antenatal testing and learn basic ultrasonography skills. The student will be responsible for one presentation to be given to the OB teams at the end of the rotation. Students are provided independent study time to put together the presentation, which should be created in PowerPoint and on a topic of their choice, inspired by a patient-related clinical condition that piqued their interest during the block. In addition, the student will have the option to take overnight call or call in the Pregnancy Assessment Center in order to gain more hands-on experience with inpatient obstetrics; this is voluntary and not a requirement.

M45 ObGyn 844 Maternal-Fetal Medicine Inpatient (Antepartum) Subinternship
Areas of patient care will include the Women’s Assessment Center (WAC), the Antepartum Unit, and Labor & Delivery. The primary team will be the Antepartum Team, which includes a second-year and third-year OB/GYN resident, an MFM fellow, and the MFM attending. Students are expected to become functioning members of the antepartum team, with their own patients whom they will be responsible for rounding on and completing day-to-day tasks. Our patients include those who are admitted to the Antepartum Unit, various intensive care units, and other services with complications in pregnancy. The student will prepare a brief talk on a topic of their interest during the course of the rotation.

M45 ObGyn 856 OB/GYN Ultrasound: Genetics
Working with the attending physicians in the Ultrasound Units at the Center for Outpatient Health and the Center for Women’s Wellness at Missouri Baptist Medical Center, the student will learn the principles and techniques of non-invasive screening for fetal disorders and observe the performance of invasive prenatal diagnostic procedures. The student will also learn the standards and guidelines for performance of the antepartum obstetrical ultrasound examination and female pelvic examination. Normal and abnormal fetal and gynecologic anatomy will be reviewed. Experience will be gained in pedigree analysis and familial risk factor assessment by working with genetic counselors. One day is spent in the Cytogenetics Laboratory observing the preparation of prenatal specimens for karyotype analysis. Opportunities for participation in clinical research are also available.

M45 ObGyn 870 Pediatric & Adolescent Gynecology Subinternship
Students will be working with two attendings, a fellow, and residents in both the inpatient and outpatient settings. They will largely be following this team from the outpatient offices located at COH 7, South County, Missouri Baptist & St. Louis Children’s Hospital. In addition, OR experiences are located at both Parkview Tower 3 and Children’s. The range of topics likely encountered will include gynecologic care in children and young adults, including menstrual and pubertal concerns; sexual health and contraception; vulvar vaginal irritation and labial adhesions; adolescent breast disorders; ovarian pathology and torsion; genital trauma; adolescent PCOS; pelvic pain and endometriosis; and the diagnosis and management of congenital gynecologic abnormalities and fertility preservation. Students will be involved in general pediatric and adolescent gynecology clinics as well specialty clinics (Disorders of Sexual Differentiation and Fertility Preservation/Gynecologic Late-Effects), and they will assist with inpatient and emergency room consultations and
scheduled and emergent surgical cases as available. Subinterns will be required to give a presentation on a PAG topic of their choice by the end of the rotation, and they will have the option to participate in PAG research.

M45 ObGyn 875 Affinia Ambulatory OB/GYN Subinternship
Subinterns will be working one-on-one with a small subset of Affinia OB/GYN physicians at their office locations spread throughout St. Louis city. These federally-qualified health center sites will allow for a broad array of outpatient obstetrical and gynecologic exposures. Beyond general OB/GYN practice, this rotation will lend more perspective on access to care challenges and various aspects of health inequities.

M45 ObGyn 880 Family Planning Ambulatory Subinternship
Subinterns will work in small groups typically comprised of the attending, fellow, and resident within the office setting. The array of encounters will vary between ambulatory gynecology and family planning consultations. Topics specific to family planning include more complicated contraceptive counseling and treatment options in addition to providing treatment options for first- and second-trimester abortions, whether elective, due to lethal anomalies, or for maternal health concerns. Exposures to office-based procedures will include manual vacuum aspiration usage, laminaria placement, familiarity with medication usage (e.g., mifepristone), and other general gynecologic procedures (e.g., colposcopies, biopsy samplings, contraceptive placements).

M45 ObGyn 900 Research Elective - Obstetrics and Gynecology
Research opportunities may be available. If interested, please contact the Department of Obstetrics and Gynecology.

John F. Hardey, MD,
Department of Ophthalmology and Visual Sciences

The John F. Hardey, MD, Department of Ophthalmology and Visual Sciences has a strong legacy and is a national leader in clinical ophthalmology and research. It is ranked among the top ten best overall programs in the United States, and it is also considered one of the top ten best research programs by U.S. News & World Report. Our ophthalmology department is fourth in National Institutes of Health funding for research and has one of the nation’s largest ophthalmology research faculty. The department's mission is as follows: "As world leaders in patient care, teaching and research, we strive to touch lives and preserve and restore vision through innovation and compassionate service." We hope that students will join us to enrich their medical education and to experience the collaborative culture of ophthalmology.

Although only a small percentage of physicians in the United States specialize in ophthalmology, there is no doubt that all physicians need a basic understanding of the eye and what it can reveal about a patient's condition. In a recent article published in the journal *Ophthalmology*, it was stated that "ophthalmology-related issues arise in the diagnosis and treatment of inpatients and outpatients on internal medicine, pediatrics, trauma surgery, neurology, endocrinology, neurosurgery, otolaryngology, dermatology, oncology, and rheumatology services."¹

The article went on to state that “[m]ost primary care program directors believe fewer than 50% of incoming residents have sufficient ophthalmology skills when entering the internship period of medical education. Ophthalmoscopy is one of many ophthalmic skills in which there seems to be a gap in the training of medical students. [A study] demonstrated that emergency medicine physicians often do not perform an ophthalmoscopic examination when it is indicated, and when they do, they are unlikely to detect abnormal findings. This presents a serious issue, because patients with visual impairments are more likely to be hospitalized, and from 2006 through 2011, there were 12 million eye-related emergency department visits nationwide. If they are unable to view or interpret fundus findings with either an ophthalmoscope or fundus photography, the students must know when it is necessary to refer their patients to an ophthalmologist for further evaluation." In other words, even if a physician does not plan to make ophthalmology their career, deepening their knowledge of this field will enhance their skills as a physician in any field.

At Washington University School of Medicine, medical students under the Legacy Curriculum begin ophthalmology-based instruction during the first year with examination of the eye and a lecture on various aspects of ocular disease. During the second year, students receive a refresher lecture and lab on direct ophthalmoscopy as well as a lecture on ophthalmic manifestations of systemic disease and primary ocular disease. During the third year, students are given the opportunity during the surgery clerkship to spend four weeks on the ophthalmology services; in addition, there are lectures given to students during the Internal Medicine rotations. During the fourth year, a four-week intensive clinical rotation is tailored to students interested in pursuing ophthalmology as a career. Research electives are available under the guidance of numerous ophthalmology faculty members for fourth-year students. Newer medical students under the Gateway Curriculum have the option of choosing ophthalmology for a three-week-long clinical experience during their first-year Procedural Immersion. More intensive clinical rotations will be available in later phases of the new curriculum.


Website: http://ophthalmology.wustl.edu
Faculty

Our staff includes full-time university attending physicians for all subspecialties in ophthalmology, including ocular tumors, oculoplastics and uveitis. We have a very healthy mix of senior established faculty and junior members.

Todd Margolis, MD, PhD (https://ophthalmology.wustl.edu/people/todd-margolis-md-phd/)
Alan A. and Edith Wolff Distinguished Professor and Chairman

R. Lawrence Tychsen, MD (https://wuphysicians.wustl.edu/for-patients/find-a-physician/lawrence-tychsen/)
Pediatric Ophthalmology Director

P. Kumar Rao, MD (https://profiles.wustl.edu/en/persons/kumar-rao/)
Adult Ophthalmology Clinical Director

Peter Lukasiewicz, PhD (https://profiles.wustl.edu/en/persons/peter-lukasiewicz/)
Ophthalmology Research Director

Rajendra Apte, MD, PhD (https://profiles.wustl.edu/en/persons/rajendra-apse/)
Ophthalmology Director of Translational Research

Visit our website for more information about our faculty (http://ophthalmology.wustl.edu/Faculty/) and their appointments.

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OD School Not Listed 1957
Claud Randall Snowden, OD
Adjunct Instructor in Ophthalmology and Visual Sciences
(primary appointment)
BS Illinois College of Optometry 1972
OD Illinois College of Optometry 1974

Craig H Sorce, OD
Adjunct Instructor in Ophthalmology and Visual Sciences
(primary appointment)
BA Southern Illinois University 1988
OD University of Missouri 1992

Florentina Soto Lucas, PHD
Associate Professor of Ophthalmology and Visual Sciences
(primary appointment)
PHD University of Alicante 1992

Mark H Spurrier, MD
Instructor in Clinical Ophthalmology and Visual Sciences
(primary appointment)
BA Kansas State University 1976
MD Washington Univ in St. Louis 1980

Joseph Steska, OD
Instructor in Ophthalmology and Visual Science (primary appointment)
OD Illinois College of Optometry 2009

Michael Vincent Stock, BE, BE1, MD
Instructor in Ophthalmology and Visual Sciences (primary appointment)
BE Vanderbilt University 2008
BE1 Vanderbilt University 2008
MD Washington Univ in St. Louis 2012

James F Strieter, OD, MBA
Adjunct Instructor in Ophthalmology and Visual Sciences
(primary appointment)
OD School Not Listed 1954
BS School Not Listed 1953
MBA Southern Ill Univ Edwardsville 1988

Leanne Denise Stunkel, MD
Assistant Professor of Ophthalmology & Visual Science (primary appointment)
Assistant Professor of Neurology
BA Johns Hopkins University 2008
MD Cornell University 2014
BA Johns Hopkins University 2008

Brian Patrick Sumner, OD
Adjunct Instructor in Ophthalmology and Visual Sciences
(primary appointment)
OD Illinois College of Optometry 1978

Kenneth V Swanson
Research Electives

Ophthalmology and Visual Sciences Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences. Below is a list of faculty that have ongoing research projects that involve medical students. If a student is interested in working with a faculty member that is not listed below, they can contact the faculty directly to see if there are any research opportunities in their lab.
Further descriptions of our research labs can be found on the Vision Core Researchers webpage (http://vrcore.wustl.edu/residentstudentresearchopportunities/RSROHome/).

**Usha P. Andley, PhD**
1114-C McMillan
Phone: 314-362-7167

Molecular basis of cataract; the function of molecular chaperones in cataract; proteomics, imaging and biochemical studies on cell culture and mouse models for crystallin gene mutations linked with cataract; testing drugs to inhibit cataract.

**Rajendra S. Apte, MD, PhD**
apte@vision.wustl.edu

Innate immunity and immune effector mechanisms in the retina; oxidative stress and cell death; models of developmental angiogenesis and neovascularization; inflammation and photoreceptor survival; macular degeneration.

**Steven Bassnett, PhD**
1114 McMillan
Phone: 314-362-1604

Eye development; stochastic models of lens growth; stem cell biology; age-related cataract; UV-induced somatic mutation; ocular manifestations of Marfan syndrome; cell death suppression on the optic axis; cell biology of transparent tissues.

**Anjali Bhorade, MD**
Phone: 314-362-5343

Evaluating the effect of glaucoma on visual function in older adults in the home; understanding the relationship between vision and driving in older adults with glaucoma.

**Shiming Chen, PhD**
618 McMillan
Phone: 314-747-4350

Our primary interests are molecular mechanisms regulating photoreceptor gene expression and the implications in understanding photoreceptor development and disease. We are focusing on three transcription factors (CRX, NRL and NR2E3) linked to photoreceptor degenerative diseases. Molecular genetics and biochemical approaches are used to identify the regulatory pathways associated with each factor. Mouse models are used to understand why mutations in these factors cause disease and to develop therapeutic strategies, including AAV gene therapy.

**Steven M. Couch, MD**
couch@vision.wustl.edu

Orbital inflammatory diseases; surgical techniques and novel treatments of periocular/orbital disease.

**Philip L. Custer, MD**
custer@vision.wustl.edu

Enucleation and anophthalmic socket disorders; orbital fractures and implants; hemorrhagic complications during oculoplastic procedures.

**Thomas A. Ferguson, PhD**
1207 McMillan
Phone: 314-362-3745

Molecular basis of immune tolerance and how apoptotic cells tolerize the immune response; role of immune privilege in the pathogenesis of eye diseases such as age-related macular degeneration; role of basal autophagy in the cells of the eye by using the cre-loxP system to delete essential autophagy genes from specific cell types in the eye.

**Mae Gordon, PhD**
Phone: 314-362-3716

Ocular hypertension; glaucoma; keratoconus; adenoviral conjunctivitis; randomized clinical trial methodology; patient-reported outcome measures and measurement reliability.

**George J. Harocopos, MD**
harocopos@vision.wustl.edu

Age-related cataract; ophthalmic pathology.

**Andrew Huang, MD, MPH**
106 McMillan
Phone: 314-362-0403

Ocular surface stem cell biology; molecular therapy for corneal dystrophies and corneal neovascularization; oxidative stress of corneal endothelium; clinical research on dry eye and ocular surface disease.

**Michael A. Kass, MD**
kass@vision.wustl.edu

Principal Investigator of the Ocular Hypertension Treatment Study; diagnosis, treatment and public health aspects of glaucoma.

**Vladimir Kefalov, PhD**
625 McMillan
Phone: 314-362-4376
Our primary interests are photoreceptor neurobiology and retinal degeneration. We are a sensory neurobiology lab interested in the function of mammalian rod and cone photoreceptors. In addition, we are interested in the mechanisms of neurodegeneration in the retina, and we are working on developing pharmacological and gene therapy tools for preventing photoreceptor cell death.

Daniel Kerschensteiner, MD
kerchensteinerd@vision.wustl.edu
(kerschensteinerd@vision.wustl.edu)

Our primary interest is in understanding the principles that guide the assembly of neural circuits and deciphering the way they process information. We hope to identify features of the retinal circuit architecture that perform particular computations and characterize how they arise during development. We will then probe underlying mechanisms of circuit assembly and function through genetically targeted manipulations of specific cells in the retina.

Gregg T. Lueder, MD
lueder@vision.wustl.edu
Retinoblastoma; eye misalignment (strabismus); retinopathy of prematurity; abnormal tearing; nasolacrimal disorders; cataracts; glaucoma.

Peter Lukasiewicz, PhD
1003C McMillan
Phone: 314-362-4284
Neurotransmitters; synapses; retinal function in health and disease; retinal information processing.

Todd P. Margolis, MD, PhD
margolist@vision.wustl.edu
Cellular and molecular mechanisms that regulate herpes simplex infection neurons; inexpensive telemedicine for reducing blindness in underserved populations.

Josh Morgan, PhD
jimorgan@wustl.edu
Our primary interest in is in the synaptic connectivity of visual circuits. Our goal is to understand the structure, development and pathology of the synaptic connectivity that gives rise to vision. Our core approach is to reconstruct neural circuits in the retina and visual thalamus using large-scale 3D electron microscopy.

John R. Pruett Jr., MD, PhD
pruettj@wustl.edu

We use fcMRI to study the development of large-scale functional brain networks in infants at risk for autism spectrum disorder. We are specifically interested in fcMRI correlates of visual joint attention. Our collaborative projects involve fcMRI studies of visual-motor integration.

Kumar Rao, MD
rao@vision.wustl.edu
Surgical and medical therapies for disorders of retina and choroid; novel intraocular markers in uveitis and lymphoma; ultrasound therapy for choroidal melanoma.

Nathan Ravi, MD, PhD, MS, FAAO
ravi@vision.wustl.edu
Our research is directed toward understanding the pathophysiology of presbyopia and developing medical or surgical treatments for this condition.

Alan Shiels, PhD
1128 McMillan
Phone: 314-362-1637
shiels@vision.wustl.edu
Our primary interest is in the molecular genetic mechanisms underlying cataract, glaucoma and associated eye disorders. Specifically, we are interested in the following: (1) genome-wide linkage analysis and targeted (exome, amplicon) sequencing for the discovery of causative or susceptibility genes; and (2) genotype-phenotype and functional expression studies of naturally occurring and gene-targeted mouse models to characterize pathogenic mechanisms.

Carla J. Siegfried, MD
siegfried@vision.wustl.edu
Our research is focused on ocular oxygen metabolism and the development of open-angle glaucoma. We are studying how the oxygen gradient in the eye is altered in disease states as well as noninvasive methods of measuring corneal oxygen consumption.

Florentina Soto, PhD
sotolucASF@vision.wustl.edu
Studies in our laboratory aim to identify the molecular basis of dendrite and axon lamination and synapse formation during development and in the adult retina. In addition, we investigate how these molecules could be involved in the development of retinal pathologies, including retinal degeneration.

Larry Tychsen, MD
2589 Eye Clinic, St. Louis Children's Hospital
Phone: 314-454-6026
Principal Investigator of NIH-funded studies of visual brain maldevelopment and repair in infant primates as well as of clinical studies of visuomotor abnormalities in cerebral palsy and pediatric refractive surgery.

Gregory P. Van Stavern, MD
vanstaverng@vision.wustl.edu

Neuroimaging of the visual pathways; idiopathic intracranial hypertension; evidence-based medicine and clinical decision making; using the visual system as a model to study neurologic disorders.

## Courses

Curriculum courses (p. 239) for Ophthalmology and Visual Sciences are listed below.


### Gateway Curriculum: First Year

Under the new Gateway Curriculum, medical students spend their four years split between three phases. Phase 1 involves the first 16 months of medical school. During Phase 1, students participate in three Procedural Immersions, which are three-week-long clinical and surgical experiences. The primary goals of the Procedural Immersions are to socialize the student to different clinical settings, to hone their clinical skills, and to allow them to explore the impact of society and health systems on an individual patient’s health. This 360-degree approach to early clinical exposure allows students to view practicing medicine through physician, patient, and systems lenses. In these rotations, medical students will often focus on longitudinal patient care by following a specific patient from the time they arrive until they leave and seeing how all health care team members are involved in that patient’s visit. During the Ophthalmology Procedural Immersion, students spend time in the University Eye Clinic and in the pediatric and adult subspecialty clinics and operating rooms, and they attend rounds with an inpatient consult team. This early exposure to clinical experience helps students to contextualize the classroom and clinical learning that they continue with over the next two phases.

### Legacy Curriculum: Second Year

During the second year of the Legacy Curriculum, students will receive a refresher lecture and lab on direct ophthalmoscopy as well as a lecture on ophthalmic manifestations of systemic disease and primary ocular diseases.

### Legacy Curriculum: Third Year

During the third year, students are given the opportunity to spend four weeks of their surgery clerkship on the ophthalmology service. The students work closely with the ophthalmology residents and review the differential diagnosis of the "red eye," how to interpret an ophthalmologic consult note, and how to handle ocular emergencies. During this rotation, there is again emphasis on the use of the ophthalmoscope. Additional clinical skills introduced to rotating students include the use of the slit lamp and indirect ophthalmoscopy. All third-year students on the ophthalmology rotation meet weekly for case presentations with faculty and other medical students on the rotation. They also attend lectures periodically throughout their month in ophthalmology.

### Legacy Curriculum: Fourth Year

The Ophthalmology Sub-Internship Rotation occurs during this time. During the month of June prior to their fourth year, students interested in pursuing a career in ophthalmology are encouraged to complete this intensive four-week rotation. Students will have personal indirect ophthalmoscopy lenses available for use on the rotation. Formal didactic sessions and workshops will be used to teach students how to perform a detailed ophthalmic history and exam, including the mastery of advanced slit lamp techniques and indirect fundoscopy. There will be an intense schedule of both live and recorded lectures delivered by ophthalmology faculty members, with post-lecture quizzes. Students will be expected to perform daily required reading. Retention and understanding of reading materials will be assessed by frequent quizzes. Students are strongly encouraged to present a case at the department's grand rounds. By the end of the rotation, students will be expected to function at the level of a first-year ophthalmology resident.

### Curriculum Courses

#### M50 Ophth 801 Ophthalmology

This elective is for senior students who plan to apply for a residency in Ophthalmology. In accordance with any subinternship, medical students will be expected to function at the level of a beginning first-year ophthalmology resident on this rotation. The students will rotate through the resident eye clinic and the subspecialty clinics of the full time faculty of the Washington University Medical School Department of Ophthalmology and Visual Sciences (e.g., neuro-ophthalmology service, cornea/external disease service, etc.). Students may opt to check out indirect ophthalmoscopy lenses that may be used for the month to facilitate the acquisition of fundoscopy skills. During the rotation, the student's responsibilities range from observation to working at a resident level and completing full eye examinations. There will be a rigorous academic curriculum for the rotation, including a weekly case presentation, weekly attendance at grand rounds, and a mix of medical student-oriented and resident-oriented conferences. On day one, students will receive a rotating call schedule for the entire month. A medical student is expected to be present at all times to assist the primary call ophthalmology resident during the rotation.
By the end of the four-week rotation, the student is expected to be proficient in taking an ocular history and performing a complete eye exam including slit lamp biomicroscopy and indirect ophthalmoscopy. All students interested in this senior elective must contact Course Director in March of year WUMS-III. The final grade of the student is determined by input from the director of the particular service(s) through which the student rotated, plus the case presentations.

M50 Ophth 816 Away Rotation in Ophthalmology
This four-week elective is for senior students from medical schools across the United States who are in good standing at their home institution and who are planning to apply for a residency in ophthalmology. To enroll in this elective, students must first apply online for the elective via the visiting student application service (VSAS). These applications will be reviewed and invitations will then be sent to individuals to enroll in the elective. Due to large demand, not all eligible away students will be accepted for the rotation. The dates for this elective are not flexible. The students will rotate through the resident eye clinic and the subspecialty clinics of the full time faculty of the Washington University Medical School Department of Ophthalmology and Visual Sciences (e.g., neuro-ophthalmology service, cornea/external disease service, etc.). In exchange for a refundable deposit, students may opt to check-out indirect ophthalmoscopy lenses that may be used for the month to facilitate the acquisition of fundoscopy skills. During the rotation, the student’s responsibilities range from observation (including observing surgery) to working at a resident level and completing full eye examinations. Didactics will include weekly case presentation sessions, weekly attendance at grand rounds, and a mix of medical student-oriented and resident-oriented conferences. Also, there will be medical student-oriented workshops to learn the basics of the slit lamp and indirect ophthalmoscopy. On day one, students will receive a schedule of conferences that they are expected to attend during the month. By the end of the four-week rotation, the student is expected to be proficient in taking an ocular history and performing a complete eye exam including slit lamp biomicroscopy and indirect ophthalmoscopy.

M50 Ophth 900 Research Elective - Ophthalmology
Research opportunities may be available. If interested, please contact the Department of Ophthalmology.

Department of Orthopaedic Surgery
Orthopaedic surgery is concerned with the injuries, diseases and conditions of the musculoskeletal system. The WUSM III rotation in Musculoskeletal Surgery & Medicine exposes the student to multiple aspects of orthopaedic surgery, including caring for patients in the emergency department and the operating room as well as clinical practice in the emergency department and the outpatient and inpatient wards.

Website: http://www.ortho.wustl.edu

Faculty
Regis O’Keefe, MD, PhD (https://www.ortho.wustl.edu/content/Patient-Care/3683/FIND-A-PHYSICIAN/Physician-Directory/Regis-OKeefe-MD/Bio.aspx)
Department Chair
Visit our website for more information about our faculty (http://www.ortho.wustl.edu/content/Patient-Care/2295/Find-a-Physician/Physician-Directory.aspx) and their appointments.

A
Yousef Abu-Amer, PhD, MS
Dr J Albert Key Professor of Orthopaedic Surgery (primary appointment)
Professor of Cell Biology and Physiology
BS Hebrew University 1985
PHD Hebrew University 1993
MS Hebrew University 1987
Muyibat A Adelani, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
MD Vanderbilt University 2008
Alexander William Aleem, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
MD Washington Univ in St. Louis 2010
BS Johns Hopkins University 2006
B
Jonathon David Backus, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
BS University of Urbana IL 2005
MD Duke University 2010
Robert L Barrack, MD
Charles F and Joanne Knight Distinguished Professor of Orthopaedic Surgery (primary appointment)
MD Vanderbilt University 1980
Donald R Bassman, MD
Instructor in Clinical Orthopaedic Surgery (primary appointment)
MD Washington Univ in St. Louis 1975
BA Washington Univ in St. Louis 1971
Marschall Brantling Berkes, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
MD Vanderbilt University 2008
Terra Rupert Blatnik, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
BS Allegheny College 2003
Martin I Boyer, MD, MS
Carol B and Jerome T Loeb Professor of Orthopaedic Surgery
MD University of Toronto 1988
MS University of Toronto 1993

Keith Happ Bridwell, MD
J Albert Key Distinguished Professor of Orthopaedic Surgery
Professor of Neurological Surgery
MD Washington Univ in St. Louis 1977
BA Washington Univ in St. Louis 1973

David Micah Brogan, MS, BE, MD, MS1
Assistant Professor of Orthopaedic Surgery (primary appointment)
Assistant Professor of Neurological Surgery
MS University College London 2004
BE Vanderbilt University 2003
MD Washington Univ in St. Louis 2009
MS1 University of London 2005

Robert Henry Brophy IV, MD, MS
Professor of Orthopaedic Surgery (primary appointment)
BS Stanford University 1994
BA Stanford University 1994
MD Washington Univ in St. Louis 2001
MS Stanford University 1995

Jacob M Buchowski, MS, MD
Lawrence G and Elizabeth A Lenke Distinguished Professor of Orthopaedic Surgery (primary appointment)
Professor of Neurological Surgery
MS Yale University 1996
MD Johns Hopkins University 2000
BS Yale University 1996

Ryan Patrick Calfee, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
BS University of Virginia 1997
MD Washington Univ in St. Louis 2001

Eric Ward Carson, MD
Professor of Orthopaedic Surgery (primary appointment)
BS Tufts University 1982
MD University of Illinois Chicago 1989

Aaron Mark Chamberlain, B MUS, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
B MUS University of Utah 2002
MD University of CA San Francisco 2006

Abby Ling Lee Cheng, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
Assistant Professor of Neurology
Assistant Professor of Surgery (Public Health Sciences)
MD Washington Univ in St. Louis 2013

Cara Alessandra Cipriano, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
BS Williams College 2003
MD University of Pennsylvania 2007

John C Clohisy, MD
Daniel C. and Betty B. Wiehmann Distinguished Professor of Orthopaedic Surgery (primary appointment)
MD Northwestern University 1989
BA Northwestern University 1985

Berdale S. Colorado, MS, DOST
Assistant Professor of Orthopaedic Surgery (primary appointment)
Assistant Professor of Neurology
BS University of Iowa 2004
MS Des Moines University 2009
DOST Des Moines University 2009

Kayla E Daniel, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
BA Washington Univ in St. Louis 2011
MD RUSH MEDICAL COLLEGE 2016

Gregory M Decker, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
Assistant Professor of Neurology
MD American Univ of the Caribbean 2014

Laura C DePalma, DOST
Assistant Professor of Orthopaedic Surgery (primary appointment)
DOST Phil Coll of Osteopathic Med 2009

Christopher J. Dy, M PH, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
Assistant Professor of Surgery (Public Health Sciences)
M PH University of Miami 2008
BS University of Miami 2004
MD University of Miami 2008

Lawrence Glennon Evans Jr
Instructor in Orthopaedic Surgery (primary appointment)
F

Roberta Faccio, PHD
Professor of Orthopaedic Surgery (primary appointment)
Professor of Cell Biology and Physiology
PHD University of Bari 2000

G

Richard H Gelberman, MD
Professor of Orthopaedic Surgery (primary appointment)
BA University of North Carolina 1965
MD University of Tennessee 1969
Charles A Goldfarb, MD
Professor of Orthopaedic Surgery (primary appointment)
MD University of Alabama 1996
BA Williams College 1992

Matthew Lawrence Goodwin, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
Assistant Professor of Neurological Surgery
MD Cornell University 2013

J. Eric Gordon, MD
Professor of Orthopaedic Surgery (primary appointment)
MD University of CA Davis 1988
BS University of California 1983

Farshid Guilak, MPH, PHD, MS
Professor of Orthopaedic Surgery (primary appointment)
Professor of Biomedical Engineering
Professor of Developmental Biology
Professor of Mechanical Engineering and Materials Science
MPH Columbia University 1990
PHD Columbia University 1992
BS Rensselael Poly Institute 1985
MS Rensselael Poly Institute 1987

Munish C Gupta, MD
Mildred B. Simon Distinguished Professor of Orthopaedic Surgery (primary appointment)
BS Northwestern University 1982
MD Northwestern University Med 1986

H

Mark E. Halstead, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
Associate Professor of Pediatrics
MD Univ of Wisconsin Madison 1998
BS Univ of Wisconsin Madison 1994

Jeremy A Hartman, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
MD Saint Louis University 2013

Damon Joseph Louis Hays, MD
Instructor in Clinical Orthopaedic Surgery (primary appointment)
BS Truman State University 1998
MD Ohio University 2003

Pooya Hosseinzadeh, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
MD Isfahan U of Medical Sciences 2004

Devyani M. Hunt, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
Associate Professor of Neurology
MD University of Texas Houston 2000
BS University of Texas Austin 1995

J

Deeptee Jain, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
Assistant Professor of Neurological Surgery
MD Duke University 2013

Kirsten A Jansen
Instructor in Orthopaedic Surgery (primary appointment)

K

Jay Donovan Keener, MD
Professor of Orthopaedic Surgery (primary appointment)
MD West Virginia University 1998
BS West Virginia University 1991

Brian Adams Kelly, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
Assistant Professor of Neurological Surgery
MD Columbia University 2009
BA Williams College 2002

Michael Patrick Kelly, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
Associate Professor of Neurological Surgery
BS Boston College 1999
MD University of Massachussetts 2005

Sandra E. Klein, MD, BE
Associate Professor of Orthopaedic Surgery (primary appointment)
MD Washington Univ in St. Louis 2001
BE University of Missouri 1994

Robert S Kramer, MD
Instructor in Clinical Orthopaedic Surgery (primary appointment)
BA Harvard University 1979
MD Washington Univ in St. Louis 1983
L

Adam J. LaBore, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
Associate Professor of Neurology
BS Louisiana College 1994
MD Loyola University Chicago 1998

Charles Murray Lawrie, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
MD Baylor College of Medicine 2012

Scott J Luhmann, MD
Professor of Orthopaedic Surgery (primary appointment)
Professor of Neurological Surgery
MD University of Minnesota 1991
BA Gustavus Adolphus College 1986

Paul Sherman Lux, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
MD Tulane University 1983

M

Matthew J Matava, MD
Professor of Orthopaedic Surgery (primary appointment)
Professor of Physical Therapy
MD University of MO Kansas City 1987
BA University of MO Kansas City 1986

Audrey McAlinden, PHD
Associate Professor of Orthopaedic Surgery (primary appointment)
Associate Professor of Cell Biology and Physiology
PHD University of London 1998

Christopher M McAndrew, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
MD University of Tennessee 2004

Sarah Howe McBride, PHD, MS
Adjunct Instructor in Orthopaedic Surgery (primary appointment)
BS Clemson University 2004
PHD Case Western Reserve Univ 2011
MS Case Western Reserve Univ 2008

Jeremy James McCormick, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
BS Dartmouth College 1999
MD Loyola University Chicago 2003

Douglas J. McDonald, MD
Professor of Orthopaedic Surgery (primary appointment)
BS St Johns University 1978
MD University of Minnesota 1982

John P Metzler, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
Associate Professor of Neurology
BS Texas A&M University 1991
MD University of Texas Galveston 1995

Laura L Meyers, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
MD Vanderbilt University 1993
BS Washington Univ in St. Louis 1988

Anna Noel Miller, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
MD Harvard University 2008
BE Stanford University 2004

Jeffrey Jerome Neppele, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
BS Truman State University 2003
MD Washington Univ in St. Louis 2007

Ryan M. Nunley, MD
Associated Professor of Orthopaedic Surgery (primary appointment)
BA Vanderbilt University 1998
MD University of North Carolina 2002

Regis James O’Keefe, MD, PHD
Fred C Reynolds Professor of Orthopaedic Surgery (primary appointment)
Head of the Department of Orthopaedic Surgery
BA Yale University 1981
MD Harvard University 1985
PHD University of Rochester 2000

Nathan P Olafsen, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
Assistant Professor of Neurology
Julia Partin, DPM
Instructor in Orthopaedic Surgery (primary appointment)
DPM Kent St University 2001
BS University of MO St Louis 1997

Cecilia Pascual Garrido, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
MD Universidad del Buenos Aires 2000

Terrence L Piper, MD
Assistant Professor of Clinical Orthopaedic Surgery (primary appointment)
MD Saint Louis University 1975
BA Saint Louis University 1971

Muhammad Farooq Rai, PHD
Assistant Professor of Orthopaedic Surgery (primary appointment)
PHD Freie University 2008

Elizabeth Yanik Rowlands, PHD, SCM
Assistant Professor of Orthopaedic Surgery (primary appointment)
PHD University of North Carolina 2013
SCM Johns Hopkins University 2009
BS University of Maryland 2007

Perry Lee Schoenecker, MD
Professor of Orthopaedic Surgery (primary appointment)
BS Univ of Wisconsin Madison 1964
MD Univ of Wisconsin Madison 1968

Girdhar G Sharma, BS1, MS1, PHD1
Instructor in Orthopaedic Surgery (primary appointment)
BS1 Banaras Hindu University 1990
MS1 Banaras Hindu University 1992
PHD1 Banaras Hindu University 2000

Hua Shen, PHD, MD, MS
Assistant Professor of Orthopaedic Surgery (primary appointment)
PHD University of Konstanz 2002
MD Capital U of Medical Sciences 1991
MS Chinese Academy of Med Science 1996

Jie Shen, MS, PHD
Assistant Professor of Orthopaedic Surgery (primary appointment)
MS University of Rochester 2011
PHD University of Rochester 2012
BS Nanjing University 2005

Matthew J Silva, PHD, ME
Julia and Walter R Peterson Professor of Orthopaedic Research (primary appointment)
Assistant Professor of Biomedical Engineering
Professor of Mechanical Engineering and Materials Science
PHD Mass Inst of Technology (MIT) 1996
ME Cornell University 1984
BS Cornell University 1982

Scott A. Simpson, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
Assistant Professor of Neurology
BA Columbia University 2005
MD University of Rochester 2010

Matthew Vernon Smith, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
MD Virginia Comm University 2002

Gaurav Swarnkar, PHD
Instructor in Orthopaedic Surgery (primary appointment)
PHD CENTRAL DRUG RESEARCH INSTITUT 2011

Chi-Tsai Tang, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
Associate Professor of Neurology
MD University of North Carolina 2004

Simon Tang, PHD, MS
Associate Professor of Orthopaedic Surgery (primary appointment)
Associate Professor or Mechanical Engineering and Materials Science
BS University of CA Berkeley 2003
PHD Rensselaer Poly Institute 2007
MS Rensselaer Poly Institute 2005

Lauren MacCormick Tatman, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
MD Ohio State University 2014

Susan Thapa, PHD
Instructor in Orthopaedic Surgery (primary appointment)
Instructor in Surgery (Public Health Sciences)
BS Dhaka University 2009
PHD University of AR Med Sciences 2018

Lindley Bevelle Wall, MD
Associate Professor of Orthopaedic Surgery (primary appointment)
BS Duke University 2002
MD Washington Univ in St. Louis 2006

Ken Yamaguchi, MD, MS
Professor of Orthopaedic Surgery (primary appointment)
MD George Washington University 1989
BA University of California 1983
MS University of California 1985

Benjamin Matthew Zmistowski, MD
Assistant Professor of Orthopaedic Surgery (primary appointment)
MD Jefferson Medical College 2014

Research Electives
Orthopaedic Surgery Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Various orthopaedic surgery research opportunities are available with the following faculty attendings. If interested, please contact the Education Office at 314-747-2543, email the orthopaedic surgery department (orthsurg@wudosis.wustl.edu), or contact the faculty member directly.

- Yousef Abu-Amer, PhD
- Alexander Aleem, MD
- Robert L. Barrack, MD
- Robert Brophy, MD
- Jacob M. Buchowski, MD, MS
- Ryan Calfee, MD
- Aaron Chamberlain, MD
- Cara A. Cipriano, MD
- John Clohisy, MD
- Matthew Dobbs, MD
- Charles A. Goldfarb, MD
- Farshid Guilak, PhD
- Munish Gupta, MD
- Pooya Hosseinzadeh, MD
- Deeptee Jain, MD
- Michael Kelly, MD
- Sandra Klein, MD
- Charles Lawrie, MD
- Scott J. Luhmann, MD
- Matthew J. Matava, MD
- Audrey McAlinden, PhD
- Chris McAndrew, MD
- Mark Miller, MD
- Jeff Nepple, MD
- Regis O’Keefe, MD
- Nathan Olafsen, MD
- Linda Sandell, PhD
- Perry Schoenecker, MD
- Matt Silva, PhD
- Matthew Smith, MD
- Lindley B. Wall, MD

Courses

M96 Ortho 801A Orthopedic Surgery Subinternship: Sports
This clinical elective is available for four weeks during which the student participates in orthopedic conferences, outpatient clinics, surgical cases, and patient rounds on the Sports Medicine service.

M96 Ortho 801B Orthopedic Surgery Subinternship: Sports
This clinical elective is available for four weeks during which the student participates in orthopedic conferences, outpatient clinics, surgical cases, and patient rounds on the Sports Medicine service.

M96 Ortho 801C Orthopedic Surgery Subinternship: Sports
This clinical elective is available for four weeks during which the student participates in orthopedic conferences, outpatient clinics, surgical cases, and patient rounds on the Sports Medicine service.

M96 Ortho 810A Orthopedic Surgery Subinternship: Foot/Ankle
This four-week clinical elective is available to medical students looking to further their knowledge/experience in orthopedics, specifically foot and ankle surgery. Students will participate in surgical cases, outpatient clinics, inpatient care and weekly didactic sessions/conferences. At the completion of the elective, students should have gained a basic knowledge of foot and ankle problems as well as their operative and nonoperative care.

M96 Ortho 820A Orthopedic Surgery Subinternship: Hand
Clinical elective available, during which time the student will work with attending surgeons primarily at Chesterfield and Center for Advanced Medicine. The service includes care of adult patients with traumatic, sports (arthroscopy), nerve, and degenerative disease. Activities will include participation in outpatient procedures, attendance at faculty clinic office hours, and attendance at orthopedic conferences.

M96 Ortho 820B Orthopedic Surgery Subinternship: Hand
This is a clinical elective during which the student will work with the attending surgeon primarily at Barnes-Jewish Hospital. Activities will include participation in the care of hospitalized inpatients, participation in inpatient and outpatient procedures, attendance at designated attending office hours, attendance at designated orthopedic conferences, and dissection of upper-extremity anatomical specimens.
M96 Ortho 823A Orthopedic Surgery Subinternship: Hand/Pediatric Hand
Clinical elective available during which time the student will work with attending surgeons primarily at Barnes-Jewish Hospital, St Louis Children's Hospital, and Shriner's Hospital. The service includes care of adult and pediatric patients with congenital, traumatic, sports (arthroscopy), nerve, and degenerative disease. Activities will include participation in outpatient procedures, attendance at faculty clinic office hours, attendance at orthopedic conferences, and dissection of upper-extremity anatomical specimens.

M96 Ortho 823B Orthopedic Surgery Subinternship: Hand/Pediatric Hand
Clinical elective available during which time the student will work with attending surgeons primarily at St. Louis Children's Hospital, Shriner's Hospital, Chesterfield, Center for Advanced Medicine and St. Louis Children's Specialty Care Center. The service includes care of adult and pediatric patients with congenital, traumatic, sports (arthroscopy), nerve, and degenerative disease. Activities will include participation in outpatient procedures, attendance at faculty clinic office hours, attendance at orthopedic conferences, and dissection of upper-extremity anatomical specimens.

M96 Ortho 825A Orthopedic Surgery Subinternship: Hand/Nerve
Clinical elective available during which time the student will work with attending surgeons primarily at Barnes-Jewish Hospital, Washington University Orthopediatrics at Center for Advanced Medicine and South County. The service includes care of adult and pediatric patients with traumatic, sports (arthroscopy), nerve, and degenerative disease. The rotation will cover general hand surgery as well as brachial plexus and peripheral nerve surgery. Activities will include participation in outpatient procedures, attendance at faculty clinic office hours, and attendance at orthopedic conferences.

M96 Ortho 827A Orthopedic Surgery Subinternship: Hand/Microsurgery
Clinical elective available during which time the student will work with attending surgeons primarily at Barnes-Jewish Hospital, Center for Advanced Medicine and the Chesterfield office. The service includes care of adult and pediatric patients with traumatic, sports (arthroscopy), nerve, and degenerative disease. Activities will include participation in outpatient procedures, attendance at faculty clinic office hours, and attendance at orthopedic conferences.

M96 Ortho 830A Orthopedic Surgery Subinternship: Shoulder/Elbow
Clinical elective available during which time the student will work with attending surgeons primarily at Barnes-Jewish Hospital. Activities will include participation in the care of hospitalized inpatients, participation in inpatient and outpatient procedures, attendance at designated attending office hours, attendance at designated orthopedic conferences, and dissection of upper-extremity anatomical specimens.

M96 Ortho 840A Orthopedic Surgery Subinternship: Trauma
Clinical elective available for a four-week period during which time the student will work in orthopedic trauma at Barnes-Jewish Hospital. The student will work with a team of attendings, residents, PAs, and NPs to provide care for orthopedic trauma patients. Activities include participation in the care of hospitalized inpatients, inpatient surgical procedures, outpatient office visits and daily conferences.

M96 Ortho 840B Orthopedic Surgery Subinternship: Trauma
Clinical elective available for a four-week period during which time the student will work in orthopedics trauma at Barnes-Jewish Hospital. The student will work with a team of attendings, residents, PAs, and NPs to provide care for orthopedic trauma patients. Activities include participation in the care of hospitalized inpatients, inpatient surgical procedures, outpatient office visits and daily conferences.

M96 Ortho 840C Orthopedic Surgery Subinternship: Trauma
This is a clinical elective available for a four-week period during which time the student will work in orthopedics trauma at Barnes-Jewish Hospital. The student will work with a team of attendings, residents, PAs, and NPs to provide care for orthopedic trauma patients. Activities include participation in the care of hospitalized inpatients, inpatient surgical procedures, outpatient office visits, and daily conferences.

M96 Ortho 850A Orthopedic Surgery Subinternship: Pediatrics
Clinical elective available for four weeks during which time the student will work with the attending surgeon primarily at St. Louis Children's Hospital observing and assisting in outpatient and inpatient care. To be included are activities in the OR, ER, and outpatient clinics. Attendance at and participation in the weekly pediatric orthopedic conference activities required.

M96 Ortho 850B Orthopedic Surgery Subinternship: Pediatrics
Clinical elective available for four weeks during which time the student will work with the attending surgeon primarily at St. Louis Children's Hospital observing and assisting in outpatient and inpatient care. To be included are activities in the OR, ER, and outpatient clinics. Attendance at and participation in the weekly pediatric orthopedic conference activities required.

M96 Ortho 860A Orthopedic Surgery Subinternship: Spine
This clinical elective is available for four weeks during which time the student will work with the attending surgeon primarily at Barnes-Jewish Hospital observing and assisting, when appropriate, in outpatient and inpatient care. To be included are activities in the OR, ER, and outpatient clinics. Attendance at and participation in the weekly orthopedic conference activities is required. The spine fellow assigned to this service will serve as a primary contributor to the student's education experience on this rotation.

M96 Ortho 860B Orthopedic Surgery Subinternship: Spine
This clinical elective is available for four weeks during which time the student will work with the attending surgeon primarily at Barnes-Jewish Hospital observing and assisting, when appropriate, in outpatient and inpatient care. To be included are activities in the OR, ER, and outpatient clinics. Attendance at...
and participation in the weekly orthopedic conference activities is required. The spine fellow assigned to this service will serve as a primary contributor to the student's education experience on this rotation.

M96 Ortho 860C Orthopedic Surgery Subinternship: Spine
This clinical elective is available for four weeks during which the student will work with the attending surgeon primarily at Barnes-Jewish Hospital, Barnes-Jewish West County Hospital, and Washington University Orthopedics - Center for Advanced Medicine observing and assisting, when appropriate, in outpatient and inpatient care. To be included are activities in the OR, ED, and outpatient clinics. Attendance at and participation in the weekly orthopedic conference activities is required. The spine fellow assigned to this service will serve as a primary contributor to the student's education experience on this rotation.

M96 Ortho 863A Orthopedic Surgery Subinternship: Pediatric Spine
Clinical elective available for four weeks during which time the student will work with the attending surgeon primarily at St. Louis Children's Hospital observing and assisting in outpatient and inpatient care. To be included are activities in the OR, ER, and outpatient clinics. Attendance at and participation in the weekly pediatric orthopedic conference activities required.

M96 Ortho 863B Orthopedic Surgery Subinternship: Pediatric Spine
Clinical elective available for four weeks during which time the student will work with the attending surgeon primarily at St. Louis Children's Hospital observing and assisting in outpatient and inpatient care. To be included are activities in the OR, ER, and outpatient clinics. Attendance at and participation in the weekly pediatric orthopedic conference activities required.

M96 Ortho 870A Orthopedic Surgery Subinternship: Joint Preservation & Reconstruction
Clinical elective available, during which time the student will work with the attending physician on the Adult Reconstruction and Joint Preservation/Replacement service. This rotation is primarily centered at Barnes-Jewish Hospital and includes care of young patients with hip impingement pathology and older patients with end stage joint arthritis, hospitalized inpatients, participant in inpatient and outpatient procedures, attendance at designated office hours, and attendance at and participation in orthopedic educational conferences and anatomy sessions.

M96 Ortho 870B Orthopedic Surgery Subinternship: Joint Preservation & Reconstruction
Clinical elective available, during which time the student will work with the attending physician on the Adult Reconstruction and Joint Preservation/Replacement service. This rotation is primarily centered at Barnes-Jewish Hospital and includes care of young patients with hip impingement pathology and older patients with end stage joint arthritis, hospitalized inpatients, participant in inpatient and outpatient procedures, attendance at designated office hours, and attendance at and participation in orthopedic educational conferences and anatomy sessions.

M96 Ortho 870C Orthopedic Surgery Subinternship: Joint Preservation & Reconstruction
Clinical elective available, during which time the student will work with the attending physician on the Adult Reconstruction and Joint Preservation/Replacement service. This rotation is primarily centered at Barnes-Jewish Hospital and includes care of young patients with hip impingement pathology and older patients with end stage joint arthritis, hospitalized inpatients, participant in inpatient and outpatient procedures, attendance at designated office hours, and attendance at and participation in orthopedic educational conferences and anatomy sessions.

M96 Ortho 875A Orthopedic Surgery Subinternship: Joint Reconstruction
Clinical elective available, during which time the student will work with the attending physician on the Adult Reconstruction and Joint Preservation/Replacement service. This rotation is primarily centered at Barnes-Jewish Hospital and includes care of hospitalized inpatients, participant in inpatient and outpatient procedures, attendance at designated office hours, and attendance at and participation in orthopedic educational conferences and anatomy sessions.

M96 Ortho 880A Orthopedic Surgery Subinternship: Oncology/Joint Reconstruction
Clinical elective available for four weeks, during which time the student will work with the attending physicians on the Musculoskeletal Oncology service. The student will participate in orthopedic conferences, outpatient clinics, surgical cases and patient rounds.

M96 Ortho 880B Orthopedic Surgery Subinternship: Oncology/Joint Reconstruction
Clinical elective available for four weeks, during which time the student will work with the attending physicians on the Musculoskeletal Oncology service. The student will participate in orthopedic conferences, outpatient clinics, surgical cases and patient rounds.

M96 Ortho 890 Orthopedic Surgery Externship
Students rotate on orthopedic services in four-week blocks. During their rotations, students are assigned to two different services for two weeks each. Students may rotate on a variety of subspecialties, including trauma sports medicine, hand and upper extremity, foot and ankle, musculoskeletal oncology, adult reconstructive surgery, pediatric orthopaedics, shoulder and elbow, and spine. For more information about the Orthopedic Surgery Externship Program, visit https://wwwortho.wustl.edu/content/Education/2905/Training-Programs/Med-Student-Programs/Externship-Program/Overview.aspx.

M96 Ortho 899 Special Study Elective: Orthopedic Surgery

M96 Ortho 899C Clinical Special Study Elective: Ortho

M96 Ortho 900 Research Elective: Orthopedic Ortho
Research opportunities may be available. Contact the Department of Orthopedic Surgery for additional information.
Department of Otolaryngology

The Department of Otolaryngology-Head & Neck Surgery (http://oto.wustl.edu/) at Washington University in St. Louis has a rich, 130-year history of leadership in our field that is built on the foundations of academic medicine: patient care, research, training and service. Our past leaders include luminaries in the field of otolaryngology, such as John Blasdel Shapleigh, MD; Greenfield Sluder, MD; Lee Wallace Dean, MD; Theodore Walsh, MD; Joseph Ogura, MD; John Fredrickson, MD; Richard A. Chole, MD, PhD; and, presently, Craig A. Buchman, MD, FACS. Even from our earliest days, prior to the inception of the McMillan Eye, Ear, Nose and Throat Hospital (circa 1943), excellence has been an integral part of the department's fabric. A look at former faculty and program graduates reveals many of the true innovators in our field. While we remain humbled by our beginnings and past achievements, we choose not to rest on our laurels. Rather, we aspire to further our commitment to improving patients’ lives by leading our field and its clinical application.

Today, more than ever, we are driven to provide highest-quality, cutting-edge patient care that is both safe and effective. Our Washington University physicians and team, together with our Honor Roll Award-winning hospital, Barnes-Jewish Hospital (U.S. News, 2020-21), are second to none when it comes to tackling the full spectrum of conditions involving the ear, nose, throat, head and neck. Our basic, translational and clinical research programs are remarkable, providing answers to a variety of relevant questions that build on our foundations of knowledge, lay the groundwork for future clinical trials, and provide state-of-the-art patient solutions. Our educational programs for medical and graduate students, physicians in training, and established practitioners are committed to creating a culture of lifelong learning that firmly establishes our next generation of leaders in the field. Our residency program is highly rated by all metrics, providing balanced training across the clinical subspecialties and unique opportunities for growth and development as clinician-scientists (T32 training grant) and educators. We are most proud that these activities are ongoing in a work culture that values collegiality, inclusiveness, diversity and mutual respect. The Department of Otolaryngology-Head & Neck Surgery at Washington University in St. Louis is a really outstanding place!

CID at Washington University School of Medicine

The consortium of graduate education, research and clinical programs known today as CID at Washington University School of Medicine was born out of the pioneering efforts of St. Louis physician Max Goldstein, MD. In 1914, he founded the Central Institute for the Deaf (CID), where doctors and teachers worked together to help deaf people. When CID’s school building opened two years later, its auditory/oral methods for instructing deaf children were groundbreaking.

Washington University and CID first joined forces in 1931, when CID’s established teacher training program became the first deaf education undergraduate program to affiliate with a university. Graduate programs in deaf education, audiology, and speech and hearing sciences soon followed.

CID’s research efforts began in the 1930s to study the anatomy and science of hearing. During World War II, CID’s research on hearing loss in military personnel laid the foundation for the field of audiology. CID also pioneered hearing testing and hearing aids, and it opened the country’s first hearing aid clinic in 1941. In September 2003, a new affiliation transferred CID’s graduate degree programs, research programs and adult audiology clinic — along with its building — to Washington University School of Medicine. The CID school continues to operate on the School of Medicine campus as CID — Central Institute for the Deaf.

Today, these programs continue to work together to fulfill a shared mission to serve people with hearing loss.

Website: http://oto.wustl.edu

Faculty

Craig A. Buchman, MD, FACS (https://oto.wustl.edu/people/craig-a-buchman-md/)
Department Head

Visit our website for more information about our faculty (http://oto.wustl.edu/About-Us/Faculty-Physicians/) and their appointments.

A

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Research Electives

Otolaryngology Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences. The type of research will depend upon the current phase of the research program in each laboratory. Students should contact the director of each laboratory to negotiate.

Pablo M. Blazquez, PhD
East McDonnell Science Building
4566 Scott Avenue
Phone: 314-362-1013

This lab studies the role of the vestibulocerebellum and its target nuclei for eye movement control and spatial orientation. We use a range of methodologies, including single and multunit recordings, electrical brain stimulation, computational methods, pharmacology and behavioral studies. Our main lines of research are as follows: (1) signal transformations carried out by the the vestibulocerebellum during visual and vestibular
stimulation; (2) neuronal computations performed by the anterior and posterior cerebellar vermis for spatial navigation in mice; and (3) the role of the cerebellum-brainstem loop in motor learning in the vestibulo-ocular reflex.

Students will be instructed in one or several techniques and are expected to contribute significantly to the development of specific lab projects.

Judith E.C. Lieu, MD, MSPH
3S35 Children's Hospital and McMillan, 9th Floor
Phone: 314-747-8205

The focus of the Lieu Lab is clinical outcomes research in pediatric otolaryngology. The techniques and methodologies of clinical epidemiology and health services research are applied to investigate clinical problems in children. Projects currently underway include the evaluation of the quality of life of young children with hearing loss, the evaluation of hearing loss on the perception of fatigue in children, and the use of MRI to investigate the effects of hearing loss in children. Potential studies include evaluating changes in the quality of life of children who begin using hearing amplification devices. Other projects of the student's choosing that would utilize these research techniques may also be pursued.

Kevin K. Ohlemiller, PhD
2205 Central Institute for the Deaf
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The focus of this lab is on gene–environment interactions in cochlear injury. We study the interaction of genes and environment that increase cochlear injury due to noise and ototoxic exposure, with an emphasis on how these may yield apparent presbycusis. Because cochlear function and injury is the same in mice and humans and governed by the same genes, we use mostly mouse models. Methods employed include standard auditory brainstem response assessment and intracochlear recording, quantitative light microscopy, immunocytochemistry, and Western blots. We and our collaborators have identified specific genes and inbred strains of mice that mimic the three major forms of human presbycusis (sensory, neural and strial). Sensory presbycusis appears to be promoted by alleles and mutations that impair protective factors (e.g., antioxidant enzymes) or that impair ion homeostasis. These may enhance cochlear injury from noise and ototoxins.

Neural presbycusis can be modeled in part by mutations that impair inner hair cell/afferent synaptic function. Although it is not yet clear what types of genes and mutations can lead to strial presbycusis, we have discovered multiple mouse strains that show age-related endocochlear potential reduction along with distinctive strial pathology that includes fewer marginal cells as well as fewer and larger strial capillaries.

We have also published quantitative trait loci that impact the qualitative character of cochlear noise injury. Important implications of our findings are (1) that there exists no single "mammalian" archetype of cochlear noise injury and (2) that noise injury to the organ of Corti in young adult animals depends in part on the status of the cochlear lateral wall. The latter relation appears to be genetically linked and appears not to apply to older adults.

We collaborate widely, both within the School of Medicine and nationally. Our research is eminently adaptable in difficulty and scale to students' schedules and other requirements. Students may expect to learn the full range of methods we employ, including physiology, immunocytochemistry, histopathology and cellular/molecular techniques.

Jay F. Piccirillo, MD
McMillan, 9th Floor
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The Clinical Outcomes Research Office performs clinical epidemiology and health services research. Clinical epidemiology is the study of diagnosis, prognosis and the evaluation of treatment. Health service research is the study of the delivery of health care. The scientific methodology of clinical epidemiology is based on the architecture of clinical research, biostatistics and data processing. Current projects include studying the impact of comorbidities on the treatment and outcomes of patients with cancer. We also conduct research into the neurobiology, treatment and outcomes of patients with tinnitus. One method that we employ is the use of smartphone technology to capture ecological momentary assessments of tinnitus. Additional projects include exploiting neuroplasticity as part of olfactory training for patients with anosmia. With the use of clinical epidemiology methodology, we can also study a variety of other diseases.

Courses

M55 Oto 660B Clinical Topics In Otolaryngology
This course consists of nine introductory lectures on common diseases of the head and neck, including voice disorders, head and neck cancer, hearing loss, management of vertigo, pediatric otolaryngology, salivary gland disorders, sinusitis, otolaryngologic emergencies and facial trauma. Additionally, there is a case-based roundtable focusing on otolaryngology disorders affecting the geriatric population and the involvement of allied health care disciplines in the evaluation and management of these patients. Each lecture is highlighted by case presentations and treatment options in addition to pathophysiology. This course follows the physical examination practicum given earlier in the academic year.
Credit 9 units.
M55 Oto 801 Otolaryngology Subinternship
Four-week rotation includes evaluation of ENT problems presented to specialist for diagnosis and treatment. The student participates in the clinic, hospital, and operating room. This may also include time on the Pediatric ENT Service, Audiology, Voice Laboratory, and Vestibular Evaluation Laboratory. Option of rotation on the ENT Service at VAMC is possible.

M55 Oto 803 Pediatric Otolaryngology
The student will actively participate in the clinical office, inpatient consultations, and surgery with the attending staff at St. Louis Children's Hospital. Care would be taken to provide experience in the common problems one would see in primary care pediatrics or family practice. Participation in sub-specialty/multidisciplinary clinics such as the Cleft and Craniofacial clinic is encouraged. Opportunity will be provided to learn the fundamentals of audiological evaluation. Students participating in this elective will attend academic conferences in both the pediatric and adult divisions.

M55 Oto 831 Neurotology
Students will actively participate in the physical examination, advanced testing, and management of patients with balance dysfunction. Students will attend the patient clinic on Wednesday afternoon and all day Thursday, and they will test patients on VNG, rotary chair, VEMP, vHIT, and computerized platform three days a week. Research participation is possible with prior arrangements.

M55 Oto 833 Ambulatory Otolaryngology for the Primary Care Physician
This course offers a four-week exposure to ambulatory care of patients with diseases of the head and neck. Eight half-day sessions per week will be offered in attending clinics for general otolaryngology, head and neck cancer, otology, and pediatric otolaryngology. Two half-day sessions are reserved for audiology, vestibular lab, and voice lab experience. Surgical exposure is available for selected cases as identified by the student and attending physician, but the main goal of this rotation is outpatient diagnosis and management.

M55 Oto 900 Research Elective - Otolaryngology
Research opportunities may be available. If interested, please contact the Department of Otolaryngology.

Department of Pathology & Immunology
The Department of Pathology & Immunology (http://pathology.wustl.edu/) is involved in the clinical diagnosis and monitoring of disease, in the teaching of pathology and immunology, and in research on the molecular basis of disease and immunology.

The department is responsible through its divisions for studying the pathogenesis and the biochemical and anatomical basis of diseases. Pathologists do research on disease processes using molecular, genetic and structural analysis. Pathologists have the responsibility for the cytological and anatomical diagnosis of diseases and for developing novel structural and molecular approaches for the analysis of them, particularly cancers and infectious diseases. The divisions of Anatomic and Molecular Pathology (https://pathology.wustl.edu/divisions/ampl), Immunobiology (https://pathology.wustl.edu/divisions/immunobiology/), Laboratory and Genomic Medicine (http://pathology.wustl.edu/divisions/lgm/) and Neuropathology (http://pathology.wustl.edu/divisions/neuropathology/) have faculty involved in teaching, clinical service and research. Prominent areas of research include experimental diabetes, hematology, bone pathophysiology, cancer, and gastrointestinal and vascular pathology.

The department teaches an extensive course during the second year of the curriculum and presents a number of conferences that third- and fourth-year students can attend. The department also offers a number of clerkships. The course director of the second-year Pathology course is Erika C. Crouch, PhD, MD. Students can take clerkships in Autopsy Pathology, Surgical Pathology or Laboratory Medicine, or they may participate in the research activities of the faculty.

The Division of Immunobiology (https://pathology.wustl.edu/divisions/immunobiology/) integrates immunobiology activities at the school. It is responsible for the teaching of immunology during the first year of the curriculum (Brian T. Edelson, MD, PhD, is the course director) and for conducting basic research in immunobiology and in the immunological basis of disease.

Many faculty in the department are involved in graduate teaching and participate in the various programs offered by the Division of Biology and Biomedical Sciences (http://dbbs.wustl.edu/Pages/). The department has strong participation in the Immunology graduate program.

Website: https://pathology.wustl.edu

Faculty
Joseph Gaut, MD, PhD (https://pathology.wustl.edu/people/joseph-gaut-md-phd/)
Anatomic and Molecular Pathology Division Head

Robert Schreiber, PhD (https://pathology.wustl.edu/people/robert-schreiber-phd/)
Immunobiology Division Head

Charles Eby, MD (https://pathology.wustl.edu/people/charles-eby-md/)
Laboratory and Genomic Medicine Division Head

Robert E. Schmidt, MD, PhD (https://pathology.wustl.edu/people/robert-schmidt-md-phd/)
Neuropathology Division Head

Visit our website for more information about our faculty (https://pathology.wustl.edu/people/) and their appointments.
A

Michael Alberti, MD
Instructor in Pathology and Immunology (Pending Dean's Approval) (primary appointment)
BS California Lutheran Universit 2005
MD University of Alabama 2013

Paul M Allen, MS, PHD
Robert L. Kroc Professor of Pathology and Immunology (primary appointment)
MS University of Michigan 1977
BS University of Michigan 1974
PHD University of Michigan 1981

Gaya K Amarasinghe, PHD
Professor of Pathology and Immunology (primary appointment)
Professor of Biochemistry and Molecular Biophysics
Professor of Molecular Microbiology
PHD University of Maryland 2001
BS City College 1997

Ferdinand Enginco Amarillo, PHD
Associate Professor of Pathology and Immunology (primary appointment)
PHD Florida State University 2010

Neil William Anderson, BS1, MD
Associate Professor of Pathology and Immunology (primary appointment)
Associate Professor of Pediatrics
BS1 University of Wisconsin-Madiso 2005
MD University of Wisconsin-Madiso 2009

Maksym Artomov, PHD, MS
Associate Professor of Pathology and Immunology (primary appointment)
Associate Professor of Biomedical Engineering
PHD Mass Inst of Technology (MIT) 2009
MS University of Chicago 2005

B

Samuel James Ballentine, MD
Assistant Professor of Pathology & Immunology (primary appointment)
MD New York University 2013

Michael James Barratt, PHD
Associate Professor of Pathology and Immunology (primary appointment)
PHD KINGS COLLEGE LONDON 1994

Cory Thomas Bernadt, MD, PHD
Associate Professor of Pathology and Immunology (primary appointment)
MD University of Nebraska 2006
PHD University of Nebraska 2004
BS Nebraska Wesleyan University 1998

Deepta Bhattacharya, PHD
Adjunct Associate Professor of Pathology and Immunology (primary appointment)
PHD University of CA Berkeley 2001
BS Indiana University Bloomington 1996

Fouad Ismat Boulos, BS1, MD
Associate Professor of Pathology and Immunology (primary appointment)
BS1 American University of Beirut 1996
MD American University of Beirut 2001

Victor Borisovich Brodsky, MD
Associate Professor of Pathology and Immunology (primary appointment)
BS Boston University 2001
MD Boston University 2005

Elizabeth M Brunt, MD
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MD University of Texas Galveston 1981
BS Georgetown University 1974

Melissa Marie Budelier, PHD
Instructor in Pathology and Immunology (primary appointment)
PHD Washington Univ in St. Louis 2018
BS Marquette University 2013

Carey-Ann Dawn Burnham, PHD
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Professor of Medicine
Professor of Molecular Microbiology
Professor of Pediatrics
Vice Chair for Faculty Development Department of Pathology and Immunology
PHD University of Alberta 2007
BS University of Alberta 2002

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BS Washington Univ in St. Louis 2008
MD Tulane University 2013

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PHD Univ of Wisconsin Madison 2014

Marina Cella, MD
Professor of Pathology and Immunology (primary appointment)
MD University of Genova 1989

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MS Ohio State University 2010
PHD Ohio State University 2011

Rebecca D Chernock, MD
Professor of Pathology and Immunology (primary appointment)
Professor of Otolaryngology
MD University of Pennsylvania 2004
BS Brown University 1999

Kyunhee Choi, PHD, MS
Professor of Pathology and Immunology (primary appointment)
BS Seoul National University 1982
PHD University of Illinois 1988
MS Seoul National University 1984

John Spellman Aranake Chrisinger, MD
Assistant Professor of Pathology and Immunology (primary appointment)
BA Washington Univ in St. Louis 2004
MD Washington Univ in St. Louis 2012

Marco Colonna, MD
Robert Rock Belliveau MD Professor of Pathology (primary appointment)
Professor of Medicine
MD Parma University 1983

Leigh Anne Compton, MD, PHD
Assistant Professor of Pathology and Immunology (primary appointment)
MD Vanderbilt University 2008
BS Centenary College Louisiana 1998
PHD Vanderbilt University 2005

Joseph C. Corbo, AB, MD, PHD
Professor of Pathology and Immunology (primary appointment)
Professor of Genetics
Professor of Ophthalmology and Visual Sciences
AB Stanford University 1990
MD University of California 1999
BS Stanford University 1990
PHD University of California 1997

Richard James Cote, MD
Professor of Pathology and Immunology (primary appointment)
Head of the Department of Pathology and Immunology
MD University of Chicago 1980

Erika C Crouch, PHD, MD
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Vice Chair for Education Department of Pathology and Immunology
PHD University of Washington 1978
MD University of Washington 1979

Sonika M Dahiya, MD
Professor of Pathology and Immunology (primary appointment)
MD Kasturba Medical College 2000

Gautam Dantas, PHD
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Professor of Biomedical Engineering
Professor of Molecular Microbiology
PHD University of Washington 2005
BS Macalester College 2000

Louis P Dehner, MD
Professor of Pathology and Immunology (primary appointment)
Professor of Pathology in Pediatrics
MD Washington Univ in St. Louis 1966
BA Washington Univ in St. Louis 1962

George J Despotis, MD
Associate Professor of Pathology and Immunology (primary appointment)
Associate Professor of Anesthesiology
MD Saint Louis University 1985
BA Greenville College 1981

Dennis J. Dietzen, PHD
Professor of Pathology and Immunology (primary appointment)
Professor of Pediatrics
BS Marian College 1986
PHD Indiana University Bloomington 1992

Eric James Duncavage, MD
Professor of Pathology and Immunology (primary appointment)
BS Vanderbilt University 1998
MD University of Tennessee 2004

William Michael Dunne Jr, PHD
Adjunct Professor of Pathology and Immunology (primary appointment)
PHD Univ of Wisconsin Madison 1981
BS Univ of Wisconsin Madison 1975

Charles S Eby, MD
Professor of Pathology and Immunology (primary appointment)
Professor of Medicine
BS Duke University 1977
MD Vanderbilt University 1981

Brian T. Edelson, MD, PHD, UNKNOWN
Associate Professor of Pathology and Immunology (primary appointment)
MD Washington Univ in St. Louis 2004
PHD Washington Univ in St. Louis 1995
UNKNOWN Brown University 1995

Takeshi Egawa, PHD, MD
Associate Professor of Pathology and Immunology (primary appointment)
PHD Osaka University 2002
MD Osaka University 1994

David Eisenstein, MD
Associate Professor of Pathology and Immunology (primary appointment)  
MD University of Cincinnati 1989

Ali Hassan Ellebedy, PHD  
Assistant Professor of Pathology and Immunology (primary appointment)  
Assistant Professor of Medicine  
Assistant Professor of Molecular Microbiology  
BS Cairo University 2004  
PHD Univ of TN - Health Sci Center 2011

Christopher William Farnsworth, PHD  
Assistant Professor of Pathology & Immunology (primary appointment)  
BS Roberts Wesleyan College 2009  
PHD University of Rochester 2017

John Lawrence Frater, MD  
Associate Professor of Pathology and Immunology (primary appointment)  
MD Medical College of Ohio 1996  
BS University of Notre Dame 1992

Daved H Fremont, PHD  
Professor of Pathology and Immunology (primary appointment)  
Professor of Biochemistry and Molecular Biophysics  
Professor of Molecular Microbiology  
BS Univ of Wisconsin Madison 1986  
PHD University of CA San Diego 1993

Joseph P. Gaut, PHD, MD  
Associate Professor of Pathology and Immunology (primary appointment)  
Associate Professor of Medicine  
PHD Washington Univ in St. Louis 2004  
BA Washington Univ in St. Louis 1996  
MD Washington Univ in St. Louis 2004

Susan Gilfillan, PHD  
Associate Professor of Pathology and Immunology (primary appointment)  
BA University of Denver 1982  
PHD Stanford University 1990

Juan G Gonzalez, MD, BS1  
Professor of Pathology and Immunology (primary appointment)  
MD Universidad Autonoma De Nuevo 1978  
BS1 New Mexico St University 1971

Jeffrey I Gordon, MD  
Professor of Pathology and Immunology (primary appointment)  
Director of the Center for Genome Sciences  
Dr Robert J Glaser Distinguished University Professor  
Professor of Developmental Biology  
Professor of Medicine

Professor of Molecular Microbiology  
BA Oberlin College 1969  
MD University of Chicago 1973

Ann Marie Gronowski, MS, PHD  
Professor of Pathology and Immunology (primary appointment)  
Professor of Obstetrics and Gynecology  
Vice Chair for Faculty Development Department of Pathology and Immunology  
MS Iowa State University 1988  
PHD Univ of Wisconsin Madison 1992  
BS University of Illinois 1985

Brenda Jean Grossman, MD, MS  
Professor of Pathology and Immunology (primary appointment)  
Professor of Medicine  
MD Medical College Georgia 1980  
BS Ohio University 1976  
MS Saint Louis University 2003

Ian Sean Hagemann, MD, PHD  
Associate Professor of Pathology and Immunology (primary appointment)  
Associate Professor of Obstetrics and Gynecology  
MD Washington Univ in St. Louis 2008  
BA Princeton University 2000  
PHD Washington Univ in St. Louis 2008

Scott A Handley, PHD  
Associate Professor of Pathology and Immunology (primary appointment)  
PHD Washington Univ in St. Louis 2006  
BS Southwest Missouri St Universi 1998

Thomas Joseph Hannan, BA1, DVM  
Instructor in Pathology and Immunology (primary appointment)  
BA1 Georgetown University 1989  
BA Georgetown University 1989  
DVM Tufts University 1995

Anjum Hassan, MD, MD1  
Associate Professor of Pathology and Immunology (primary appointment)  
MD Aga Khan University 1989  
MD1 School Not Listed 1989

Mai He, PHD, MD  
Associate Professor of Pathology and Immunology (primary appointment)  
PHD Rutgers University 2001  
MD Fudan University 1993

Jasmin Herz, PHD, MS  
Assistant Professor of Pathology and Immunology (Pending Executive Faculty Approval) (primary appointment)  
BS University of Cologne (Koln) 2000  
PHD University of Cologne (Koln) 2008
Jonathan W Heusel, MD, PHD
Professor of Pathology and Immunology (primary appointment)
Professor of Genetics
MD Washington Univ in St. Louis 1995
PHD Washington Univ in St. Louis 1995

Matthew Charles Hibberd, PHD
Instructor in Pathology and Immunology (primary appointment)
PHD Washington Univ in St. Louis 2016
BS Lincoln School of Commerce 2007

Ronald R Jackups Jr, PHD, MD
Associate Professor of Pathology and Immunology (primary appointment)
Associate Professor of Pediatrics
BS Washington Univ in St. Louis 2000
PHD University of Illinois Chicago 2008
MD University of Illinois Chicago 2008

Umang Jain, PHD, MS
Instructor in Pathology and Immunology (Pending Dean's Approval) (primary appointment)
PHD Dalhousie University 2015
BS Manipal University 2007
MS Manipal University 2009

Jonathan Kipnis, MS, PHD
Professor of Pathology and Immunology (primary appointment)
Alan A and Edith L Wolff Distinguished Professor
Professor of Neurological Surgery
Professor of Neurology
Professor of Neuroscience
MS Weizmann Institute of Science 1999
BS Tel-Aviv University 1998
PHD Weizmann Institute of Science 2004

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Assistant Professor of Pathology and Immunology (primary appointment)
PHD Baylor University 2007

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MD University of North Carolina 1988
BA Amherst College 1983

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PHD Washington Univ in St. Louis 2014
BS University of Illinois 2006

Jack H Ladenson, PHD
Oree M Carroll and Lillian B Ladenson Professor of Clinical Chemistry in Pathology and Immunology (primary appointment)
Professor of Clinical Chemistry in Medicine
BS Pennsylvania State University 1964
PHD University of Maryland 1971

Yi-Shan Lee, PHD, MD
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PHD Duke University 2008
MD National Taiwan University 2000

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Assistant Professor of Pathology and Immunology (primary appointment)
D SC Duke University 1993
BAS Hendrix College 1988

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PHS Stanford University 2014
MD National Taiwan University 2009

Heide Maria Lind, MD
Associate Professor in Pathology and Immunology (primary appointment)
MD University of Iowa 1979

Chang Liu, PHD, MD
Associate Professor of Pathology and Immunology (primary appointment)
PHD Oregon Health Science Univers 2010
MD Peking Union Medical College 2004

Ta-Chiang Liu, PHD, MD
Associate Professor of Pathology and Immunology (primary appointment)
PHD Imperial College 2003
MD National Yang-Ming University 1997

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Assistant Professor of Pathology and Immunology (primary appointment)
MD1 Alexandria University 2005

Denis Mogilenko, MS1, PHD, BS1
Instructor in Pathology and Immunology (Pending Dean's Approval) (primary appointment)
MS1 St Petersburg State University 2007
PHD Academy of Sciences of USSR 2011
BS1 St Petersburg State University 2005

Nima Mosammaparast, MD, PHD
Associate Professor of Pathology and Immunology (primary appointment)
MD University of Virginia 2006
PHD University of Virginia 2005
BS University of Rochester 1998
Kenneth M Murphy, MD, PHD
Professor of Pathology and Immunology (primary appointment)
Eugene Opié First Centennial Professor of Pathology and Immunology
MD Johns Hopkins University 1984
PHD Johns Hopkins University 1984
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PHD Johns Hopkins University Med 1983
BS University of Arizona 1978

N
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Adjunct Associate Professor of Pathology and Immunology (primary appointment)
MD Washington Univ in St. Louis 2002
PHD Washington Univ in St. Louis 2002
BA University of Virginia 1994
BA1 University of Virginia 1994
Pooja P Navale, MD
Assistant Professor of Pathology and Immunology (primary appointment)
MD Tata Inst of Fundamental Resch 2013

Julie Ann Neidich, MD
Associate Professor of Pathology and Immunology (primary appointment)
MD George Washington University 1983
Christopher A Nelson, PHD
Associate Professor of Pathology and Immunology (primary appointment)
BS Univ of Wisconsin Madison 1985
PHD Washington Univ in St. Louis 1995

O
Eugene Merle Oltz, PHD
Adjunct Professor of Pathology and Immunology (primary appointment)
BS Cornell University 1982
PHD Columbia University 1987

P
Vijayalakshmi Padmanabhan, MBBS, M PH
Professor of Pathology and Immunology (PEFA) (primary appointment)
MBBS Kasturba Medical College 1988
M PH Dartmouth College 2015
Bijal A. Parikh, MD, PHD
Assistant Professor of Pathology and Immunology (primary appointment)
MD U Medical-Dental Of New Jersey 2006
PHD Rutgers University 2004
Jonathan Robert Brestoff Parker, MD, MS, PHD
Assistant Professor of Pathology and Immunology (primary appointment)
BS Skidmore College 2008
MD University of Pennsylvania 2016
MS University College Cork 2010
PHD University of Pennsylvania 2015
Jacqueline Elise Payton, MD, PHD
Assistant Professor of Pathology and Immunology (primary appointment)
MD University of Illinois 2004
BS Bradley University 1996
PHD University of Illinois 2002
Richard J. Perrin, MD, PHD
Assistant Professor of Pathology and Immunology (primary appointment)
BS Yale University 1992
MD University of Illinois Chicago 2004
PHD University of Illinois 2001
Stephen P. Persaud, PHD, MD
Instructor in Pathology & Immunology (primary appointment)
PHD Washington Univ in St. Louis 2015
BS Cornell University 2005
MD Washington Univ in St. Louis 2015
John David Pfeifer, PHD, MD
Professor of Pathology and Immunology (primary appointment)
Professor of Obstetrics and Gynecology
PHD University of California 1987
BA University of California 1981
MD University of California 1988

R
Gwendalyn Jan Randolph, PHD
Unanue Distinguished Professor of Immunology (primary appointment)
Professor of Medicine
BS Temple University 1991
PHD State University of New York 1995
Alejandro Reyes
Adjunct Associate Professor of Pathology and Immunology (primary appointment)
Jon H Ritter, MD
Professor of Pathology and Immunology (primary appointment)
BS Mankato St University 1983
MD University of Minnesota 1988
Nidhi Rohatgi, PHD
Instructor in Pathology and Immunology (primary appointment)
PHD All-India Inst of Medical Sci 2005

Stephen Matthew Roper, PHD, MS
Assistant Professor of Pathology and Immunology (primary appointment)
PHD Medical University of Sth Car 2015
MS Texas Tech University 2007
BS Texas Tech University 2004

Marianna B Ruzinova, PHD, MD
Associate Professor of Pathology and Immunology (primary appointment)
PHD Cornell University 2004
MD Cornell University 2005

Robert Edward Schmidt, PHD, MD
Professor of Pathology and Immunology (primary appointment)
BA Washington Univ in St. Louis 1969
PHD Washington Univ in St. Louis 1976
MD Washington Univ in St. Louis 1976

Robert D Schreiber, PHD
Andrew M Bursky and Jane M Bursky Distinguished Professor (primary appointment)
Professor of Molecular Microbiology
PHD State University of New York 1973
BA State University of New York 1968

Molly Schroeder, PHD
Assistant Professor of Pathology and Immunology (primary appointment)
PHD Baylor College of Medicine 2012
BS Saint Louis University 2006

Mitchell G Scott, PHD, MS
Professor of Pathology and Immunology (primary appointment)
Clinical Research Assistant Professor of Medicine
PHD Washington Univ in St. Louis 1982
MS University of Missouri 1977
BS Washington Univ in St. Louis 1974

Andrey S Shaw, MD
Adjunct Professor of Pathology and Immunology (primary appointment)
BA Columbia University 1979
MD Columbia University 1984

Kathleen C Sheehan, PHD
Professor of Pathology and Immunology (primary appointment)
BS University of Notre Dame 1980
PHD Saint Louis University 1986

Igor Smirnov, DVM
Assistant Professor of Pathology and Immunology (primary appointment)
DVM Moscow Veterinary Academy 1993

Sanjay Joshua Swamidass, MA, PHD, MD
Associate Professor of Pathology and Immunology (primary appointment)
Associate Professor of Biomedical Engineering
MA University of California 2006
PHD University of California 2007
MD University of California 2009
BS University of California 2000

Steven L Teitelbaum, MD
Messing Professor of Pathology and Immunology (primary appointment)
Professor of Medicine
BA Columbia University 1960
MD Washington Univ in St. Louis 1964

Suzanne Renee Thibodeaux, MD, PHD
Assistant Professor of Pathology and Immunology (primary appointment)
MD Univ Texas Health Sci San Anto 2013
PHD Univ Texas Health Sci San Anto 2011
BS Tulane University 2005

Emil Raphael Unanue, MD
Paul and Ellen Lacy Professor of Pathology and Immunology (primary appointment)
MD Harvard University 1985
BS Institute of Secondary Educati 1952

Steven John Van Dyken, PHD
Assistant Professor of Pathology and Immunology (primary appointment)
PHD University of San Diego 2006
BS Calvin College 1998

Siddarth Venkatesh, PHD, PHD
Instructor in Pathology and Immunology (Pending Dean's Approval) (primary appointment)
PHD Auburn University 2015
PHD Rockefeller University 2015

Igor Smirnov, DVM
Assistant Professor of Pathology and Immunology (primary appointment)
DVM Moscow Veterinary Academy 1993

Sanjay Joshua Swamidass, MA, PHD, MD
Associate Professor of Pathology and Immunology (primary appointment)
Associate Professor of Biomedical Engineering
MA University of California 2006
PHD University of California 2007
MD University of California 2009
BS University of California 2000

T

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Messing Professor of Pathology and Immunology (primary appointment)
Professor of Medicine
BA Columbia University 1960
MD Washington Univ in St. Louis 1964

Suzanne Renee Thibodeaux, MD, PHD
Assistant Professor of Pathology and Immunology (primary appointment)
MD Univ Texas Health Sci San Anto 2013
PHD Univ Texas Health Sci San Anto 2011
BS Tulane University 2005

U

Emil Raphael Unanue, MD
Paul and Ellen Lacy Professor of Pathology and Immunology (primary appointment)
MD Harvard University 1985
BS Institute of Secondary Educati 1952

V

Steven John Van Dyken, PHD
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PHD University of San Diego 2006
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Siddarth Venkatesh, PHD, PHD
Instructor in Pathology and Immunology (Pending Dean's Approval) (primary appointment)
PHD Auburn University 2015
PHD Rockefeller University 2015

William Vermi
Adjunct Assistant Professor of Pathology and Immunology (primary appointment)

Herbert W Virgin IV, MD, PHD
Adjunct Professor of Pathology and Immunology (primary appointment)
MD Harvard University 1985
PHD Harvard University 1985
BA Harvard University 1977
W

Xiaoxiao Wan, PHD
Assistant Professor of Pathology and Immunology (primary appointment)
PHD University of MO Columbia 2015

Yi Wang, PHD
Instructor in Pathology and Immunology (Pending Dean's Approval) (primary appointment)
PHD University of Pennsylvania 2015
BS Peking University 2008

Mark A Watson, MD, PHD
Associate Professor of Pathology and Immunology (primary appointment)
MD Washington Univ in St. Louis 1992
PHD Washington Univ in St. Louis 1992
BA University of Pennsylvania 1985

Cody Hudson Weimholt, BS1, DOST
Assistant Professor of Pathology and Immunology (primary appointment)
BS1 University of MO Columbia 2005
DOST Kirksville College of Osteopat 2013

George Randolphe Wettach, MD, MS
Associate Professor in Pathology and Immunology (primary appointment)
BS University of CA Berkeley 1995
MD Eastern Virginia Med School 2006
MS Eastern Virginia Med School 2002

Frances V White, MS, MD
Associate Professor of Pathology and Immunology (primary appointment)
Associate Professor of Pediatrics
MS University of North Carolina 1978
BA Princeton University 1975
MD University of North Carolina 1989

Parker C Wilson, MD, PHD
Instructor in Pathology and Immunology (Pending Dean's Approval) (primary appointment)
MD Medical University of Sth Car 2013
PHD Medical University of Sth Car 2013
BS Johns Hopkins University 2005

Terry A Woodford-Thomas, MS, PHD
Adjunct Assistant Professor of Pathology and Immunology (primary appointment)
BS Eastern Illinois University 1975
MS Purdue University 1977
PHD Va Polytechnic Inst & State U 1982

Chao Wu, PHD
Instructor in Pathology and Immunology (primary appointment)
PHD Washington Univ in St. Louis 2016
BS China Agriculture University 2008

Y

Melanie Leann Yarbrough, PHD
Assistant Professor of Pathology and Immunology (primary appointment)
PHD University of Texas Southwest 2009

Z

Ray Zhang, MD, PHD
Instructor in Pathology and Immunology (primary appointment)
MD University of Pennsylvania 2016
PHD University of Pennsylvania 2015

Bernd Heinrich Zinselmeyer, PHD
Assistant Professor of Pathology and Immunology (primary appointment)
PHD University of Strathclyde 2006

Wei Zou, MA, PHD
Assistant Professor of Pathology and Immunology (primary appointment)
MA Qingdao University 1994
PHD Hebrew University 2003

Research Electives

Pathology and Immunology Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Paul M. Allen, PhD
BJC Institute of Health, 8th Floor
Phone: 314-362-8758

This lab's focus is on research in immunology and the recognition of antigen by T cells. We are investigating how the T cell receptor functions developmentally, biochemically and structurally. We utilize in vivo models to study the role of T cells in alloreactivity/graft rejection and inflammatory bowel disease.

Jacques U. Baenziger, MD, PhD
Kingshighway Building, 2nd Floor, Room 2423
Phone: 314-362-8730

Glycobiology; informational role of carbohydrates in protein targeting and reproductive endocrinology.

Jeffrey I. Gordon, MD
4444 Forest Park, 5th Floor
Phone: 314-362-7243

Genomic and metabolic foundations of symbiotic host-microbial interactions in the human gut; impact on obesity and malnutrition.
The focus of this laboratory is to study the function and growth of pancreatic islets in Types 1 and 2 diabetes. Mammalian target of rapamycin (mTOR) is a protein kinase that integrates signals from growth factors and nutrients to regulate DNA and protein synthesis. G-protein–coupled receptor agonists such as GLP-1 have been shown to enhance proinsulin biosynthesis and secretion and to stimulate cellular growth and proliferation. Our objective is to further explore the mechanisms of action of GLP-1 to enhance DNA and protein synthesis via mTOR in rodent and human islets. These studies are of fundamental interest for optimizing mTOR to induce cellular growth and proliferation, to enhance pre- and post-islet transplantation in Type 1 diabetes, and to prolong b-cell compensation in response to insulin resistance in Type 2 diabetes. The failure of b-cells in obesity-associated Type 2 diabetes is believed to correlate with the intracellular accumulation of lipids that contribute to defects in insulin secretion and the maintenance of b-cell mass. Our studies have identified lipoprotein lipase in b-cells; this is a key enzyme for catalyzing the hydrolysis of lipoprotein-associated TAG to produce free fatty acids (FFAs) for local cellular uptake. We are also characterizing the effects of enhanced FFA uptake through fatty acid transporters and determining the regulation of lipid droplet synthesis and breakdown by lipid droplet–associated proteins. Recent studies suggest that FFAs upregulate mitochondrial uncoupling proteins proposed to dissipate the proton gradient across the mitochondrial inner membrane. The objective of this study is to delineate the link between FFAs and b-cell mitochondrial dysfunction in Type 2 diabetes.

Kenneth M. Murphy, MD, PhD
Clinical Sciences Research Building, 7th Floor, Room 7766
Phone: 314-362-2009
Function of dendritic cells in T cell responses and anti-tumor vaccines.

Robert D. Schreiber, PhD
BJC Institute of Health, 8th Floor
Phone: 314-362-8747
Tumor immunology and cancer immunoediting; research on natural and therapeutically induced responses to tumors; definition of the molecular roles of interferon-gamma and interferon-alpha/beta in these processes.

Carl H. Smith, MD
St. Louis Children's Hospital
Phone: 314-454-6029
Placental transport; surface membrane structure and function.

Thaddeus S. Stappenbeck, MD, PhD
Clinical Sciences Research Building, North Tower, Room 1020
Phone: 314-362-4214
My lab studies the cause of inflammatory bowel disease, a condition that leads to spontaneous inflammation of the intestine. We study the mechanisms of host gene mutations as well as abnormalities in host-microbial interactions that drive this disease.

Steven Teitelbaum, MD
Barnes-Jewish Hospital
Phone: 314-454-6463
This lab studies the cellular and molecular mechanisms of bone remodeling, with particular emphasis on osteoclast biology as it relates to the pathogenesis and prevention of diseases such as osteoporosis. We focus on integrin and cytokine biology utilizing a variety of genetically manipulated mice.

John Turk, MD, PhD
6609 Wohl
Phone: 314-362-8190
This lab looks at phospholipase A2 (PLA2) enzymes in the regulation of insulin secretion from pancreatic islet cells (e.g., a novel iPLA2 that does not require Ca2+ cloned from rat and human islets that is involved in cell secretion and proliferation). We also perform studies of iPLA2, its post-translational modifications, and its interactions with other proteins involving mice that are iPLA2-deficient globally or in selected tissues, transgenic mice that overexpress iPL2 in -cells, and insulinoma cells with genetically manipulated iPLA2 expression. The mass spectrometric characterization of proteins and complex lipids is an important tool in these studies.

Emil R. Unanue, MD
BJC Institute of Health, 8414
Phone: 314-362-8748
Our focus is research that involves immunobiology and immunopathology. We examine cellular interactions that result in immune induction and cellular immunity. These cellular interactions are examined in normal immune responses and in autoimmune diseases. The focus is to identify the proteins responsible for the activation of lymphocytes in Type 1 diabetes.

Herbert Virgin, MD, PhD
Clinical Sciences Research Building, Room 8849
Phone: 314-362-9223
This lab studies the cellular and molecular mechanisms of bone remodeling, with particular emphasis on osteoclast biology as it relates to the pathogenesis and prevention of diseases such as osteoporosis. We focus on integrin and cytokine biology utilizing a variety of genetically manipulated mice.
We work on issues at the interface of virology and immunology by analyzing aspects of viral immunity, viral pathogenesis and viral genetics that contribute to virulence and disease.

Mark A. Watson, MD, PhD
Clinical Sciences Research Building, North Tower, Room 1029
Phone: 314-454-7919

Our laboratory is interested in defining patterns of somatic gene mutation, gene expression and quantitative tumor clonality that can be used to predict distant site metastases and therapeutic vulnerability in patients with lung and breast cancer. Experimental approaches use histopathological review as well as the next-generation DNA exome and RNA sequencing (NGS) of primary cancer patient tissues, coupled with bioinformatics and statistical modeling, to identify candidate biomarker patterns that may be useful for the clinical management of cancer patients.

Courses
Visit online course listings to view offerings for M60 Path (https://courses.wustl.edu/CourseInfo.aspx?sch=M&dept=M60).

M60 Path 523 Immunology
The course consists of lectures, laboratory exercises and clinical correlations. It covers all aspects of the immune response - general properties of the immune system, effector molecules, cells and their function, cellular interactions, vaccines, and immunological diseases. Two laboratory exercises focus on blood typing and allergy. Students will also meet in groups (20-25 students) with clinicians to discuss a variety of clinical cases that relate to the course material.
Credit 37 units.

M60 Path 665 Pathology
This course is a comprehensive survey of the biology and morphology of human disease through a combination of lectures and laboratory sessions. The year begins with a review of basic disease mechanisms at the cellular and molecular level. Subsequently, the pathogenesis and characteristics of important diseases involving each organ system of the body are presented. During the year, students will become familiar with the methods of contemporary pathologic analysis. They will also learn how the results of pathologic studies are used in the clinical setting to establish diagnoses, to assess prognosis and response to therapy, and to evaluate the quality of patient care.
Credit 115 units.

M60 Path 702 Laboratory Medicine Clerkship
This elective is designed to teach the student how clinical laboratory assays are used in the diagnosis of disease and to understand the quality assurance tools the laboratory utilizes to assure the reliability of tests. The two-week elective includes rotations through laboratories in clinical chemistry, clinical microbiology, transfusion medicine, molecular diagnostics and hematopathology. During the elective the student will have a daily schedule, which includes didactic sessions with senior staff and house staff. Particularly useful clinical skills to be acquired include: morphology of peripheral blood smears and bone marrow biopsies; interpretation of coagulation tests, biomarkers of cardiac damage and serum protein electrophoresis patterns. Also covered are appropriate use of blood component therapy, and therapeutic apheresis and identification of infectious organisms. Students will attend quality assurance meetings with senior staff, participate in microbiology rounds and present case discussions during this elective.
Credit 77 units.

M60 Path 750 Surgical Pathology Clerkship
This elective is designed to familiarize students with the discipline of surgical pathology and to encourage the development of basic skills in gross pathology and histopathological interpretation. The Laboratory of Surgical Pathology at Barnes-Jewish Hospital receives a broad range of medical biopsy material in addition to specimens derived from the busy surgical subspecialty practices. As a result, this elective is beneficial not only for students considering a career in pathology, but also for students planning careers in internal medicine, surgery, obstetrics-gynecology, pediatrics, radiology, radiation oncology and dermatology. Students on this elective will (1) Learn how patient specimens are received and processed, (2) Acquire skills in the gross examination and microscopic diagnosis of disease through active participation and (3) Learn the role of the pathologist in the preoperative, intraoperative, and postoperative care and management of patients. Students will function as junior house staff managing their own cases with supervision from residents, fellows and attending pathologists. Students may also wish to participate in ongoing research projects within the Department as time, and interest, allows. The daily schedule for students begins at 8:00 a.m. with morning conference. In general, the student will be able to complete all gross examination and sign-out activities by 4:30 p.m. Students are welcome to stay beyond 4:30 p.m. to participate in any of the academic or other working activities of the Division. Student time distribution: Clinical duties 85%, Conference/Lectures 15%; Major teaching responsibility: Attending staff, residents and fellows; Patients seen/weekly: N/A; On call/weekend responsibility: None
Credit variable, maximum 77 units.

M60 Path 805 Autopsy Pathology
This elective is designed to introduce students to autopsy pathology. Students will assist in performing autopsies, and together with the first-year pathology residents, will participate in all of the activities of the Autopsy Service including brain cutting, specialty microscopic conferences, and weekly autopsy case conferences. Students will be under the direction of senior pathology faculty. Note that this elective is not available during the COVID-19 pandemic.

M60 Path 807 Dermatopathology
The student will be involved in all activities of the dermatopathology service. These include review, discussion and signout of microscopic skin specimens. Signout occurs each day with a team that includes an attending, fellow, and residents from both dermatology and pathology. The medical student will work closely with the residents and fellow to preview cases prior to signout. Dermatology Grand Rounds is held on Thursday mornings and is mandatory. In addition, dermatopathology slide review conferences are held on Friday mornings and are mandatory. Other learning opportunities include informal unknown slide sessions, weekly Inpatient Dermatology Clinicopathologic Conference and monthly Cutaneous Lymphoma Conference. The primary goal of this
elective is to acquire basic competence in the diagnosis of skin diseases at the microscopic level. A secondary goal is to acquire understanding of the structure and function of the laboratory at the technical, administrative and medical professional level as it pertains to skin specimens.

**M60 Path 812 General Cytopathology**
This elective is designed to familiarize students with the discipline of Cytopathology and to encourage the development of basic skills. Cytopathology impacts many different areas of patient care and medical practice. The Cytopathology Laboratory at Barnes-Jewish Hospital receives a broad range of medical cytology material involving fine needle aspiration biopsies (FNA), body fluids and Pap tests. As a result, the elective is beneficial for students considering a career in pathology and for students planning careers in internal medicine, surgery, OB/GYN, ENT, and radiology. The focus of the experience can be customized based on the interest of the student. Desk space and a microscope are provided. Students on the elective will (1) learn how patient specimens are received and processed, (2) acquire skills in the microscopic diagnosis of disease through active participation, and (3) learn the role of the cytopathologist in the care and management of patients. Students will have the opportunity to function as junior house staff managing their own cases with supervision from residents, fellows, and attending cytopathologist. There are text books and extensive study sets to permit students to focus on specific areas of interest. The daily schedule for student begins previewing the cytology cases at 8:00 am. The student will attend daily pathology noon didactic conferences. In general, the student will be able to complete sign-out activities by 4:30 pm.

**M60 Path 813 Molecular Pathology**
This elective is designed to introduce students to the field of Molecular Pathology, including established molecular diagnostics and Next Generation Sequencing clinical assays. Students will learn through observation in the laboratory, didactic sessions, resident and fellow presentations, sign out with attending pathologists, and clinical informatics workshops. Opportunities for assay validation as well as additional instruction in cytogenomics are available and tailored to student interest. Students will work with residents/fellows on the rotation and participate as part of the team.

**M60 Path 815 OB/GYN Pathology**
This elective is a subinternship in OB/Gyn pathology. The expectation is that the student participate in the service along with house officer rotating on the service. The elective stresses the principles of anatomic pathology when applied to operative material in obstetrics and gynecology. The sub-intern will examine gross and microscopic specimens in the OB/Gyn Pathology Lab and review the histology along with pertinent literature with a senior pathologist. The elective is appropriate both for students intending a career in pathology, and those intending careers in other specialties. The student will gain familiarity with the diagnosis of more common OB/Gyn diagnoses, including malignancy, and premalignant conditions, as well as placental conditions. Ample time will be available for attending conferences in both OB/Gyn and Pathology.

**M60 Path 820 Surgical Pathology**
This elective is designed to familiarize students with the discipline of Surgical Pathology and to encourage the development of basic skills in gross pathology and histopathological interpretation. The Laboratory of Surgical Pathology at Barnes-Jewish Hospital receives a broad range of medical biopsy material in addition to specimens derived from the structure and function of the laboratory at the technical, administrative and medical professional level as it pertains to skin specimens.

**M60 Path 825 Introduction to Neuropathology**
The course is structured to give the student a full-time immersion in the specialty of Neuropathology, including both Neurosurgical and Neuroautopsy derived material. The course is structured to give the student a full-time immersion in the specialty of neuropathology, including both neurosurgical and neuroautopsy derived material. There are daily didactic sessions that cover the spectrum of neurological diseases, review gross and microscopic neuro-anatomy, discuss approaches to the diagnosis of nervous system disease, and point out the interrelationships of research to clinical problems. Multiple clinical conferences and diagnostic working sessions complement reading, use of a large microscopic divisional study set and project work.

**M60 Path 860 Clinical Laboratory Medicine**
This elective rotation is designed to teach the student how clinical laboratory assays are used in the diagnosis of disease and to understand the quality assurance tools the laboratory utilizes to assure the reliability of tests. The elective includes rotations through a variety of clinical laboratories including clinical chemistry, clinical microbiology, hematopathology, molecular pathology, and transfusion medicine. During the elective the student will have a daily schedule, which includes didactic sessions with faculty and regular interactions with house staff. Some examples of useful clinical skills acquired during the experience include: morphologic review of peripheral blood smears and bone marrow biopsies; interpretation of coagulation tests, biomarkers of cardiac damage and serum protein electrophoresis patterns; identification of infectious organisms; and appropriate use of blood component therapy and therapeutic apheresis. The rotation culminates with a case discussion presented by the medical student which focuses on application of clinical laboratory evaluations to direct patient care.

**M60 Path 900 Research Elective - Pathology**
Research opportunities may be available. If interested, please contact the Department of Pathology and Immunology.
Edward Mallinckrodt  
Department of Pediatrics

The primary aim of the teaching program of the Department of Pediatrics (http://pediatrics.wustl.edu/) is to stimulate interest in developmental biology — in particular, human growth and development — to provide students with a foundation sufficiently comprehensive to have an appreciation of clinical pediatric problems, regardless of their future career choices in medicine.

The major clinical and research facilities are in St. Louis Children's Hospital (http://www.stlouischildrens.org/), and the newborn services are at the Women and Infants Center (http://www.stlouischildrens.org/women-and-infants/). St. Louis Children's Hospital is a facility with 300 beds that accepts patients through 21 years of age with all types of medical and surgical problems. Hospital admissions average 11,200 annually. Pediatric medical ambulatory activity, including subspecialty and emergency visits, averages about 152,000 visits a year. Nearly 4,000 infants are born annually at the Washington University Medical Center.

Website:  http://pediatrics.wustl.edu

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Visit our website for more information about our faculty (http://pediatrics.wustl.edu/directory/) and their appointments.

A

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Catherine J Doty
Instructor in Clinical Pediatrics (primary appointment)

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BA Holy Cross College 1969
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Associate Professor of Developmental Biology
Associate Professor of Genetics
PHD University of Illinois Chicago 2002
BS University of Illinois 1994

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MD University of Chicago 1997
BS Vanderbilt University 1993

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MD Washington Univ in St. Louis 2000
BS Duke University 1996

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BS University of Illinois 1992
MD Washington Univ in St. Louis 1997

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Assistant Professor of Clinical Pediatrics (primary appointment)

Nathalie El Ters, MD
Assistant Professor of Pediatrics (primary appointment)
MD American University of Beirut 2018
BS American University of Beirut 2006

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Associate Professor of Pediatrics (primary appointment)
BA University of MO Kansas City 2004
MD University of MO Kansas City 2005

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Instructor in Pediatrics (primary appointment)
MD Vanderbilt University 2017

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MPH Saint Louis University 2006
MD University of Maryland 1994
BA Loyola College 1988

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BS St Marys University 1998
MD University of MO Rolla 2002

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MD Emory University 1983
MS Emory University 1978
BA Emory University 1977

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MD University of Missouri 1991

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Professor of Pediatrics (primary appointment)
MA Stanford University 1979
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MD Creighton University 2016

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Assistant Professor of Clinical Pediatrics (primary appointment)
MD Saint Louis University 1973
BA University of Rochester 1969

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BS Saint Louis University 1993

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Alexis Hartmann MD Professor of Pediatrics
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MD Ohio State University 1985
BA Case Western Reserve Univ 1981

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MD Michigan State University 2019

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BS Carnegie Mellon University 2005

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Associate Professor of Pediatrics (primary appointment)
MD Mount Sinai School of Medicine 1992

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MD Washington Univ in St. Louis 1992

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BS Cornell University 2009
MD Stony Brook University 2013

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Assistant Professor of Pediatrics (primary appointment)
MD Northeast Ohio Medical U 2009
BS Youngstown St University 2005

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BS Washington Univ in St. Louis 1994
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MD University of Florida 2001  
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MD Washington Univ in St. Louis 2009  

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PHD Eötvös Loránd University 1988  
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BS Northwestern University 1998  
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M PHIL Cambridge University 1981  
PHD Case Western Reserve Univ 1987  

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BS San Jose State University 2009  
PHD University of Alabama 2015  

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Instructor in Clinical Pediatrics (primary appointment)  

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Assistant Professor of Pediatrics (primary appointment)  
MD Southern Illinois University 2012  
MS University of MO St Louis 2004  
BS University of MO St Louis 2001  

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Instructor in Pediatrics (primary appointment)  
MA Harvard University 1974  
BS University of California 1973  
MD Washington Univ in St. Louis 1994  
PHD Harvard University 1979  

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Instructor in Clinical Pediatrics (primary appointment)  
PHD University of Florida 1995  

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Instructor in Clinical Pediatrics (primary appointment)  

BA Dartmouth College 1982  
MD Saint Louis University 1987  

Abby Solomon Hollander, MD  
Professor of Pediatrics (primary appointment)  
MD University of Cincinnati 1986  
BA Cornell University 1982  

Nancy E Holmes, MD  
Professor of Clinical Pediatrics (primary appointment)  
BA University of Kansas 1972  
MD University of Missouri 1976  

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Associate Professor of Pediatrics (primary appointment)  
BS Tulane University 1999  
MD Ohio State University 2003  
MS Saint Louis University 2014  

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Assistant Professor of Pediatrics (primary appointment)  
Assistant Professor of Cell Biology and Physiology  
MD Hebrew University-Hadassah Med 2004  
BS Hebrew University-Hadassah Med 2015  

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Associate Professor of Pediatrics (primary appointment)  
BA Washington Univ in St. Louis 1993  
MD Saint Louis University 2000  

Jennifer A. Horst, MD  
Assistant Professor of Pediatrics (primary appointment)  
MD University of Missouri Columbi 2007  
BS University of Missouri Columbi 2003  

Christine M Hrach, BSW, MD  
Associate Professor of Pediatrics (primary appointment)  
BSW Saint Louis University 1998  
MD Saint Louis University 2002  

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Professor of Pediatrics (primary appointment)  
Professor of Cell Biology and Physiology  
Professor of Medicine  
BS Creighton University 1965  
MD Creighton University 1969  

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Associate Professor of Pediatrics (primary appointment)  
Associate Professor of Cell Biology and Physiology  
PHD Medical College of Wisconsin 1993  
BS Marquette University 1987  
MD Medical College of Wisconsin 1994  

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Associate Professor of Pediatrics (primary appointment)  
MD Baylor University 1994  
BA Washington Univ in St. Louis 1990  

Huiyan Huang, PHD
Instructor in Pediatrics (primary appointment)
PHD Stony Brook University 2017
Anna Payton Huger, MD
Instructor in Clinical Pediatrics (primary appointment)
MD University of Missouri School 2019
Monica L Hulbert, MD
Associate Professor of Pediatrics (primary appointment)
BS Indiana University Bloomington 1996
MD Washington Univ in St. Louis 2000
Laura Kathleen Hulteen, MD
Instructor in Pediatrics (Pending Dean's Approval) (primary appointment)
MD University of Illinois 2015
David A Hunstad, MD
Professor of Pediatrics (primary appointment)
Professor of Molecular Microbiology
BA Carleton College 1991
MD Washington Univ in St. Louis 1995
Jane Alyce Hunt, MD
Assistant Professor of Pediatrics (primary appointment)
BS Washington Univ in St. Louis 2014
MD Washington Univ in St. Louis 2014
Richard J Iken, MD
Instructor in Clinical Pediatrics (primary appointment)
MD University of MO Columbia 1978
BA Univ of Wisconsin Madison 1972
Carl S Ingber, MD
Instructor in Clinical Pediatrics (primary appointment)
MD Boston University 1972
BA University of Rochester 1968
Tracey Lynn Ivy, MD
Assistant Professor of Pediatrics (primary appointment)
MD University of Virginia 2009
BS Washington Univ in St. Louis 2004
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Assistant Professor of Pediatrics (primary appointment)
Assistant Professor of Molecular Microbiology
MD University of Wisconsin 2017
Shannon M. Joerger, MD
Assistant Professor of Pediatrics (primary appointment)
BS Southern Ill Univ Edwardsville 1995
MD University of Missouri-Columbia 2007
William Beck Johansen, MD
Assistant Professor of Pediatrics (primary appointment)
MD West Virginia University 2016
Denise R Johnson, MD
Associate Professor of Clinical Pediatrics (primary appointment)
BA Oakwood College 1979
MD Loma Linda University 1984
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Assistant Professor of Clinical Pediatrics (primary appointment)
BS Oberlin College 1977
MD Case Western Reserve Univ 1982
Mark C Johnson, MD
Professor of Pediatrics (primary appointment)
BA University of Rochester 1978
MD Johns Hopkins University 1982
William Lee Johnson, MD
Associate Professor of Clinical Pediatrics (primary appointment)
Adjunct Associate Professor of Pediatrics
BS University of Missouri 1977
MD University of Missouri 1981
Angela Marie Jones, MD
Instructor in Clinical Pediatrics (primary appointment)
MD Universidad Nacional de Columb 1989
Katherine McMullin Jones, MD
Assistant Professor of Pediatrics (primary appointment)
BA Amherst College 2001
MD Washington Univ in St. Louis 2007
Larry A Jones, MBA, MD
Assistant Professor of Clinical Pediatrics (primary appointment)
MBA Washington Univ in St. Louis 1999
BA Johns Hopkins University 1972
MD Johns Hopkins University Medc 1976
Heather Robin Joyce, MD
Assistant Professor of Clinical Pediatrics (primary appointment)
MD University of MO Columbia 2006
BS University of MO Columbia 2002
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Associate Professor of Pediatrics (primary appointment)
BS University of Texas Austin 2001
MD University of Texas Southwest 2007
Erzsebet Jung, MD
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MD School Not Listed 1987
Carol M Kao, MD
Assistant Professor of Pediatrics (primary appointment)
BS Ohio State University 2008
MD Ohio State University 2012
Thomas J Kasper
Instructor in Clinical Pediatrics (primary appointment)
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Assistant Professor of Clinical Pediatrics (primary appointment)
MD Washington Univ in St. Louis 2004
BS University of Michigan 1999

Robert S Kebler, MD
Instructor in Clinical Pediatrics (primary appointment)
BS Muhlenberg College 1980
MD Saint Louis University 1984

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Instructor in Pediatrics (primary appointment)
MD Rush University 2016
BS University of CA San Diego 2016

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Assistant Professor of Clinical Pediatrics (primary appointment)
MD School Not Listed 1972
BS School Not Listed 1964

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Professor of Pediatrics (primary appointment)
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BS Creighton University 1972

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BA Washington Univ in St. Louis 1977

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Professor of Pediatrics (primary appointment)
MD Medical College Georgia 1980
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Instructor in Pediatrics (Pending Dean's Approval) (primary appointment)
MD University of Louisville SOM 2019

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MD Saint Louis University 1990
BA Saint Louis University 1986

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BS Northwestern University 1996
MD Northwestern University 2000

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Assistant Professor of Pediatrics (primary appointment)
MD Mahidol University 2002

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MD University of California San F 2019

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Associate Professor of Pediatrics (primary appointment)
BS University of Pittsburgh 1991
MD University of Pittsburgh 1996

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Instructor in Pediatrics (primary appointment)
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MD Oakland University 2015

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PHD Washington Univ in St. Louis 2004
BA Washington Univ in St. Louis 1996

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BS University of Pennsylvania 1973
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BS Maryville University 2001
DOST Des Moines University College 2012
BS Saint Louis University 2004

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Assistant Professor of Pediatrics (primary appointment)
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MD School Not Listed 1993
B MUS Lawrence University 1989

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Assistant Professor of Pediatrics (primary appointment)  
BS University of CA San Diego 2004  
MS University of CA San Diego 2006  
MD University of CA Davis 2011

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Instructor in Pediatrics (Pending Dean's Approval) (primary appointment)        
RN 2008  
BN David Lipscomb University 2007  
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PHD University of MO Columbia 2017

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MD University of Louisvile 2013  
BS Mass Inst of Technology (MIT) 2009

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Instructor in Clinical Pediatrics (primary appointment)

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Instructor in Clinical Pediatrics (primary appointment)  
BS University of MO Columbia 1997  
MD University of MO Columbia 2001

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Instructor in Clinical Pediatrics (primary appointment)  
MD University of Illinois 1978  
BS Eastern Illinois University 1974

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Instructor in Pediatrics (primary appointment)  
BS Univ of IL -Urbana-Champaigna 2010  
MD University of Illinois Chicago 2014

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MD University of Missouri 1993  
BA Saint Louis University 1989

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Associate Professor of Pathology and Immunology  
PHD Harvard University 2002  
MD Harvard University 2002

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Associate Dean for Student Affairs  
MD Washington Univ in St. Louis 1998  
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PHD Washington Univ in St. Louis 1998

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BA Kansas State University 1985

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MD University of Illinois 1994

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MS University of Mumbai 2004  
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MD Case Western Reserve Univ 2010  
BS Washington Univ in St. Louis 2005

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MD University of MO Kansas City 2000

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BS Villanova University 1995  
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MD University of Miami 2003  
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MD Dow Medical College Karachi 1991  

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MD Baylor University 1981  
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MD Univ South Dakota Vermillion 2003  
BA Duke University 1999  

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MD University of Oklahoma 2000  
MS University of Cincinnati 2011  

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Assistant Professor of Pediatrics (primary appointment)  
MD Tulane University 2003  

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BS Tufts University 2007  
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MD School Not Listed 1992  
BS University of Illinois 1988  

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BS Loyola University 1985  
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O  

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MD University of Michigan 2010  

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MD Medical College Georgia 2010  
BS University of Georgia 2006  

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MBA Univ of Massachusetts Amherst 2007  
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BS University of MO Columbia 1994  

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MD University of MO Kansas City 2005  

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BS University of Puerto Rico 1981  
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PHD University of Texas 2017  
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MD University of Chicago 2001
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MD Washington Univ in St. Louis 2011
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MS Washington Univ in St. Louis 2010

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BS Washington Univ in St. Louis 2003
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MD Wake Forest University 1983

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MD Texas Tech University 1999

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BS Williams College 1993
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Instructor in Clinical Pediatrics (primary appointment)

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BS University of South Dakota 1973
BA Cornell College 1970
MD University of Chicago 1975

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MBBS University of Medicine & Science 1992  
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BS University of Illinois 1958  
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Instructor in Clinical Pediatrics (primary appointment)  
MD Saint Louis University 1986  
BA Saint Louis University 1982

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BS University of Evansville 1993

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Instructor in Clinical Pediatrics (primary appointment)

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Assistant Professor of Pediatrics (primary appointment)  
MD Saint Louis University 2011  
BS Saint Louis University 2007

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Instructor in Clinical Pediatrics (primary appointment)  
MD Saint Louis University 1996  
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Assistant Professor of Clinical Pediatrics (primary appointment)  
BA Luther College 1975  
MD School Not Listed 1983  
MSN Rush University 1978

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Associate Professor of Pediatrics (primary appointment)  
Associate Professor of Medicine  
MD Jefferson Medical College 2004

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Instructor in Clinical Pediatrics (primary appointment)  
DOST School Not Listed 1988  
BS St Louis College of Pharmacy 1982

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MD Washington Univ in St. Louis 2008

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MD Northeast Ohio Medical U 2005

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Associate Professor of Pediatrics (primary appointment)  
BS University of Puerto Rico 1997  
MS Washington Univ in St. Louis 2008  
MD University of Puerto Rico 2001

**William L. Rives, MS, MD**  
Associate Professor of Pediatrics (primary appointment)  
MS University of Missouri 1992  
MD University of Missouri 1996

**Kris Ann Roberts, MD**  
Assistant Professor of Clinical Pediatrics (primary appointment)  
BA Midland Lutheran College 1991  
MD Kirksville College of Osteopath 1995

**Janis B Robinson, MD, MA**  
Assistant Professor of Clinical Pediatrics (primary appointment)  
BA St Joseph College 1969  
MD University of Pennsylvania 1977  
MA Yale University 1972

**Justin William Robison, DOST**  
Assistant Professor of Pediatrics (Pending Executive Faculty Approval) (primary appointment)  
DOST Nova Southeastern University 2013

**Sandeep Rohatgi, MD**  
Instructor in Clinical Pediatrics (primary appointment)  
MD U Medical-Dental Of New Jersey 1993  
BA Saint Louis University 1989

**David A. Rosen, MD, PHD**  
Assistant Professor of Pediatrics (primary appointment)  
Assistant Professor of Molecular Microbiology  
MD Washington Univ in St. Louis 2010  
BS Davenport University 2002  
PHD Washington Univ in St. Louis 2010

**Joan Lee Rosenbaum, MS, MD**  
Professor of Pediatrics (primary appointment)  
MS University of California 1980  
BA Rice University 1978  
MD University of Texas Austin 1983

**Isabel L Rosenbloom, MD**  
Associate Professor of Clinical Pediatrics (primary appointment)  
MD University of Maryland 1984  
BA Goucher College 1979

**Kelly Ross, MD**  
Associate Professor of Pediatrics (primary appointment)  
BS University of MO Kansas City 1991  
MD University of MO Columbia 1996

**William J Ross, MD**  
Associate Professor of Clinical Pediatrics (primary appointment)  
MD Washington Univ in St. Louis 1972
Ella Rozin  
Assistant Professor of Clinical Pediatrics (primary appointment)

Ronald Craig Rubenstein, MD, PHD  
Professor of Pediatrics (primary appointment)  
MD University of Texas Southwest 1991  
BS Mass Inst of Technology (MIT) 1984  
PHD University of Texas Southwest 1990

Joshua Bennett Rubin, MS, MD, PHD  
Professor of Pediatrics (primary appointment)  
Professor of Neurology  
BS Yale University 1982  
MS Albert Einstein College of Med 1992  
MD Albert Einstein College of Med 1994  
PHD Albert Einstein College of Med 1994

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Assistant Professor of Clinical Pediatrics (primary appointment)  
MD Northwestern University Med 1994  
BS Loyola University 1990

Martin D Rudloff, MD  
Assistant Professor of Clinical Pediatrics (primary appointment)  
BA Central Methodist College 1977  
MD Washington Univ in St. Louis 1981

David Rudnick, PhD, MD  
Associate Professor of Pediatrics (primary appointment)  
Associate Professor of Developmental Biology  
PHD Washington Univ in St. Louis 1994  
MD Washington Univ in St. Louis 1994  
BS University of Illinois 1987

Daniel G. Rudolph, MD  
Assistant Professor of Clinical Pediatrics (primary appointment)  
BS Saint Louis University 1988  
MD Saint Louis University 1992

Diane Mary Rup, MD, MA  
Assistant Professor of Clinical Pediatrics (primary appointment)  
BA State University of New York 1976  
MD Case Western Reserve Univ 1986  
MA State University of New York 1979

Brigida Agnese Rusconi, MS, PHD  
Instructor in Pediatrics (primary appointment)  
BS University of Fribourg 2007  
MS University of Zurich 2009  
PHD UNIVERSITÉ OF LAUSANNE 2014

Lisa A Ryan, MD  
Instructor in Clinical Pediatrics (primary appointment)  
MD University of Nebraska College 2019

Instructor in Pediatrics (Pending Dean's Approval) (primary appointment)

PHD Arizona State University 2014  
BA George Washington University 2006  
MS Arizona State University 2010

Ahmed Sameh Said, MD, PHD  
Assistant Professor of Pediatrics (primary appointment)  
MD Ain Shams University 2000  
PHD Ain Shams University 2009

Surbhi Saini, MD  
Assistant Professor of Pediatrics (Pending Executive Faculty Approval) (primary appointment)  
MD Panjab University 2007

Heidi L Sandige, MA1, MD, MA  
Assistant Professor of Pediatrics (primary appointment)  
MA1 Washington Univ in St. Louis 2003  
MD Washington Univ in St. Louis 2005  
BA Northwestern University 1991  
MA Yale University 1993

Marco Sardiello, MD  
Associate Professor of Pediatrics (Pending Executive Faculty Approval) (primary appointment)  
MD University of Bari 2003

Scott Saunders, MD, PHD  
Associate Professor of Pediatrics (primary appointment)  
Associate Professor of Developmental Biology  
MD Stanford University 1990  
BS University of Minnesota 1983  
PHD Stanford University 1990

Krishnasamy Savadamuthu  
Assistant Professor of Clinical Pediatrics (primary appointment)

Brian J. Saville, MD  
Instructor in Pediatrics (primary appointment)  
MD Washington Univ in St. Louis 2001  
BS Washington Univ in St. Louis 1997

Blaine M Sayre, M PH, MD  
Professor of Clinical Pediatrics (primary appointment)
M PH University of CA Berkeley 1972
MD Washington Univ in St. Louis 1968

Joseph Schachter, MD
Assistant Professor of Clinical Pediatrics (primary appointment)
MD Indiana University Bloomington 1979
BA Indiana University Bloomington 1974

Janet Nagel Scheel, MD
Professor of Pediatrics (primary appointment)
BS Georgetown University 1980
MD Georgetown University 1985

Howard J Schlansky, MD
Instructor in Clinical Pediatrics (primary appointment)
MD University of MO Kansas City 1978
BA University of MO Kansas City 1976

Margaret Ann Schmandt, MD
Associate Professor of Clinical Pediatrics (primary appointment)
BA University of Iowa 1982
MD Saint Louis University 1987

Jacquelyn C Schnidman, MD
Instructor in Clinical Pediatrics (primary appointment)
BA University of Missouri 1975
MD Saint Louis University 1979

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Associate Professor of Pediatrics (primary appointment)
Associate Professor of Developmental Biology
MD Northwestern University Med 2005
PHD Northwestern University 2000

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Instructor in Pediatrics (Pending Dean's Approval) (primary appointment)
BS Marshall University 2010
MD Marshall University 2014

Alan L Schwartz, PHD, MD
Alumni Endowed Professor of Pediatrics (primary appointment)
Professor of Developmental Biology
BA Case Western Reserve Univ 1970
PHD Case Western Reserve Univ 1974
MD Case Western Reserve Univ 1976

Colleen Erika Seematter, MD
Assistant Professor of Clinical Pediatrics (primary appointment)
MD Saint Louis University 1998

Anchal Sethi, MD
Instructor in Pediatrics (primary appointment)
MD University of MO Kansas City 2017

Neel Shah, MD
Assistant Professor of Pediatrics (primary appointment)
MD St. George's University 2019

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Assistant Professor of Pediatrics (primary appointment)
MD Ross Univ School of Medicine 2010
BA Boston College 2003

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BS University of MO Columbia 2003
MD University of MO Columbia 2007

Jaiprakash Sharma, PHS
Instructor in Pediatrics (primary appointment)
BS University of Rajasthan 2002
PHS National Brain Research Centre 2011

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MD University of Jordan 2010

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MD University of Missouri 1983
BA University of Missouri 1978

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D SC Georgia Tech 2017
BS Georgia Tech 2013
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Instructor in Pediatrics (Pending Dean's Approval) (primary appointment)
MD Wake Forest University 2016
M PH University of North Carolina 2014
BS Davidson College 2011

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BS M.G.R. Medical University 1981
MD Kasturba Medical College 1985
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MBBS University of Queensland 1970
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PHD University of Chicago 1982
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BA University of Texas Austin 1963
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BS University of Alaska 2005
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MD U Medical-Dental Of New Jersey 1995
MS University of Pennsylvania 1990

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MD University of Illinois 2013
BS University of Illinois 2005
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BS Georgetown University 2010
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MD Washington Univ in St. Louis 2007
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MD Saint Louis University 1996
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BS Duke University 2001
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MD Washington Univ in St. Louis 2015
BS Washington Univ in St. Louis 2011

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BA Duke University 1989
MD Washington Univ in St. Louis 1993

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BS University of Illinois Chicago 2005
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BA Harvard University 1969
MD New York University 1973

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MD Tufts University 2019

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BA Yeshiva University 1978
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MA University of Connecticut 1970
BS Defiance College 1968
MD University of Illinois 1976

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MD School Not Listed 1991

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MS University of Pennsylvania 2009
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MD University of Florida 2000  
AA Miami Dade Community College 1993

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BS University of Iowa 2008  
MD University of Illinois College 2012

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BA Washington Univ in St. Louis 1995

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MD Creighton University 1998  
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MSB Universidad Nacional de San Ma 2015  
D SC Universidad Nacional de San Ma 2015  
MS Universidad del Buenos Aires 2009

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MD East Tennessee State Universi 2015

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MD University of Missouri 1971

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Director, Humanities Program  
MD Washington Univ in St. Louis 2001  
BS University of Notre Dame 1997

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Associate Professor of Pediatrics (primary appointment)  
BS Vanderbilt University 1997  
MD Vanderbilt University 2001

Barbara B. Warner, MS, MD  
Professor of Pediatrics (primary appointment)  
BS University of Dayton 1976  
MS University of Massachusetts 1981  
MD University of Cincinnati 1985

Michael S Watson, MS, PHD  
Adjunct Professor of Pediatrics (primary appointment)  
MS University of Alabama 1978  
BS The American University 1974  
PHD University of Alabama 1981

Jennifer Corinne Wessman, MD  
Instructor in Pediatrics (primary appointment)  
BS College of William and Mary 2001  
MD Commonwealth College 2005

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Vice Chair of Medical Education in Pediatrics
BA Brandeis University 1986  
MS University of Chicago 1989  
MD University of Texas Southwest 1994  

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Professor of Pediatrics (primary appointment)  
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MD Albert Einstein College of Med 1975  
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BS University of Pennsylvania 2009  
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Instructor in Clinical Pediatrics (primary appointment)  
MD Washington Univ in St. Louis 1998  
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MD University of Virginia 1982  
MS University of Michigan 1976  
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PHD Washington Univ in St. Louis 1986

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BS Rockhurst College 2009

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MD Midwestern University 2011

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BS Brown University 1995

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PHD Saint Louis University 2009

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PHD Virginia Tech 2005  
BS China Agriculture University 1998  
MS China Agriculture University 2001

Y

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Instructor in Clinical Pediatrics (primary appointment)  
MD School Not Listed 1979

Aecha Marion Ybarra, MS, MD  
Assistant Professor of Pediatrics (primary appointment)  
MS Barry University 2007  
BS University of Miami 2003  
MD St. George's University 2012

Kentaro Yomogida, MBBCH  
Instructor in Pediatrics (primary appointment)  
MBBCH Nippon Medical School 2008

Julia Catherine Young, MD
Research Electives

Pediatrics Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Ana Maria Arbelaez, MD
Northwest Tower, 10th Floor
Phone: 314-286-1138

Clinical research in diabetes mellitus; clinical research studies on hypoglycemia-associated autonomic failure in patients with type 1 diabetes mellitus and on cystic fibrosis–related diabetes

Charles E. Canter, MD
Northwest Tower, Division of Cardiology, 8th Floor
Phone: 314-454-6095

Single-center and multicenter clinical studies and trials in pediatric cardiomyopathy, heart failure and heart transplantation

F. Sessions Cole, MD, and Jennifer Wambach, MD, MS
Northwest Tower, 8th Floor, and McDonnell Pediatric Research Building, 5th Floor
Phone: 314-454-6148

Using candidate gene sequencing, exome sequencing, whole genome sequencing, and computational prediction and filtering strategies for the discovery of deleterious variants in population-based cohorts, case-control cohorts, and trios of affected infant and parents, our laboratory focuses on discovering novel candidate genes associated with neonatal respiratory distress syndrome and understanding the contribution of genetic variation in candidate genes of the pulmonary surfactant metabolic pathway (including surfactant protein B, surfactant protein C, NKX2-1, and ABCA3) to the risk of neonatal respiratory distress syndrome.

Vikas Dharnidharka, MD, MPH
Northwest Tower, 10th Floor
Phone: 314-286-1574

The focus of this lab is on clinical and translational research in childhood kidney disease. Our group is involved in several different types of clinical and translational research, including multicenter clinical intervention trials to improve teen adherence with transplant medications and to test new medications in children on dialysis; translational biomarker studies in transplant acute and chronic rejection and genomic studies or post-transplant lymphoproliferative disease; and large transplant database epidemiological analyses for associations of immunosuppressive regimens with efficacy and morbidity balance.

Stephanie A. Fritz, MD, MSCI
Northwest Tower, Room 10125
Phone: 314-454-4115

Our research team studies the epidemiology, microbial virulence mechanisms, and host defenses against community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) colonization, transmission and disease. We are investigating the transmission dynamics of CA-MRSA in households as well as interventions to interrupt the transmission of CA-MRSA and to prevent subsequent infections. Our lab also explores the microbial and host genomic determinants as well as the host immune response to staphylococcal toxins implicated in the pathogenesis of CA-MRSA in patients across the spectrum of disease states. Our goal is to develop novel approaches for the prevention of CA-MRSA infections.

Carmen Halabi, MD, PhD
McDonnell Pediatric Research Building, 4th Floor, Room 4107
Phone: 314-286-1376
Our focus is on the extracellular matrix in vascular development and disease. Specifically, we study the extracellular matrix proteins that make up the elastic fibers of blood vessels. Elastic fibers convey elasticity to blood vessels, allowing large arteries to store energy during systole and release it during diastole. Abnormalities in elastic fiber components lead to various complications, including hypertension, stiff vessels, and aneurysms. In the laboratory, we utilize mouse models to understand how abnormalities in these proteins lead to disease, which helps us not only to learn about the normal function of these proteins but also to identify potential novel therapeutic targets.

Robert J. Hayashi, MD
St. Louis Children's Hospital, Suite 9S
Phone: 314-454-4118

Our clinical research interests include stem cell transplantation and its complications, including post-transplant lymphoproliferative disease and the long-term side effects of therapy.

Keith A. Hruska, MD
McDonnell Pediatric Research Building, 5th Floor
Phone: 314-286-2772

The research in the laboratory focuses on chronic kidney disease and its complications of the chronic kidney disease mineral bone disorder syndrome, which involves skeletal frailty, cardiovascular disease, and vascular calcification. The lab has discovered important new pathologic mechanisms of disease leading to vascular calcification through systemic effects of factors involved in renal repair and hyperphosphatemia. Translational studies that continue to develop new therapeutic approaches are being aggressively pursued. New therapies for chronic kidney disease and its complications are being studied in clinical trials.

Paul Hruz, MD, PhD
McDonnell Pediatric Research Building, 3rd Floor
Phone: 314-286-2797

Our research interests include structure/function relationships in facilitative glucose transporters, congenital and acquired lipodystrophy syndromes, and insulin resistance associated with HIV protease inhibitor therapy.

David A. Hunstad, MD
McDonnell Pediatric Research Building, Room 6106
Phone: 314-286-2710

Work in our lab focuses on the interactions of pathogenic bacteria with their hosts. We aim to elucidate the modulation of host immune responses by pathogens and to determine the mechanisms by which these bacteria present specific virulence factors on their surfaces. Currently, we use cultured bladder epithelial cell models and murine models of cystitis to investigate the ability of uropathogenic Escherichia coli to modulate host innate and adaptive immune responses. In addition, we are studying the molecular mechanisms by which selected outer membrane proteins contribute to the virulence of uropathogenic E. coli. Our primary goal is to discover novel targets for interventions that will prevent and better treat bacterial infections of the urinary tract. Along these lines, we are leveraging recent discoveries in UTI pathogenesis to design nanoparticle-based therapies for the prevention of acute and recurrent UTI. We have also launched a new translational study of immune responses to UTI in male and female infants, paired with an innovative new mouse model of male UTI that permits first-ever studies of sex differences in these infections.

S. Celeste Morley, MD, PhD
McDonnell Pediatric Research Building, Room 6105
Phone: 314-286-2136

Our laboratory investigates the molecular mechanisms underlying immune cell signaling and trafficking using mouse models. We hope to identify the molecules that are critical for host defense against infectious organisms such as pneumococcus. Our focus is currently on an actin-binding protein called L-plastin, which is required for normal T and B cell motility.

Alan L. Schwartz, PhD, MD
425 McDonnell Sciences Building
Phone: 314-286-1709

Our investigative efforts are aimed at understanding the biology of cell surface receptors, including the biochemical and molecular dissection of the mechanisms responsible for the receptor-mediated endocytosis of blood coagulation proteins and the regulation of intracellular protein turnover.

Shalini Shenoy, MD
St. Louis Children's Hospital, Suite 9S
Phone: 314-454-6018

Investigation of novel reduced-intensity transplant strategies for pediatric nonmalignant disorders and the immunologic basis of graft-versus-host disease and graft rejection.

Gregory A. Storch, MD; Kristine Wylie, PhD; Todd Wylie, BS; and Richard S. Buller, PhD
St. Louis Children's Hospital, Suite 2N52
Phone: 314-454-6079

Our focus is the study of infectious disease genomics. Our laboratory is interested in applying genomic analysis to a variety of problems in infectious diseases, mostly related to viral infections. Recent studies include the use of next-generation sequencing to define the human virome in immunocompromised
children; improved methods for detecting viruses using next-generation sequencing; the use of next-generation sequencing for clinical diagnosis; analysis of the human transcriptome response to acute infections; sequencing of the genome of enterovirus D68; and the development of a rapid diagnostic test for enterovirus D68. Students would have the opportunity to learn genomic techniques, including informatics analysis.

Phillip I. Tarr, MD
McDonnell Pediatric Research Building, Room 6103
Phone: 314-286-2848

Our work involves research in the areas of pediatric gastroenterology, hepatology and nutrition. Students have opportunities in broadly encompassing research projects. Investigators in the division have funded and vibrant projects in liver disease (fatty liver disease, acute liver failure, biliary atresia, liver transplants, cystic fibrosis liver disease), inflammatory bowel diseases (Crohn's disease, ulcerative colitis), infections of the gastrointestinal tract (diarrhea), acute liver failure, Hirschsprung disease, diarrhea, gut microbiome, aflatoxin injury to the liver and stunting, health services research, necrotizing enterocolitis, antibiotic-resistant pathogens in the human gut, and quality improvement, particularly related to inflammatory bowel disease management. Short- and long-term projects can be arranged around these and other related efforts. The exact nature of the project depends on the time that the student can contribute to the effort and the availability of any of the division faculty, who all have established track records as mentors. Interested students should contact any of our faculty or Dr. Tarr to discuss the possibilities.

Neil H. White, MD, CDE
St. Louis Children's Hospital, Northwest Tower, 10th Floor
Phone: 314-286-1157

Our work involves patient-oriented research in the management of diabetes in children. Arrangements can be made for involvement in or the development of projects aimed at improving outcomes of or the prevention of diabetes mellitus and its complications.

David B. Wilson, MD, PhD
St. Louis Children's Hospital, Northwest Tower, 9th Floor
Phone: 314-286-2834

Our research is focused on the molecular switches that regulate control genes during early embryonic development and differentiation.

Courses


M65 Peds 501 Introduction to Genetic Counseling I
This seminar provides an overview of genetic counseling and health care, and it discusses how individual differences can affect health care choices and belief systems. Students will become familiar with the process of genetic counseling, and they will build an awareness of related health professions, the health care system, and important terminology. Attendance and active participation are expected and required. Course activities will include interactive lectures, class discussions, class member presentations, guest presentations, and outside reading. This course is open to students in the Program in Genetic Counseling. Admittance may be offered to other students by request.
Credit 4 units.

M65 Peds 502 Current Topics in Human and Mammalian Genetics
This graduate-level course provides an overview of concepts in mammalian molecular genetics, especially as it pertains to human diseases. Guest lecturers will give seminars on their topics of research and assign relevant papers for discussion. Students should read assigned papers prior to each lecture and contribute to the class discussion.
Credit 3 units.

M65 Peds 503 Laboratory Genetic Counseling
This course is designed for genetic counseling students, and it focuses on a variety of areas related to genetic counseling in the laboratory. Students will become familiar with various laboratory testing methodologies, data interpretation, and report writing in addition to professional and regulatory scenarios encountered in the lab. Attendance and active participation are expected and required. The course will consist of lectures, class discussions, hands-on demonstrations and tutorials, laboratory tours, and written materials. Some travel will be required. This course is open to students in the Master's in Genetic Counseling Program. Admittance may be offered to other students by request.
Credit 3 units.

M65 Peds 504 Genetic Counseling Journal Club
This journal club is a monthly, two-hour discussion of a relevant topic in clinical genetics. Research articles are selected from the literature and presented by attendees (one article per attendee). Summaries of the articles include a critical appraisal of the study and its methodology and results; the potential implications of the results for clinical practice (if any); the limitations of the conclusions that can be drawn from the study; and any biases or conflicts of interest that could have affected the study results.
Credit 1 unit.

M65 Peds 640 Pediatrics: Physicians, Patients & Society
Students are introduced to the unique nature of pediatrics as a subspecialty through a series of clinically oriented lectures and Team-Based Learning sessions focusing on the unique physiology and pathophysiology of pediatric patients. These sessions demonstrate the longitudinal nature of pediatrics by addressing normal and pathologic aspects of human growth and development as well as the unique role of the physician in assessing and managing pediatric patients at all stages of development.
Credit 27 units.
M65 Peds 760 Pediatric Clerkship
This is a five-week clerkship. This course emphasizes pediatric pathophysiology and normal growth and development from birth through adolescence. Weeks are spent inpatient at St. Louis Children's Hospital in general pediatrics on 10.100 or 11.100. Weeks are spent in pediatric acute care in one of the following: Acute Care at St. Louis Children's Hospital, Acute Care at Missouri Baptist Medical Center (community hospital) or Acute Care at Progress West Hospital (community hospital). One week is spent on newborn nursery in one of the following: assessment nursery at 6800 Parkview Tower or Missouri Baptist Medical Center nursery (community hospital). One week is spent in outpatient ambulatory clinic in one of the following: St. Louis Children's Hospital sub-specialty clinics or Children's Specialty Care Center (CSCC) on Mason Road. Emphasis is on performing a pediatric history and physical examination and developing an appropriate differential diagnosis. Daily rounds with house staff and attending physicians as well as weekly case management conferences and bedside teaching further this emphasis.
Credit 192 units.

M65 Peds 801 General Pediatrics Subinternship
This is the general pediatric subinternship. The student will be assigned patients on one of three inpatient pediatric floor teams. They will follow patients from initial evaluation and for continuing care until discharge. Students work directly under the supervision of the senior resident and manage their own patients without co-coverage by an intern. Teaching rounds are conducted by the faculty. The elective will provide experience in the management of many pediatric medical conditions (variable depending on floor) and will include the care of patients with various diseases including pulmonary, infectious diseases, gastrointestinal, renal, neurological, endocrine, and rheumatologic issues. Additionally, patients with failure to gain appropriate weight, status asthmaticus, ingestions, fever of unknown origin, and undiagnosed conditions may be seen.

M65 Peds 808 Pediatric Asthma and Allergy
In a predominantly outpatient setting, students will evaluate patients with a wide variety of allergic and immunologic disorders including asthma, allergic rhinitis, anaphylaxis, food allergy, atopic dermatitis, urticaria, angioedema and primary immunodeficiency. Rotation goals include: (1) the extension of history-taking skills to include environmental exposures, (2) the recognition of physical findings suggestive of allergic disease, (3) understanding the indications and interpretation of diagnostic testing including skin testing and assessment of pulmonary function, and (4) application of appropriate therapeutic strategies to these disorders. Weekly didactic conferences and inpatient consultations provide additional educational opportunities to the student.

M65 Peds 809 Pediatric Pulmonary Subinternship
On the 7100 Respiratory Unit, the subintern is an active member of a multidisciplinary care team, which consists of attending pulmonologist, advanced practice nurses, second-year pediatric residents, unit nurses, and other care providers. The subintern takes responsibility for children with acute and chronic lung diseases admitted to the unit, and in addition, may be responsible for patients with non-respiratory disorders or general pediatric conditions as well. The student will be co-managed and directly supervised by senior pediatric residents and attending physician in the daily care of patients. The rotation is structured to provide students with a clinical experience to allow them to gain exposure to the breadth of respiratory diseases seen at St. Louis Children's Hospital. The volume of patients on the 7100 Respiratory Unit and number covered by the subintern varies. He or she will typically be responsible for the care of two to six patients at any given time, and will be exposed to children with wide-ranging lung diseases and breathing disorders, such as asthma, cystic fibrosis, bronchopulmonary dysplasia, bronchiolitis, pneumonia, chronic respiratory insufficiency, and congenital lung anomalies during this rotation. The student will also have the opportunity to participate in tests and procedures essential to the practice of pulmonary medicine, including pulmonary function studies, flexible bronchoscopy, and overnight polysomnography. Subinterns do not have evening coverage responsibilities, and weekend responsibilities are limited to two days during the four-week block. They are strongly encouraged to attend departmental and divisional conferences.

M65 Peds 811 Pediatric Critical Care Subinternship
This elective is designed to familiarize the student with the diagnosis and treatment of critical illness in infants and children. To this end, each student is made responsible for a small number of assigned cases under the direct supervision of pediatric residents, pediatric critical care fellows, and faculty. The teaching activities emphasize the understanding of pathophysiological processes that lead to respiratory, circulatory, and central nervous system dysfunction and their therapy in the developing subject. Students are expected to participate in all the daily activities of the Pediatric Intensive Care Unit at St. Louis Children's Hospital and be on occasional call after hours.

M65 Peds 813 Pediatric Cardiac Catheterization
This elective will focus on the interpretation of hemodynamic and angiographic data acquired in the cardiac catheterization laboratory.

M65 Peds 819 Pediatric Cardiology - Outpatient Service
Students will be exposed to the wide spectrum of pediatric cardiology on an outpatient basis. In addition to general cardiology clinics; several subspecialty clinics are also available, including heart failure/transplant, electrophysiology/inherited arrhythmias, pulmonary hypertension, William’s syndrome, Down syndrome, cardiac neurodevelopmental, COVID-19/MIS-C, and preventative cardiology clinic. Students will independently evaluate clinic patients referred for a variety of cardiac complaints, such as cardiac murmurs, chest pain, syncope, arrhythmia, as well a wide variety of congenital cardiac lesions, and report their findings to the attending. Cardiac auscultation skills will be enhanced through auscultation of cardiac patients in a clinic environment. Students will learn basics of ECG and echocardiogram interpretation by reviewing studies performed during clinic with the attending. Clinics are held at St. Louis Children’s Hospital and the Children’s Specialty Care Center in West County, Richardson Crossing clinic in Arnold, Graham Road clinic in North St. Louis County, and Shiloh clinic in Shiloh, IL. Students also have the option to participate in outreach clinics that occur on a monthly basis (locations include Cape Girardeau, Poplar Bluff, Rolla, Bonne Terre, and Columbia). Depending on interest, students may spend additional time in the echocardiography laboratory for more in-depth exposure to echocardiography, including fetal echocardiography. Participation in weekly surgical conference and daily cardiology educational conferences is encouraged.
M65 Peds 826 Genetics and Genomic Medicine
The goal of this senior elective is to facilitate the acquisition of clinical skills and knowledge in genetics and genomic medicine. The student will actively participate in the diagnosis and management of pediatric and adult patients with genetic disease in both the ambulatory and inpatient settings. Emphasis will be placed on application of the science of genetics to the bedside and will include a broad exposure to patients with biochemical, metabolic, structural, and complex genetic diseases. Students will have an opportunity to visit clinical laboratories involved with the diagnosis of genetic disorders, including the cytogenetics, molecular genetics, and biochemical genetics laboratories. Students will be expected to participate in the weekly clinical case conference.

M65 Peds 827 Pediatric Hematology/Oncology Subinternship
Students will assume the responsibilities of a pediatric resident on the inpatient Hematology/Oncology service at St. Louis Children’s Hospital. Serving in a classic subintern role, the student will perform evaluations and manage, under the supervision of a senior resident, patients who span the scope of diseases in our discipline. Additional educational activities include: regularly held didactic lectures, participation in our weekly "tumor board" conference, reviewing peripheral smears and bone marrow aspirate specimens obtained from our patients.

M65 Peds 836 Pediatric Rheumatology
Opportunities are available to care for children with a variety of immunologic and rheumatologic disorders. Students will see patients in outpatient clinics and inpatient consultations. An in-depth approach to evaluating autoimmune disease and disorders of the immune system will be provided. Students will participate in evaluation of new and return patients with a variety of rheumatologic diseases, including juvenile idiopathic arthritis (JIA), systemic lupus erythematosus (SLE), juvenile dermatomyositis (JDM), autoinflammatory/periodic fever syndromes, and scleroderma. The student will also learn the approach to patients with positive autoantibodies, joint pain, muscle pain, and other common complaints that a general pediatrician may encounter. Locations include SLCH inpatient/outpatient, SLCH Specialty Care Center clinics, and Shriners Hospital clinics. Students will have the opportunity to attend multiple conferences.

M65 Peds 838 Pediatric Gastroenterology, Hepatology, and Nutrition
The rotation in Pediatric Gastroenterology, Hepatology, and Nutrition provides broad exposure to specialized and common pediatric gastrointestinal and hepatobiliary problems. Division patients are seen in the outpatient suites and in the hospital. Students evaluate outpatient patients with common pediatric complaints like abdominal pain, constipation, and poor growth. Additionally, students experience the ongoing outpatient care of patients with liver disease, inflammatory bowel disease, short-gut syndrome, celiac disease, and other rare disorders. The inpatient service provides experience in caring for patients with acute illnesses such as gastrointestinal bleeding, malnutrition, liver failure, complications of inflammatory bowel disease, and pancreatitis as well as seeing patients on the pediatric gastrointestinal consultation service. Students participate in diagnostic and therapeutic endoscopic procedures. At weekly divisional conferences, faculty, fellows, and students review pathology slides from current cases and discuss difficult patient problems and topics of interest.

M65 Peds 839 Antimicrobial Use, Resistance, and Stewardship
In 2013, the CDC estimated that 23,000 Americans die annually from antibiotic-resistant infections, and an additional two million are infected with one of these difficult-to-treat pathogens. The primary driver of this resistance is the use -- and, more importantly, the misuse -- of antibiotics. In 2015, the White House published the National Action Plan for Combating Antibiotic-Resistant Bacteria. This plan calls for improvement in antimicrobial use in human and agricultural medicine, better diagnostics, increased collaboration domestically and internationally, and the accelerated development of new antibiotic agents. This fourth-year elective rotation will be focused on educating the student on the current state of domestic and global antibiotic resistance and the mechanisms by which health care systems are addressing this problem. The student will participate in the daily antimicrobial stewardship activities conducted at St. Louis Children's Hospital, attend weekly stewardship and clinical infectious diseases meetings both at the hospital and BJC system levels, review antimicrobial use data, and participate in hands-on activities in the microbiology laboratory. At the end of this rotation, the student will be able to do the following: (1) List the antimicrobials and the pathogens they effectively treat; (2) Analyze bacteria for genotypic and phenotypic resistance through standard and rapid microbiologic techniques; (3) Describe the antimicrobial stewardship interventions that can be implemented in different health care settings; (4) List the social determinants that impact antimicrobial stewardship programs; and (5) Explain how the microbiome and resistome are important in our efforts to improve antimicrobial use.

M65 Peds 840 Pediatric Infectious Diseases
This elective is designed to engage students in the clinical aspects of routine and complex infectious diseases in children (ages birth to 18 years). Students will perform ID specialty consultations on both inpatients and outpatients. Regular daily activities will include evaluation of new patients, work rounds on inpatient consults, and teaching rounds with the ID fellow and/or attending. Students will attend the general pediatric ID clinic and the pediatric HIV clinic, one half-day each per week. Formal teaching includes HIV and ID Core Curriculum sessions, a weekly pediatric ID case conference, a weekly joint clinical conference with the adult ID division, and weekly clinical microbiology teaching rounds with Pathology faculty from the bacteriology and molecular diagnostics labs.

M65 Peds 845 Pediatric Emergency Medicine Subinternship
The goal of this elective is to provide the senior medical student with a broad introductory clinical experience in pediatric emergency medicine. Functioning as a subintern in the Emergency Unit of St. Louis Children's Hospital, the student will have the opportunity to evaluate and manage patients with a wide variety of emergent and urgent medical and surgical problems. Examples include: respiratory distress, abdominal pain, lacerations, bone injuries, rashes, fever, etc. Students will work either a day shift (7:30 am - 3:00 pm) or an evening shift (3:00 pm - 11:00 pm) in rotation. Daily teaching conferences are provided by the attending staff. A weekly meeting of the students...
and senior faculty will occur to review interesting cases. Also, attending staff and senior pediatric residents provide 24-hour on-site supervision. Each medical student will be asked to prepare a 20-minute presentation on a topic of his/her choosing.

M65 Peds 846 Child Abuse Pediatrics
The medical student will work with the Child Protection (CPP) team at St. Louis Children’s Hospital, which consists of two Child Abuse Pediatrics attending physicians, one Child Abuse Pediatrics fellow, a Pediatric nurse practitioner, a clinic nurse, and 2 social workers. Pediatric residents or Pediatric Emergency Medicine fellows also may be rotating with the team at the same time. The student will observe inpatient consults for physical and sexual abuse and outpatient clinic patients for physical and sexual abuse. The student may attend court cases (off campus) and watch expert witness testimony by the CPP physicians/nurse practitioner. The student may attend Fatality Review meetings (off campus). The student will observe a forensic interview at the Child Advocacy Center (off campus). The student may see acute sexual assault cases conducted by the Sexual Assault (SANE) nurse practitioners in the Emergency Department. The student will be asked to complete a short project on a topic related to child maltreatment and will attend to the team at the end of the rotation. The student will be given a list of readings/didactic activities to do during the rotation. The student will have daily (45 minute) lectures with one of the child abuse attending physicians on a variety of topics related to child maltreatment and will attend the Child Protection team meeting (1 hour) every day. The student can also attend Pediatric Residency noon conference during this rotation.

M65 Peds 849 Pediatric Endocrinology and Diabetes
This elective is designed to include broad clinical experience in pediatric endocrinology and diabetes. The student will have an opportunity to evaluate both patients admitted to St. Louis Children's Hospital and patients referred for consultation in our three outpatient clinics each week. In addition to a divisional conference to review referred patients, several joint conferences with the adult Endocrinology and Diabetes Division (clinical rounds, journal club/research seminar, case conference) are held weekly.

M65 Peds 852 Clinical Pediatric Pulmonary Medicine
This elective provides an excellent opportunity for students to be exposed to the full scope of respiratory diseases and sleep disorders in infants and children. Pediatric referrals will be seen in both an inpatient and outpatient setting. Rotation goals for students include: 1. Gain greater insights into the genetics, epidemiology, pathophysiology, and clinical presentations of lung diseases in children, 2. Learn the importance of the physical examination using inspection, percussion, and auscultation, 3. Understand indications and interpretation of diagnostic tests, such as chest imaging, blood gas measurements, polysomnography, pulmonary function testing, and bronchoscopy with biopsy and lavage, and 4. Learn to apply therapeutic interventions to common lung diseases. Unique aspects of this rotation include: A broad exposure to children with asthma, cystic fibrosis, ciliopathies, interstitial lung diseases, chronic lung disease of infancy, congenital lung malformations, and advanced cardiopulmonary diseases referred for lung transplantation. Weekly didactic sessions and divisional clinical conferences provide opportunities for the trainee to develop his or her presentation skills.

M65 Peds 861 Newborn Medicine
The goal of this course is to allow students the opportunity to assume primary responsibility for patients in the Neonatal Intensive Care Unit (NICU) under the direct supervision of first or second year residents as well as fellows and attendings. Students will participate in formulation of diagnostic and treatment plans, coordination of care and communication with families. Throughout the rotation the students will broaden their understanding of pathophysiology as it relates to the transition from fetal to neonatal life and in common disease states affecting neonates. There will be emphasis on improving clinical problem-solving skills, communication within the team as well as with ancillary staff and families. Students during each rotation will have the option to rotate through the Neonatal Intensive Care Unit at St. Louis Children’s Hospital and/or the Neonatal Assessment Center, Labor and Delivery services at Parkview Tower - Barnes-Jewish Hospital. Students assigned to the Labor and Delivery Service will routinely be involved in normal newborn care and delivery room management. Expectations during the rotation in the NICU (please check with your attending - schedules will vary): Arrive between 6:30 and 7 am (arrange timing with resident), daily Examine assigned patients and review your plan with the supervising resident/fellow on the team prior to rounds 8:00-8:30 am: attend NICU teaching rounds, Monday through Thursday. Location: 5100 conference room. (currently virtual) 8:30 to 8:45 am: Radiology rounds, Monday through Thursday. (currently virtual) 8:45 to 10 am: Patient care rounds, daily (please check expectations for presentations with your attending/fellow) 12 noon: All resident conference in SLCH auditorium. (currently virtual) 1:00 to 2:00 pm: Division conferences (Case Conferences, M&M and core lectures), Wednesdays only. Location: varies (verify with fellow/attending)

M65 Peds 870 Pediatric Immunology
Students in the two-week or four-week pediatric immunology elective will learn to apply immunology knowledge to clinical practice by participation in caring for pediatric immunology patients in various settings, including Immunology, Allergy, Rheumatology, and Immunology BMT clinics. They will also participate in inpatient rounds with faculty and fellows in the immunology service.

M65 Peds 875 Pediatric Renal Disease
This course is designed to provide the student with a wide exposure to all aspects of pediatric renal disease and an opportunity to explore a desired aspect of the field in-depth. The student will be an integral part of the Renal Team and as such will see both inpatients and outpatients. Students will have an opportunity to follow the courses of patients with acute renal disease as well as those with more chronic problems and will help to plan the evaluation and therapeutic management of these patients. Discussions and rounds with the attending staff and fellows emphasize the relationship between clinical problems and the pathophysiology of the underlying disease. These informal teaching sessions are supplemented by more formal sessions. These include renal attending rounds, pediatric nephrology educational conferences, renal research rounds and grand rounds, which are conducted weekly in conjunction with the Renal Division of Barnes-Jewish Hospital. Renal biopsy material is reviewed with the renal pathologists. Attendance at the weekly pediatric grand rounds and pediatric case conferences is encouraged. Opportunities in clinical and translational research projects will be discussed with interested students.
M65 Peds 876 Pediatric Lung Transplantation
St. Louis Children’s Hospital has the largest pediatric lung transplantation experience in the world. This flexible and unique clinical rotation will provide the potential for students to be exposed to the process of lung transplantation from referral and listing to surgical and post-operative care. The use of diagnostic tests, including flexible fiberoptic bronchoscopy with biopsies and bronchoalveolar lavage, histopathology of infection and graft rejection, and the complexities of immunosuppression will all be explored. In addition to both inpatient and outpatient exposure to pediatric lung transplant patients, students are encouraged to participate in weekly multidisciplinary meetings with our team, as well as meetings focused on program quality improvement and patient/family psychosocial issues. Our patient referral base is worldwide, and includes infants and children with cystic fibrosis, pulmonary hypertension, complex congenital heart defects, and congenital lung diseases including surfactant protein deficiencies. Because our patient volume is variable, students will also have the opportunity to participate in general inpatient and outpatient pediatric pulmonology clinics and inpatient services as their interests and time permit. Students are encouraged to reach out to the course director in advance of the rotation so that we can tailor the experience to best meet their needs.

M65 Peds 878 Clerkship In Rural Primary Care Pediatrics
The clerkship in rural primary care pediatrics is designed to provide the student with first-hand experience in general pediatric practice in a rural community setting. Students will have the opportunity to see patients in a private office, participate in delivery room resuscitation, evaluate patients in the emergency department, and provide pediatric consultation to family practitioners, obstetricians, and surgeons. The objective of this elective is to provide the student with the experience of serving as a general pediatrician providing comprehensive health services in a rural community. Students assume responsibility for ongoing care of patients and have opportunities to perform procedures.
Credit 154 units.

M65 Peds 900 Research Elective-Pediatrics
Research opportunities may be available. If interested, please contact the Department of Pediatrics.

Department of Psychiatry
Instruction in psychiatry is given throughout the medical curriculum. Emphasis is on the teaching of psychiatry as a medical discipline, including the biological, social and psychological mechanisms and manifestations of psychiatric illness as well as psychological reactions to other illnesses. Psychiatric disorders are common and disabling illnesses. An explosion of knowledge resulting from research in neuroscience, genetics and epidemiology is leading to exciting advances in understanding and treating these disorders. Our department is heavily involved in this research, and our didactic curriculum integrates current clinical information with research advances to help students develop the knowledge, skills and attitudes to recognize these illnesses and understand the basic principles of treatment.

William Greenleaf Eliot Division of Child & Adolescent Psychiatry
The Division of Child & Adolescent Psychiatry (http://wuchild.wustl.edu/) offers a varied teaching program for medical students, residents in psychiatry, and fellows at St. Louis Children’s Hospital and the Child Psychiatry Center. The center provides outpatient services to children with an array of mental disorders. Trainees are assigned to these various services, where they participate in diagnostic evaluations and see patients in treatment, under the supervision of a fellow and the attending physician.
Website: http://www.psychiatry.wustl.edu

Faculty
Charles F. Zorumski, MD (https://psychiatry.wustl.edu/people/charles-zorumski-md/)
Department Chair
Visit our website for more information about our faculty (http://www.psychiatry.wustl.edu/Faculty/) and their appointments.

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MD University of Iowa 2002
BS University of Iowa 1997

**Theresa Nieva Villaflorres**
Instructor in Psychiatry (Child) (primary appointment)

**W**

**Mary C. Waldron, PHD**
Adjunct Assistant Professor of Psychiatry (primary appointment)
PHD University of Virginia 2004

**Marysia Weber**
Instructor in Clinical Psychiatry (primary appointment)

**Reuben R Welch II, M ED, PHD**
Professor of Psychiatry (primary appointment)
BA Point Loma Nazrene College 1980
M ED University of Missouri 1982
PHD University of Missouri 1988

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Instructor in Psychiatry (Child) (primary appointment)
MD Eastern Virginia Med School 2014

**Diana J Whalen, PHD, PHD**
Assistant Professor of Psychiatry (primary appointment)
BS University of Pittsburgh 2005
PHD University of Pittsburgh 2014
PHD University of Pittsburgh 2014
BS University of Pittsburgh 2005

**Denise Willley, PHD**
Professor of Psychiatry (primary appointment)
Professor of Medicine
Professor of Pediatrics
Professor of Psychological & Brain Sciences
Scott Rudolph University Professor
PHD University of Missouri Columbi 1989

**Joshua L Wilson**
Instructor in Psychiatry (primary appointment)

**Katie E Wilson, MD1**
Instructor in Psychiatry (Child) (primary appointment)
MD1 Wake Forest University 2004

**Matthew Stewart Wilson**
Instructor in Clinical Psychiatry (primary appointment)

**Eric Nicholas Wittrock, DOST**
Instructor in Psychiatry (primary appointment)
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MD University of Iowa 1959
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BS Washington Univ in St. Louis 1999
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PHD Washington Univ in St. Louis 1984
BA Hobart College 1973
MA Connecticut College 1977

**Y**

**Carla Marie Yuede, PHD**
Associate Professor of Psychiatry (primary appointment)

**Z**

**Charles F Zorumski, MD**
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Professor of Neuroscience
BA Saint Louis University 1974
MD Saint Louis University 1978

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Assistant Professor of Psychiatry (primary appointment)
MS Universidad del Buenos Aires 1995
BSCS Universidad del Buenos Aires 1991
PHD University of Granada 2001

### Research Electives

**Psychiatry Research Electives**

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

**Note to Students:** There are always a number of research projects in the Department of Psychiatry. For additional information, contact Dr. Rubin at 314-362-2462.

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**Andrey Anokhin, PhD**
Genetics of the Brain, Behavior and Psychopathology
Central Institute for the Deaf (CID) Building
660 S. Euclid Ave., Suite 1
Phone: 314-286-2201
andrey@wustl.edu
This research elective is intended for students interested in cognitive neuroscience, biological psychiatry, and behavior genetics. Dr. Anokhin’s laboratory investigates the links between genes, brain and behavior in order to better understand the complex etiology of mental disorders. Our major focus is on the externalizing spectrum of psychopathology characterized by deficits in inhibitory self-regulation and related psychopathologies, including ADHD, conduct disorder and addictive behaviors. We are particularly interested in the intermediate phenotypes (endophenotypes) mediating genetic risk for addiction, such as impulsivity, risk taking, and abnormal reward processing. In our laboratory-based studies with human volunteers, including twins, we investigate individual differences in brain activity using the recording of brain oscillations (event-related brain potentials) and functional magnetic resonance imaging (fMRI). For example, an ongoing longitudinal study of adolescent twins explores the developmental and genetic determinants of brain activity related to reward and punishment processing, inhibitory control of behavior, and risk taking to identify prospective predictors of substance abuse and associated behavioral problems. In another ongoing study, we examine twins who are discordant for adolescent marijuana use in order to identify the consequences of substance abuse for the brain, cognition and emotion and to distinguish them from preexisting risk factors. Interested students will be able to learn a variety of methods used in these studies, such as the recording and analysis of neural activity, including electroencephalogram (EEG) and event-related brain potentials (ERPs), MRI scanning, startle response, autonomic measures, the administration of neuropsychological and behavioral tests, and the statistical analysis of data. The format of this research elective may include the following: (1) directed reading; (2) participation in laboratory experiments involving human subjects; (3) analysis of existing data from various research projects; and (4) designing and piloting new behavioral experiments. Qualifications include reliability and responsibility, the ability to commit a specified amount of time per week and to work a schedule that can be negotiated on an individual basis, and good computer skills.

Deanna M. Barch, PhD
Cognitive and Affective Neuroscience of Schizophrenia and Depression
4525 Scott Avenue, Suite 1153K
Phone: 314-747-2160

Students may participate in the conduct of clinical studies of schizophrenia and depression. Involvement in clinical studies can include training and experience in interviewing psychiatric patients, or it may involve gaining experience in the techniques of assessing cognitive and emotional function using behavioral and brain imaging methods.

Laura Jean Bierut, MD
Maternity Building
Phone: 314-362-2544

This research elective will focus on analyzing data from high-risk studies of smoking and other addictions. Students will have the opportunity to examine genetic and environmental factors that place some individuals at risk for developing nicotine, alcohol and other substance dependence and that protect others from the development of these disorders.

Kevin J. Black, MD
4525 Scott Ave., Room 2205
Phone: 314-362-5041
kevin@wustl.edu

Students will participate in ongoing studies of brain imaging, movement disorders or neuropsychiatric illnesses. Degree of participation will relate to the student’s available research time, skills and interest. Visit the laboratory’s webpage (https://sites.wustl.edu/blacklab/) for examples of past research.

Ginger E. Nicol, MD
Taylor Avenue Building, Suite 121
Phone: 314-362-5154

We are part of the Healthy Mind Lab in the department of psychiatry, and our clinical research broadly focuses on increasing longevity and quality of life in children, adolescents, adults and older adults. Our specific projects focus primarily on obesity treatment and prevention, and they include clinical and genetic studies of psychotropic medications known to cause weight gain, like antipsychotic agents. We are interested in developing and testing medication-assisted psychotherapies with agents like ketamine and psilocybin for weight management and disordered eating. We also employ mobile health (mHealth) tools for collecting data and for delivering healthy lifestyle and behavioral weight loss treatments, and we use precision functional brain mapping to study individual, brain-based mechanisms of illness and treatment response. This elective offers the student a broad exposure to clinical research protocols, including protocols in adults and children. Students will have an opportunity to focus on a particular project of interest.

Courses
M85 Psych 676A Diseases of the Nervous System: Psychiatry
This course will emphasize the diagnosis of major psychiatric illnesses in adults and children. Psychiatric diseases will be described in terms of epidemiology, clinical presentations, natural history, genetics, differential diagnosis and clinical management. Biological and psychological influences on these diseases will be presented. Interviewing techniques and performance of the mental status exam will be demonstrated by patient interviews. Credit 154 units.

M85 Psych 770 Psychiatry Clerkship
Students spend three weeks on the inpatient psychiatry service of Barnes-Jewish Hospital at the main campus unit. Students evaluate and treat patients with psychiatric illness under the supervision of house staff and an attending physician. Students are also assigned for one week at either an ambulatory treatment site or an inpatient consult-liaison service. There is also an opportunity for students to gain exposure to emergency psychiatric services in the Barnes-Jewish Hospital emergency department. The clerkships include required attendance at teaching conferences, including small-group sessions with WUSM clinical faculty and upper-level psychiatry residents. Students are responsible for completing learning exercises and other assignments. Credit 154 units.

M85 Psych 771 Ambulatory Clerkship: Psychiatry for Generalists
Up to 2 students may elect to pursue their ambulatory medicine selective through the psychiatry department. Students participate in clinical duties depending on assigned locations, which can include the BJH adult psychiatry clinic, a community mental health center, the Wash U child and adolescent psychiatry clinic, and both the adult and child psychiatry consultation services. Students will also submit a written review of a relevant clinical topic of their choice. There are no call obligations at any clinical site. Credit 77 units.

M85 Psych 805 Psychiatry Consult Subinternship
Students spend four weeks on the psychiatry consult service at Barnes-Jewish Hospital. Under the supervision of house staff and attending physicians, students participate in the evaluation and collaborative management of inpatients on medical and surgical units for a broad range of psychiatric and behavioral concerns. They learn about the intersection between psychiatry and other medical specialties and important skills for collaborative patient care. Students attend departmental conferences and other educational sessions, and they also prepare and present a clinical topical review of their choice. Credit 44 units.

M85 Psych 810 Outpatient Community Psychiatry
This elective will provide the student with a significant outpatient experience in Psychiatry. Students will be paired with a Resident physician and have exposure to two adult clinics and one child clinic over the course of the rotation. Students will observe and assist in the diagnosis and treatment of patients in the clinic setting. Students will also attend scheduled lectures and conferences over the course of the rotation relevant to outpatient Psychiatry. During the elective, the student will learn about the outpatient presentations of psychiatric disorders, a variety of treatment techniques (psychotherapy and psychopharmacology), and general principles of outpatient clinical management. Credit 77 units.

M85 Psych 836 Inpatient Psychiatry Subinternship
This is a senior rotation that provides the students with an opportunity to expand their knowledge of inpatient clinical psychiatry by functioning as interns. Students attend all staffing and teaching conferences given to first-year psychiatry residents, take patients in rotation, and share night call with first-year residents approximately every fifth night. Immediate supervision is provided by the inpatient attending, and additional supervision can be arranged as desired. Teaching emphasis is directed toward psychiatric diagnosis, appropriate use of psychopharmacologic agents, psychotherapeutic intervention, use of community resources and pursuit of the psychiatric scientific literature. The student will write a self-selected clinical topic relevant to treatment and management of psychiatric inpatients. Credit 44 units.

M85 Psych 840 Child Psychiatry
This elective in child psychiatry utilizes the Child Psychiatry Outpatient Clinic and the consult-liaison service at St. Louis Children's Hospital. It provides experience in age-appropriate diagnostic and treatment methods in children and adolescents. A portion of your time may be spent on the inpatient behavioral unit at Saint Louis Children's if interested and if circumstances permit. A paper on a topic of the student's choosing is required. Credit 44 units.

M85 Psych 844 Forensic Psychiatry
The medical student will be actively involved in many aspects of forensic psychiatry including civil litigation, workman's compensation, malpractice, civil commitment, and guardianship. There may be opportunities to be involved in criminal forensic issues. The rotation is primarily self-directed but the student will work with several faculty within the Department of Psychiatry but will primarily meet with the Course Director a minimum of two hours per week. They will also work with The City of St Louis Probate Court. The student will also be assigned readings of landmark cases, textbooks, psychiatric expert opinions, legal filing with the probate court and attend civil hearings. The student will learn relevant criminal statutes regarding competency and civil commitment, causation in civil litigation, the concept of medical malpractice and risk assessment of violence and suicide. There may be the opportunity to witness sexually violent predator evaluations and/or treatment. The student will be required to research and write an opinion on a specific approved topic in forensic psychiatry. The objectives will be measured by attendance and by formal evaluation of the student's participation and knowledge during the supervision discussion. It will also be determined by the originality, thoroughness, and quality of the research paper. Credit 44 units.

M85 Psych 880 Schizophrenia Precursors & Prodromal States
This is an opportunity for trainees to gain experience in the evaluation of children and adolescents who may be at high risk for schizophrenia. The rotation would center around the “First Contact Assessment Service”, which evaluates patients who show characteristics suggestive of prodromal schizophrenia (such as new-onset attenuated psychotic symptoms along with recent deterioration in functioning) and/or early life characteristics that may indicate risk for developing schizophrenia later in life (for example, nonspecific clinical features, family history). Credit 2 units.
social/emotional/behavioral symptoms in a child/adolescent with a strong family history of schizophrenia). Since the full symptoms of schizophrenia are often preceded by a wide range of childhood behavioral and developmental abnormalities, this rotation would also help trainees integrate information regarding the continuity between childhood development and adult psychopathology. Trainee would observe all aspects of First Contact evaluations (including semi-structured diagnostic interviews and examination of subtle neurological signs), participate in case discussions, and observe follow-up consultations involving patients with psychotic and/or complex neurodevelopmental disorders. Trainee would also be required to write a literature review on a topic relevant to the rotation.

M85 Psych 900 Research Elective: Psychiatry
Research opportunities may be available. If interested, please contact the Department of Psychiatry.

Department of Radiation Oncology
The Department of Radiation Oncology (http://radonc.wustl.edu/) was created in 2001, after having been part of the Mallinckrodt Institute of Radiology for many decades. The department has a broad academic program that focuses on excellence in patient care and the development of new treatment paradigms; innovative research in each of our three divisions: Clinical, Medical Physics and Cancer Biology; and teaching graduate students, medical students, residents in both radiation oncology and medical physics, and allied health personnel.

The department is one of the largest, most academically balanced, and best equipped in the country, and it is responsible for all radiation therapy procedures at Washington University Medical Center and at Siteman Cancer Center facilities throughout the St. Louis regional area. Our faculty have gained international recognition for innovative technological advances in physics and treatment planning, biological research, computer applications and clinical investigation.

We have advanced treatment planning computer systems for 3D conformal and intensity-modulated radiation therapy as well as the latest Gamma Knife, the ICON unit. We have six linear accelerators with on-board CT imaging capability. The brachytherapy suite includes capabilities for high dose rate remote after-loading and for image-guided permanent prostate seed implants. Interstitial and external hyperthermia treatments are also available.

Recent Highlights
• 2013: Implemented the world’s first compact proton beam accelerator that involves the use of a superconducting synchrocyclotron mounted on a gantry
• 2014: Implemented the world’s first MRI-guided radiation therapy treatment program. (Real-time MRI guidance provides the ability to see tumors move in real time during a patient’s entire treatment process. This helps to ensure that tumor targets are hit and that healthy tissue is spared.)
• 2017: Achieved accreditation within all of the Washington University in St. Louis/Barnes-Jewish Hospital Radiation Oncology facilities for the American Society for Radiation Oncology (ASTRO) Accreditation Program for Excellence (APex). The department provides radiation therapy treatment at Siteman Cancer Center locations throughout the St. Louis regional area.
• 2018: Advanced our Image-Guided Radiation Therapy (IGRT) program with the installation of the ViewRay MRIdian Linac System
• 2019: Spearheaded collaboration with Liga Nacional Contra el Cáncer/Instituto Nacional de Cancerología (LIGA/INCAN) to help modernize radiation therapy by installing state-of-the-art radiation therapy equipment in Guatemala City. We continue working with our collaborators to help bring lifesaving therapies to the only cancer center serving the poor of Guatemala.
• 2020: Installed an additional Mevion Proton unit equipped with pencil beam scanning technology
• 2020: Installed an ETHOS (Halcyon) radiotherapy system with adaptive treatment workflow

The department supports a four-year Accreditation Council for Graduate Medical Education (ACGME (https://www.acgme.org/))-accredited Radiation Oncology Residency Training Program (established 1971) as well as a two-year Commission on Accreditation of Medical Physics Education Programs (CAMPEP (https://www.campep.org/))-accredited Medical Physics Residency Training Program (established 1993; accredited 1997).

Website: http://radonc.wustl.edu

Faculty
Dennis Hallahan, MD (https://radonc.wustl.edu/people/dennis-hallahan/)
Department Head

Maria Thomas, MD (https://radonc.wustl.edu/people/maria-a-thomas-md-phd/)
Clerkship Director

Stephanie Perkins, MD (https://radonc.wustl.edu/people/stephanie-perkins-md/)
Clinical Residency Program Director
Olga Green, PhD (https://radonc.wustl.edu/people/olga-green/)
Medical Physics Residency Program Director

Michael Altman, PhD (https://radonc.wustl.edu/people/michael-altman-phd/)
Director of Education in Medical Physics

Visit our website for more information about our faculty (https://radonc.wustl.edu/faculty/) and their appointments.

A

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Assistant Professor of Radiation Oncology (primary appointment)
Assistant Professor of Medicine
BS Medical College Georgia 2005
MS Washington Univ in St. Louis 2011
MD Saint Louis University 2006

Michael Bernard Altman, PHD
Assistant Professor of Radiation Oncology (primary appointment)
PHD University of Chicago 2010

Anthony John Apicelli III, MD, PHD
Assistant Professor of Radiation Oncology (primary appointment)
MD Washington Univ in St. Louis 2009
PHD Washington Univ in St. Louis 2009
BS Princeton University 1999

Abdelkareem Azab, PHD
Associate Professor of Radiation Oncology (primary appointment)
PHD Hebrew University 2007

B

Shahed Nicolas Badiyan, MD
Assistant Professor of Radiation Oncology (primary appointment)
BS University of Texas Austin 2005
MD University of Texas Austin 2009

Brian Christopher Baumann, MD
Assistant Professor of Radiation Oncology (primary appointment)
BA Princeton University 2003
MD University of Pennsylvania 2012

Carmen Renee Bergom, MD, MS, PHD
Associate Professor of Radiation Oncology (primary appointment)
BS Mass Inst of Technology (MIT) 1998
MD Medical College of Wisconsin 2008
MS Cambridge University 1999
PHD Medical College of Wisconsin 2006

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MS Washington Univ in St. Louis 1983

PHS Washington Univ in St. Louis 1990

C

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Instructor in Radiation Oncology (primary appointment)
MS Univ Texas Health Science Ctr 2010

Aadel Ahmed Chaudhuri, MD
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Assistant Professor of Computer Science and Engineering
Assistant Professor of Genetics
BS Mass Inst of Technology (MIT) 2004
MD Stanford University 2013

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Distinguished Professor of Radiation Oncology (primary appointment)
Professor of Medicine
Professor of Obstetrics and Gynecology
MD Emory University 1982
BA West Georgia College 1978
PHD University of Groningen 2000

D

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MS Shahid Beheshti University 2007
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BS University of Tehran 2004
PHD University of Pennsylvania 2015

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MD Washington Univ in St. Louis 2012
PHD Washington Univ in St. Louis 2016
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MD Osmania Medical College 1973

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Assistant Professor of Radiation Oncology (primary appointment)
PHD SRC Vector 1994

G

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Associate Professor of Radiology
PHD University of Pittsburgh 1998

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PHD Andhra University 1991  
BS Andhra University 1983  
MS Andhra University 1985

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BS Washington Univ in St. Louis 2002  
PHD Washington Univ in St. Louis 2008  
MS Washington Univ in St. Louis 2004

Perry W Grigsby, MD, MBA, MS  
Professor of Radiation Oncology (primary appointment)  
Professor of Obstetrics and Gynecology  
Professor of Radiology  
MD University of Kentucky 1982  
BS University of Kentucky 1974  
MBA Washington Univ in St. Louis 1990  
MS University of Kentucky 1978

Yuxing Gu, PHD  
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BA University of Michigan 1988  
MD Howard University 1992  
M PH Saint Louis University 1995

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Professor of Radiation Oncology (primary appointment)  
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Head of the Department of Radiation Oncology  
Professor of Biomedical Engineering  
Professor of Cell Biology and Physiology  
Professor of Molecular Microbiology  
Professor of Pathology and Immunology  
MD Rush University 1984  
BS University of Illinois 1980

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Instructor in Radiation Oncology (primary appointment)  
BS Shanxi Medical University 2004  
PHD Univ of Massachusetts Lowell 2016

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MScI Washington Univ in St. Louis 2018  
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K  
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Assistant Professor of Radiation Oncology (primary appointment)  
MS All-India Inst of Medical Sci 2008  
PHD All-India Inst of Medical Sci 2013  
BA Delhi University 2006

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BS University of Saint Thomas 2008  
MS Louisiana St University 2011  
PHD Louisiana St University 2020

Rao Fawwad Khan, MD, PHD  
Associate Professor of Radiation Oncology (primary appointment)  
Associate Professor of Biomedical Engineering  
MD Quaid-Azam University 1997  
PHD McMaster University 2003

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BS University of California 2006  
MD University of Pittsburgh 2012

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PHD Washington Univ in St. Louis 2007

Nels C Knutson, PHD, MS  
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PHD Univ of Massachusetts Lowell 2016  
BS University of Montana Missoula 2009  
MS Louisiana St University 2012

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Professor of Radiation Oncology (primary appointment)
MS Chinese Academy of Sciences 1995
PHD Friedrich-Alexander Universit 2001
BS Huashong University of Science 1992

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MD University of CA Irvine 2016
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PHD University of CA Irvine 2016
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PHD University of Chicago 1968
MD National Taiwan University 1960

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PHD University of Mississippi Med 1999

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MD University of Wisconsin-Madiso 2010

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Instructor in Radiation Oncology Instructor in Radiation Oncology (Pending Deans Approval) (primary appointment)
PHD Washington Univ in St. Louis 2017

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P

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BA University North Carolina 2001
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MS University of Cincinnati 2007
MD University of Cincinnati 2011
MPH Washington Univ in St. Louis 2020

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BA St Olaf College 1974
PHD University of Minnesota 1982
MS University of Minnesota 1980

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MD Mount Sinai School of Medicine 2013
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MS Tianjin Polytech University 2008
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BS Shanghai Jiao Tong University 1998
PHD Washington Univ in St. Louis 2010
MS Shanghai Jiao Tong University 2001

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BS University of South Dakota 1992
MD Washington Univ in St. Louis 1996

Jacqueline Esthappan Zoberi, PHD
Professor of Radiation Oncology (primary appointment)
BA University of Chicago 1995
PHD University of Chicago 2000

Research Electives

Radiation Oncology Research Electives

The Cancer Biology division provides opportunities for graduate students in the Division of Biology and Biomedical Sciences (http://dbbs.wustl.edu/Pages/) (DBBS) and the Medical Scientist Training Program (http://mstp.wustl.edu/Pages/) (MSTP) to train with faculty in the cancer biology research laboratories.

The Department of Radiation Oncology offers a clinical clerkship for medical students that can be selected as an elective through the medical school.

Please visit the Department of Radiation Oncology website (https://radonc.wustl.edu/education/) for more information about current research in the department.

Courses

Post-PhD Graduate Certificate/ Masters of Science in Medical Physics

For course information, please visit the Medical Physics (p. 46) page of this Bulletin.

MD/MSTP Programs

The Department of Radiation Oncology offers two courses that are open to students in the MD and MSTP (MD/PhD) programs. For course information, please visit the online course listings (https://acadinfo.wustl.edu/CourseListings/Semester/Listing.aspx).

M92 RadOnc 740 Radiation Oncology Clerkship

The two-week clerkship in Radiation Oncology will provide students with the opportunity to participate in the evaluation and management of a broad range of patients referred for consideration of radiation therapy. Clerkship activities will take place at the Barnes-Jewish Hospital/Siteman Cancer Center complex and at our satellite facilities. Students will conduct patient evaluations under the supervision of radiation oncology department residents and faculty. Students will attend many conferences throughout the weeks of this clerkship, with the workday starting between 7:00 and 7:30 a.m. Students will also have the opportunity to attend the appropriate multidisciplinary clinics, follow-up clinics, and multidisciplinary conferences (such as pediatric neuro-oncology, cardiothoracic oncology, lymphoma, GYN tumor conferences, and so on) pertaining to their rotation schedule. Instructional materials are available for students on the rotation. (Students are not expected to purchase any curricular materials for the clerkship.) Student performance will be evaluated by both resident and faculty members who supervise the student over the course of the two-week clerkship. Credit 77 units.

M92 RadOnc 801 Clinical Radiation Oncology Subinternship

The Radiation Oncology clinical division offers an elective with emphasis on the evaluation, planning, and administration of radiation therapy in patients with malignant tumors. Students will have the opportunity to enhance their knowledge of the natural history of cancer as well as its pathological and biological features. Students will sharpen their clinical skills by participating in the management of cancer patients. Students will be mentored to prepare and lead a department noon conference on the management of a specific patient's care, including literature review and discussion. Students will be expected to prepare for clinical consultations by reviewing patient records and relevant literature, obtaining the patient's history, and performing a physical examination. This will be followed by presenting findings and a proposed care plan to the attending and resident physicians. This course is designed for MS4 students who are entering the Radiation Oncology Match. If a student is an MS4 applying in another specialty but interested in a radiation oncology elective, we encourage them to pursue a two-week special study elective in Radiation Oncology.

M92 RadOnc 900 Radiation Oncology Research Elective

Department of Radiology

The Edward Mallinckrodt Institute of Radiology — more commonly known as Mallinckrodt Institute of Radiology or MIR — serves as the Department of Radiology (https://www.mir.wustl.edu/) for Washington University School of Medicine in St. Louis (http://medicine.wustl.edu/), helping to guide the consulting physician in the discovery, the treatment, and, ultimately, the healing of disease. Established in 1930, MIR is one of the largest and most scientifically sophisticated radiology centers worldwide.

Internationally recognized for its groundbreaking research, the Institute continues to pioneer new radiological techniques for better patient care.

Milestones

• Development of the first diagnostic test for gallbladder disease
• Design and construction of the first cross-sectional X-ray laminagraph
• Collaboration on design and installation of the first cyclotron located in a U.S. medical center
• Development of positron emission tomography (PET)
• Installation of one of the world's first computed tomography (CT) and magnetic resonance (MR) scanners
• Interfacing of a minicomputer with a gamma camera to improve the accuracy and efficiency of nuclear medicine procedures
• Establishment of the first mobile mammography van west of the Mississippi River
• Integration of CT and MR scans with a three-dimensional technology application of organic chemistry to the preparation of radiopharmaceuticals used in medical imaging
• Measurement of cerebral blood flow and metabolism
• Establishment of one of the largest and most comprehensive interventional radiology services in the United States
• Application of PET for measuring metabolic activity in relation to cardiac blood flow
• Early adoption of sequential PET/MR imaging

The Institute occupies more than 400,000 total square feet and comprises its own 12-story building, with satellite facilities in Barnes-Jewish and St. Louis Children's hospitals; the Clinical Sciences Research and East buildings; the Scott Avenue Imaging Center; the Center for Advanced Medicine; the Knight Emergency and Trauma Center; and the South County Siteman Cancer Center. The department provides diagnostic radiology, nuclear medicine and radiation physics services for all hospitals in the Washington University Medical Center, Barnes-Jewish West County and Barnes-Jewish St. Peters hospitals. The Institute also provides diagnostic radiology for the Washington University Orthopedic and Barnes-Jewish Hospital Outpatient Orthopedic center.

MIR clinical facilities are on several floors of the Institute, with general diagnostic radiology on the second floor; neuroradiology on the third floor; gastrointestinal and genitourinary radiology and ultrasonography on the fourth floor; and MRI on the fifth floor. A comprehensive interventional radiology center occupies the sixth floor. Nuclear medicine is on the ninth floor of the Barnes-Jewish Hospital West Pavilion. Orthopedic imaging and musculoskeletal radiology services are on the sixth floor of the Center for Advanced Medicine. The Breast Health Center, on the fifth floor of the Center for Advanced Medicine, is a multidisciplinary facility that provides a full range of breast imaging services and interventional procedures. In the north wing of St. Louis Children's Hospital is a complete pediatric radiology facility, offering ultrasound, nuclear medicine, CT and MRI, and interventional radiology.

The Institute has 102 examination rooms used for diagnostic radiology. Clinical and research equipment includes two PET/CT scanners, 13 CT scanners, two PET scanners, one PET/MR scanner, 15 MR scanners (including an 11.7-Tesla research scanner), 12 high-end ultrasound machines (plus seven portable units), nine interventional radiology systems, five digital chest units, 10 computer radiography units, two neurointerventional radiology systems and six mammography units. In addition, as part of the department's community outreach effort, the Institute co-sponsors with the Alvin J. Siteman Cancer Center a mobile mammography van that provides screening services at corporate and public sites in the St. Louis area.

MIR has approximately 200,000 square feet devoted to research, with facilities in the Clinical Sciences Research Building (radiological sciences), in the East Building (electronic radiology), in the Scott Avenue Imaging Center (neurological PET, molecular pharmacology, biomedical MR imaging, optical imaging and cardiovascular imaging), and in the Center for Clinical Imaging Research (a bioimaging facility for basic and translational inpatient and outpatient clinical research).

Administrative, teaching and support functions occupy the sixth floor and the ninth through the 12th floors of the Institute. Information and training related to the use of radioactive materials is handled by Environmental Health and Safety (https://ehs.wustl.edu/radioactive-material-safety/); for more information, contact the department's director Maxwell Amurao, PhD, MBA, at 314-362-2988 or maxwell.amurao@wustl.edu.

Website: https://www.mir.wustl.edu

Faculty

Richard L. Wahl, MD (https://wuphysicians.wustl.edu/for-patients/find-a-physician/richard-leo-wahl/)
Department Chair
Visit our website for more information about our faculty (https://www.mir.wustl.edu/patient-care/directory-of-physicians/) and their appointments.

A

Diane S Abou, MS, PHD
Assistant Professor of Radiology (primary appointment)
MS Faculté des sciences d’Orsay 2005
BS University of Montpellier II 2003
PHD Delft University of Technology 2010

Samuel I Achilefu, PHD
Michel M Ter-Pogossian Professor of Radiology (primary appointment)
Professor of Biochemistry and Molecular Biophysics
Professor of Medicine
PHD University of Nancy I 1991

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Assistant Professor of Radiology (primary appointment)
MD Aga Khan University 1996
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BA Notre Dame College 1976  
MD Case Western Reserve Univ 1981

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BS Tianjin University 1993  
PHD Washington Univ in St. Louis 2001  
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BS Seoul National University 1981  
ME University of Iowa 1983  
PHD University of Pennsylvania 1988  
MD University of Chicago 1992  
MS University of Pennsylvania 1985

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BS Saint Louis University 2000  
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MD Medical College of Wisconsin 1975  
BS Santa Clara University 1968

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MS Mcneese St University 2011  
MD Louisiana St Univ Hlth Sci 2015  
BS Mcneese St University 2008

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MD Morehouse College 2010  
BS Georgia Tech 2003

Jason A Kayser, MD  
Assistant Professor of Radiology (Pending Executive Faculty Approval) (primary appointment)  
BS University of MO Kansas City 1995  
MD University of MO Columbia 2002
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Education</th>
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<tbody>
<tr>
<td>James E. Kelly, MD, MA</td>
<td>Assistant Professor of Radiology</td>
<td>MD Washington Univ in St. Louis 2005</td>
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<td>BS University of Notre Dame 1999</td>
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<td>MA Washington Univ in St. Louis 2005</td>
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<tr>
<td>Seung Kwon Kim, MD</td>
<td>Associate Professor of Radiology</td>
<td>MD Kyung Hee University 1995</td>
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<td></td>
<td>Associate Professor of Surgery (General Surgery)</td>
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<tr>
<td>Lawrence M Kotner, MD</td>
<td>Associate Professor Emeritus of Radiology</td>
<td>MD Washington Univ in St. Louis 1968</td>
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<td>BA Washington Univ in St. Louis 1965</td>
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<tr>
<td>Richard Laforest, MS, PHD</td>
<td>Professor of Radiology (primary appointment)</td>
<td>MS University of Laval 1991</td>
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<td>PHD University of Laval 1994</td>
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<td>BA University of Laval 1989</td>
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<tr>
<td>Daniel Joseph Leary Jr, MD</td>
<td>Assistant Professor of Clinical Radiology</td>
<td>BS Saint Louis University 1962</td>
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<td></td>
<td>(primary appointment)</td>
<td>MD Washington Univ in St. Louis 1966</td>
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<tr>
<td>Michelle Lee, MD</td>
<td>Adjunct Associate Professor of Radiology</td>
<td>BS Univ of Wisconsin Madison 1993</td>
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<td></td>
<td>(primary appointment)</td>
<td>MD Northwestern University Med 2001</td>
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<tr>
<td>David Alan Leitman, MD</td>
<td>Instructor in Clinical Radiology</td>
<td>BS Lindenwood University 2006</td>
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<td>(primary appointment)</td>
<td>MD A T Still University 2010</td>
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<tr>
<td>Paula M Leiva, MD</td>
<td>Assistant Professor of Radiology</td>
<td>MD Univ Nacional de Cuyo 2000</td>
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<tr>
<td>Tsen Hsuan Lin, PHD</td>
<td>Instructor in Radiology (primary appointment)</td>
<td>BS Washington Univ in St. Louis 2013</td>
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<td>BS Tamkang University 2015</td>
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<td>Yongjian Liu, PHD, MS</td>
<td>Associate Professor of Radiology</td>
<td>BS Henan Normal University 1997</td>
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<td>(primary appointment)</td>
<td>PHD University of Missouri Columbi 2007</td>
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<td>MS Zhejiang Medical University 2000</td>
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<tr>
<td>Daniel Ryder Ludwig, MD</td>
<td>Assistant Professor of Radiology</td>
<td>MD University of Pittsburgh 2014</td>
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<tr>
<td></td>
<td>(primary appointment)</td>
<td>BS Brown University 2009</td>
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<tr>
<td>Mariam Akbar Malik, MD</td>
<td>Instructor in Radiology (primary appointment)</td>
<td>MD Saint Louis University 2013</td>
</tr>
<tr>
<td>Christopher Devin Malone, MD</td>
<td>Assistant Professor of Radiology</td>
<td>MD Tulane University 2011</td>
</tr>
<tr>
<td></td>
<td>(primary appointment)</td>
<td>BS Bucknell University 2005</td>
</tr>
<tr>
<td>Naganathan B Mani, MS, MBBS</td>
<td>Associate Professor of Radiology</td>
<td>MS PGIMER 1999</td>
</tr>
<tr>
<td></td>
<td>(primary appointment)</td>
<td>MBBS Tamilnadu Medical University 1995</td>
</tr>
<tr>
<td>Jaimee Elizabeth Mannix, MD</td>
<td>Instructor in Radiology (primary appointment)</td>
<td>BS William Jewell College 2011</td>
</tr>
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<td>MD Creighton University 2015</td>
</tr>
<tr>
<td>Daniel Scott Marcus, PHD</td>
<td>Professor of Radiology (primary appointment)</td>
<td>BS Washington Univ in St. Louis 1995</td>
</tr>
<tr>
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<td></td>
<td>PHD Washington Univ in St. Louis 2001</td>
</tr>
<tr>
<td>Ben R Mayes Jr, MD</td>
<td>Assistant Professor of Clinical Radiology</td>
<td>BS Washington Univ in St. Louis 1966</td>
</tr>
<tr>
<td></td>
<td>(primary appointment)</td>
<td>BA Vanderbilt University 1962</td>
</tr>
<tr>
<td>William H McAllister, MD</td>
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<td>BS Wayne State University 1950</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MD Wayne State University 1954</td>
</tr>
<tr>
<td>Mark P. McAvoy, MEE, PHD</td>
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</tr>
<tr>
<td></td>
<td>(primary appointment)</td>
<td>MEE Southern Illinois University 1993</td>
</tr>
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<td>PHD Southern Illinois University 1998</td>
</tr>
<tr>
<td>Robert Carolin McKinstry III, MS, MD, PHD</td>
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</tr>
<tr>
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<tr>
<td></td>
<td>Vice Chair for Diagnostic Radiology in Radiology</td>
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<tr>
<td></td>
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<td>MD Harvard University 1992</td>
</tr>
<tr>
<td>Vincent Michael Mellnick, MD</td>
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</tbody>
</table>
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BS Washington Univ in St. Louis 1981
BS1 Washington Univ in St. Louis 1981
MEE Washington Univ in St. Louis 1984
Christopher J Moran, MD
Professor of Radiology (primary appointment)
Professor of Neurological Surgery
BS University of Notre Dame 1970
MD Saint Louis University 1974
Carrie Christina Morrison, MD
Instructor in Clinical Radiology (primary appointment)
MD University of Iowa 1991
BS University of MO Columbia 1982
Kelby Brett Napier, MD, PHD
Assistant Professor of Radiology (primary appointment)
MD University of Louisville 2008
BS Eastern Kentucky University 2001
PHD University of Louisville 2006
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Professor of Radiology (primary appointment)
Senior Vice Chair for Clinical Imaging Informatics and New Clinical Business Development
MD Osmania Medical College 1990
Michael Lee Nickels, PHD
Associate Professor of Radiology (primary appointment)
BS Northern Kentucky University 2001
PHD Univ of IL-Urbana-Champaign 2007
John Hart Niemeyer, MD
Instructor in Clinical Radiology (primary appointment)
MD Washington Univ in St. Louis 1982
BS Davenport University 1978
Christine Mary O’Brien, PHD
Instructor in Radiology (primary appointment)
PHD Vanderbilt University 2017
BS University of MO St Louis 2010
Lisa M Oakley, MD
Assistant Professor of Radiology (Pending Executive Faculty Approval) (primary appointment)
BS Stanford University 1988
MD Duke University 1992
Gary H Omell, MD
Assistant Professor of Clinical Radiology (primary appointment)
MD University of Tennessee 1967
Hilary Louise Purdy Orloewski, MD
Assistant Professor of Radiology (primary appointment)
MD Rush University 2011
BS Northwestern University 2007
P

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MD BJ Medical College 1970

Matthew S Parsons, MD
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BA Miami University 1995
MD University of Cincinnati 2000

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MD University of AR Little Rock 1996
BS University of Arkansas 1992

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MD University of Chicago 1981
BS1 University of Illinois 1977
BS University of Illinois 1977

David Gerard Politte, D SC, MEE
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BS Washington Univ in St. Louis 1981
MEE Washington Univ in St. Louis 1983

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MD La Plata University 1990

Hilton I Price, MD
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MD University of the Witwatersra 1972

Linda Ruth Proctor, MD, BS1
Instructor in Clinical Radiology (primary appointment)
MD University of Pennsylvania 1989
BS1 University of Pennsylvania 1985

Q

James D Quirk, PHD, MA
Associate Professor of Radiology (primary appointment)
PHD Washington Univ in St. Louis 2001
MA Washington Univ in St. Louis 1998
BS Mass Inst of Technology (MIT) 1994

R

Edward Floyd Ragsdale, MD
Instructor in Clinical Radiology (primary appointment)
MD Washington Univ in St. Louis 1964
BA University of Arkansas 1960

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Professor of Radiology (primary appointment)
Alan A and Edith L Wolff Distinguished Professor of Medicine

Professor of Biomedical Engineering
Professor of Neurology
Professor of Neuroscience
Professor of Psychological & Brain Sciences
MD University of Washington 1964
BS University of Washington 1960

Cyrus A Raji, MD, PHD
Assistant Professor of Radiology (primary appointment)
Assistant Professor of Neurology
MD University of Pittsburgh 2010
BS University of Pittsburgh 2004
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PHD University of Pittsburgh 2009

Mohamed Zakariya Rajput, MD
Assistant Professor of Radiology (primary appointment)
MD Loyola University Chicago 2013
BS Augustana College Rock Island 2009

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Associate Professor of Radiology (primary appointment)
BS University of Chicago 1999
MD University of Pennsylvania 2004

Demetrios Andreas Raptis, MD
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Assistant Professor of Pediatrics
BS University of Chicago 2005
MD Case Western Reserve Univ 2011

David E Reichert, PHD
Associate Professor of Radiology (primary appointment)
PHD University of Illinois 1994
BS Roanoke College 1986

Martin Nicholas Reis, MD
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MD Columbia University 2000
BS Princeton University 1994

Nassir Rostambeigi, MD, MS
Assistant Professor of Radiology (primary appointment)
MD Hahnemann University 1987
BS1 Lehigh University 1983

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BS Providence College 1970
MD Saint Louis University 1974

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BA Johns Hopkins University 1968  
MD Washington Univ in St. Louis 1972

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Associate Professor of Medicine  
MD1 University of Leipzig 1996  
PHD University of Geneva 2009  
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Sally J Schwarz, MS  
Professor of Radiology (primary appointment)  
MS University of Southern Calif 1976  
BS University of Iowa 1971

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BS Yale University 1977  
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Professor of Radiology (primary appointment)  
MBBS All-India Inst of Medical Sci 1992

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Professor of Radiology (primary appointment)  
PHD Panjab University 1987  
BS Panjab University 1980  
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MD University of Texas Southwest 2007  
BS Duke University 2003

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PHD University of Tennessee 1988  
BS Technion - Israel Inst. of Tec 1982  
MD University of Illinois 1995

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Professor of Radiology (primary appointment)  
BS University of CA Los Angeles 1996  
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BS School Not Listed 1997  
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BS1 Cedarville College 2008  
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MD State University of New York 1969  
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BS Tamkang University 1981  
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PHD Ecole Centrale Paris 2011  
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Head of the Department of Radiology  
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BS1 Shandong University 1990
MS1 Shandong University 1995
PHD Washington Univ in St. Louis 2004
MS School Not Listed 1995

Maria Zulfiqar, MD
Assistant Professor of Radiology (primary appointment)
MD King Edward Medical College 2007

Research Electives
Radiology Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.

Interested students should contact the appropriate individual in each division regarding the types of research projects available.

Tom Conturo, MD, PhD
East Building, 2nd Floor, Rm 2120
Phone: 314-362-8421

Magnetic resonance (MR) imaging is a noninvasive means of providing images of the human body at high spatial resolution and contrast sensitivity. The contrast can be manipulated to depend on different properties of tissue water, enabling the study of a variety of biological processes. In some cases, endogenous or exogenous paramagnetic MR contrast agents are used to alter the MRI contrast by perturbing the tissue water environment. Recently, new MRI hardware has also enabled techniques having high temporal resolution. Using the unique contrast properties of MRI and the higher spatial/temporal resolution, noninvasive techniques can be devised to study neuronal activity, tissue perfusion, water mobility (diffusion), and neuronal fiber pathways in the human brain. The goals of Dr. Conturo's research lab are to develop and apply MR imaging techniques for quantitative imaging of cerebral perfusion, brain function, water diffusion, and neuronal fiber pathways. These techniques utilize the MR signal effects of exogenous bolus-injected contrast agents, endogenous hemoglobin, and microscopic water diffusion. Long-term goals are to apply these methodologies toward imaging and understanding tissue structure, function, and physiology in the brain and other organs in normal and abnormal conditions. The approaches that are used in this laboratory cover a broad range of areas, including MRI physics, MRI pulse sequence development, theoretical derivations, computer simulations, image-processing, computer graphics, custom contrast agent design and syntheses, phantom studies, animal models, human studies, clinical patient studies, and comparison with other imaging modalities.

Farrokh Dehdashti, MD
Nuclear Medicine PET Facility, 10th Floor, Mallinckrodt Institute of Radiology
Phone: 314-362-1474

Positron emission tomography (PET) is an imaging technique that produces images reflective of biochemical processes of normal and abnormal tissues. PET is complementary to anatomic imaging modalities such as computed tomography (CT) and magnetic resonance imaging (MRI). The ability of PET to quantify fundamental processes, such as blood flow, oxygen metabolism, glucose metabolism, and receptor density, makes this technique very desirable to both investigators and clinicians. Dr. Dehdashti’s research utilizes the conventional PET radiopharmaceutical, F-18 fluorodeoxyglucose (FDG), as well as a variety of unique PET radiopharmaceuticals such as Cu-64 diacetyl-bis[N4-methylthiosemicarbazone] (Cu-64 ATSM), a hypoxic imaging tracer, and 18F-labeled 3’-deoxy-3’fluorothymidine (FLT), a proliferative imaging tracer. Below is a partial list of the research projects relating to PET: (1) PET assessment of progesterone receptors in patients with newly diagnosed breast cancer with a new progesterone-receptor imaging tracer, 21-[18F]Fluoro-16,17-[(R)-1’–furylmethylidene]dioxy]-19-norpregn-4-ene-3,20 dione (FFNP); (2) assessment of cell proliferation with a new tracer, N-(4-(6,7-dimethoxy-3,4-dihydroisoquinolin-2(1H)-yl)butyl)-2-(2-[18F]-fluoroethoxy)-5-methylbenzamide ([18F]3c), also called [18F]ISO-1 by imaging sigma receptors in patients with various solid cancers; (3) PET assessment of tumor hypoxia using 64Cu-ATSM in patients with cervical cancer (the major goal of this project is to predict prognosis); (4) FDG-PET/CT study in cervical cancer to evaluate the change in tumor FDG heterogeneity and SUVmax during chemoradiation and whether these changes are predictive of response to therapy; (5) PET using [18F]FHBG ([4-fluoro-3-hydroxymethyl-butyl]guanaine), analog of penciclovir, an acyclicguanosine derivative and antiviral drug, for possible tracking of GvHD in patients who were prior recipients of unrelated allogeneic bone marrow transplant for any hematologic malignancy; and (6) FLT-PET/CT to assess tumor cell proliferation in patient must have histologically or cytologically confirmed ER+ stage IV or metastatic invasive breast cancer.

Rob J. Gropler, MD
East Building, Room 1307
Phone: 314-747-3878
The focus of our lab is on cardiovascular imaging research. The research in the Cardiovascular Imaging Laboratory is designed to better understand the relationship between myocardial perfusion, intermediary metabolism and mechanical function in both normal and abnormal cardiac states. The research involves the integration of several imaging techniques with diverse strengths such as PET, MRI, CT and echocardiography. The success of the research requires several paths of investigation to be pursued in parallel. For example, in order to image the biologic processes of interest requires continued technical developments for each of the imaging methods listed above. There are ongoing efforts to permit more accurate PET measurements of myocardial substrate metabolism. They include the development of novel tracers of extracted substrates, the development of acquisition schemes to assess endogenous substrate metabolism, and the validation of mathematical approaches to correlate the tracer kinetics with the underlying metabolic processes. These studies are being pursued in small and large animal models and then in humans. Another example includes the current efforts to develop approaches to image the coronary arteries noninvasively by MRI using novel contrast agents and acquisition schemes. In addition, techniques are being developed to permit MR guided interventions on the coronary arteries. This undertaking includes the development of novel guide-wire tracking and catheter tracking schemes using both passive and active approaches. Finally, to permit assessments of myocardial oxygenation and thus, perfusion, techniques are being developed to permit BOLD imaging the myocardium. Another path of the research is to determine how this perfusional-metabolic-functional relation is altered by normal life changes and then determine how disease states alter the relationship. For example, both PET and echocardiography are being used to characterize the age- and gender-related changes on myocardial perfusion, substrate metabolism and function. To study the relationship in disease states, similar studies are being performed in patients with diabetes and obesity. A third path is to determine the mechanisms responsible for these changes in this metabolic-functional relation and identify potential interventions that may reverse or ameliorate them. In this regard, similar imaging studies are being performed to determine the importance of nitric oxide and the PPARa system in defining this metabolic-functional relation.

Stephen M. Moerlein, PharmD, PhD
East Building, 1st Floor
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Our research interests lie in the general area of labeled tracer development for nuclear medicine imaging, especially positron-emission tomography (PET). Developmental effort begins with synthesis of target structures, preclinical screening that involves in vitro biochemistry and pharmacological testing, and ex vivo biodistribution studies in small animals. Promising tracers are then examined by in vivo imaging of animal subjects and tracer kinetic modeling. The final step in the transition of a radiochemical into a labeled drug takes into account radiation dosimetry, pharmaceutical quality, and the development of automated production and GMP production processes to streamline delivery to human subjects. Each of these aspects of radiopharmaceutical development are investigated, with a primary emphasis in novel agents for evaluation of pathological processes in neurology and oncology.

Marc Raichle, MD
East Building, 2nd Floor
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We use functional imaging techniques — both positron emission tomography and functional magnetic resonance imaging — to study the normal organization of the human brain and the effect of selected diseases. The research focuses on both the methodology (imaging and experimental) and specific questions in cognitive neuroscience.

Courses
For more information, contact Michelle Miller-Thomas, MD, Coordinator of Radiology Medical Student Education, at miller-thomasm@wustl.edu or 314-362-5949.


M90 Radiol 701 General Radiology Clerkship
This two-week introductory radiology elective allows students to rotate through two of the following radiology services: Emergency Radiology, Mammography, Pediatrics, Chest, Abdominal Imaging, Musculoskeletal, Neuroradiology, Interventional Radiology, and Nuclear Medicine. The primary course objective is to familiarize students with the scope of diagnostic and interventional radiology, including the consulting role that radiologists provide to primary care and specialty providers; the risks, benefits, and cost-effectiveness of radiologic examinations; the guidelines for ordering common studies; and specific disease entities and their radiologic appearance and workup. Students spend the majority of the day in the radiology reading rooms with residents, fellows, and faculty for interactive teaching based on daily clinical cases. Students will attend morning case-based conferences and noon didactic conferences with the residents. The students will have an observational role in conferences and in the clinical setting. Students have allocated lectures to watch as part of the didactic component of this course. On Thursday afternoons, students will convene with a radiology resident for an interactive Q&A session related to the aforementioned didactic lectures. On Friday afternoons, students will present an interesting case from the week in PowerPoint format. Two of these PowerPoint presentations will be submitted at the end of the rotation for grading. Reading lists, references, and textbooks will be provided. The first and final days of the elective are mandatory. Grades will be based on daily attendance, workshop participation, and submitted PowerPoint presentations. More than three days’ absence will require exceptional work for honors. No honors will be awarded if a student is absent for more than five days of the rotation.
M90 Radiol 740 Radiation Oncology Clerkship

The four-week clerkship in Radiation Oncology will provide students with the opportunity to participate in the evaluation and management of a broad range of patients referred for consideration of radiation therapy. Clerkship activities will take place at the Barnes-Jewish Hospital/Siteman Cancer Center complex and at our satellite facilities. Students will conduct patient evaluations under the supervision of radiation oncology department residents and faculty. Students will attend many conferences throughout the week, with the work day starting between 7:00 a.m. and 7:30 a.m. Students will also have the opportunity to attend the appropriate multidisciplinary clinics,follow-up clinics and multidisciplinary conferences (e.g., pediatric neuro-oncology, cardiothoracic oncology, lymphoma, GYN tumor) pertaining to their rotation schedule. Instructional materials are available for students on a daily rotation basis and cannot be guaranteed. Students are not expected to purchase any curricular materials for the clerkship. Student performance will be evaluated by both resident and faculty members who supervise the student over the course of the clerkship.
Credit 154 units.

M90 Radiol 801 General Radiology

This four-week introductory radiology elective -- with a hybrid, predominantly in-person format -- allows students to rotate through four of the following radiology services: Pediatrics, Abdominal Imaging, Musculoskeletal, Neuroradiology, Nuclear Medicine, Emergency Radiology, Mammography, Chest, and Interventional Radiology. Preferences should be emailed at least two weeks prior to the course start date to andrewrd@wustl.edu; these are reviewed on a first-come, first-served basis and cannot be guaranteed. The primary course objective is to familiarize students with the scope of diagnostic and interventional radiology, including the consulting role that radiologists provide to primary care and specialty providers; the risks, benefits, and cost-effectiveness of radiologic examinations; the guidelines for ordering common studies; and specific disease entities and their radiologic appearance and workup. Students spend the majority of the day in the radiology reading rooms with residents, fellows, and faculty for interactive teaching based on daily clinical cases. Students will attend morning case-based conferences and noon didactic conferences with the residents. The students will have an observational role in conferences and in the clinical setting. On Thursday afternoons, students will have the option to attend virtual or in-person conferences with a radiology resident for an interactive workshop on a scheduled topic in radiology. On Friday afternoons, students will present an interesting case from the week in PowerPoint format. Four of these PowerPoint presentations will be submitted at the end of the rotation for grading. Reading lists, references, and textbooks will be provided. The first day of the elective is mandatory. Grades will be based on daily attendance and interactions, workshop participation, and the PowerPoint presentations. More than three days' absence will require exceptional work for honors. No honors will be awarded if a student is absent for more than five days of the rotation.

M90 Radiol 802 Advanced Radiology

This course is available only to students who have completed the General Radiology Clerkship Selective (M90 701) or the General Radiology Elective (M90 801). This four-week sub-internship in radiology is intended for students who are interested in pursuing radiology as their intended career choice. Students may tailor their experience to focus on one or more services, if desired; this will be considered on a case-by-case basis by the course directors. This elective -- with a hybrid, predominantly in-person format -- allows students to rotate through one or more of the following radiology services: Pediatrics, Abdominal Imaging, Musculoskeletal, Neuroradiology, Nuclear Medicine, Emergency Radiology, Mammography, Chest, and Interventional Radiology. Preferences should be emailed at least two weeks prior to the course start date to andrewrd@wustl.edu; these are reviewed on a first-come, first-served basis and cannot be guaranteed. The objective of this course is for students to have a more hands-on role in the reading room; they will help to investigate the patient's clinical history and the indications for the examination, preview the imaging studies, and communicate with referring teams and providers. Students spend the majority of the day in the radiology reading rooms with residents, fellows, and faculty for interactive teaching based on daily clinical cases. Students will attend morning case-based conferences and noon didactic conferences with the residents. The students will have an observational role in conferences and in the clinical setting. On Thursday afternoons, students will have the option to attend virtual or in-person conferences with a radiology resident for an interactive workshop on a scheduled topic in radiology. On Friday afternoons, students will present an interesting case from the week in PowerPoint format. Four of these PowerPoint presentations will be submitted at the end of the rotation for grading. Reading lists, references, and textbooks will be provided. The first day of the elective is mandatory. Grades will be based on daily attendance and interactions as well as the PowerPoint presentations. More than three days' absence will require exceptional work for honors. No honors will be awarded if a student is absent for more than five days of the rotation.

M90 Radiol 820 Clinical Nuclear Medicine

The clinical service in Nuclear Medicine (NM) is divided into five sections: outpatient general NM, inpatient general NM, Positron Emission Tomography (PET), Pediatric NM studies, NM Cardiac studies, and radionuclide therapy. The recommended schedule will be to spend weeks 1 and 3 in the Center for Advanced Medicine/BJH North Campus (second floor), where the emphasis will be on outpatient general and pediatric Nuclear Medicine with some time spent in the PET reading room. Week 2 will be in South Campus (West Pavilion 9th floor) and split between inpatient general nuclear medicine, outside PET facilities (morning), cardiac NM services (afternoon), and radionuclide therapy. The schedule for Week 4 will be Monday to Wednesday Center for Advanced Medicine/BJH North Campus and Thursday to Friday in South Campus. This rotation's primary objective is to provide exposure to the full range of clinical nuclear medicine studies. Under the direct supervision of the NM attendings, the student via ZOOM will participate in the planning and interpreting of imaging studies for patients referred to the Division. An opportunity also exists to explore instrumentation techniques, including dedicated computer applications utilized to interpret NM studies. In addition to the clinical experience, the student will attend the NM daily morning conference, held via ZOOM, from 8:00 a.m. to 8:30 a.m. The student will also be expected to attend via ZOOM the daily diagnostic radiology resident noon conference from 12:00 p.m. The student will also be able to attend any conferences within the
Department of Radiology and case management conferences where NM studies are discussed. The student has to participate by preparing a case for the Friday follow-up conference under an NM faculty member's supervision during the last week of their rotation. The student can find the PowerPoint template to use and examples of prior follow-up cases using the below link: M:\Services\Nuclear Medicine\Nuclear Medicine Follow-Up Conferences Students may keep a log of interesting cases to use as a guide for additional reading or discussions with the Course Director or other NM attendings. Educational material including textbooks and digital teaching file cases are available at the following url: http://gamma.wustl.edu/index2.html The first and final days of the elective are mandatory. No honors will be awarded if a student is absent for more than five days of the rotation. Please introduce yourself to Dr. Ponisio, Nuclear Medicine residency program director, and Ms. Bre Vittitow, Nuclear Medicine program coordinator, on the first day of your 4-week NM rotation.

M90 Radiol 830 Interventional Radiology
This elective is designed to give students in-depth exposure to and experience in all clinical and procedural aspects of interventional radiology including: patient evaluation and consultation, preparation of patients for procedures, performance of a wide range of vascular and non-vascular procedures, post-procedure patient management, and longitudinal patient follow-up. Students will actively participate in interventional procedures. Students will attend the departmental noon conference (dailly) and morning section conferences including didactic lectures, Quality and Safety conference, Journal club, Interventional oncology conference, multidisciplinary liver tumor conference, and case conferences.

M90 Radiol 840 Clinical Radiation Oncology Subinternship
The clinical division offers an elective with emphasis on the evaluation, planning, and administration of radiation therapy in patients with malignant tumors. The students have the opportunity to enhance their knowledge of the natural history and of the pathological and biological features of cancer and to sharpen their clinical skills by participating in the management of these patients.

M90 Radiol 842 Thoracic Imaging
A four-week elective emphasizing the interactions between cardiothoracic radiologists and the various clinical services, to include thoracic surgery, thoracic oncology, and pulmonary medicine. Learn to read chest radiographs at the viewing console while providing liaison with the clinical teams. This active elective will include the daily chest teaching conference and participation in weekly pulmonary case conference, thoracic surgery, thoracic oncology conferences, as well as the imaging aspects of the clinico-pathological medicine conference. Learn to identify subtle pneumothorax and pneumonia. Learn the limitations of portable chest radiographs. Rotating on cardiac CT and MR service and in the ED service, if interested. The student will be expected to present a single case from what they have seen during the rotation at a 7AM teaching conference.

M90 Radiol 900 Research Elective: Radiology
Research opportunities may be available. If interested, please contact the Departments of Radiology or Radiation Oncology.

Mary Culver Department of Surgery

Formal instruction in surgery begins during the third year, with the required 8-week Integrated Surgical Disciplines Clerkship. During this surgical clerkship, students are assigned to clinical rotations, mostly within the Department of Surgery, with some exposure to other surgical-related disciplines outside of the department. The clerkship gives students opportunities to participate in the care of surgical patients (both inpatient and outpatient), to spend time in the operating rooms, and to attend seminars, teaching conferences and didactic sessions on a regular basis. During the fourth year, students may select sub-internship electives within the Division of General Surgery, which include a variety of general surgical specialties. In addition to the general surgery sub-internships, electives are available in several other surgical subspecialties, including pediatric surgery, transplant surgery, vascular surgery, cardiovascular and thoracic surgery, urologic surgery, and plastic and reconstructive surgery.

Website: http://www.surgery.wustl.edu

Faculty

Bethany Sacks, MD, MEd
Clerkship Director
Visit our website for more information about our faculty (http://www.surgery.wustl.edu/Faculty/) and their appointments.

A

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Gerald L Andriole, MD
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Sunil Madhukar Apte, MBBS
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<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Christopher Thomas Arett, MD</td>
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<td>Christopher Thomas Arett, MD</td>
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<tr>
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<td>Arnold D Bullock, MD</td>
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Assistant Professor of Surgery (Urological Surgery) (primary appointment)  
BA Tufts University 2006  
MD University of Massachussetts 2011

Matthew G Mutch, MD  
Professor of Surgery (General Surgery) (primary appointment)  
BA St Olaf College 1990  
MD Washington Univ in St. Louis 1994

Terence M. Myckatyn, MD  
Professor of Surgery (Plastic and Reconstructive Surgery) (primary appointment)  
MD Univ of Northern British Colu 1997
BS Univ of Northern British Colu 2003

Dilip Sri Nath, MD
Assistant Professor of Surgery (Cardiothoracic Surgery) (primary appointment)
BS University of CA Berkeley 1995
MD New York U. School of Medicine 1999

Ruben Nava, MD
Assistant Professor of Surgery (Cardiothoracic Surgery) (primary appointment)
MD Univ of Armed Forces: Military 2000

Thoi Hieu Ngo, MD
Instructor in Surgery (General Surgery) (Pending Dean's Approval) (primary appointment)
MD New York Medical College 2014
BS University of Maryland 2010

Dennis Nguyen, MD, MS
Assistant Professor of Surgery (Plastic and Reconstructive Surgery) (primary appointment)
BS University of CA Irvine 2005
MD University of CA San Francisco 2011
MS University of CA Berkeley 2009

Thomas E Niesen, MD
Instructor in Clinical Surgery (General Surgery) (primary appointment)
BS Tulane University 1975
MD Tulane University 1979

Richard James Nissen, DDENT, MS
Assistant Professor of Clinical Surgery (Plastic and Reconstructive Surgery) (primary appointment)
DDENT University of Iowa 1983
MS Washington Univ in St. Louis 1985
BS Iowa State University 1979

Charles Upshur Nottingham, MD
Assistant Professor of Surgery (Urologic Surgery) (primary appointment)
MD Virginia Comm University 2012
BS Wake Forest University 2006

Anthony Ian Nunez
Instructor in Clinical Surgery (Cardio Surgery) (primary appointment)

John Westley Ohman, MD
Assistant Professor of Surgery (General Surgery) (primary appointment)
Assistant Professor of Radiology
BS University of Texas Austin 2008
MD Univ Texas Health Science Ctr 2012

Kerri A Ohman, MD
Assistant Professor of Surgery (General Surgery) (primary appointment)
BS University of Michigan 2008
MD University of Michigan 2012

George A Oliver, MD
Assistant Professor Emeritus of Clinical Surgery (General Surgery) (primary appointment)
BA Washington Univ in St. Louis 1948
MD Washington Univ in St. Louis 1952

Tiffany Medlin Osborn, M PH, MD
Professor of Surgery (General Surgery) (primary appointment)
Professor of Emergency Medicine
M PH London Hygiene & Tropical Med 2009
BS University of Houston 1992
MD Univ Texas Health Sci San Anto 1997

Twinkle Kumar Samudra Pandian, M PH, MD
Assistant Professor of Surgery (General Surg) (primary appointment)
M PH Johns Hopkins University 2010
MD Mayo Clinic 2011
BS University of Minnesota 2006

Sharad P Parikh, UNKNOWN
Instructor in Clinical Surgery (General Surgery) (primary appointment)
UNKNOWN University of Pune 1967

Yikyung Park, PHD, MS1
Associate Professor of Surgery (Public Health Sciences) (primary appointment)
BS EWHa Womans University 1994
PHD Harvard University 2005
MS1 EWHa Womans University 1996

Charles L Parks, MD
Instructor in Clinical Surgery (General Surgery) (primary appointment)
MD Washington Univ in St. Louis 1969
BS University of South Dakota 1967

Jeffrey Andrew Parres, MD
Instructor in Clinical Surgery (Urologic Surgery) (primary appointment)
BA Washington Univ in St. Louis 1983
MD University of Missouri 1987

Michael K Pasque, MD
Professor of Surgery (Cardiothoracic Surgery) (primary appointment)
Professor of Biomedical Engineering
Professor of Radiology
MD University of Oklahoma 1978

Kamlesh Babulal Patel, MD
Associate Professor of Surgery (Plastic and Reconstructive Surgery) (primary appointment)
MD University of Arizona 2005
BS University of MO Kansas City 2000

G Alexander Patterson, MD
Joseph C Bancroft Professor of Surgery (Cardiothoracic Surgery) (primary appointment)
MD Queen's University 1974

Enrique Pedro Perinetti, MD, PHD
Instructor in Clinical Surgery (Urologic Surgery) (primary appointment)
MD School Not Listed 1969
PHD School Not Listed 1975

Mitchell A Pet, MD
Assistant Professor of Surgery (Plastic and Reconstructive Surgery) (primary appointment)
MD Washington Univ in St. Louis 2011

Mary Politi, PHD, M PHIL
Professor of Surgery (Public Health Sciences) (primary appointment)
PHD George Washington University 2006
BS Barnard College 2001
M PHIL George Washington University 2004

Varun Puri, MD, MS
Professor of Surgery (Cardiothoracic Surgery) (primary appointment)
MD Washington Univ in St. Louis 2009
BS All-India Inst of Medical Sci 1998
MS Creighton University 2007

Nanette Rahee Reed, MD
Assistant Professor of Surgery (General Surgery) (primary appointment)
Assistant Professor of Radiology
BS University of Notre Dame 2000
MD Baylor College of Medicine 2004

Frank O Richards, MD
Assistant Professor Emeritus of Clinical Surgery (General Surgery) (primary appointment)
BA Talladega College 1944
MD Howard University 1947

Shale M Rifkin, MD
Assistant Professor of Clinical Surgery (General Surgery) (primary appointment)
MD Washington Univ in St. Louis 1948

Brian G Rubin, MD
Professor of Surgery (General Surgery) (primary appointment)
Professor of Radiology
BA Colgate University 1979
MD University of Vermont 1984

Bethany Cara Sacks, MED, MD
Associate Professor of Surgery (General Surgery) (Pending Executive Faculty Approval) (primary appointment)
MED University of Houston 2010
BS Connecticut College 1995
MD Mount Sinai School of Medicine 1999

Justin M Sacks, MD, MBA
Sydney M Jr and Robert H Shoenberg Endowed Chair in Plastic & Reconstructive Surgery (primary appointment)
MD Mount Sinai School of Medicine 1998
BS Cornell University 1993
MBA Johns Hopkins University 2015

Elizabeth Ann Salerno, PHD, M PH
Assistant Professor of Surgery (Public Health Sciences) (primary appointment)
BS Univ of IL -Urbana-Champaign 2012
PHD Univ of IL -Urbana-Champaign 2017
M PH Johns Hopkins University 2018

Luís A Sanchez, MD
Professor of Surgery (General Surgery) (primary appointment)
Gregorio A. Sicard Distinguished Professor
Professor of Radiology
MD Harvard University 1987
BS Yale University 1983
Kenneth Gordon Sands, BBA, MBA, DOST  
Assistant Professor or Surgery (Urologic Surgery) (primary appointment)  
BBA Randolph Macon College 2009  
MBA Lincoln Memorial University 2014  
DOST Lincoln Memorial University 2014  

Dominic Sanford, MD  
Assistant Professor of Surgery (General Surgery) (primary appointment)  
MD University of MO Columbia 2009  
BS Maryville University 2005  

Donald C Sauer, MD  
Assistant Professor Emeritus of Clinical Surgery (General Surgery) (primary appointment)  
MD Washington Univ in St. Louis 1960  
BA Washington Univ in St. Louis 1956  

Douglas J Schuerer, MD  
Professor of Surgery (General Surgery) (primary appointment)  
MD University of Pittsburgh 1995  
BS Allegheny College 1991  

Maryls E Schuh, BS, MD  
Instructor in Clinical Surgery (General Surgery) (primary appointment)  
BS1 University of North Dakota 1977  
MD Washington Univ in St. Louis 1979  
BS University of North Dakota 1973  

Debra L Seoane, MD  
Instructor in Clinical Surgery (General Surgery) (primary appointment)  
MD University of Miami 1986  

Baddr Ahed Shaksheer, MD  
Assistant Professor of Surgery (Pediatric Surgery) (primary appointment)  
MD Eastern Virginia Med School 2010  
BA University of Virginia 2005  

Courtney Shands III, MD  
Instructor in Clinical Surgery (Urologic Surgery) (primary appointment)  
BA Stanford University 1978  
MD Vanderbilt University 1982  

Surendra Shenoy, MD, PHD  
Professor of Surgery (General Surgery) (primary appointment)  
BS Kasturba Medical College 1980  
MD Kasturba Medical College 1984  
PHD Institute of Medical Science 1989  

Michelle Ilana Silver, PHD, MS  
Assistant Professor of Surgery (Public Health Sciences) (primary appointment)  
PHD Johns Hopkins University 2015  
MS Johns Hopkins University 2009  

BS Stanford University 2007  

Matthew Leon Siliviera, MS, MD  
Assistant Professor of Surgery (General Surgery) (primary appointment)  
MS Temple University 2010  
BS Pennsylvania State University 2001  
MD Temple University 2005  

David Siroospour, MD  
Assistant Professor of Clinical Surgery (General Surgery) (primary appointment)  
MD School Not Listed 2000  

Arjun Sivaraman, MD  
Assistant Professor of Surgery (Urologic Surgery) (primary appointment)  
MD Madras Medical College 2005  

Radhika K Smith, MD  
Assistant Professor of Surgery (General Surgery) (primary appointment)  
MD University of MO Kansas City 2010  

Zachary Lee Smith, MD  
Assistant Professor of Surgery (Urologic Surgery) (primary appointment)  
MD University of MO Kansas City 2010  

Jason Andrew Snyder, MD  
Assistant Professor of Surgery (General Surgery) (primary appointment)  
MD Marshall University 2008  
BS Kettering University 2004  

Alison K Snyder-Warwick, MD  
Assistant Professor of Surgery (Plastic and Reconstructive Surgery) (primary appointment)  
BA Knox College 2000  
MD Washington Univ in St. Louis 2004  

Dirk M Spitzer, PHD  
Assistant Professor of Surgery (General Surgery) (primary appointment)  
BS School Not Listed 1995  
PHD Technische U Braunschweig 1999  

Charlie Srilasala  
Adjunct Assistant Professor of Surgery (primary appointment)  

Alan Joel Stein, MD  
Assistant Professor of Clinical Surgery (Urologic Surgery) (primary appointment)  
MD Wayne State University 1976  
BS Univ of Wisconsin Madison 1972  

Melissa Kay Stewart, MD  
Assistant Professor of Surgery (General Surgery) (primary appointment)  
MD University of Pittsburgh 2011
Daniel Charles Stoeckel
Instructor in Clinical Surgery (primary appointment)

Steven M Strasberg, MD
Pruett Professor of Surgery (General Surgery) (primary appointment)
Associate Professor of Cell Biology and Physiology
MD University of Toronto 1963

Herbert Sunshine, MD
Assistant Professor of Clinical Surgery (Urologic Surgery) (primary appointment)
MD Washington Univ in St. Louis 1954
BA Washington Univ in St. Louis 1950

Siobhan Sutcliffe, MHS, PHD, MS
Professor of Surgery (Public Health Sciences) (primary appointment)
MHS Johns Hopkins University 2001
PHD Johns Hopkins University 2005
BS Princeton University 1998
MS Johns Hopkins University 2004

Tsuyoshi Takahashi, MD, PHD
Instructor in Surgery (Cardiothoracic Surgery) (primary appointment)
MD Tokushima University 2007
PHD University of Tokyo 2018

Marissa Morningstar Tenenbaum, MD
Associate Professor of Surgery (Plastic and Reconstructive Surgery) (primary appointment)
MD Washington Univ in St. Louis 2002
BS Univ of Wisconsin Madison 1998

Ajit K Tharakan
Visiting Assistant Professor of Surgery (primary appointment)

Lewis Jones Thomas IV, MD
Assistant Professor of Surgery (Urologic Surgery) (Pending Executive Faculty Approval) (primary appointment)
BS Washington Univ in St. Louis 2008
MD University of MO Columbia 2012

Robert W Thompson, MD
Professor of Surgery (General Surgery) (primary appointment)
Professor of Cell Biology and Physiology
Professor of Radiology
MD University of Michigan 1983
BA Hope College 1979

Adetunji Toriola, PHD
Associate Professor of Surgery (Public Health Sciences) (primary appointment)
PHD University of Tampere 2011

Ralph J Torrence, MD

Asst Prof of Clinical Surgery (Urologic Surgery) (primary appointment)
MD Georgetown University 1983

Erica J Traxel, MD
Associate Professor of Surgery (Urologic Surgery) (primary appointment)
BS Texas A&M University 1998
MD Beaufort Technical College 2002

Thomas H Tung, MD
Professor of Surgery (Plastic and Reconstructive Surgery) (primary appointment)
BS Duke University 1986
MD University of Maryland 1990

Isaiah Turnbull, MS, MD
Assistant Professor of Surgery (General Surgery) (primary appointment)
BS University of Oregon 1998
MS Washington Univ in St. Louis 2008
MD Washington Univ in St. Louis 2008

Kelly Jean Vallar, MD
Assistant Professor of Surgery (General Surgery) (primary appointment)
MD University of MO Kansas City 2011

Ramakrishna Venkatesh, MS1, MS, MD
Professor of Surgery (Urologic Surgery) (primary appointment)
MS1 School Not Listed 1991
MS Bangalore University 1991
MD Bangalore University 1998

Jesse Daya Vrecenak, MD
Assistant Professor of Surgery (Pediatric Surgery) (primary appointment)
MD University of Pennsylvania 2007
BS Yale University 2003

Gino J Vricella, MD
Assistant Professor of Surgery (Urologic Surgery) (primary appointment)
BS Saint Louis University 2012
MD University of MO Columbia 2006

Howard S Walker, MD
Instructor in Clinical Surgery (Cardiothoracic Surgery) (primary appointment)
BA Citadel 1971
MD Beaufort Technical College 1974

Lisa Marie Waller, PHD, MS
Professor of Surgery (Public Health Science) (primary appointment)
BS Concordia College 1982
PHD University of Minnesota 1995
MS University of Memphis 1991

Fei Wan, PHD, MS
Assistant Professor of Surgery (Public Health Sciences) (primary appointment)
PHD University of Pennsylvania 2015
MS University of Vermont 2001

Brad W. Warner, MD
Jessie L. Ternberg, M.D., PhD. Distinguished Professor of Pediatric Surgery in Surgery (Pediatric Surgery) (primary appointment)
Professor of Pediatrics
BS University of MO Kansas City 1982
MD University of MO Kansas City 1982

Erika Waters, MS PSYC, M PH, PHD
Associate Professor of Surgery (Public Health Sciences) (primary appointment)
MS PSYC Rutgers University 2003
M PH Johns Hopkins University Medic 2007
PHD Rutgers University 2006
BS Arizona State University 1999

Michael D Weiss, DPM, BS1
Assistant Professor of Surgery (General Surgery) (primary appointment)
DPM Ohio College of Podiatric Medi 1981
BS1 Ohio State University 1977

Jason R Wellen, MD
Associate Professor of Surgery (General Surgery) (primary appointment)
MD St George’s University 2002
BS Emory University 1998

Amanda Meppelink Westman, PHD
Assistant Professor of Surgery (Plastic & Reconstructive Surgery) (Pending Executive Faculty Approval) (primary appointment)
PHD University of Virginia 2020
BS Washington Univ in St. Louis 2012

Brad C White, MD
Instructor in Clinical Surgery (Urologic Surgery) (primary appointment)
MD Loyola University Chicago 1993
BS Illinois State University 1986

Paul Edward Wise, MD
Professor of Surgery (General Surgery) (primary appointment)
BS Georgetown University 1992
MD John Hopkins University 1996

Brian Wing-Chi Wong, PHD
Assistant Professor of Surgery (General Surgery) (primary appointment)
BS University of British Columbia 2001

PHD University of British Columbia 2011
Matthew D Wood, PHD, MS
Assistant Professor of Surgery (Plastic and Reconstructive Surgery) (primary appointment)
BS Washington Univ in St. Louis 2009
PHD Washington Univ in St. Louis 2009
BS Saint Louis University 2005
MS Washington Univ in St. Louis 2008

Y

Yan Yan, MHS, MD, PHD
Professor of Surgery (Public Health Sciences) (primary appointment)
Professor of Biostatistics
MHS Johns Hopkins University 1995
MD Nanjing Medical University 1983
PHD Johns Hopkins University 1998

Muhammad T Yasin, MD
Assistant Professor of Surgery (General Surgery) (primary appointment)
MD Punjab University 1985

William D Yates, MD
Instructor in Clinical Surgery (General Surgery) (primary appointment)
BA Northwestern University 1983
MD Northwestern University 1985

Robert A Young, MS, MD, JD
Instructor in Clinical Surgery (Plastic and Reconstructive Surgery) (primary appointment)
MS Ohio State University 1975
MD Ohio State University 1978
BA University of Michigan 1973
JD Saint Louis University 1997

Z

Mohamed A Zayed, MD, PHD
Associate Professor of Surgery (General Surgery) (primary appointment)
Associate Professor of Radiology
MD University of North Carolina 2009
BS University North Carolina 2002
PHD University of North Carolina 2007

Christian W Zemlin, PHD
Associate Professor of Surgery (Cardiothoracic Surgery) (primary appointment)
PHD Humboldt University 2012

Research Electives

Surgery Research Electives

During the fourth year, opportunities exist for many varieties of advanced clinical or research experiences.
For the most up-to-date medical student research opportunities, please visit the Research page of the Department of Surgery website (https://surgery.wustl.edu/research/).

Section of Minimally Invasive Surgery
660 S. Euclid, Box 8109
Phone: 314-454-8877

Under the direction of L. Michael Brunt, MD, students may investigate minimally invasive gastrointestinal and hernia surgery. The minimum rotation length is four weeks. Under the auspices of the Section of Minimally Invasive Surgery and the Washington University Institute for Minimally Invasive Surgery, a number of surgeons are investigating outcomes of various minimally invasive surgical approaches to abdominal wall hernias, benign foregut disorders, bariatric surgery and cholecystectomy. Dr. Brunt is currently investigating the clinical outcomes and standardization of various laparoscopic surgical procedures, opioid prescribing patterns and opioid use in surgical patients, and education-related research and skills training for medical students planning to enter a surgical internship.

Division of Plastic and Reconstructive Surgery
660 S. Euclid, Box 8238
Phone: 314-747-0541

The Division of Plastic Surgery offers many opportunities for research projects on various topics related to plastic surgery. A project will be designed with students prior to their rotation on plastic surgery so that all of the materials and methods will be available at the beginning of the rotation. The basic science laboratories primarily investigate nerve injury and regeneration, including nerve transplantation. Students will be encouraged to design and complete their own research study during the elective. The minimum rotation length is six weeks.

The research rotation can be conducted in the plastic surgery laboratories under the direction of Drs. Moore, Snyder-Warwick, Wood or Mackinnon. Ongoing projects include the following:

- The influence of the immune system on nerve regeneration;
- Neural tissue engineering and regenerative medicine therapeutics, such as electrical stimulation to promote tissue regeneration
- The investigation of glial cells at the neuromuscular junction during development, maintenance, aging, and after nerve injury

Additional clinical and educational research opportunities in various fields of plastic surgery are available with Drs. Fox, Myckatyn, Patel, Tung, and Woo. These various projects include the following:

- In vivo tissue generation and tissue differentiation
- The mechanical, structural and biochemical effects of stress on scar tissue maturation
- In vivo anatomy of craniofacial deformities
- Outcome analysis of methods of cleft lip and palate management
- Breast reconstruction (3D imaging of breasts after cosmetic or reconstructive surgery, interpretation of angiograms of the breast to measure nipple perfusion)
- The use of nerve transfer to improve hand function in patients with cervical spinal cord injury/quadruplegia
- Surgical education (specifically web-based multimedia strategies for peripheral nerve surgery education)

The Department of Surgery can host Washington University medical students in any of its labs either to receive credit for a class they are currently enrolled in or to add them into the system as Washington University student employees to be paid for their time worked. Student work may be obtained through the Federal Work-Study program, the Office of Medical Student Research, or direct communication initiated by the student with faculty they wish to work alongside on specific subjects of interest with the goal of furthering their education. This can occur during any year of a medical student’s education.

Courses

M95 Surgery 790 Integrated Surgical Disciplines Clerkship
During the 8-week surgery clerkship, each student is assigned to separate rotations. Each student is assigned to a required general surgery rotation at Barnes-Jewish Hospital or the John Cochran Veterans Administration Medical Center. In addition, each student selects elective rotations in other general surgical fields, surgical subspecialties and related disciplines of critical care. The student is an active participant in the daily care of patients on each service and attends the service teaching conferences and rounds. For the duration of the 8-week rotation, there are weekly small-group tutorial sessions with faculty members and a biweekly lecture series.
Credit 308 units.

M95 Surgery 814 Trauma Service Subinternship
The student on this elective will function as a subintern on the Trauma and Acute Care Surgical Service within the Section of Acute and Critical Care Surgery. Through completion of this subinternship, the student will gain an ability to evaluate, resuscitate and manage trauma and emergency general surgery patients. Subinterns will actively interact with patients in the outpatient office, hospital ward and operating room. Practical experience will involve preoperative patient evaluation, resuscitation of acutely ill patients, operative patient management, in-hospital patient care and postoperative outpatient follow-up. The student will also participate in affiliated conferences and in-house call.
This subinternship is specifically designed to give senior medical students an intern-level experience in managing acute on-call problems in surgical patients and in evaluating urgent and emergent problems in the ED. The rotation will be divided into two, two-week segments: one segment in the ED and the second on night float call on the surgical floors. Students will gain experience evaluating and managing the types of acute problems they will encounter as surgical interns as first responders to patients with acute abdominal pain, chest pain, hypotension, mental status changes, and other ER/on-call type problems. They will be assigned to the on-call surgical resident and will have a structured experience in order to maximize development of their diagnostic, management, and case presentation skills in the acute care setting so that they may more smoothly make the transition to a surgical internship.

The subinternship in cardiothoracic surgery is a four-week clinical rotation with two-week blocks divided between adult cardiac, pediatric cardiothoracic, and general thoracic surgery (according to the student’s preference). Students will participate in morning work rounds, attend the operative procedures of their choice, and attend weekly conferences and teaching rounds. Students will be introduced not only to the surgical procedures, but also to the postoperative care of the surgical patients. On the pediatric and adult cardiac services, students will be introduced to the principles of cardiopulmonary bypass, repair of congenital heart defects, ventricular assist devices, cardiac transplantation, coronary artery bypass surgery (on and off pump), valve repair and replacement, complex aortic surgery, the MAZE procedures and others. On the adult cardiac surgery service, students will function as sub-interns under the direct supervision of a faculty member. On the thoracic surgical rotation, students will have the opportunity to perform bronchoscopy, esophagoscopy, gastroscopy, and participate in surgical resections of lung cancer and esophageal cancer, as well as surgery for emphysema and for benign esophageal conditions. Students will also participate in lung transplantation surgery. Medical students are also invited to participate in ongoing research projects under the mentorship of urology faculty. Please contact course director prior to the start of the elective if you are interested in this option.

This subinternship elective is designed to give students in-depth experience in the clinical management of patients on the Colorectal Surgery Service. Students work closely with the attendings within the Section of Colon and Rectal Surgery, and clinical exposure is focused on a wide range of benign and malignant colorectal diseases. There is exposure to radiation oncology and the specialized areas of nursing related to care of patients with colorectal cancer and inflammatory bowel disease. The course will offer opportunities for students to gain experience in preoperative, intraoperative and postoperative, patient management under house staff, fellows, and faculty guidance, as well as ample opportunity to attend and participate in conferences. Notice: If a student desires to work more closely with a specific attending, he/she must make special arrangements with the Colorectal Surgery Office prior to beginning this elective.

This subinternship is designed to give students in-depth experience in the clinical management of patients on the Endocrine and Surgical Oncology Service (Unit I Service). Students will serve as clerks and will be responsible for patient management with house staff under the guidance of the chief resident and attending surgeons. Clinical exposure is focused on thyroid and parathyroid surgery, as well as breast oncology, melanoma, and soft-tissue sarcomas. The course will offer opportunities for students to gain experience in preoperative, intraoperative, and postoperative patient management. There
will be opportunity for students to evaluate patients, decide on a diagnostic and management strategy and provide care under house staff and faculty guidance, as well as ample opportunity to attend and participate in conferences.

**M95 Surgery 864 Ethical Challenges in Surgery and Medicine**

This elective will involve exploration of the ethical challenges discussed during didactic conferences and in clinical settings within the Department of Surgery at Washington University in St. Louis School of Medicine. The student will be guided through readings, discussions, and projects by department faculty members with expertise in clinical ethics. The elective will result in a manuscript ready to be revised/finalized for publication submission with the student as lead author. This elective provides the opportunity to work closely with faculty mentors and should appeal to any student interested in the ethical and humanitarian challenges facing physicians in particular and society in general.

**M95 Surgery 871 Vascular Surgery Subinternship**

This subinternship elective is designed to give students in-depth experience in the clinical management of patients on the Vascular Surgery Service. The elective will offer opportunities for students to gain experience in preoperative, intraoperative and postoperative management of patients with surgically treated vascular diseases/conditions. Students will serve as clerks and will be responsible for patient management with house staff under the guidance of the fellow and attending surgeons. There will be opportunity for students to evaluate patients, decide on a diagnostic and management strategy, and provide care under house staff and faculty guidance, as well as ample opportunity to attend and participate in conferences. Notice: If a student desires to work more closely with a specific attending, he/she must make special arrangements with the faculty member prior to beginning this elective.

**M95 Surgery 879 Hepatobiliary-Pancreatic Surgery Subinternship**

This subinternship is designed to give students in-depth experience in the clinical management of patients on the Hepatobiliary-Pancreatic (HPB) Service. The HPB Service is a busy upper gastrointestinal service with a focus on hepatobiliary and pancreatic diseases and their treatment. The course offers opportunities for students to gain experience in preoperative, intraoperative, and postoperative patient management. Students will serve as clerks and will be responsible for patient management with house staff under the guidance of the fellow, chief resident and attending surgeons. There will be opportunity for students to evaluate patients, decide on a diagnostic and management strategy, and provide care under house staff and faculty guidance, as well as ample opportunity to attend and participate in conferences. Note: If a student desires to work more closely with a specific attending, he/she must make special arrangements with the faculty member prior to beginning this elective.

**M95 Surgery 880 Pediatric Surgery Subinternship**

This subinternship will expose the student to a wide variety of pediatric surgical cases. This includes the preoperative and postoperative care of patients as well as the care of pediatric trauma patients. Daily walking or sit-down rounds are made with the resident, nurse practitioner, and attending staff, and participation is expected in the pediatric surgery clinic and the operating room. Weekly conference attendance is mandatory and includes mortality and morbidity, radiology, pathology, solid tumor board, ED/trauma, and GI conferences. Students have the opportunity to understand the widely differing anatomy and physiology of patients ranging from newborn infants to teenagers and young adults. The student functions as a team member and assumes level-appropriate responsibilities as determined by senior team members in this highly specialized care field.

**M95 Surgery 891 Organ Transplantation Subinternship**

The care of transplant patients requires the integration of multiple diverse medical and surgical disciplines. This subinternship in organ transplantation encompasses the preoperative evaluation and management of adult and pediatric recipients of liver, kidney, and pancreas. Students participate in procurement of allografts from cadaveric or living donors, organ preservation, and transplantation. Emphasis is also placed on postoperative care, multimodality immunosuppression and management of allograft rejection. Basic hepatic and renal physiology, fluid and electrolyte balance, and transplantation immunology are stressed. Rotation provides an elaborate exposure to different facets of management of end stage renal and liver disease. Management of the complications of diabetes, hypertension, portal hypertension, and infectious problems are an integral part of pre- and post-transplant care. This course is designed to offer the student an overview of the field of organ transplantation, however, in addition to transplant surgery, students will also get some exposure to vascular access and hepatobiliary surgery. The student functions as a member of the transplant team and assumes appropriate responsibilities under supervision.

**M95 Surgery 893 Minimally Invasive Surgery Subinternship**

This subinternship elective in minimally invasive surgery is offered by the Chief of the Section of Minimally Invasive Surgery in the General Surgery Division. Surgeons in the Minimally Invasive Surgery group regularly perform the following procedures laparoscopically: cholecystectomy, splenectomy, adrenalectomy, hiatal hernia repair, endoscopic myotomy for achalasia, inguinal hernia repair, ventral hernia repair, complex abdominal wall reconstruction, robotic surgery, and bariatric surgery for morbid obesity. The medical student electing this rotation will participate in the outpatient office and direct patient care, assist and observe in a wide range of laparoscopic procedures and participate in teaching rounds and conferences. During this rotation, the student will also have the opportunity to observe and participate in minimally invasive surgical procedures performed by various surgeons within the Section of Minimally Invasive Surgery and will function as an acting intern.

**M95 Surgery 900 Research Opportunities-Surgery**

Research opportunities may be available. If interested, please contact the department of Surgery.
People of the School of Medicine

Faculty & Staff

Staff

For staff contact information, please visit the Washington University online directory (http://wustl.edu/directory/).

For access to online directories for Washington University, Washington University Physicians and BJC HealthCare, please visit the Washington University School of Medicine’s online directories (http://medicine.wustl.edu/directory/).

Faculty

The All Faculty List of the online Bulletin is drawn from the Washington University Human Resources Management System (HRMS) and provides academic appointments and education details. To update or change a faculty member’s Bulletin listing, please contact the HRMS representative for the department, division or program.

Students

For student contact information, please visit the Washington University online directory (http://wustl.edu/directory/).

Faculty Committees

Committees and Committee Members

This section of the Bulletin presents faculty committees, which govern various aspects of School of Medicine activities related to research, patient care and education. Their purpose is to help ensure that the school’s activities are carried out in compliance with university policies as well as with state and federal law.

Executive Faculty Members

Voting Members

David H. Perlmutter
Executive Vice Chancellor for Medical Affairs
George and Carol Bauer Dean of the School of Medicine
Spencer T. and Ann W. Olin Distinguished Professor
Chairman, Executive Faculty

Opeolu M. Adeoye
Michael S. Avidan
Craig A. Buchman
Richard J. Cote
Timothy J. Eberlein
Victoria J. Fraser
Benjamin A. Garcia
Dennis E. Hallahan
Dineo Khabele
Jin-Moo Lee
Todd P. Margolis

Jeffrey D. Milbrandt
Regis J. O’Keefe
David W. Piston
Linda J. Richards
Gary A. Silverman
Liliana Solnica-Krezel
Richard L. Wahl
Sean P. J. Whelan
Gregory J. Zipfel
Charles F. Zorumski

James A. J. Fitzpatrick
Chair, Executive Committee of the Faculty Council

Gregory F. Wu
Vice Chair, Executive Committee of the Faculty Council

Kristin Stahl
Voluntary Faculty Representative

Ex Officio

Andrew D. Martin
Chancellor
Beverly Wendland
Provost

Faculty Council

The Faculty Council consists of all full-time and certain part-time (employed by the School of Medicine at greater than or equal to 0.5 FTE) members of the faculty with the rank of professor, associate professor or assistant professor as well as those instructors (full-time or part-time if employed by the School of Medicine at greater than or equal to 0.5 FTE) who have been on the faculty for at least three years.

Executive Committee of the Faculty Council (ECFC)

James A. J. Fitzpatrick
Chair

Gregory F. Wu
Vice Chair

For a full list of committee members, please visit the Executive Committee of the Faculty Council website (https://eclf.wustl.edu/).

Institutional Animal Care and Use Committee

Brian Finck
Chair

Please visit the Institutional Animal Care and Use Committee (http://research.wustl.edu/Offices_Committees/ASC/Pages/default.aspx) website for information.
Committee on the Academic and Professional Evaluation of Students

Linda J. Pike, PhD
Chair
Kari Allen, MD
Paul Bridgman, PhD
Steven Cheng, MD
Erika C. Crouch, MD, PhD
Brian Edelson, MD, PhD
Melissa Harbit, MD
Henry Huang, PhD
Nigar Kirmani, MD
Robert Naismith, MD
Casey Pruitt, MD
Deborah Rubin, MD

Ex Officio
Eva Aagaard, MD
Tom De Fer, MD
Michael Donlan, PhD
Lisa M. Moscoso, MD, PhD
Valerie Ratts, MD
Will R. Ross, MD, MPH
Karen Winters, MD

Committee on Admissions

Valerie S. Ratts
Chair
For a full list of committee members, please visit the Medical Student Admissions website (https://mdadmissions.wustl.edu/how-to-apply/seletion-process/admissions-committee-bios/).

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For a full list of committee members, please visit the Department of Radiation Safety website (https://radsafety.wustl.edu/An1Pages/An1-Committees.htm).

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For a full list of committee members, please visit the Siteman Cancer Center website (https://siteman.wustl.edu/about/committees/).

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Policies & Guidelines of the School of Medicine

The policies and guidelines listed here relate to Washington University’s and the medical school’s educational mission. These policies, procedures and guidelines exist to assist Washington University students, faculty and administrators with doing the business of Washington University in St. Louis in ways that are effective, consistent and compliant and to provide a safe, effective and supportive environment in which to learn, teach and work.

Washington University Policies & Guidelines

Some universitywide policies are available on the University Policies page (p. 10) of this Bulletin. A more complete list is available on the Washington University Compliance and Policies page (https://wustl.edu/about/compliance-policies/).

School of Medicine Policies & Guidelines

Washington University School of Medicine is committed to providing a safe, professional and supportive environment in which to learn. These policies and guidelines pertain to professionalism, appropriate conduct and student rights. They exist to protect students and employees as they conduct their daily responsibilities.

- Student Health & Safety Policies (p. 395)
  - Bloodborne Pathogens Policy (p. 395)
  - Needle Stick/Human Blood and Body Fluid Exposure Policy (p. 396)
- Liability Insurance (p. 381)
- Professionalism & Conduct Policies (p. 391)
  - Policy Against Abusive Conduct (p. 391)
  - Research Integrity Policy (p. 391)
  - Social Media Policy (p. 391)
  - Student Organization Alcohol Guidelines (p. 391)
- School of Medicine Programs Student Mistreatment Reporting and Monitoring Policy (p. 381)
- Student Rights Policies (p. 396)
  - Policy on Student Rights Under the Family Educational Rights and Privacy Act (p. 396)
MD Program Policies & Guidelines

These policies and guidelines pertain to the four- and five-year medical degree programs as well as to the MD portion of joint degree programs. Full information about the Student Constitution and Bylaws can be found in Canvas (https://md.wustl.edu/academics/learning-management-technology-canva/).

Please note that the MD Program Policies & Guidelines are subject to change as needed; effective dates will be noted.

Policies for All MD Students

• Access to Healthcare Services Policy (p. 353)
• Clinical Supervision Policy (p. 367)
• Duty Hour Policy (p. 373)
• Grade Notification Policies and Procedures (p. 378)
• Pharmaceutical and Medical Device Industry Policy (Conflicts of Interest) (https://fpp.wustl.edu/policies/policy-on-conflicts-of-interest-in-clinical-care/)
• Policy for Non-Involvement of Providers of Student Health Services in Student Assessment (p. 385)
• Technical Standards for the School of Medicine (p. 397)
• Transportation Policy (p. 390)

Policies for Gateway Curriculum Students

• Formative Assessment and Feedback (p. 374)
• Monitoring of Student Time (p. 384)
• Narrative Assessment (p. 375)
• Phase 1 Attendance Policy (p. 351)
• Phase 2 Attendance Policy (p. 352)

Promotion and Appeals for the Gateway Curriculum

• Policy for Review of Student Attainment of Competency (p. 386)
  • Committee for Academic Promotion Bylaws (p. 368)
  • Competency Attainment and Clerkship Competency Committees’ Bylaws (p. 369)
• Policy for Student Promotion and Appeals (p. 386)
  • Contesting Individual Assessments Procedure (p. 372)
  • Formal Appeal Procedures for Competency Attainment and Promotion Decisions (p. 379)
  • Course Credit Procedures (p. 373)

Policies for Legacy Curriculum Students

• CAPES – Assessing Academic Achievement & Professionalism (p. 357)
• Cheating (p. 376)
• Clerkship Grade Appeals (p. 378)
  • Clinical Absence Policy (p. 350)
  • Exam Expectations for Faculty (p. 376)
  • Grade Point Average, Class Ranking, and Grade Distributions (p. 378)
  • Grading System (p. 377)
  • High-Stakes Exam Expectations for Students (p. 375)
  • Leave of Absence Policy (p. 354)
  • Pre-Clerkship Grade Appeals (p. 378)
  • Professionalism (p. 387)
    • Preamble (p. 387)
    • Guiding Principles of Professionalism (p. 388)
    • Related Policies (p. 391)
  • Remediation (p. 379)
  • Student Status and Benefits (p. 355)
  • USMLE (p. 376)

Non–Student-Related Policies

• Admissions Policies (p. 355)
  • Advanced Standing Transfers Policy for Medical Students (p. 355)
  • Policy on the Final Authority of the Committee on Admissions (p. 356)
  • Policy on the Selection of Students (p. 356)
  • Policy on External Factors (p. 356)
  • Continuous Quality Improvement (p. 372)
  • Non-University-Affiliated Speaker Compensation (p. 385)

Health Professions Policies & Guidelines

For information regarding the policies and guidelines of the following degrees and programs, please visit these sites:

• Applied Health Behavior Research (https://crtc.wustl.edu/programs/degrees/ahbr/)
• Audiology and Communication Sciences (https://pacs.wustl.edu/programs/)
• Biology and Biomedical Sciences (http://dbbs.wustl.edu/curstudents/DBBSStudentPolicies/Pages/DBBSStudentPolicies.aspx)
• Biomedical Engineering (https://bme.wustl.edu/graduate/phd/Pages/default.aspx)
• Biostatistics (https://biostatistics.wustl.edu/)
• Clinical Investigation (https://crtc.wustl.edu/programs/degrees/mci/)
• Doctor of Philosophy (http://graduateschool.wustl.edu/policies-procedures/)
• Occupational Therapy (https://www.ot.wustl.edu/about/resources-118/)
• Physical Therapy (https://pt.wustl.edu/student-resources/)
• Population Health Sciences (http://mphs.wustl.edu/)
• Public Health (http://bulletin.wustl.edu/brownschool/policies/)

Joint Degree Program Policies & Guidelines

For policies and guidelines relating to any joint degree program, please refer to the MD program section of this page and the polices and guidelines for the respective program areas.

• Doctor of Medicine (Five-Year Program) (p. 349)
• Doctor of Medicine and Master of Science in Clinical Investigation (https://crtc.wustl.edu/courses/class-list/academic-policies/)
• Doctor of Medicine and Master of Population Health Sciences (http://mphs.wustl.edu/)
• Doctor of Medicine and Master of Public Health (http://bulletin.wustl.edu/brownschool/policies/)
• Doctor of Medicine and Doctor of Philosophy (http://dbbs.wustl.edu/curstudents/DBBSSStudentPolicies/Pages/DBBSSStudentPolicies.aspx)

MD: Absences & Leaves

Absence Policy for Medical Students on Clinical Rotations

Background

The profession of medicine requires the utmost commitment of time and energy to patient care and research activities. While the development of this commitment begins in the preclinical years, it is further practiced and developed during clinical training.

The clinical year at Washington University School of Medicine (WUSM) comprises 48 weeks of required core clinical experiences. The fourth year encompasses a 44-week time block and requires MD students to take a minimum of 36 weeks of credit (32 weeks of electives plus four weeks of Capstone). MSTP students are required to take a minimum of 12 weeks of credit (eight weeks of electives plus four weeks of Capstone).

All students on clinical rotations have a scheduled two-week winter recess break and a three-day spring break. All clinical students have a two-week break between the end of the third-year clinical rotations and the start of the fourth-year elective rotations. During every clinical rotation, each student is expected to participate fully in all activities of the clinical rotation until the designated end time of the clinical rotation or the start time of a holiday break. This regularly requires participation beyond formal weekday hours to include evening and nighttime call and clinical responsibilities on weekends. In keeping with LCME standard 12.4, all students requiring access to necessary diagnostic, preventive, and therapeutic care for both acute and chronic health concerns are to be excused from clinical training per the Washington University School of Medicine Access to Healthcare Services Policy. (p. 353)

Students must recognize that clinical teaching, learning and evaluation are dependent on the student’s presence and participation in every aspect of the clinical rotation. While students will not be graded down only because of an excused absence, time spent away from the rotation may decrease learning and impede effective evaluation.

Policies

In the event that a student finds that an absence from a clinical rotation is unavoidable, they must complete an absence notification form that will be sent to the clinical course director and the Director of Medical Student Education and Student Affairs. Students must also notify their clinical supervisors by email.

If a student is ill or has a personal emergency, they are responsible for completing an absence notification form as soon as possible. If the absence extends beyond two consecutive days, the Director of Medical Student Education and the Office of Student Affairs will be notified.

It is recognized that a student may, on a rare basis, desire to be excused from clinical activities for professional or significant personal events. Travel prior to or following observed university holidays and breaks that occurs outside of the officially designated times/dates on the MD Program Academic Calendar does not constitute a significant personal event or unavoidable absence.

For all students on clinical rotations, the Clinical Curriculum Committee has agreed upon the following limitations on the maximum number of days of absences (both planned and unplanned) from clinical rotations.

<table>
<thead>
<tr>
<th>Type of Course</th>
<th>MD Students</th>
<th>MSTP Students and Interviewing Fourth-Year MD Students*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-week elective</td>
<td>1 day</td>
<td>1 day</td>
</tr>
<tr>
<td>3-week clerkship</td>
<td>1 day</td>
<td>1 day</td>
</tr>
<tr>
<td>4-week elective</td>
<td>3 days</td>
<td>5 days</td>
</tr>
<tr>
<td>4-week clerkship</td>
<td>3 days</td>
<td>3 days</td>
</tr>
<tr>
<td>5-week clerkship</td>
<td>3 days</td>
<td>3 days</td>
</tr>
<tr>
<td>8-week clerkship</td>
<td>4 days</td>
<td>4 days</td>
</tr>
<tr>
<td>9-week clerkship</td>
<td>4 days</td>
<td>4 days</td>
</tr>
</tbody>
</table>

* Residency interviewing season is typically from mid-October through January. Any additional days off would require approval by the Associate Dean for Medical Student Education and the elective course director.
If a student misses more than the maximum number of allowable days of absences for a given clinical rotation, the consequence rendered will be at the discretion of the clinical course director and the Associate Dean of Student Affairs or the Associate Dean of the Office of Medical Student Education.

Failure of the student to notify the clinical course director of their absence after consideration of the particular circumstances of the absence will result in the filing of a professionalism concern form (PCF).

**Guidelines**

All non-clinical electives and the Capstone course may have separate attendance requirements and absence procedures. Please refer to the course syllabus for details.

Students are encouraged to make up missed work on rotations in which this can result in meaningful learning and should discuss this option with the clinical course director.

At the discretion of the clinical course director, any student who misses portions of the clinical experiences due to planned or unplanned absences that exceed the maximum time may be required to utilize winter recess, spring break or free time at the end of the third-year clinical rotations to complete the 48 weeks of mandatory clinical rotations.

A concerning trend of absences may result in a review of professional integrity by the Committee on the Academic and Professional Evaluation of Students (CAPES), at the discretion of the Dean of Student Affairs.

MSTP students are encouraged to do the following:

- Meet with the Assistant Dean for Career Development early for assistance in residency planning.
- Consider returning to the MD program to allow for 18 to 24 months to complete MD training to allow flexibility for interviewing and USMLE exams.
- Discuss planned absences with clinical course directors early, prior to a clinical rotation, to better allow placement on a team to optimize the educational experience. We believe this guideline strikes an appropriate balance between increased flexibility for the MSTP students and assuring a meaningful educational experience on the core clinical rotations.

The Washington University School of Medicine Absence Policy for Medical Students on Clinical Rotations was last approved by the Oversight Committee on Medical Student Education on May 3, 2021. All substantive edits to this policy require approval by the Oversight Committee on Medical Student Education.

**Phase 1 Attendance Policy**

**Background**

The profession of medicine requires the utmost commitment of time and energy to learning/education, patient care, research and other scholarly activities. The development of this commitment begins in Phase 1 of the Gateway Curriculum.

Students must recognize that teaching, learning and assessment in both clinical and nonclinical settings are dependent on the student's presence and participation in their education. Time spent away from an educational experience may decrease learning and impede effective assessment.

In keeping with LCME standard 12.4, all students requiring access to necessary diagnostic, preventive, and therapeutic care for both acute and chronic health concerns are to be excused from required learning activities. Please refer to the Access to Healthcare Services Policy (p. 353) for additional details.

**Policies/Requirement**

Students are expected to attend all required sessions within Phase 1 of the Gateway Curriculum as specified within the learning management system. In the unusual circumstance that a student finds that they are unable to attend a required session, the student must complete an absence notification form in the learning management system that will be sent to the faculty lead, with a copy sent to the Office of Medical Student Education (OMSE). This form must be completed prior to the session that they will miss or as soon as possible after the session if missed due to sudden illness or emergency. In addition, students unable to attend a team activity should notify their team members by email. In the case of immersions, students must also notify by email the clinical team to which they have been assigned.

In the event that an absence is unavoidable, students will work with the faculty leads to develop a remediation plan for the missed session. All required assignments associated with a missed session must be completed. Faculty directors may require additional makeup work for missed sessions. Faculty leads may also designate some sessions as those that cannot be missed except under extreme circumstances because they cannot be made up. These sessions will be noted in the learning management system and should only be missed under extreme, unavoidable circumstances such as a medical illness or family emergency. Failure to attend a required learning activity without providing notification is considered an unprofessional behavior.

Attendance data will be tracked longitudinally by OMSE within the learning management system for all phases of the curriculum. An absence will be recorded even when makeup work for a missed session is completed. Data will be monitored by the Assistant Dean of Assessment in collaboration with OMSE and will be reviewed by the Competency Attainment Committee as evidence contributing to attainment of competency in PROF-2: Exhibit high standards of professional integrity.
Guidelines
Central monitoring of absences will reside with the Office of Medical Student Education and the Assistant Dean of Assessment. A concerning trend of absences may be discussed with the Associate Dean of Student Affairs and the Director of Coaching and Student Success to ensure appropriate student support can be offered and provided. Faculty directors of required Phase 1 sessions will include a specific faculty contact in the learning management system associated with all required sessions.

The Washington University School of Medicine Phase 1 Attendance Policy was last approved by the Committee on the Oversight of Medical Student Education governing body on Feb. 19, 2021. All substantive edits to this policy require approval by the Committee on the Oversight of Medical Student Education governing body.

Phase 2 Attendance Policy
Background
The profession of medicine requires the utmost commitment of time and energy to learning/education, patient care, research, and, when appropriate, other scholarly activities. The development of this commitment begins in Phase 1 of the Gateway Curriculum and extends into Phase 2 as students advance in their training to become physicians.

Students must recognize that teaching, learning, and assessment in both clinical and nonclinical settings are dependent on the student’s presence and active participation. Time spent away from educational experiences, in both clinical and nonclinical settings, may decrease learning and impede effective assessment.

The clerkships of Phase 2 of the Gateway Curriculum consist of a foundational week(s) period, a period of clinical assignments divided into individual rotations based on the specific clerkship, and a week of assessment, reflection, coaching, and communities (ARCC).

This document outlines the attendance policies and expectations for Phase 2 of the Gateway Curriculum while also recognizing that students may have legitimate reasons for absences. In keeping with LCME element 12.4, all students requiring access to necessary diagnostic, preventive, and therapeutic care for both acute and chronic health concerns are to be excused from required learning activities. Please refer to the Access to Healthcare Services Policy (p. 353) for additional details.

Policies/Requirement
Students are expected to attend all required sessions within Phase 2 of the Gateway Curriculum as specified within the learning management system. Required sessions will be noted in the learning management system and should only be missed under extreme, unavoidable circumstances such as a medical illness or family emergency.

In the unusual circumstance in which a student finds that they are unable to attend a required session, the student must complete an absence notification form in the learning management system that will be sent to the faculty lead, with a copy sent to the Office of Medical Student Education (OMSE). This form must be completed prior to the session that the student will miss or as soon as possible after the session if it is missed due to sudden illness or emergency. Students unable to attend a team activity should notify their team members by email with as much advanced notice as can reasonably be expected under the circumstances. This obligation also applies to correspondence with clinical teams for absences that occur during the clinical portion of the clerkship. If the unavoidable absence occurs during the ARCC week and an assessment will be missed, the student must also complete the Request to Delay Assignment/Assessment form.

When students encounter an unavoidable absence for required events within the foundational week(s) of a clerkship or the ARCC week, those students will work with the clerkship directors and/or other stakeholders to develop a remediation plan for the missed session, when possible. All required assignments associated with a missed session must be completed, and clerkship directors may require additional makeup work for missed sessions.

In keeping with the principles outlined above, students are expected to fully participate in their patient care assignments. If students find that they need to be absent from their responsibilities while rotating on clinical services, they will need to submit an absence notification form with as much advanced notice as can be reasonably expected under the circumstances. Students will still be accountable for meeting all clerkship requirements. Any absences that compromise a student’s ability to meet these requirements and/or other Phase 2 requirements will require a remediation plan at the discretion of the clerkship director.

Attendance data will be tracked longitudinally by the OMSE within the learning management system for all phases of the curriculum. An absence will be recorded even when makeup work for a missed session is completed. Data will be monitored by the Assistant Dean for Assessment (ADA) in collaboration with the OMSE, and it will be reviewed by the Competency Attainment Committee as evidence contributing to the attainment of competency in PROF-2: Exhibit high standards of professional integrity.
Guidelines

Students are encouraged to make up missed work on rotations when this can result in meaningful learning; they should discuss this option with the clinical course director.

Students are encouraged to notify clerkship leadership teams about any planned absences so that clinical assignments can be developed to minimize the educational impact of such absences.

Clerkships will also observe a general limit of three days of absences during a student’s clinical assignment. If a student has more than three days of absences during their clinical assignment, the consequences rendered will be at the discretion of the clerkship director, the Associate Dean of Student Affairs (ADSA), the ADA, and the Associate Dean for Medical Student Education.

Central monitoring of absences will reside with the OMSE and the ADA. A concerning trend of absences may be discussed with the ADSA and the Director of Coaching and Student Success to ensure appropriate student support can be offered and provided. Faculty directors of required Phase 2 sessions will include a specific faculty contact in the learning management system associated with all required sessions.

MSTP students are encouraged to do the following:

- Meet with the Assistant Dean for Career Development early for assistance in residency planning.
- Consider returning to the MD program to allow for maximum flexibility for interviewing and USMLE exams.
- Discuss planned absences with clerkship directors early and prior to clinical assignment development to better allow placement on a team to optimize the educational experience.

We believe this guideline strikes an appropriate balance between increasing flexibility for the MSTP students and ensuring a meaningful educational experience on the core clinical rotations.

The Washington University School of Medicine Phase 2 Attendance Policy was approved by the Committee on the Oversight of Medical Student Education on Dec. 6, 2021. All substantive edits to this policy require approval by the Committee on the Oversight of Medical Student Education.

Medical Student Access to Healthcare Services Policy

Background

The Liaison Committee on Medical Education (LCME), per element 12.4, expects that a medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational activities and has policies and procedures in place that permit students to be excused from educational activities to seek needed care.

This LCME requirement is aligned with Washington University School of Medicine’s (WUSM) dedication to providing access to support and high-quality care for the physical, emotional and mental well-being of its students. To achieve this, the Student Health Services team provides students at WUSM with efficient, accessible, high-quality care, without undue financial burden, in order to prevent and treat health problems that may interfere with a student’s educational and professional goals while attending WUSM. The Student Health Services Office is located on the Medical School Campus and provides a full range of primary care medical, mental health, health promotion and wellness services. The staff consists of physicians, nurses, psychologists, and administrative support for those clinicians.

Policies

In order to access these health services, medical students will be excused from classes or clinical activities. The following procedures will be followed:

A. Student responsibility

1. The student is responsible for notifying the office of the relevant director of the educational activity (e.g., the clerkship director) and, if applicable, the supervising clinician of their clinical team as soon as possible. This is for both routine preventative appointments and acute incidents.

2. For additional details regarding student responsibilities in the event of a planned or unplanned absence for students on clinical courses, please refer to the Absence Policy for Medical Students on Clinical Rotations (p. 350).

B. Responsibility of directors of required educational activities (e.g., the clerkship director)
Leave of Absence (LOA) Policy

Return of students from involuntary leave of absence requires clearance of both the director of Student Health Services and the associate dean for student affairs.

I. Voluntary LOA: A student may request a leave of absence for academic or personal reasons by submitting a statement in writing to the Office of Student Affairs. Such a statement should include indication of the beginning and anticipated ending dates and a brief statement of the reason (academic or personal). Requests for leaves of absence must be approved by the associate dean for student affairs. Leaves of absence shall be granted for no more than one year, but in unusual cases may be renewed by the Committee on the Oversight of Medical Education. A written statement of medical clearance will be required before the student may return from such a leave.

II. Involuntary LOA: If there is a reasonable basis for believing that the continued presence of the student on campus or in clinical rotations poses a substantial threat to the student, to patients, or to the rights of others to engage in their normal university functions and activities, the following procedures apply:

A. The chancellor or his designate may impose an involuntary leave of absence when there is evidence that a student has committed an offense under these rules or the University's Judicial Code, and when there is evidence that the continued presence of the student on the university campus or as a participant in a clinical rotation poses a substantial threat to themselves, to patients, or to the rights of others to continue their normal university function and activities.

B. Imposition of the involuntary leave of absence may result in denial of access to the campus, prohibition of class attendance and/or prohibition of participation in clinical rotations.

C. If an involuntary leave of absence is imposed, the suspending authority shall prepare a written notice of the imposition and shall have the notice mailed certified or personally presented to the student. The written notice shall include a brief statement of the reasons therefore and a brief statement of the procedures provided for resolving cases of involuntary leave of absence under these rules.

D. The student shall be given an opportunity to appear personally before the suspending authority within five (5) business days from the date of service of the notice of imposition of the involuntary leave of absence. If the student asks to appear personally before the suspending authority, only the following issues shall be considered:

1. Whether the suspending authority's information concerning the student's conduct is reliable; and
2. Whether under all the circumstances, there is a reasonable basis for believing that the continued presence of the student on campus or in clinical rotations poses a substantial threat to the student, to patients, or to the rights of others to engage in their normal university functions and activities.

E. Within one week of the date of imposition of the involuntary leave of absence, the suspending authority shall either file a statement of charges against the student with the University Judicial Board, and shall have the statement or charges served, by mail or personal service, upon the student and the dean of the school or college or director of the program in which the student is enrolled, or initiate proceedings under these rules to convene a Disciplinary Committee.

F. A temporary suspension shall end

1. when rescinded by the suspending authority, or
2. upon the failure of the suspending authority to promptly file a statement of charges with the University Judicial Board or a Disciplinary Committee, or
3. when the case is heard and decided by the University Judicial Board or the Disciplinary Committee.

Return of students from involuntary leave of absence requires clearance of both the director of Student Health Services and the associate dean for student affairs.

III. LOA Impact on Financial Aid: Students receiving financial aid should be advised that at the end of sixty (60) days or more leave of absence, the grace period for loan repayment during a leave of absence may be exhausted. In such cases there will be an obligation for the student to start payments. According to the federal rules under which loans are made,
the use of a grace period during a leave of absence will generally mean that the schedule for loan repayment may be changed. Students who are receiving financial assistance should consult with the Financial Aid Office to determine the implications of a leave of absence for their financial aid.

IV. LOA Impact on Tuition: A student returning from a leave of absence of one year duration or less will maintain the same tuition rate. Students returning after more than one year leave of absence will assume the tuition rate of the class they are rejoining. Appeals of this policy should be submitted in writing to the registrar. Please refer to the Financial Information section on Registration, Payments, and Withdrawal & Refunds Policy and the effect of a leave of absence on tuition and other financially related matters.

For additional information please review the Student Information for Leave of Absence or Withdrawal (PDF) (http://bulletin.wustl.edu/medicine/policies/md-absences/Leave_of_Absence_withdrawal_handout_2018.pdf).

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**Approved Research Year Away**

Student status is not maintained throughout the approved research year; students are no longer registered in the School of Medicine. Both disability and student health coverage are optional with proof of like coverage. The cost of either elected coverage is payable by the student. Outside funding often allows these costs.

**Leave of Absence**

**Leave of Absence Year at WUSM**

Student status is not maintained during the leave of absence though benefits of student health coverage and disability insurance are optional throughout an approved leave. Costs are payable by the MD program students. MD/PhD students may request support for these costs from the Division of Biology and Biomedical Sciences if funds are available. The Office of Financial Aid should be consulted for information regarding loan repayment and grace periods when on a leave of absence.

**Leave of Absence Year Away**

Student status is not maintained during the leave of absence away from Washington University School of Medicine. Both disability and student health coverage are optional with proof of like coverage. The cost of either elected coverage is payable by the student.

**MD: Admissions Policies**

**Advanced Standing Transfers**

**Policy for Medical Students**

**Background**

LCME Standard 10.7 calls upon accredited schools to ensure that any student accepted for transfer demonstrates characteristics comparable to the other students in the class that they will join. Further, the school must accept transfers into the final year only in rare and extraordinary circumstances. Washington University School of Medicine has historically offered a third-year advanced standing (transfer) program that conformed to the LCME standard. Curricular reform has led us to examine this policy.

Unlike the Legacy curriculum, which had a 2+2 structure that mapped readily onto other schools’ curricula, the Gateway Curriculum is both unique and integrated. A transfer student would not have an experience substantially equivalent to that of their classmates. Designing custom alternative programs for each transfer student would be impractical and contrary to the program’s philosophy. The Gateway Curriculum involves continuous benchmarking of progress against competencies and program objectives. A transfer student would not have this continuous benchmarking. It is therefore not possible to offer transfers into the Gateway Curriculum.
Policies/Requirement
Washington University School of Medicine does not accept advanced standing (transfer) students from other medical schools.

Guidelines
It is not possible to transfer into the MD degree program at Washington University, either as an MD-only candidate or as an MD-PhD. This policy does not preclude Washington University medical students from transferring internally into the Medical Scientist Training Program.

The Washington University School of Medicine Advanced Standing Transfers Policy for Medical Students was last approved by the Academic Affairs Committee on May 13, 2021. All substantive edits to this policy require approval by the Academic Affairs Committee.

Policy on the Selection of Students

Background
LCME Element 10.3 calls upon the faculty to establish criteria for student selection and to develop and implement effective policies and procedures regarding medical student application, selection, and admission and to make available to all interested parties its criteria, standards, policies, and procedures.

Policy
The selection process that has been developed by the Committee on Admissions identifies applicants whose life experiences, personal attributes, academic achievement, and career goals align with the mission and vision of WUSM (https://medicine.wustl.edu/about/mission/) and the guiding principles of the Gateway Curriculum (https://sites.wustl.edu/gatewaycurriculum/about/guiding-principles/). The purpose is to identify candidates who will contribute to the medical profession and who are most likely to enrich and benefit from our learning environment. Our process follows the AAMC principles of holistic review (https://students-residents.aamc.org/choosing-medical-career/holistic-review-medical-school-admissions/). Furthermore, the AAMC Core Competencies for Entering Medical Students (https://www.aamc.org/services/admissions-lifecycle/competencies-entering-medical-students/) are the overall dimensions on which students are evaluated. All of the committee’s rubrics and forms have been linked to these Core Competencies.

The Policy on the Selection of Students was last approved by the Academic Affairs Committee on Aug. 12, 2021. All substantive edits to this policy require approval by the Academic Affairs Committee.

Policy on the Final Authority of the Committee on Admissions

Background
LCME Element 10.2 requires that the "final responsibility for accepting medical students" rest with a formally constituted admission committee, with specified authority, composition, and rules of operation.

Policy
The Committee on Admissions (COA) has final authority for determining the acceptance of all candidates for the MD degree at Washington University School of Medicine. The COA is assembled by the Associate Dean for Admissions and is drawn from the faculty and staff of the School of Medicine, with the majority drawn from the full-time faculty.

Final decisions for the acceptance of an applicant during the regular season (prior to May 1) are made by the Steering Committee, a committee of the whole at which all COA members have seat, voice, and vote. Five voting COA members must be present at Steering, and the majority of voting members present must be members of the faculty for a quorum to be reached at Steering. After May 1, during the waitlist phase, final decisions are made by the Leadership Subcommittee on behalf of the COA.

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The selection of individual medical students is not influenced by political or financial factors, in accordance with our policies on external factors and conflicts of interest.

The Policy on the Final Authority of the Committee on Admissions was last approved by the Academic Affairs Committee on Aug. 12, 2021. All substantive edits to this policy require approval by the Academic Affairs Committee.

Policy on External Factors

Background
LCME Element 10.2 requires that the final responsibility for selecting medical students must reside with a formally constituted faculty committee and that the selection of individual medical students for admission is not influenced by any political or financial factors. This policy, together with the Policy on the Final Authority of the Admission Committee, is intended to clarify the role that external factors may play.

Policy
Persons or groups external to the Committee on Admissions may assist with the identification of applicants, but they do not have decision-making authority. The selection of individual students at WUSM must not be influenced by factors exogenous to the admissions process, such as political or financial factors.
The Policy on External Factors was last approved by the Academic Affairs Committee on Aug. 12, 2021. All substantive edits to this policy require approval by the Academic Affairs Committee.

MD: CAPES - Assessing Academic Achievement & Professionalism

The policies and procedures listed below are adopted by the faculty and administration of the School of Medicine concerning review of student academic performance and professional integrity.

Overall academic and professional evaluation of students at the Washington University School of Medicine (WUSM) will be made by the Committee on the Academic and Professional Evaluation of Students (CAPES). The Committee on the Academic and Professional Evaluation of Students operates under the Rules Governing Review of Student Performance. Please visit the CAPES (p. 357) section below for more information.

Rules Governing Review of Student Performance

Preface

This document describes procedures adopted by the faculty and administration of the School of Medicine concerning review of student academic performance and professional integrity. Students are encouraged to read this information for a thorough understanding of the contents. Any questions arising from the procedures laid out herein should be directed to the Office of Student Affairs or the Office of the Registrar.

Major revisions to this document will be approved by the Academic Affairs Committee.

Questions about this document may be directed to:

Lisa Moscoso, MD, PhD
Associate Dean for Student Affairs

Michael Donlan, PhD
Assistant Dean for Academic Affairs, Registrar

Updated Jan. 25, 2018

CAPES - Committee on the Academic and Professional Evaluation of Students

Purpose and Jurisdiction

Students at the Washington University School of Medicine must demonstrate the ability to synthesize and apply knowledge and the capability of becoming a safe and effective physician. In addition, they must demonstrate the principles of professionalism including sound judgment, honesty, integrity, responsibility, a sensitivity and compassion for individual needs, and compliance with applicable laws, policies and regulations.

Serious or repeated academic failures or breaches of these principles in professionalism will be referred to the Committee on the Academic and Professional Evaluation of Students (CAPES) for review. Throughout the enrollment of a student, it is within the jurisdiction of the CAPES to terminate the enrollment of a student who has demonstrated serious academic failure or a breach of professionalism. The deliberations of the CAPES are generally positive in approach and are committed to the ultimate aim of assisting students to successfully complete the courses of study required by the school. The principle that careful selection of students will minimize attrition from the school is strongly endorsed by the CAPES.

The text contained herein outlines rules governing the review of student performance. For further information, refer to the Guiding Principles of Professionalism (p. 388) in the Policies section of this Bulletin.

Responsibility of the Committee

The ultimate responsibility of the Committee on the Academic and Professional Evaluation of Students (CAPES) is to assess whether each student meets the academic and ethical standards necessary to enter the profession of medicine. To accomplish this mission, CAPES undertakes the following tasks:

• Student Advancement: The CAPES annually recommends promotion of students who have successfully completed all requirements of the current academic year to the studies of the subsequent year.

• Degree Recommendations: The CAPES recommends to the Executive Faculty those students who have successfully completed all prescribed requirements of the school and are qualified to receive the Doctor of Medicine degree.

• Academic Remediation Reviews: When a student is in need of academic support services, the CAPES will recommend student status and remediation measures, which may include entry of a student into an Individualized Study Program.

• Disciplinary Action: The CAPES will review cases requiring disciplinary action due to unprofessional behavior or a breach of integrity.
Students for Whom the Rules Apply

- All students engaged in preclinical and clinical education requirements for the MD degree
- Students in all years of the Five-Year MD program
- All students in joint and dual degree programs including but not limited to MD/MPH, MD/MSCI and MD/PhD (MSTP) programs taking preclinical or clinical portions of their MD education

Joint or Dual Degree Students:
When a student enrolled in a joint or dual degree program is found in violation of the other program's academic or professional integrity policy or is found to have committed any disciplinary violations, including violations of the University Student Conduct Code, such matters may be brought to the attention of the CAPES for review and further action. Notwithstanding decisions made by the other schools or programs, the CAPES reserves the right to take further action when a student is found in violation of such policies. If a student enrolled in a joint or dual degree program is not meeting academic performance expectations of the other program or school such that the student's status in that program or school may be impacted, the CAPES reserves the right to determine whether any action should be taken with respect to the student's status at WUSM.

CAPES Membership

- Appointed and ex officio membership: Twelve voting faculty members of the CAPES are appointed for a four-year term by the dean of the School of Medicine following nomination by the department heads and/or associate deans. Faculty members may be reappointed to serve on the CAPES. Membership will include both clinical and preclinical department faculty. In addition, the CAPES membership will include, in ex officio capacity, the registrar (nonvoting) and the associate dean for student affairs (nonvoting). The senior associate dean, the associate deans for medical education, admissions and diversity programs, and the director of Student Health Services may attend the CAPES meetings as nonvoting participants.
- Chair: A faculty member will be appointed by the dean from within the CAPES committee to serve as chair. The term of the chair will be four years and may be reappointed.
- Guests:
  1. When the committee is addressing issues related to academic performance, a course director who is not a member of the CAPES but who submitted a Fail/Incomplete grade for a student who is to be discussed at the meeting will be present at the meeting to provide information regarding the student's performance. A course director may send a designated representative or may submit information in writing. In the event that a course director or designated representative is not present or sufficient information has not been forwarded, final action for the student will be deferred until adequate information is available.
  2. Similarly, when the committee is addressing issues of professionalism, the individual filing the professionalism concern form will be present for the meeting or in some instances may be allowed to submit information in writing.
  3. Any faculty, administrator or staff may be invited at the discretion of the chair.

Meeting Frequency and Quorum

The CAPES meetings must occur in a timely manner after final examinations or re-examinations, as soon as practical after grades are submitted to the registrar. Generally grades will be submitted to the registrar within 10 days of completion of an examination. A meeting of the CAPES may also be convened at any time such that timely review of a matter is deemed necessary.

Seven voting members must be present to consider academic or disciplinary actions.

Grades

Grade Scales

Courses in the first- and second-year curriculum are evaluated on a pass/fail basis. Third- and fourth-year courses use a graded scale. Specific grades for each grade level are detailed in the Evaluation and Grades (p. 374) section of this Bulletin.

Grade Submission

Final grades will be submitted online within 10 business days of the final examination or final class meeting for the first two years. For the third and fourth years, grades are due within four weeks of the receipt of standardized examination scores or the last day of the rotation if no examination was given.

Grade Appeals

Students may appeal a grade with the course director by filing a grade appeal request form (https://registrar.med.wustl.edu/resources/#Forms). Grade appeals must be filed within 10 business days after the grade has been posted.

If reasons beyond the student's control delay the appeal past the July 15 deadline, the registrar must be notified so that the final transcripts, grade distributions and class rankings for the match process can be held pending resolution of the matter. If this notice is not received by the registrar prior to the deadline, the new grade cannot be accepted. Students participating in the residency match process should also notify the office of
career counseling whenever a grade appeal is in process. After the course director considers any appeal, they will indicate the resolution for the appeal on the grade appeal form and forward it to the registrar and the associate dean for student affairs.

**No grade changes are permitted for the prior academic year after July 15.**

**Grade Remediation**

The CAPES may invoke remediation requirements for individual courses that are different from those determined by the course director. In such cases, the CAPES determination will supersede that of the course director. The CAPES may also require the student to repeat a full academic year or portion thereof if it is judged necessary given the academic history. Occasionally, in order to remediate a failed course in the first or second year, students are permitted to complete equivalent course work at other institutions with the permission of the responsible department and written notification to the registrar.

**Grade Point Average, Ranking and Distribution**

The School of Medicine does not calculate grade point averages. Hours of credit appearing on the transcript reflect clock hours scheduled for the course or clinical rotation. For the purpose of residency applications only, students are placed in the upper, middle or lower third of the class according to a formula which considers weighting of courses in each academic year. This ranking is not recorded on the permanent academic record and does not appear on transcripts. It may appear in the Medical Student Performance Evaluation (MSPE). At the conclusion of the academic year, when all the official grades have been received, the official transcript, in addition to listing courses and grades achieved, gives the grade distribution in each course with the exception of elective and selective courses.

Please visit the Evaluation and Grades (p. 374) section of this Bulletin for more information.

**Academic Support and Accommodations**

**Tutoring**

Students experiencing difficulty in any course may request tutorial assistance. Such requests should be initially directed toward the course director and thereafter to the associate dean for student affairs. Students who are repeating courses will be offered tutorial assistance, and the CAPES may also require it. There is no charge to the student for tutorial assistance.

**Individual Study Program**

Students who have difficulty handling the normal academic course load will enter an Individual Study Program (ISP) requiring five years to complete rather than four years. The intent of an ISP is to optimize the prospect that the student will successfully complete the curriculum. An ISP may be requested by the student or recommended or required by the committee.

1. **ISP: Scope and Sequence**
   
The content and sequence of courses will be determined by the associate dean for student affairs with the input from the student, relevant course directors and the CAPES. The plan for execution of an ISP will be recorded in the student’s file in the Registrar’s Office and a copy will be provided to the student.

2. **ISP: Examination Schedules**
   
   Unless extenuating circumstances exist, ISP students are required to take the examinations for a particular course in their usual temporal relationship to the course work. Requests for exceptions should be recorded in the student’s file in the Office of the Associate Dean for Student Affairs. Approval of such requests is considered according to the Washington University School of Medicine guidelines for exam administration (p. 374) found in the Policies section of this Bulletin.

3. **ISP: Single Fail or Incomplete Grade**
   
   In the event that a single Fail or Incomplete grade is recorded for a student after entry into an ISP, the CAPES will again review the student’s record. Consequences may include remediation, repeat of the course or dismissal from the school.

4. **ISP: Grounds for Dismissal**
   
   Students on an ISP who have not successfully completed and received a grade of Pass or above in all required courses of the first- and second-year curricula by the start of the second six-week period in the year of the clinical clerkship may be dismissed from the school.

**Accommodations**

It is the responsibility of students to alert the CAPES regarding personal concerns, health problems, or any other factors that may be adversely affecting their academic performance, and to bring such matters to the attention of the director of Student Health Services or the associate dean for student affairs for possible accommodations.

**Indications for Review of Academic Performance**

"Indications for Review of Academic Performance" refers to the guidelines used at the school in the event a student either fails exams or a course or fails to complete a course in the requisite time. In general, the school guidelines for the "Indications for Review of Academic Performance" are as follows:
Exam Failure
Exam failures can warrant meeting with the associate dean for student affairs (ADSA) and/or lead to referral to the CAPES. Consult the conditions below for further details relevant to each student-year level.

Single Course Failure – Meeting with the ADSA
In the event of any initial failure of a course the student will meet with the associate dean for student affairs (ADSA) to formulate a remediation plan in coordination with the course director.

Multiple Course Failures – Referral to the CAPES
Two or more courses in one year
• If either a failing or incomplete grade in two or more courses occurs in a single year, the student's academic performance will be referred to the CAPES for review and determination of a course of action.

Three courses (cumulatively across multiple years)
• If either a failing or incomplete grade in three courses occurs across multiple years, the student's academic performance will be referred to the CAPES for review and determination of a course of action.

Individualized Study Program (ISP)
Refer to the ISP section (p. 359) within this CAPES policy for full details on guidelines pertaining to the review of students engaged in an ISP.

Time Constraints
Three-year rule:
No student may take more than three years to complete the course work required for the first two years of study. Time periods included in an approved leave of absence are not counted in these three years.

Two-year rule:
In the absence of extenuating circumstances or an approved leave of absence, no student may take more than two academic years to complete the course work required in any individual curricular year. Time periods included in an approved leave of absence are not counted in these two years.

Maximum Attempts at Passing a Course
Students have a maximum number of three attempts to pass any individual course during enrollment in the school.

Joint or Dual Degree Program Students
If a medical student enrolled in a joint or dual degree program is not making satisfactory academic progress or is not meeting academic performance expectations of the other program or school such that the student's status in that school or program may be impacted, the CAPES reserves the right to determine whether any action should be taken with respect to the student's status within the School of Medicine. Further details pertaining to joint or dual degree program students are listed in the section describing students for whom the rules governing student performance apply.

Note: Specific conditions warranting review of academic performance are detailed below for each student-year level. Conditions for review of student performance due to professionalism issues are found in the policy section regarding professionalism.

First-Year Students – Indications for Review of Academic Performance
All first-year courses must be completed before the start of the second-year curriculum. Failure to meet this requirement typically means one of the following conditions has occurred:

Failure of a Single Exam (for First-Year Medical Students)
Failure of a single exam is not an immediate indication for review of academic performance by the CAPES. However, failure of a single exam that comprises a significant portion of the final grade (typically 20% or more) must be reported by the course director to the associate dean for student affairs (ADSA). The course director may allow one attempt at remediation of the exam at a time the course director prescribes. The scheduling of the remedial exam will be agreed upon by the course director and the student, but it should generally not extend beyond 30 days after the end of the course. Days of recess for winter and spring break will not be counted in the 30 days. A grade of “E” (i.e., temporary grade signifying the pending make-up of a failed exam) will be submitted by the course director if the remedial exam is not accomplished within the course dates. This grade will stand on the academic record until it is replaced with a valid final grade of Pass or Fail. Grades of “E” that are not resolved within 30 days will be replaced with a grade of Fail (F). In rare circumstances, the ADSA may approve an extension of this deadline. If the student successfully remediates the exam, and has otherwise passed the course, a Pass (P) will be recorded by the registrar. A student may remediate only one examination in any course.

Failure of Two or More Exams
The ADSA may request that the CAPES reviews performance of a student who has failed two or more examinations. In such cases, the CAPES will recommend a course of action.
Failure of a Course
If a student receives a Fail/Incomplete grade in a single first-year course, the ADSA will meet with the student to formulate a remediation plan in coordination with the course director. The remediation plan may include the following options:

- Take a re-examination as approved by the course director.
- Enroll in and successfully complete, at the level designated by the course director, a summer course at a different institution, such a course being completed and passed by the beginning of the second year.

If a student fails to successfully complete an approved summer course or fails the re-examination taken to remediate a failed course, they will be referred to the CAPES for review and recommended course of action. The CAPES may require the student to enter an ISP or be dismissed from the school. The CAPES may permit a second re-examination. If the second re-examination is failed, the student will be dismissed from the school.

Failure of Two or More Courses
A student for whom the registrar has recorded a Fail/Incomplete grade in two or more courses during the first year will be referred to the CAPES for determination of a course of action. The committee may decide to permit the student to take re-examinations, if a re-examination has not already been taken. Such re-examinations will generally occur during the inter-academic year break. If a re-examination is failed the student may be required to enter an ISP or be dismissed from the school.

Second-Year Students – Indications for Review of Academic Performance
Students in their second year will be referred to either the associate dean for student affairs (ADSA) or the CAPES for review and resolution of a recommended course of action when any one of the following conditions has occurred:

Conditions for Meeting with the ADSA for Second-Year Students
Failure of a single interval exam within a year-long course or failure of one block-long course (for Second-Year Students):

- An initial failure of a single exam does not signal an automatic referral to the CAPES.
- A second-year student who receives a final grade of Fail or Incomplete in a single interval exam in a year-long course will first meet with the ADSA.
- A second-year student receiving a failing/incomplete grade in one block-long course must first meet with the associate dean for student affairs (ADSA).

Re-examination Scheduling and Resolution
- Re-examinations for year-long courses will generally be offered during the inter-academic year break, prior to entry into the third year.
- Re-examinations for individual block-long courses will generally be offered at a time determined by the course director and the ADSA. All such re-exams must be offered to students and completed prior to the start of the next academic year.
- Students failing the re-examination of a single block-long course (or failing a re-examination of a single year-long course) will be referred to the CAPES to determine a course of action. If the examination is failed for a third time, enrollment will be terminated.

Deferral of Clinical Rotation Start Date
The CAPES may allow the student to defer beginning the clinical rotations so that re-examinations may be taken up to six weeks after the beginning of the usual cycle of clinical clerkships. Such extra time used for study and preparation will ordinarily mean that the student will not have the usual unscheduled time in the elective year.

Note: No student is permitted to begin Clinical Rotations of the Third Year until all first- and second-year courses have been successfully completed.

If Re-examinations Are Not Allowed
- ISP: In the event that the CAPES decides to not permit re-examination, an ISP may be recommended.
- Dismissal/Termination: The CAPES has the option to recommend any such student be dismissed.

Conditions for Referral to the CAPES for Second-Year Students
Second-year students will be referred to the CAPES for review and resolution under any of the following categories:

1. Failure of an interval exam in one year-long course and one block-long course
2. Failure of two interval exams in year-long courses
3. Failure or Incomplete recorded in any re-examination
4. Failure or Incomplete grade in one year-long course
5. Failure or Incomplete grades in two or more block-long courses

Remediation for Second-Year Students Reviewed by the CAPES
Re-examinations allowed:

The committee may permit the student to take re-examinations in the courses for which a Fail or Incomplete has been recorded (provided that a re-examination has not already been taken for a given course). Such re-exams will generally occur during
the inter-academic year break. Note: In the event that a Fail/Incomplete grade is recorded after a re-examination, the CAPES may require that a student enter an ISP or that enrollment in the School of Medicine be terminated. The CAPES may decide that a second re-examination may be offered.

**Cumulative Academic Review (at End of Second Year)**

Prior to promotion to the clerkship year, the CAPES will review the cumulative academic record of each student brought forth by the associate dean for student affairs (ADSA) to determine whether the student’s academic performance justifies advancement to the clinical phase of the medical education without warning. Typically, multiple remediated examinations and/or failing grades during the first two years of the curriculum will raise concerns about the student’s knowledge and readiness to participate in clinical care of patients.

Students with overall records indicating globally poor performance may have one of the following actions taken upon them with written notification:

- Required to repeat specific preclinical course work
- Advancement to Clinical Year with Academic Warning, with a required meeting with the ADSA in order to –
  - Review and pursue available resources for academic intervention
  - Review and plan an effective clerkship schedule to consider schedule changes helping to facilitate successful clinical experiences
  - Recommend students seek tutorial assistance through each clerkship director and address any additional or unique circumstances
- Probation – Contingencies for continued enrollment on probationary status and for return to good standing will be specified by the CAPES.
- Dismissal – Globally poor performance may be deemed grounds for dismissal by the CAPES. In addition, a third-year student who is advanced with academic warning and then fails any component of a clinical clerkship may be dismissed from the school.

**Indications for Review of Academic Performance for Third and Subsequent Years**

Failure of any core clinical rotation without successful remediation will prevent proper advancement toward the student’s degree and may result in significant consequences for career planning. For these reasons, the following list itemizes the conditions under which the CAPES committee will convene.

**Failure of One Course Required for Third or Subsequent Years**

The ADSA will meet with any student for whom a single Fail/Incomplete/E grade has been recorded for a course beyond the second year of the MD curriculum. Discussion will include the requirements stipulated by the relevant course director in order to remediate the academic encumbrance. Options will generally include a re-examination or the repeating of all or a portion of the course. If a single failing grade for a clerkship course or elective has been recorded, the student may be referred to the CAPES for review and course of action. If a Fail grade has been entered following the prescribed remediation, the student will always be referred to the CAPES to determine a course of action. When such a student is referred to the CAPES, the committee may permit a re-examination or retaking/repeating of all or any portion of the course. If the course is failed a third time, the student will be dismissed from school.

**Failure of any Component of a Clerkship while on Academic Warning**

A student who advances to the clinical years under academic warning, and who fails any component of a clerkship will be referred to the CAPES for action including possible dismissal from the school.

**If Poor Academic Performance is Reported for Two or More Courses**

The ADSA may request that the CAPES review performance of a student who has been reported as having demonstrated poor academic performance in two or more courses at interval evaluations conducted throughout the courses. In such instances, the CAPES may determine a course of action.

**Failure of Two or More NBME Subject/Shelf Examinations**

Any student who fails to achieve a passing grade on any two or more NBME subject/shelf examinations conducted as part of any clerkship evaluation will be referred to the CAPES for review and course of action. Note: A passing grade for any subject/shelf examination is defined as any score greater than or equal to the 10th percentile as reported by the NBME.

**Recording of Failed Grades, Remediation, Re-examinations, Repercussions, or Dismissal (for Students in their Third Year and Beyond)**

A student who fails any clinical component of a clerkship or elective will have a Fail grade recorded on the permanent academic record. At the discretion of the course director or the CAPES, the student must repeat either the portion failed or the entire clerkship or elective in order to remove the academic degree encumbrance. The failing grade will, however, remain visible on the permanent academic record. Any new passing
grade for any such remediated course will display on the transcript; thus, both the original failing grade and the newly recorded grade for the course will be visible on the permanent academic record.

In addition, a failing grade for clinical clerkships will be officially recorded onto the permanent academic record whenever a student fails the subject/shelf examination for the second time. A failing grade is defined as a score of less than the 10th percentile as reported by the NBME.

For students referred to the CAPES for failed/incomplete grades, the committee may endorse or amend the remediation recommendations of the corresponding course director(s). In the event a student fails a course remediation defined by the course director and approved by the CAPES, the CAPES may require that the clerkship rotation be repeated or that enrollment of the student in the school be terminated. Students will generally be permitted three attempts to achieve a passing grade in any clerkship course. If three failing NBME subject examination grades or final clerkship grades have been submitted for a course, the student will be dismissed from the school.

**Procedures Concerning Review of Academic Performance**

A. Convening a Meeting

Actions for Academic Review of students shall be referred to the CAPES for consideration by way of the associate dean for student affairs (ADSA) or registrar. The ADSA will convene a meeting of the CAPES, notifying the student in writing regarding the reason for the review and the date, time, and place of the meeting. A meeting of the CAPES may be convened at any time when a timely review of an issue is deemed necessary.

B. Attendees

The associate dean for student affairs, the registrar, and the course director(s) or their designated representatives shall present the matter to the CAPES in a closed and confidential CAPES meeting.

C. Student Responsibility

All students will be asked to be available to appear before the committee to provide additional information relevant to the concern. If the student fails to be available to appear at the meeting, the committee may postpone the meeting or may conduct the meeting and impose sanctions without the student present. Failure of a student to appear or provide information requested by the CAPES may result in the committee’s filing a professionalism concern form. Meetings may be rescheduled at the discretion of the CAPES chair.

It is the responsibility of the student to alert the CAPES of any extenuating circumstances or contributing factors that should be considered regarding the student's status. The student shall be permitted, upon request in advance of the CAPES meeting, to appear before the CAPES on their own behalf. At the student's request, they may be accompanied by a member of the faculty, staff or fellow student of the school.

D. Student Record Considered

A student’s entire academic and professionalism record will be considered in deliberations regarding student status.

E. Meeting Minutes

A record of the CAPES meeting shall be preserved and will be available for review by the School of Medicine’s Appeals Committee, as necessary.

F. Outcomes Possible

Actions taken by the CAPES may include but are not limited to dismissal, suspension, probation, defined penalty, advancement with academic warning, remediation, and/or additional oversight. The CAPES may also rule that the MSPE/Dean’s Letter should include a citation regarding the matter. The CAPES decision shall be made by simple majority unless the vote is for dismissal which requires a three-fourths majority.

G. Notifying Students of Final Committee Decisions

The associate dean for student affairs will inform the student verbally of the decision of the CAPES. The registrar will inform the student in writing within 10 business days.

**Indications for Review of Professional Integrity**

Matters involving a possible breach of professional integrity shall be brought to the attention of the associate dean for student affairs. The individual(s) raising the questions of possible misconduct shall present a Professionalism Concern Form (https://registrar.med.wustl.edu/resources/#Forms) providing detailed written information as necessary. Individuals submitting such forms are reminded of the need for complete confidentiality regarding all matters of conduct.

Behaviors inappropriate to the medical profession shall include but are not limited to:

- cheating or unauthorized use of materials during examinations
- abuse
- misrepresentations
- other seriously improper conduct in relation to patients or colleagues
- breach of confidentiality and trust
- misconduct in violation of university policies
• violation of the University Student Conduct Code
• illegalities
• substance abuse
• failure of judgment including that related to noncompliance in the treatment of any personal medical condition
• misrepresentation or failure in personal actions or meeting obligations
• any combination of the above items, and others which might raise serious unresolved doubts about the integrity of the student with regards to entering the practice of medicine

For more information, consult the Guiding Principles of Professionalism (p. 388) under the Policies section of this Bulletin.

Procedures Concerning Review of Professional Integrity

At the discretion of the associate dean for student affairs, in cases of serious or repeated breaches of professional integrity, the associate dean for student affairs will convene a meeting with the associate dean for admissions, the associate dean for medical student education, or the senior associate dean for medical education to review the complaint(s) and to decide whether further action is necessary.

If further inquiry is deemed necessary, the associate dean for student affairs and either the associate dean for medical student education, the associate dean for admissions, or the senior associate dean for medical education will discuss the complaint with the student. If the two associate deans deem that further action is warranted, the following procedure will occur:

A. Convening of Meeting

The associate dean for student affairs will convene a meeting of the CAPES. Whenever possible, the CAPES shall convene within two weeks after the initial meeting between the student and the associate dean for student affairs. If the person bringing the complaint is a member of the CAPES, they will not vote but may participate in the discussion. If the person bringing the complaint is not a member of the CAPES, they will be asked to present the complaint and will then be excused. The CAPES chairperson will oversee the procedures of the meeting. The registrar will record the minutes.

B. Gathering of Pertinent Information and Meeting Attendees

Prior to the meeting, the associate dean for student affairs will forward information concerning the matter to the committee. In addition the associate dean for student affairs will inform the student in writing regarding the time, date and place of the meeting. A copy of the complaint will be provided to the student.

The notification shall state that the proceedings are confidential. The student may bring a faculty member, staff member or fellow student for guidance and support. If this person is not a fact witness to the complaint, they may not address the committee.

C. Student Responsibility

Any student to be considered at a CAPES meeting will be asked to be available to appear before the committee to provide additional information relevant to the concern. If the student fails to be available for the meeting, the committee may postpone the meeting or may conduct the meeting and impose sanctions without the student present. Failure of a student to appear or provide information requested by the CAPES may result in the committee's drawing adverse conclusions. Meetings may be rescheduled at the discretion of the CAPES chair.

D. Student Record and Pertinent Documentation/Materials

The CAPES will consider evidence which tends to prove or disprove the alleged conduct. If the CAPES finds that the student engaged in misconduct, it may consider additional evidence of prior conduct, evidence as to the charged student's character, the student's entire academic and disciplinary record, or any other evidence which would assist the CAPES in determining appropriate action. The chair of the CAPES will rule on whether or not evidence or testimony will be considered. The CAPES has neither the advantages nor limitations inherent in a court of law. During the meeting the student will have access to the written evidence presented and may present evidence and fact witnesses on their own behalf. The student should be prepared to discuss the circumstances of the complaint after which the CAPES will excuse the student from the room.

E. Objective Approach By Committee

The purpose of the CAPES meeting is to provide fair and prompt review of the inquiry. The committee is not positioned in an adversarial role against the student, but simply serves to review the evidence as presented and determine a decision regarding disciplinary action if necessary. The decision as to whether the student committed the alleged act will be made solely on the basis of evidence and testimony presented at the meeting. Innocence of the student will be presumed. A CAPES member must find in favor of the student unless the member is persuaded that it is more likely than not that the student engaged in the alleged misconduct.

F. Outcomes Possible

Actions taken by the CAPES may include but are not limited to dismissal, suspension, probation, defined penalty, fine and restitution, advancement with academic warning, remediation and/or additional oversight. Contingencies for continued enrollment on probationary status and for return to good standing will be specified by the CAPES in each individual case. The
CAPES may also rule that the MSPE/Dean's Letter should include a citation regarding the matter. The CAPES decision shall be made by simple majority unless the vote is for dismissal which requires a three-fourths majority.

G. Notifying Student of Committee Decisions
The associate dean for student affairs will inform the student verbally of the decision of the CAPES. The registrar will inform the student in writing within 10 business days.

H. Meeting Minutes and Confidentiality
The record of such proceedings will be held confidentially with access restricted to committee members, the student involved and relevant members of the administration.

I. Disclaimers
• The university does not tolerate retaliation against individuals who bring forward complaints or who participate in the CAPES process.
• Unless determined by the associate dean for student affairs that extraordinary circumstances exist, the student will be permitted to continue in the usual academic activities during CAPES proceedings. However, if there is a reasonable basis for believing that the continued presence of the student on campus or in clinical rotations poses a substantial threat to the student, to patients, or to the rights of others to engage in their normal university functions and activities, the procedure outlined under the school's Leave of Absence Policy (p. 350) will apply.

J. Both Academic Performance and Professionalism Concerns Exist
Should a student be referred to the CAPES for an issue involving both academic performance and professionalism concerns, the procedures for Professionalism Concerns will be followed.

Appeals Process
The School of Medicine has the right and responsibility to assure that each student, during the time of enrollment, demonstrates levels of academic achievement and ethical stature appropriate to the practice of medicine. The school must also ensure provision of fairness in discharging those rights and responsibilities. As such, an appeals process is in place as outlined below:

A. Request for an Appeal
Within 14 working days of the date on which an academic or disciplinary decision is rendered by the CAPES, the student may request in writing to the registrar, that the School of Medicine's Appeals Committee review the record of the CAPES decision to determine that the appropriate CAPES procedures were followed or that the Appeals Committee requests that the CAPES consider additional, new relevant information which was not previously presented to the CAPES for good cause. The letter to the registrar should include the basis for appeal as well as any new relevant information and an explanation as to why it was not timely presented to the CAPES.

B. Establishing an Appeals Committee
An Appeals Committee, composed of faculty members appointed by the dean of the School of Medicine, shall be created to review appeal of decisions by the CAPES. Members of the CAPES may not be appointed to the Appeals Committee. A quorum of this committee shall consist of five members.

C. Review by the Appeals Committee
The Appeals Committee shall review the record of the CAPES decision solely to determine whether the pertinent CAPES procedures were followed and whether all relevant information was considered by the CAPES. If the appeal is based on a contention that all relevant information was not presented to the CAPES, the written appeal must provide the Appeals Committee with adequate reason why the student did not present this information at the CAPES meeting in question. In all cases, the Appeals Committee shall not substitute its judgment of the facts or its opinions of the merit of the matter for those of the CAPES.

D. Appeals Committee Decision Types
1. Remand the case to the CAPES
The Appeals Committee may decide to remand the matter to the CAPES for reconsideration with its explanation for the remand. If the matter is remanded to the CAPES, all documents, minutes of the Appeals Committee meeting, and information submitted by or for the student in support of the appeal will be made available to the CAPES.

2. Denial
The Appeals Committee may decide to deny the appeal.

E. Decision Notification to the Student
The Appeals Committee shall provide its decision in writing to the student, the dean of the School of Medicine, the associate dean for student affairs and the registrar. The associate dean for student affairs shall determine whether the student may continue their curriculum pending the Appeals Committee review of a CAPES decision.

F. Student Appeal to the Dean
Within 10 business days of the date of an Appeals Committee decision, the student may request in writing that the dean of the School of Medicine review the decision of the Appeals Committee. The decision of the dean of the School of Medicine shall be final.

Glossary
The following definitions are applied when the indicated terms are used in relation to the foregoing rules concerning review of academic performance and professional integrity:
Academic Warning, Advancement with

A supervised status that may be imposed if a student’s cumulative academic review indicates that special oversight is warranted. Refer to the sections on Cumulative Academic Review and Academic Warning for additional information.

Action, Disciplinary

An action, including counseling and penalties, taken by the School of Medicine, after consideration of the disciplinary problem.

Administrative Withdrawal

Termination of a student’s enrollment from or eligibility to return to the School of Medicine by the university where the student has:

A. failed to register and has not sought a leave of absence;

or

B. not returned from an approved leave of absence within the designated period of time and where an extension of the leave of absence has not been timely requested and approved by the CAPES.

Dismissal, Academic

Involuntary separation of a student from the School of Medicine because they have not met the academic requirements.

Dismissal, Disciplinary

Involuntary separation of a student from the School of Medicine as a result of action taken because of misconduct.

Good Standing

As a record or transcript notation, it signifies that the student is eligible to continue, to return, or to transfer elsewhere. It implies good academic standing as well as good citizenship and replaces such terms previously used as honorable dismissal, honorable withdrawal, withdrawn, voluntary withdrawal, eligible to return and clear record.

Grade, Incomplete

Indicates there is still a possibility of credit after further work. Used when the instructor is not prepared to give a final mark for the term in view either of sickness of the student or some justifiable delay in the completion of certain work. It is accompanied by a note that explains the circumstances and indicates how and when the incomplete may be resolved. A definitive mark for the term is recorded on the official transcript when the work is completed and the incomplete grade is removed. In case the work is not completed within the time allowed, the recorded grade will be changed to fail.

Permanent Academic Record

The all-inclusive abstract of academic achievement. This is also commonly referred to as the official educational record or official transcript.

Probation

Probation status may be for academic and for disciplinary reasons. Academic probation is the result of unsatisfactory scholarship. It is not a penalty but a warning and provides an opportunity to improve. Usually the student is required to make regular specified improvement in his record in order to avoid dismissal.

Disciplinary probation is the middle status between good standing and suspension or dismissal. The student remains enrolled but under stated conditions according to school policies. Disciplinary probation covers a stated trial period during which it is determined whether the student is returned to good standing having met the stated requirements or dismissed from enrollment at the end of the period for failure to meet the stated requirements.

Professionalism Concern Form

A form completed by a member of the university community to communicate an instance of unprofessional behavior to the associate dean for student affairs. Serious or repeated instances of unprofessional behavior may be referred to the CAPES by the associate dean for student affairs.

Suspension

Suspension is an involuntary separation of the student from the school but it differs from dismissal from enrollment in that it implies and states a time limit when return will be possible. Thus, suspension may extend for a specified time, until a specified date or until a stated condition is met.

Withdrawal

A release from enrollment. A student may request that they be allowed to withdraw from enrollment. Such requests are directed to the registrar or the associate dean for student affairs. When a student has requested withdrawal status, the school, by action of the CAPES, will determine whether the withdrawal will be annotated with good standing or not in good standing in the official academic record. Such annotations may be accompanied by explanations in the official educational record.

Appendices

Evaluations and Grades

Please visit the Evaluation and Grades (p. 374) section of this Bulletin for more information.

Grade Appeal Form

Please visit the Office of the Registrar (https://registrar.med.wustl.edu/resources/#Forms) website for more information.
Professionalism Concern Form
Please visit the Office of the Registrar (https://registrar.med.wustl.edu/resources/#Forms) website for more information.

CAPES Booklet
A booklet of this information (PDF) (http://bulletin.wustl.edu/medicine/policies/md-assessment/CAPES_Booklet.pdf) that includes a table of contents and an index is also available.

MD: Clinical Supervision Policy for Medical Students on Clinical Rotations

Background
Part of Washington University School of Medicine’s mission is to develop and maintain excellent clinical programs to provide outstanding care. To fulfill this mission as an academic teaching hospital, we have created this clinical supervision policy to direct our clinical health care teams with the oversight of our medical students.

LCME Standards 9.2 and 9.3 require that a medical school ensure members of the school’s faculty provide supervision of medical student learning experiences throughout required clerkships. Furthermore, we must ensure that medical students in clinical learning situations involving patient care are appropriately supervised at all times to ensure patient and student safety. We must also ensure that the level of responsibility delegated to the student is appropriate to their level of training and that the activities supervised are within the scope of practice of the supervising health professional.

For the purposes of this policy, the following definitions will be used. Direct supervision will mean that the supervising physician is physically present (or continually on virtual telehealth visits) with the student and the patient. Indirect supervision will mean that the supervising physician is not physically (or continually on virtual telehealth visits) present with the student and the patient but is immediately available to provide direct supervision (or to join the telehealth visit) upon request, thus requiring that the supervising physician remain physically present within the hospital or other site of patient care. The supervising physician may include any member of the physician healthcare team, including residents, fellows, and attending physicians. There are also some situations in which it is appropriate that direct supervision be provided by a nurse or other healthcare provider, so long as the specific clinical activity falls within their scope of practice as specified below.

Policies

Supervision of medical student learning experiences involving patient care is provided on clerkships and other clinical courses by members of the school’s faculty. Faculty oversee the clinical curriculum by setting expectations for appropriate physician healthcare team members about the level of student supervision required with patient care activities and the level of responsibility delegated to the student. Course directors are responsible for communicating supervision requirements according to a student’s level of training to members of the physician healthcare team. These teams are made aware of student clinical expectations, the level of student supervision, and the level of responsibility given to a student according to the student’s level of training.

Supervision will need to be defined by the clinical environment and patient care activity. Below are several examples of types of patient care activities.

Physical Exam
Students will be equipped with the basic skills necessary to perform general physical exam techniques commensurate with their level of training as they enter the clinical training environment. At the discretion of the physician healthcare team and in accordance with course-specific guidelines, students are able to perform general physical exam techniques under indirect supervision, excluding techniques defined as “sensitive.”

Some physical exam skills are considered sensitive and will always need to be performed under the direct observation of a chaperone who is the same gender as the patient, even if the physician healthcare team determines that the student is capable of performing these exams under indirect supervision. These include — but are not restricted to — external genitalia exam on any patient, rectal exam on any patient, and breast exam on any person identifying as female. Infant external genital exams can be performed under indirect supervision without a chaperone at the discretion of the supervising physician. Pelvic examinations must always be performed under the direct supervision of a member of the physician healthcare team. Please refer to the “Patient’s Rights” policy for additional information regarding pelvic bimanual exams performed when the patient is under anesthesia.

Procedures

Students may not perform procedures without direct supervision by a member of the physician healthcare team or another health professional so long as the procedure is within that professional’s scope of practice (e.g., a nurse supervising a venipuncture).
If any member of the physician healthcare team has concerns about violations of the Clinical Supervision Policy, they are to contact the course director for immediate investigation of the situation. The course director is responsible for notifying the Office of Medical Student Education of any suspected violations of the Clinical Supervision Policy. Students will not be downgraded or in any other way penalized for reporting concerns about suspected violations of the Clinical Supervision Policy.

**Guidelines**

If a student has concerns about a lack of clinical supervision, they are encouraged to discuss this with either the course director or the Office of Medical Student Education. If the issue is not resolved to satisfaction, the student can then approach the Associate Dean for Student Affairs, the Senior Associate Dean for Education, or the Office of the Ombuds for WUSM.

The Washington University School of Medicine Clinical Supervision Policy for Medical Students on Clinical Rotations was last approved by the Academic Affairs Committee on June 11, 2020. All substantive edits to this policy require approval by the Academic Affairs Committee.

**MD: Committee for Academic Promotion Bylaws**

1. **Charge**

In order to successfully complete their studies at the Washington University School of Medicine, students must demonstrate the ability to become a safe and effective physician by the attainment of competency in the WUSM Medical Student Program Objectives which are organized into six domains:

   I. Foundational knowledge for practice
   II. Patient care
   III. Systems-based practice
   IV. Practice-based learning and improvement
   V. Interpersonal and communication skills
   VI. Professionalism

The Committee for Academic Promotion is charged by Academic Affairs Committee and has the responsibility to ratify decisions of competence (not yet competent, competent, competent with distinction where applicable) made by the Competency Attainment Committee (CAC), the Clerkship Competency Committees (CCCIs), and the associated recommendations for academic promotion (promotion, delay, suspension, dismissal). This document describes the bylaws and procedures of the Committee for Academic Promotion (CAP).

2. **Responsibilities**

Review of the recommendations made by the competency committees occur at times of adverse student actions (i.e., remediation without promotion or dismissal), at the time of promotion to each phase of the curriculum, and at graduation. Students will be notified at least 10 days prior to such reviews. When an adverse student outcome is recommended (remediation without promotion, suspension, or dismissal) or when decisions of competence without distinction are made, students may present themselves, in person and/or in writing, to the CAP to state their case. The CAP reviews any details that the student provides in addition to minutes of the CAC or CCC deliberations and any additional evidence as needed leading to the recommendation. Based on this review, the CAP would take one of the following courses of action:

   • Ratify and uphold the CAC and/or CCC decisions and recommendations
   • Remand back to the original committee for re-review
   • Overturn the decision of the original committee if the CAP perceives an inability for the original committee to make an unbiased recommendation

3. **Membership**

3.1 There will be a minimum of five voting members of the CAP representing leadership of the Gateway Curriculum plus a faculty member who represents the broader WUSM educational community. Each member will serve a three-year term with the possibility for two one-year extensions. If a voting member is temporarily unable to serve in this role during their term, the Dean or the Dean’s designee may appoint a faculty member to the CAP to fulfill that member’s responsibilities as needed.

3.2 In addition, CAP membership will include non-voting, ex officio members based on their broad understanding of the competency-based program of assessment and their role in student advocacy and support. These members will include the Associate Dean of Student Affairs, the Director of Student Success, the Assistant Dean for Assessment, the Associate Dean for Medical Student Education, the Associate Dean for Admissions, and the Director of Student Health Services.

3.3 **Chair:** The chair of the CAP will be a voting member selected by other voting members. The chair will serve a two-year term and may be reappointed for up to two additional terms.
3.4 **Guests:** Any faculty, administrator, student, or staff member may be invited as a guest, at the discretion of the chair, if their presence is deemed important for providing additional evidence in support of decisions of competency attainment. Guests would be present to provide said evidence and/or answer questions but would not be present during nor participate in deliberations or voting.

4. **Meeting Frequency and Quorum**

   4.1 CAP meetings occur at transitions in the curriculum (end of Phase 1, end of Phase 2, graduation) or on an ad hoc basis when adverse student outcomes are recommended by the CAC or CCC.

   4.2 A quorum will constitute attendance, virtual or in person, of four of the five voting members, excluding those with conflicts of interest.*

   4.3 Decisions of the CAP must be supported by four of the five voting members, excluding those with conflicts of interest.*

   4.4 In the rare situation where a quorum cannot be met because too many members have a conflict of interest,* an ad hoc committee will be convened by the Assistant Dean for Assessment.

* The policy on conflicts of interest provides specific details.

5. **Deliberations and Outcomes**

   CAP deliberations and outcomes will be summarized in the meeting minutes. Students will be notified in writing by the Registrar of all decisions, generally within 7 calendar days of the review. CAP outcomes include one of the following:

   - Ratify and uphold the CAC and/or CCC decisions and recommendations
   - Remand back to the original committee for re-review
   - Overturn the decision of the original committee if the CAP perceives an inability for the original committee to make an unbiased recommendation

6. **Notification of CAP Decisions**

   Decisions regarding remediation that would result in delays in education or individualized or modified schedules will also be communicated to the Associate Dean for Medical Student Education to ensure feasibility for re-entry and successful completion. Decisions regarding dismissal will be reported to the Senior Associate Dean of Education. Decisions of remediation without progression, dismissal, probation, or suspension will also be communicated to Financial Aid to support necessary alterations in aid.

7. **Student Engagement With the CAP**

   Students may present themselves, in person or in writing, prior to the ratification of decisions of competency without distinction as an appeal of that decision. Students may also present themselves, in person or in writing, prior to the ratification of recommendations for adverse outcomes to state their case. This does not serve as a formal appeal, as appeals would only be made in the setting of CAP ratification and, as such a decision is made, for an adverse outcome. Further details for these procedures can be found in the Formal Appeal Procedures for Competency Attainment and Promotion Decisions (p. 379).

**MD: Competency Attainment and Clerkship Competency Committees’ Bylaws**

1. **Charge**

   In order to successfully complete their studies at the Washington University School of Medicine, students must demonstrate the ability to become a safe and effective physician by the attainment of competency in the WUSM Medical Student Program Objectives, which are as follows:

   I. Foundational knowledge for practice
   II. Patient care
   III. Systems-based practice
   IV. Practice-based learning and improvement
   V. Interpersonal and communication skills
   VI. Professionalism

   As subcommittees of the Committee for Academic Promotion (CAP), the Competency Attainment Committee (CAC) and the Clerkship Competency Committees (CCCs) have the tasks of evaluating progress toward and attainment of competency and of making recommendations for promotion and remediation. This document describes the bylaws and procedures of these committees.

2. **Responsibilities**

   Review of the evidence supporting progression toward and attainment of competence of students in the Gateway Curriculum will be made by the CAC in conjunction, in Phase 2, with the CCCs. The committees review evidence provided through multiple student assessments. Student progression toward successful competency attainment is reviewed by the committees at multiple times within each phase of the Gateway Curriculum to allow for early identification of students not on
trajectory to meet competency attainment, thereby providing early support for successful competency attainment and timely release of financial aid (Standards for Satisfactory Academic Progress for Financial Aid Eligibility (p. 399)).

Based on the totality and sufficiency of evidence regarding a student’s performance in each of the WUSM Medical Student Program Objectives, the committees determine if the evidence supports that a student has attained competency. The deliberations of the CAC and the CCCs are generally positive in approach and committed to the ultimate aim of assisting students in the successful completion of the courses of study.

The CAC and the CCCs have several important roles, including — but not limited to — the following:

2.1. Review of all assessment data, via individual student competency portfolios and compiled assessment summaries, to determine if a student has, or is on a trajectory to, attain competence.

2.2. Evaluation of competency attainment based on the review of the totality of a student’s assessment data to support competency decisions of not competent, competent, or competent with distinction (where applicable).

2.3. Make recommendations regarding a student’s academic progress to the CAP based on competency decisions, including the following:

   2.3.a. Promotion to the next phase of training.
   2.3.b. Remediation, with or without promotion. When a student has not demonstrated competency or is on trajectory toward failure to attain competence in any Educational Program Objective, the committees will recommend that student for academic support. In some instances, a student’s trajectory can be addressed through informal means such as discussion with their coach, alternative educational methods that can be accomplished prior to transition, or additional educational or social supports. Failure to improve to the extent that they are on trajectory to meet competence in time for transition to the next phase will require formal remediation and a delay in transition to the next phase. Formal remediation recommendations will be submitted, along with the student’s assessment evidence and committee deliberations, to the Student Success Team for review and for the development of a formal remediation plan. The CAC will make recommendations to the CAP regarding when details of a formal remediation should be included within the Medical Student Performance Evaluation.
   2.3.c. Dismissal or other sanctions, including but not limited to probation or suspension. When warranted, such as in situations including but not limited to the persistence of dyscompetence despite remediation or marked critical deficiency, the committees may recommend a student warrants dismissal, suspension, probation, or other sanctions. While the committees encourage the use of progressive actions and opportunities for remediation, the nature or severity of the dyscompetence may prompt, at their discretion, more immediate or severe actions.
   2.3.d. For the CAC only, qualification to receive the Doctor of Medicine degree for those students who have successfully completed all prescribed requirements of the School of Medicine.

2.4. Review of any remediation processes to determine if competency has been attained following remediation efforts.

2.5. For the CAC only, approval of any leave of absence greater than one year, not inclusive of those students enrolled in a dual degree program, owing to the impact on competency attainment as competence is a longitudinal process.

2.6. For the CAC only, recommendations to the CAP and Executive Faculty those students who have successfully completed all prescribed requirements of the School of Medicine and who are qualified to receive the Doctor of Medicine degree.

In circumstances wherein the committees recommend an adverse outcome (remediation without promotion, suspension, or dismissal) or competency without distinction (where applicable), students will be notified of this recommendation to allow for an opportunity to present themselves to the CAP, as another source of information alongside review of the original committee’s minutes and recommendations, prior to ratification and/or final decisions by the CAP. Further details of these processes can be found in the Formal Appeal Procedures for Competency Attainment and Promotion Decisions (p. 379).

**Competency Attainment Committee Specific Details**

**1. Membership**

1.1. There will be a minimum of eight voting members of the CAC representing leadership from each phase of the Gateway Curriculum plus a faculty member from the broader faculty community representing any area of study or training in which students participate. Each member will serve a three-year term with the possibility for two one-year extensions.
1.2. **Chair:** The chair of the CAC will be a voting member selected by other voting members. The chair will serve a two-year term and may be reappointed for up to two additional terms. During the initial implementation of the CAC, the Assistant Dean for Assessment will serve as chair.

1.3. **Guests:** Any faculty, administrator, student, or staff member may be invited as a guest, at the discretion of the chair, if their presence is deemed important for providing additional evidence in support of decisions of competency attainment. Guests would be present to provide said evidence and/or answer questions but would not be present during nor participate in deliberations or voting.

2. **Meeting Frequency and Quorum**

2.1. CAC meetings occur throughout each phase of the Gateway Curriculum with sufficient frequency to do the following:

   2.1.a. Allow for the review of assessment data to determine if a student is on trajectory to achieve competence in each Educational Program Objectives.

   2.1.b. Allow reasonable opportunities for early support and remediation to be completed, if required.

   2.1.c. Make recommendations near the completion of each phase regarding promotion, remediation with or without promotion, suspension, or dismissal with sufficient time to for students to present themselves to the CAP.

2.2. CAC meetings may be called ad hoc when significant concerns regarding competence occur.

2.3. A quorum will constitute attendance, virtual or in person, of three of the four voting members, excluding those who face a conflict of interest.*

2.4. Decisions of the CAC must be supported by three of the four voting members, excluding those with conflicts of interest.*

2.5. In the rare situation in which a quorum cannot be met because too many members have conflicts of interest,* an ad hoc committee will be convened by the Assistant Dean for Assessment.

* The policy on conflicts of interest provides specific details.

3. **Deliberations and Outcomes**

CAC deliberations, decisions, and associated recommendations will be summarized in the meeting minutes. All deliberations will be presented to the CAP. Students will be notified, in writing, by the Registrar of all recommendations and no less than 10 days prior to CAP review. Students wishing to present themselves to the CAP must follow the appropriate process as outlined in the Formal Appeal Procedures for Competency Attainment and Promotion Decisions (p. 379).

Recommendations regarding remediation that would result in delays in education or individualized or modified schedules will also be communicated to the Associate Dean for Medical Student Education to ensure feasibility for re-entry and successful completion.

Recommendations regarding dismissal will be reported to the Senior Associate Dean of Education. Recommendations by the CAC of remediation without progression, dismissal, probation, or suspension will also be communicated to Financial Aid to support necessary alterations in aid.

### Clerkship Competency Committee Specific Details

1. **Membership and Quorum**

Members of the CCC must be at the Instructor faculty level or higher. The Clerkship Director serves as a non-voting chair of the CCC. Any CCC member who had a longitudinal supervisory role for a student may participate in deliberations but not voting for that student. Deliberation and voting require at least three voting members to be in attendance.

Any faculty, administrator, student, or staff member may be invited as a guest, at the discretion of the chair, if their presence is deemed important for providing additional evidence in support of decisions of competency attainment. Guests would be present to provide said evidence and/or answer questions but would not be present during nor participate in deliberations or voting.

2. **Meeting Frequency**

CCC meetings occur at the conclusion of each clerkship block with sufficient time to meet the LCME requirement of grade return, which is defined as both the completion of the End-of-Clerkship narrative (which is what notifies the students, via the electronic learning management system, of their competency outcomes) and the return of competency outcomes to the Registrar for posting in the transcript.

3. **Deliberations and Outcomes**

CCC deliberations, decisions, and associated recommendations will be summarized in the meeting minutes. All deliberations will be presented to the CAP.

Recommendations regarding remediation that would result in delays in education or individualized or modified schedules will also be communicated to the Associate Dean for Medical Student Education to ensure feasibility for re-entry and successful completion.
Recommendations regarding dismissal will be reported to the Senior Associate Dean of Education.

**MD: Contesting Individual Assessments Procedure**

Students wishing to dispute a specific assessment, not a competency decision, do so using the Qualtrics (https://wustl.az1.qualtrics.com/jfe/form/SV_3HImgMLSHZ4XQV0/) form within seven calendar days of formal notification of the assessment outcomes being posted to the electronic learning management system (Keystone). The form will require the student to complete the following details:

- Assessment being disputed
- Reason for or description of dispute

Dispute forms will be sent to the Assistant Dean for Assessment, the OMSE, and the appropriate party (see list below) who has final authority to make determinations on changes at the individual assessment or assessment item level.

The appropriate parties with whom dispute forms will be shared are as follows:

1. Observed Structured Clinical Examination disputes are directed to the Clinical Skills and Communication Thread Leaders.
2. Individual foundational knowledge for practice assessment disputes are directed to the specific course/module leadership.
3. Individual patient care assessment disputes are directed to the appropriate course (Immersions or clerkship) leadership.
4. Disputes for all other individual phase assessments are directed to the Chair of the Competency Attainment Committee.

Students will be notified of the final outcome of the dispute within 14 calendar days of assessment outcome posting in the electronic learning management system.

**Additional Guidelines**

- Students are advised that feedback from any one individual frontline assessor does not guarantee a specific competency outcome. Frontline assessors are not in a position to render such decisions.
- Students are advised not to engage directly with individual assessors or instructors when concerns about an assessment arise. Instead, they should discuss the issue with the appropriate party as identified above in this document.
- The perceived absence of formative or constructive feedback does not guarantee a specific outcome.
- Receiving insufficient feedback cannot be the sole basis for an appeal. If a student feels that they are not receiving sufficient feedback, even after asking for it, they are encouraged to discuss this with the appropriate course director before the end of the curricular period.
- Mid-clerkship feedback is not a guarantee of any specific final outcome.
- Clinical performance assessments returned more than 21 calendar days after the conclusion of a clerkship will not be considered credible sources of assessment information/evidence.

Students wishing to file a formal appeal should refer to the Formal Appeal Procedures for Competency Attainment and Promotion Decisions (p. 379).

**MD: Continuous Quality Improvement**

**Background**

The Liaison Committee on Medical Education (LCME), per element 1.1, expects that a medical school engages in ongoing planning and continuous quality improvement processes that establish short- and long-term programmatic goals, that result in the achievement of measurable outcomes that are used to improve programmatic quality, and that ensure effective monitoring of the medical education program’s compliance with accreditation standards.

Continuous quality improvement is designed to create a seamless system for monitoring and improving medical school programs and should be transparent to all relevant stakeholders. Washington University School of Medicine (WUSM) is committed to exceeding these standards.

**Policies/Requirement**

A. Monitoring of accreditation standards will be led by the Program Evaluation and Continuous Quality Improvement (PE/CQI) unit in collaboration with appropriate person(s), unit(s) and/or department(s). The following process will take place annually or more frequently as needed:

1. The data collection instrument element requirements will be sent to the responsible person(s), unit(s) or department(s) who will be asked to review, edit, add and/or remove information that fulfills the required response. The information will be organized and tracked by the PE/CQI unit using various software and project management tools.
2. The PE/CQI unit will review the submitted information to assess whether the information fulfills LCME and institutional requirements based on research, benchmarking, Secretariat calls, annual internal surveys and Association of American Medical Colleges survey data.
3. For areas in which WUSM is not meeting expected metrics (as created and vetted with WUSM stakeholders) or when new requirements emerge, a plan of action will be defined including responsible person(s), resources needed, timeline for completion and evidence of improvement.
4. Results of the improvement plan will be shared with appropriate individuals, administration, and committees such as the Committee on Oversight of Medical Student Education.
5. The PE/COQI unit will continually monitor the success of the implemented plan to determine if additional improvement is required.
6. If conditions of improvement are not met, the concern will be brought to the attention of the Senior Associate Dean for Education for further action.

B. For areas not specifically required by the LCME or the data collection instrument, the PE/COQI unit will use a similar process as outlined above.

The Continuous Quality Improvement Policy was approved by the Academic Affairs Committee on May 30, 2019. All substantive edits to this policy require approval by the Academic Affairs Committee.

MD: Course Credit Procedures

In the Gateway Curriculum, students attain competency based on the totality and sufficiency of evidence regarding their performance in each of the WUSM Medical Student Program Objectives in each of the Competency Domains. The School of Medicine also has a requirement to provide transcript evidence of the successful completion of each course. This document describes the procedures for the determination and documentation of course credit that is independent of the Competency Attainment Committee (CAC) and Clerkship Competency Committee decisions of competency attainment.

In the Gateway Curriculum, Phase 1 and 3 courses include the Foundational Modules, Clinical Immersions, EXPLORE Immersions, Advanced Clinical Rotations, Keystone Integrated Science Courses, Capstones, and Electives. Course leads will be responsible for submitting "credit/no credit" determinations to the Registrar within 10 business days of the completion of the final course requirement. For each course, a determination of "credit/no credit" will be made based on the full completion of required course elements as outlined in the syllabus via the learning management platform for each course. "No credit" will be recorded on the transcript until such time as a student has completed all required elements, when the "no credit" will be replaced with "credit." End-of-course "no credit" determinations and the circumstances, when known, will be monitored and brought forward during CAC deliberations.

In Phase 2, clerkships are required to provide competency decisions in patient care, rather than "credit/no credit," to the Registrar within 6 weeks of clerkship completion in line with LCME element 9.8, Fair and Timely Summative Assessments. Students who have not completed a required element of the clerkship will receive an "incomplete" (I) on the transcript until all required elements are completed.

MD: Duty Hour Policy for Medical Students on Clerkships and Other Clinical Rotations

Background

Washington University School of Medicine (WUSM) is committed to the creation of effective learning environments that balance the importance of meaningful participation in clinical activities with the need to support equilibrium among student clinical responsibilities, learning, and personal health and well-being. The following policies and guidelines are set taking into account the effects of fatigue and sleep deprivation on learning and patient care.

In keeping with Standard 8.8 of the Liaison Committee on Medical Education, clerkship directors, directors of clinical electives, and the Office of Medical Student Education are responsible for monitoring duty hours and ensuring that these are adjusted as necessary. Duty hours are defined as all clinical and required academic activities related to medical student education, including patient care (both inpatient and outpatient), administrative duties (e.g., completion of paperwork, dictation of charts), the provision of the transfer of patient care (e.g., check-in, check-out), time spent in-house while on call, and scheduled academic activities (i.e., required academic conferences). Time spent in self-directed study or practice performed after the student has left the hospital (or after the student has been told that they can leave) does not count toward duty hours.

Policies

- Students must not be scheduled for more than 80 clinical duty hours during a seven-day week, averaged over a four-week period.
- Students must have a minimum of four periods of 24 consecutive hours off over four weeks. Note: Official WUSM school breaks and holidays should not be counted toward this minimum time-off requirement. Weekends that are adjacent to holidays (e.g., Labor Day) are not considered official holidays.
- Students must not be on overnight call more frequently than every third night. Overnight shifts that do not extend a student’s duty hours during the workday, such as those that might occur in Emergency Medicine or Obstetrics, are not included.
• Students must have access to call room facilities during overnight call shifts that extend a student’s duty hours during the workday.
• Students cannot be on call for more than 24 successive hours, with an added period of up to four hours for continuity, educational debriefing, and didactic activities. No new patients should be assigned to students after the 24-hour call limit.
• Students must have at least 14 hours off from clinical work and required educational activities following 24 hours of in-house call.
• Students will have at least 10 hours off between scheduled work periods, including all activities within the definition of duty hours above.
• All students on clinical rotations will have all official Washington University holidays off, regardless of whether the student’s team is on-call or post-call the day of the holiday. On the workday immediately preceding the holiday, students will be dismissed by 5 p.m. and will not be assigned call duties or regular clinical duties until the day immediately following the holiday at the time set forth by the clerkship director, chief resident, or clinical elective director. In the case of clerkships/rotations with evening or night shifts, an equivalent amount of time off will be provided in as immediate proximity to the holiday as is possible to minimize additional loss of clinical exposure.
• All clerkship students are to be excused from clinical duties by 5 p.m. on the evening before they are scheduled to take an assigned National Board of Medical Examiners subject exam.
• Please refer to the Clinical Absence Policy (p. 350) for additional details regarding excused time off from clinical duties.
• Individual clerkship directors and directors of clinical electives may choose to implement duty hour guidelines that are more restrictive than the above. However, duty hours may not exceed the above regulations.
• If a student has concerns about duty hour violations, they should discuss it first with the clerkship director or the director of the clinical elective. If the issue is not resolved to the student’s satisfaction, they may approach the Associate Dean for Medical Student Education, the Associate Dean for Student Affairs, or the Office of the Ombuds for WUSM.

Guidelines

• It is strongly suggested that clerkship directors and directors of clinical electives take into consideration additional student workload created by required assignments or other required learning activities when monitoring student duty hours. Examples include but are not limited to e-learning activities, required writing assignments, and quizzes.
• Duty hours data will be collected via end-of-clerkship course evaluations and clinical elective course evaluations, which are completed by students after each clerkship and clinical elective.
• Clerkship directors and directors of clinical electives will review duty hours data after each rotation to address any concerns and to adjust requirements as necessary.
• The Office of Medical Student Education will review the data quarterly to address any concerns and to adjust requirements as necessary. Quarterly data will be presented to the Committee on Oversight of Medical Student Education and its subcommittee, the Clinical Curriculum Committee, which will charge the appropriate individuals or offices with improvement plans, when necessary.

The Duty Hour Policy was last approved by the Academic Affairs Committee on Nov. 5, 2019. All substantive edits to this policy require approval by the Academic Affairs Committee.

MD: Evaluation and Grades

More information about assessing student performance and integrity can be found in the Assessing Academic Achievement and Professionalism (p. 357) section of this Bulletin.

Following are general guidelines for exams administered in the undergraduate medical curriculum. Additional requirements may be posed by the individual course director.

Washington University School of Medicine Formative Assessment and Feedback for Medical Students Policy

Background

Formative assessment and feedback are critical to high-quality medical education, and, as such, they are central to the educational mission of Washington University School of Medicine (WUSM). In keeping with LCME Standard 9.7, WUSM is committed to ensuring that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for improvement. For the purposes of this policy, formative assessment is defined as any no/low stakes assessment performed during the learning experience for the purposes of providing formative feedback. Formative feedback is defined as information communicated to a medical student in a timely manner that is intended to modify the student’s thinking or behavior to improve subsequent learning and performance in the medical curriculum.

Guidelines

• It is strongly suggested that clerkship directors and directors of clinical electives take into consideration additional student workload created by required assignments or other required learning activities when monitoring student duty hours. Examples include but are not limited to e-learning activities, required writing assignments, and quizzes.
Policies

All students must receive meaningful formal formative assessment of and feedback on their performance during each of the required courses and clerkships of all phases of the Gateway Curriculum at WUSM. At minimum, this feedback should occur at the midpoint of the course or clerkship, although formative assessment and feedback occurring before and after this point are also encouraged.

Required courses or clerkships that are less than four weeks in length must provide an alternate means by which each student can measure their progress in learning at a point that still allows sufficient time for improvement.

Directors of required courses and clerkships are responsible for documenting that each student has received formative assessment and feedback. The Committee for Oversight of Medical Education (COMSE) will conduct oversight of student responses on both internal and external surveys for all required modules and clerkships. In the event that a given module, course, or clerkship fails to demonstrate that each student has received formative assessment and feedback, additional inquiry will be conducted by the Associate Dean for Medical Student Education. In the event that a consistent pattern of noncompliance is identified, the COMSE will make specific recommendations for remediation.

Guidelines

Quality feedback ought to include reinforcement of things done well, identification of room for improvement or omissions, and specific strategies for improvement. Evidence for this feedback in the form of specific examples and observations should also be included.

The Washington University School of Medicine Formative Assessment and Feedback for Medical Students Policy was last approved by the Oversight Committee on Medical Education on Oct. 5, 2020. All substantive edits to this policy require approval by the Oversight Committee on Medical Education governing body.

Washington University School of Medicine Narrative Assessment Policy

Background

Washington University School of Medicine (WUSM) is committed to providing the highest quality medical education to our students who are preparing to lead the future of health and medicine. Narrative assessment provides students with the critical guidance needed to improve performance. Acknowledging the importance of narrative assessment, the LCME element 9.5 requires that students receive narrative feedback on competency development, including non-cognitive achievement. The purpose of narrative assessment is to ensure that students are provided feedback on their development and progress, with sufficient time to receive support in bringing their performance onto a better trajectory, when necessary.

Policies

Narrative assessment is a required component of the assessment of each student in the Gateway Curriculum at WUSM across all competency domains.

Narrative assessments of a medical student's performance will be provided when all of the following curricular conditions are met:

- Students work in small groups of less than or equal to 12 members.
- Students in small groups work together as a team toward a shared goal.
- Small groups of the same composition are observed longitudinally by the same WUSM faculty member for at least three sessions, with a ratio of one faculty member to one student team.

Narrative assessment can be provided in courses that do not meet these criteria, provided there is documentation that the nature of the interaction allows for meaningful feedback regarding the indicated competencies.

The Washington University School of Medicine Narrative Assessment Policy was last approved by the Committee on the Oversight of Medical Education governing body on Oct. 4, 2021. All substantive edits to this policy require approval by the Committee on the Oversight of Medical Education governing body.

Washington University School of Medicine High-Stakes Exam Expectations for Medical Students in All Phases of the Curriculum

The term high-stakes exams is used to denote all summative assessments, which are those assessments that evaluate student learning against intended course outcomes at the conclusion of instruction. Within the preclinical curriculum, the term includes all events for which the activity type is listed as “Exam.” Within the clinical curriculum, the term includes NBME Shelf Exams.

- Students are required to take all examinations at the originally specified time. A student may be excused from this rule for extenuating circumstances at the discretion of the associate dean for student affairs (ADSA). Examples of extenuating circumstances include personal illness and personal or family emergency. Doctor appointments of a routine nature or personal obligations such as weddings,
birthday celebrations, or other planned personal or family commitments are generally not considered to be extenuating circumstances for which students can be exempted from the regularly scheduled exam date.

- All makeup exam requests go through the ADSA. The ADSA then submits the approved request to the Office of Medical Student Education (OMSE), and the OMSE will then transfer and track the requests granted. Course directors should refer all makeup exam requests to the ADSA.

- Students who are unable to attend a scheduled examination should promptly contact the ADSA. Students should also notify the course director(s); in cases related to personal illness, students should also contact Student Health Services. The OMSE handles all exam rescheduling, and examinations will only be rescheduled after approval by the ADSA. The timing of the rescheduled examination will be determined by the OMSE in collaboration with the course director(s).

- Students are expected to be punctual and should be assembled in the designated exam area before the official start time of the exam. Tardiness will not be excused except in extenuating circumstances. For purposes of the exam, “tardiness” will be defined by the course director or exam proctor. The course director will set expectations and determine consequences for exam tardiness.

- Students are expected to place all personal items, including muted cell phones, in designated areas.

- Students are expected to follow all proctor instructions.

- Students must not share study materials, exchange information, or collaborate or communicate with others during the exam.

- After taking the exam, students must not share information about the exam with anyone who has not yet taken it.

## Exam Expectations for Faculty

- Exams should be proctored by the course director or a designee appointed by the course director comfortable with proctoring and exam administration guidelines. NBME subject exams are proctored by or coordinated by the Office of Student Affairs.

- Administration should be fair to all students.

- If the faculty member answers a substantive question or clarifies an issue, the same should be communicated to all students, including those in separate rooms or at different times.

- Reasonable adjustments should be offered to students who require special accommodations, including a separate testing room or additional time. Course directors are notified of these students through the associate dean for student affairs.

- If a student behaves inappropriately, the course director should notify the associate dean for student affairs immediately (refer to examples in the Cheating section below regarding inappropriate behaviors).

- All requirements of students should be communicated to all students prior to the start of the exam.

# Cheating

The following examples are intended to be representative of behaviors that constitute cheating in the context of an exam. This is not intended to be an all-inclusive list.

- Looking at or copying from another student’s test
- Collaborating with another student during the test without authorization
- Using lecture notes or textbooks during an exam without authorization
- Possessing crib notes during an exam
- Using signals/signs to obtain answers from others
- Using a calculator, cell/smart phone, smart watch, computer, or any other device or learning aid without authorization (This includes storing, receiving, and/or accessing course matter stored on such devices.)
- Obtaining assistance in answering questions on a take-home exam without authorization
- Obtaining advance copies of exams or quizzes by any means
- Having someone else take an exam in your place
- Feigning illness or submitting misleading statements to avoid taking an exam at the scheduled time
- Changing an answer on a graded test and claiming the question response was incorrectly marked wrong

## United States Medical Licensing Exam (USMLE)

Students who matriculated prior to 2014 and who anticipate practicing clinical medicine are required to take the USMLE Step 1 and 2 examinations. Beginning with the class matriculating in 2014, all students are required to take the USMLE Step 1 and Step 2 prior to graduation.

The USMLE is designed to “assess a physician’s ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills, that are important in health and disease and that constitute the basis of safe and effective patient care.” The USMLE represents a single uniform examination for medical licensure in the United States, and, as such, is a minimum requirement for obtaining a medical license.

The USMLE consists of three separate examinations:
"Step 1 assesses whether you understand and can apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease, and modes of therapy. Step 1 ensures mastery of not only the sciences that provide a foundation for the safe and competent practice of medicine in the present, but also the scientific principles required for maintenance of competence through lifelong learning." Step 1 is taken after completing the second year at Washington University School of Medicine.

"Step 2 assesses whether you can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision and includes emphasis on health promotion and disease prevention. Step 2 ensures that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine." Step 2 exams are taken after completing the third year but prior to graduation from Washington University School of Medicine.

"Step 3 assesses whether you can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings. Step 3 provides a final assessment of physicians assuming independent responsibility for delivering general medical care." Step 3 is taken following graduation and during internship/residency training.

Further information can be obtained from the USMLE Bulletin of Information (https://www.usmle.org/bulletin/) published by the National Board of Medical Examiners. This is available, along with application forms and additional information, on the USMLE website (http://www.usmle.org).

* The quoted material throughout this section is from the USMLE website (https://www.usmle.org/).

### Grading System

#### I. First and Second Year

Courses in the first-year and second-year curriculum are evaluated on a Pass (P) or Fail (F) basis. For purposes of the final official grade records of the School of Medicine, grades used for the first year and second year are as follows:

- **P** = Pass, indicating satisfactory performance
- **F** = Fail; any grade of F remains on the student's academic record. When the course is repeated or remediated the new grade will appear as a separate entry in addition to the failing grade.

- **L** = Successful audit
- **NG** = Course credit earned, students not graded
- **W** = Withdrawal from a course
- **Z** = Unsuccessful audit

Valid temporary grades include the following:

- **E** = Temporary grade, makeup of failed exam pending
- **I** = Incomplete, temporary grade pending completion of course requirements, replaced with an F if not removed within one year (In rare instances, the Committee on the Academic and Professional Evaluation of Students [CAPES] may grant an extension. Incomplete indicates that, because of a delay excused by the course director, the student has not completed the requirements to pass a course.)

#### II. Subsequent Years

For purposes of the final official grade records of the School of Medicine, the following grades are used for subsequent years:

- **H** = Honors, reflecting a truly outstanding performance
- **HP** = High Pass, awarded for excellent/very good work
- **P** = Pass, indicating satisfactory performance
- **F** = Fail (Any grade of F remains on the student's academic record. In clinical clerkships that have a subject examination, students must score at or above the 10th percentile of the national pool of students taking the examination to pass the clerkship. If a student fails a shelf examination for the second time in a third-year clerkship, an F is recorded on the permanent record.)

When the course is repeated or remediated, the new grade will appear as a separate entry in addition to the failing grade.

- **Cr/NCr** = Credit/No Credit for select second- and fourth-year courses
- **L** = Successful audit
- **NG** = Course credit earned, students not graded
- **W** = Withdrawal from a course
- **Z** = Unsuccessful audit

Valid temporary grades include the following:

- **E** = Temporary grade, makeup of failed exam pending (In clinical clerkships that have a subject examination, students must score at or above the 10th percentile of the national pool of students taking the examination to pass the clerkship. If a student fails the subject examination once, the grade of E will be recorded. Upon successfully retaking the subject examination, the new grade will replace the grade of E on the permanent academic record. If the shelf examination is failed a second time, the grade of F is recorded on the permanent academic record.)
• I = Incomplete, temporary grade pending completion of course requirements, replaced with an F if not removed within one year (In rare instances, the CAPES may grant an extension. Incomplete indicates that, because of a delay excused by the course director, the student has not completed the requirements to pass a course.)

Grade Notification Policies and Procedures for Washington University School of Medicine MD Program

Background

The Liaison Committee on Medical Education (LCME) element 9.8 requires that all final grades be recorded and available to students within six weeks of the end of a course or clerkship. The Gateway Curriculum of Washington University School of Medicine is a competency-based curriculum in which students do not receive tiered grades. Summative decisions regarding competency are made at the level of each phase and, during Phase 2, each clerkship for patient care only. Decisions regarding course credit, which are based on the completion of the required elements of a course, are made at the completion of each course during Phase 1. The purpose of this policy is to ensure that no summative assessment or course credit decision is delayed beyond six weeks from the end of or final requirement due date for any course or clerkship, as mandated by our accrediting body.

Policies

• The Medical School Registrar is responsible for monitoring and reporting that all competency or credit decisions for courses, clerkships, and phases are submitted in the learning management system (LMS) within six weeks of the end of the course or clerkship or final requirement due date.

• The failure of course or clerkship directors to submit 100% of decisions within this time frame will result in corrective action(s) as appropriate.

Guidelines

• Communication: The expectations for return of competency and credit decisions should be shared with course and clerkship directors at least annually. All course and clerkship directors should be encouraged to create a streamlined process for the completion and integration of student evaluations in order to meet grade submission deadlines.

The Grade Notification Policies and Procedures for the Washington University School of Medicine MD Program were last approved by the Committee on the Oversight of Medical Student Education (COMSE) on Jan. 10, 2022. All substantive edits to this policy require approval by COMSE.

Grade Point Average, Class Ranking, and Grade Distributions

For more information about grade-point average, class ranking, and grade distributions, please visit the Assessing Academic Achievement & Professionalism (p. 357) section of this Bulletin.

Pre-Clerkship Grade Appeals

For more information about grade appeals, please visit the Assessing Academic Achievement & Professionalism (p. 357) section of this Bulletin.

Clerkship Grade Appeals

Background

Washington University School of Medicine (WUSM) is committed to rigorous, equitable, and credible processes for the assessment and grading of our students. Students who do not feel their grade accurately reflects their performance because of (1) a failure to follow a course’s stated processes for gathering and judging assessment evidence or (2) unfair bias have the right to appeal the grade.

The Grade Appeal Policy at WUSM is in place to allow for the identification and — if confirmed — remediation of a systematic error in the assessment and/or grading process outlined in the relevant course syllabus and/or policies. In keeping with LCME standards 9.9, 10.3, and 11.6, we adhere to the following policy for the appeal of all clerkship grades at WUSM.

Policy

If a student believes there was a systematic error in the assessment and/or grading process or the presence of bias as stated above, they may file a formal appeal. Students wishing to appeal their grade must do so by filing a Grade Appeal Form (https://wustl.az1.qualtrics.com/jfe/form/SV_6YFTYDqu1I5c5ds/) within 10 business days after final grades are due for a given course per WUSM’s Grade Notification Policy (p. 378). Grade appeals received after this deadline will not be accepted unless approved by the Assistant Dean of Assessment and the Registrar in the case of unusual circumstances outside the student’s control (e.g., a clerkship posts a final grade after WUSM’s deadline).

The student must provide a detailed explanation of the basis for the appeal and pertinent documentation. Any factors not directly relevant to the assessment of performance within the specific course/clerkship (e.g., a student’s stated career goals) cannot be taken into consideration when processing a grade appeal.
The Clerkship Director, Associate/Assistant Clerkship Director, and/or their designee will investigate the basis of the student’s appeal. They will meet with the student (either in person or via virtual meeting) and any other stakeholders as needed to investigate the appeal, following which they will render a decision.

If the student still perceives systematic flaws in the process or bias impacted the final outcome of the grading and/or appeals process, they can submit a second appeal to the Associate Dean for Medical Student Education. They must do so within 10 business days of the decision of the Clerkship Director/Associate/Assistant Clerkship Director during the original appeal. The Associate Dean for Medical Student Education will convene an ad hoc appeals committee to adjudicate the appeal based on adherence to the stated processes of the clerkship for assessment and grading. In the event that this ad hoc committee finds systematic flaws or bias in the grading process, they will render a new review of the assessment evidence and a new judgment. The appeals committee will reach a decision by majority vote ordinarily within 21 days of receipt of the second appeal. The Associate Dean for Medical Student Education retains discretion to make reasonable adjustments to this timeline as necessary. If identified, patterns of failure to adhere to procedures by a grading committee will be addressed by the Assistant Dean of Assessment.

In the event that evidence of bias in the grading process is found, this will be considered a failure of the original grading decision to adequately adhere to the predetermined processes, and the appeals committee will issue a new grade. The appeals committee must also provide a summary of the evidence to the course director, the Associate Dean of Student Affairs, and the Assistant Dean of Assessment. Further handling of the matter will take place according to WUSM’s Policy Against Medical Student Mistreatment and other applicable policies.

Guidelines

Students are advised that feedback from any one individual front-line assessor does not guarantee a specific grade. Front-line assessors are not in a position to grade students.

The perceived absence of formative/constructive feedback from any individual front-line assessor similarly does not guarantee a specific grade. Receiving insufficient feedback cannot be the sole basis for a grade appeal. If a student feels that they are getting insufficient feedback, even after asking, they are encouraged to discuss this with the course director before the end of the course.

When relevant, mid-course/clerkship feedback is not a guarantee of any specific final clinical grade.

Students actively participating in the residency match process should also notify the office of career counseling whenever a grade appeal is in process.

Remediation

For more information about remediation, please visit the Assessing Academic Achievement & Professionalism (p. 357) section of this Bulletin.

MD: Formal Appeal Procedures for Competency Attainment and Promotion Decisions

This procedure applies to all medical doctorate students at Washington University School of Medicine enrolled in the Gateway Curriculum.

The School of Medicine recognizes that the primary responsibility for academic evaluation with respect to student competency attainment resides within the Competency Attainment Committee (CAC) in partnership with the Clerkship Competency Committees (CCCs). Final decisions regarding promotion resides with Committee for Academic Promotion (CAP).

Procedures of Competency Attainment and Subsequent Decisions

The interests of competency attainment are best resolved with early identification and support. Thus, concerns regarding student trajectory that may not support competency attainment should be recognized early and referred to the Student Success Team by the appropriate and responsible parties including but not limited to the Assistant Dean for Assessment, a coach, the Associate Dean for Student Affairs (ADSA), the CAC, the CCCs, or the course or clerkship lead.

For further details of the policies surrounding student promotion and review of competency attainment, please refer to the Policies & Guidelines of the School of Medicine (p. 348) in this Bulletin.

Decisions and Recommendations for Which Students May Appeal

- CAP decisions to ratify recommendations of adverse promotion outcomes which include remediation without promotion, suspension, or dismissal
- Decisions of competence without distinction (where distinction is available)
The appeal shall be limited to determining whether (i) bias and/or failure to follow the standard processes of competency determination occurred or (ii) new information or evidence exists that was not reasonably available at the time of the decision and that could affect the outcome of their decision.

Students are encouraged to present themselves, in person or writing, to the Chair of the CAC and/or the Clerkship Director, as appropriate, when questions or concerns around decisions and recommendations surface to gain clarity. Students may also present themselves, in person or in writing, to the CAP prior to their final ratification. All of these steps occur prior to a formal appeal.

**Process for Students Wishing to File Appeals for Decisions of Competence Without Distinction**

When the CAP receives a decision for competence without distinction, students may file a formal appeal of that decision if they feel that bias and/or failure to follow the standard processes occurred or new information or evidence exists that was not available at the time of the decision and that affected the outcome or decision. The procedure for appeals in these circumstances is as follows:

- **Students complete the Qualtrics (https://wustl.az1.qualtrics.com/jfe/form/SV_71KNQ2o9LB6J7ee/) XM form within seven calendar days of notification of the decision of competence without distinction. The form, which will be sent to the Registrar, the ADSA, and Chair of the CAP, with a copy to the student, will require the student to complete the following details:**
  - Decision being appealed
  - Reason for appeal (i.e., bias and/or failure to follow the standard processes of competency determination or new information or evidence exists that was not reasonably available at the time of the decision and that could affect the outcome)
  - The ADSA or their representative will contact the student to support the full development of the appeal, which will provide a detailed description of the basis for the appeal and pertinent documentation to support the basis for the appeal, including, in the situation of new information not available at the time, an explanation as to why that information was not available, when possible.
  - Completed appeal documentation must be received by the Chair of the CAP within 14 calendar days of the original notification of a decision for competency without distinction.
  - The ADSA shall provide the request and documentation (student documentation and all meeting minutes and written recommendations/decisions) to the CAP for review.
  - The student may present themselves to the CAP, in person or in writing, prior to CAP ratification.

- **Following review, the CAP may make any of the following recommendations:**
  1. ratify and uphold the decision;
  2. remand back to the original committee for re-review; or
  3. overturn the decision if the committee perceives an inability for the original committee to make an unbiased recommendation.

  - This is the final level of appeal for a decision of competence without distinction.

**Process for Students Wishing to File Appeals for Decisions of Adverse Outcomes**

Given the significant nature of decisions of adverse outcomes, when the CAP ratifies such recommendations, students may file a formal appeal of that decision if they feel that bias and/or failure to follow the standard processes or new information or evidence exists that was not available at the time of the decision that would have affected the outcome or decision. The procedure for appeals in these circumstances is as follows:

- **Students complete the Qualtrics (https://wustl.az1.qualtrics.com/jfe/form/SV_71KNQ2o9LB6J7ee/) XM form within seven calendar days of notification of the CAP decision. The form, which will be sent to the Registrar, the ADSA, and the Chair of the CAP, with a copy to the student, will require the student to complete the following details:**
  - Reason for appeal (i.e., bias and/or failure to follow the standard processes of competency determination or new information or evidence exists that was not reasonably available at the time of the decision and that could affect the outcome)
  - The ADSA or their representative will contact the student to support the full development of the appeal, which will provide a detailed description of the basis for the request and pertinent documentation to support the basis for the appeal, including, in the situation of new information not available at the time, an explanation as to why that information was not available, when possible. Completed appeal documentation must be received by the Chair of the Appeal Committee within 14 calendar days of the original CAP decision.
  - The ADSA will convene an ad hoc three-member Appeal Committee. Members involved in the original CAC, CCC, or CAP decisions shall not be involved in the appeals process. Appeal Committee members should have familiarity with the curricular and/or assessment processes of the Gateway Curriculum.
  - The ADSA shall provide the request and documentation (i.e., student documentation and CAC, CCC, and/or CAP meeting minutes and written recommendations/decisions) to the Appeal Committee for review.
Defense/indemnification will not be provided for any criminal acts, acts committed while under the influence, acts in violation of law, acts in which the injury or damage results from intentional malicious conduct or wrongdoing, or acts for which the action or proceeding is brought by or on behalf of Washington University. This indemnification does not cover any liability that is insured elsewhere, but it may be in excess of any amount payable under any other such insurance.

**Reporting An Incident**

Any incident — either actual or alleged — involving patient injury that could lead to a claim, of which a student has knowledge, must be reported immediately to the Risk Management Office of the School of Medicine.

**School of Medicine Programs Student Mistreatment Reporting and Monitoring Policy**

**I. Student Mistreatment Definition**

As explained in our Abusive Conduct (https://hr.wustl.edu/items/abusive-conduct-policy/) and Discrimination and Harassment (https://hr.wustl.edu/items/discrimination-harassment-policy/) policies, the School of Medicine is committed to maintaining an environment free from behavior that is abusive, discriminatory, or harassing or that involves the mistreatment of students or others in the learning and working environment. For definitions and examples of conduct that would be considered mistreatment prohibited by the university, please refer to these policies.

This document identifies the mechanisms and protocols for students to report mistreatment against them or for other individuals to report student mistreatment they have observed. This document also outlines the systems in place aimed at monitoring, addressing, and preventing the mistreatment of students in the learning environment.

**II. Steps for Reporting Student Mistreatment**

The School of Medicine strongly encourages students who feel they have experienced mistreatment — and those who feel they have witnessed mistreatment of a student — to report it immediately, without fear of retaliation, using the following resources:

1. **WashU Learner Mistreatment Form**
   
   Students and other community members may submit a report through the WashU Learner Mistreatment Form (https://wustl.ethicspointvp.com/custom/wustl/forms/mgr/form_data.asp?lang=en), which can also be found on the Supporting a Fair Environment (SAFE) website (https://sites.wustl.edu/safe/). Washington University Human Resources receives all reports and will direct these reports...
to appropriate university or hospital administrators for a prompt response. The reporting portal allows for individuals to submit concerns anonymously, if preferred, and it allows for bidirectional communication through the portal via a password, even if the report is submitted anonymously.

2. To any of the following administrators (noted per program):

**Medical Student Program**
- Senior Associate Dean for Education (https://education.med.wustl.edu/about/leadership-team/)
- Associate Dean for Student Affairs (https://md.wustl.edu/resources/offices-and-contacts/office-of-medical-student-affairs/)
- Associate Dean for Medical Student Education (https://md.wustl.edu/resources/offices-and-contacts/medical-student-education/)

**Division of Biology and Biomedical Sciences**
- Interim Associate Dean for Graduate Education (menneris@wustl.edu)
- Executive Director of the Division of Biology and Biomedical Sciences (cjeliti22@wustl.edu)
- Director, Diversity, Equity & Inclusion and Student & Alumni Affairs (joeltdalton@wustl.edu)
- Director, Curriculum and Graduate Programs (vigueira@wustl.edu)

**Program in Occupational Therapy**
- Program Director (https://www.ot.wustl.edu/about/our-people/lisa-tabor-connor-171/)
- Education Division Director (https://www.ot.wustl.edu/about/our-people/christine-berg-11/)
- Clinical Operations Director (https://www.ot.wustl.edu/about/our-people/patricianelli-65/)

**Physical Therapy Student Program**
- Program Director (https://pt.wustl.edu/people/gammon-m-earhart-pt-phd-fapta/)
- Education Division Director (https://pt.wustl.edu/people/steven-ambler-pt-dpt-phd-mph/)
- Associate Director of Professional Curriculum and Director of Clinical Education (https://pt.wustl.edu/people/megan-m-burgess-pt-dpt-ocs/)

**Program in Audiology and Communication Sciences**
- Director of Audiology Studies (https://pacs.wustl.edu/contactus/)
- Director of Deaf Education Studies (https://pacs.wustl.edu/contactus/)
- Director of Finance and Student/Academic Affairs (https://pacs.wustl.edu/contactus/)

**Confidentiality and Anonymous Reporting**

When receiving a confidential report, the university will strive to protect, to the greatest extent feasible, the confidentiality of persons reporting mistreatment and of those accused of mistreatment. Because of legal obligations, the university cannot guarantee complete confidentiality where it would conflict with the university's obligation to investigate meaningfully or, where warranted, to take corrective action. For example, if a report identifies conduct that would fall within Title IX (https://hr.wustl.edu/items/discrimination-harassment-policy/), the university may have an obligation to investigate and take further action that requires disclosure of all or part of the information contained in the report to the person accused as well as to appropriate administrators. In addition, if a report identifies conduct that poses a significant threat to the health or safety of an individual, the university may also need to investigate and take further action that requires the disclosure of information contained in the report.

Even when some disclosure of the university's information or sources is necessary, it will be limited to the extent possible. The university will keep confidential all records of complaints, responses, and investigations to the extent permitted by law.

Anonymous reports may be submitted through the reporting portal. If a reporter wishes to remain anonymous, the university may be limited in its ability to respond and take action with respect to the report.

**III. Options for Possible Resolution**

Students who believe they have been subjected to mistreatment or other reporters who believe they have witnessed student mistreatment have several options available if they wish to seek resolution of a situation. At any time, they may consult with a Discrimination and Harassment Response Coordinator (see below), whose responsibilities include assisting students, faculty, and staff with questions regarding university policies and options for addressing concerns about mistreatment.

If a student or reporter feels comfortable dealing with the situation without assistance, they can communicate either orally or in writing with the person whose behavior is of concern. The most useful communication clearly describes the conduct of
concern as well as its impact on the student and a request that the behavior should stop. Frequently, such a communication will cause the behavior to stop, particularly when the person may not be aware of its impact.

If a student or reporter would like to discuss a situation and possible options for resolution with the assistance of someone else, they may also consider the following: (1) asking a trained WUSM SAFE (Supporting A Fair Environment) Committee member to meet with them or to speak to the person whose behavior is of concern; or (2) consulting with one of the advisors listed below about other potential options to remedy the situation. As previously mentioned, these individuals may be obligated to report the incident or conduct disclosed to the university for further review (e.g., sexual assault or harassment, threat of harm to self or others).

Students may also initiate a more formal complaint process, which could involve a committee hearing, by contacting a Discrimination and Harassment Response Coordinator. If it has not already done so, the university will initiate an investigation into the allegations under the appropriate policy and, if substantiated, take disciplinary action as contemplated by the applicable procedures. For example, if a student asserts that a faculty member has engaged in mistreatment in the form of sexual harassment, the university’s Discrimination and Harassment Policy would be followed.

The university will remain in communication with the student throughout the university’s investigation and response. The university may be limited in its ability to disclose personnel information or other action taken in response to a complaint. The university will only be able to return communication made by an anonymous reporter if the reporter creates a password and logs back into the reporting portal to access information about the incident.

**IV. Monitoring and Education**

The School of Medicine will provide ongoing education to promote a respectful and positive learning environment. The purpose of this education will be to communicate the school’s standards of behavior and professionalism for an optimal learning environment and to commit to informing students and educators about policies around behavioral expectations and processes for reporting mistreatment. The policies and reporting protocols will be posted in the Bulletin and in the course syllabi, and they will be reviewed with students during orientation.

Data from the reports submitted to the portal and to the administrators identified above will be aggregated for review by the SAFE Committee. The SAFE Committee will systematically review these data on a regular basis, in addition to internal and external survey data, when doing the following: (1) assessing trends and the overall climate in learning areas at the School of Medicine; (2) making any recommendations for changes to the policies and the reporting and response mechanisms in place; and (3) developing action plans to implement targeted educational interventions based on the data received. The SAFE Committee will regularly report its findings and recommendations to the Academic Affairs Committee. Aggregate reports will also be regularly forwarded to program and/or department chairs for monitoring purposes.

**V. Student Advisors**

The following is a list of offices and advisors who may provide guidance when addressing some of the potential issues discussed in the above guidelines:

- Gender Equity and Title IX Compliance Office (https://titleix.wustl.edu/)
- Discrimination and Harassment Response Coordinator (https://hr.wustl.edu/items/discrimination-harassment-policy/)
- School of Medicine Office of Diversity, Equity and Inclusion (https://diversity.med.wustl.edu/)

In addition, the following faculty advisors in each program may also be able to provide guidance:

**Medical Student Program**

- Senior Associate Dean for Education (https://education.med.wustl.edu/about/leadership-team/)
- Associate Dean for Student Affairs (https://md.wustl.edu/resources/offices-and-contacts/office-of-medical-student-affairs/)
- Associate Dean for Medical Student Education (https://md.wustl.edu/resources/offices-and-contacts/medical-student-education/)
- Faculty Coaches (https://sites.wustl.edu/gatewaycurriculum/curriculum-renewal-update-gateway-coaching-program/)

**Program in Occupational Therapy**

- Program Director (https://www.ot.wustl.edu/about/our-people/lisa-tabor-connor-171/)
- Education Division Director (https://www.ot.wustl.edu/about/our-people/christine-berg-11/)
- Clinical Operations Director (https://www.ot.wustl.edu/about/our-people/patricia-nellis-65/)
- Advising Coordinator (https://www.ot.wustl.edu/about/our-people/sue-tucker-104/)

**Physical Therapy Student Program**

- Program Director (https://pt.wustl.edu/people/gammon-m-earhart1-pt-phd-lapa/)
- Education Division Director (https://pt.wustl.edu/people/steven-ambler-pt-dpt-phd-mph/)
• Associate Director of Professional Curriculum and Director of Clinical Education (https://pt.wustl.edu/people/megan-m-burgess-pt-dpt-ocs/)

Program in Audiology and Communication Sciences
• Director of Audiology Studies (https://pacs.wustl.edu/contactus/)
• Director of Deaf Education Studies (https://pacs.wustl.edu/contactus/)
• Director of Finance and Student/Academic Affairs (https://pacs.wustl.edu/contactus/)

VI. Additional Resources
• School of Medicine Student Ombudsperson (Confidential Resource) (https://ombuds.med.wustl.edu/)
• Medical Student Peer Advocates (https://md.wustl.edu/resources/wellness/)
• Relationship and Sexual Violence Prevention Center (https://students.wustl.edu/relationship-sexual-violence-prevention-center/)

The School of Medicine Programs Student Mistreatment Reporting and Monitoring Policy was last approved by the Academic Affairs Committee on Aug. 12, 2021. All substantive edits to this policy require approval by the Academic Affairs Committee.

MD: Washington University School of Medicine Policy for Monitoring of Student Time

Background
Washington University School of Medicine (WUSM) is committed to providing our students with an excellent education that is balanced with the need for learners to have sufficient time for self-directed learning and overall well-being. In keeping with Liaison Committee on Medical Education (LCME) standard 8.8, WUSM is responsible for monitoring the amount of time medical students spend in required learning activities in the Gateway Curriculum. This monitoring includes the total number of hours medical students are required to spend in clinical and educational activities during clerkships, the latter being accounted for in WUSM’s Duty Hour Policy for Medical Students on Clerkships and Other Clinical Rotations (p. 373) for policies and guidelines regarding the monitoring of student time on clinical courses within the legacy curriculum of WUSM.

Policies
Please see WUSM’s Duty Hour Policy for Medical Students on Clerkships and Other Clinical Rotations (p. 373) for policies and guidelines regarding the monitoring of student time on clinical courses within the legacy curriculum of WUSM.

All students will be excused from required learning activities during all official Washington University holidays. All students will also be excused to access health services as described in WUSM’s Medical Student Access to Healthcare Services Policy (p. 353).

Time spent on all required learning activities will be accounted for in the learning management system of WUSM.

All students spend no more than 35 hours per week on all required learning activities, including required preparatory work for said learning activities, while enrolled in any of the nonclinical courses of Phase 1 of the Gateway Curriculum.

Students are to spend no more than 50 hours per week on all required learning activities during their enrollment in the Clinical Immersions of Phase 1, inclusive of clinical experiences, course-specific classroom-based activities, coaching and online work.

Student workload during required courses of the Gateway Curriculum will be monitored by the Office of Medical Student Education (OMSE) for each Phase 1 course through canvasing of the learning management system and through internal and external surveys of students. In the event that there are concerns regarding the adherence of a course to the WUSM Policy for Monitoring Student Time, data substantiating said concerns will be presented by OMSE to the appropriate course lead. If not corrected, information will be sent forth to the appropriate governance structure for evaluation, monitoring and change management. The Committee on Oversight of Medical Student Education and any relevant subcommittees will charge the appropriate individuals or offices with improvement plans as indicated.

Guidelines
The above restrictions on student workload represent the upper limits of time that students can spend on required learning activities. Course directors are also welcome to utilize less time per week, as appropriate.

All course directors are encouraged to proactively communicate to students the expectations for required preparatory time for all learning activities (including immersions). These expectations can be informed through the use of course workload estimators. To ensure that the time devoted to scheduled instructional activities is accurately reflected in course plans, course directors are encouraged to use best practices, applicable Academy of Educator workshops, and/or consultation with the Instructional Design Studio.
Course directors are strongly encouraged to be considerate of the periodic need for breaks during scheduled required learning activities.

The Washington University School of Medicine Policy for Monitoring Student Time was last approved by the Committee on the Oversight of Medical Student Education governing body on Jan. 4, 2021. All substantive edits to this policy require approval by the Committee on the Oversight of Medical Student Education governing body.

**MD: School of Medicine Policy for Non-University-Affiliated Speaker Compensation**

**Background**

Washington University School of Medicine (WUSM) recognizes the importance of having individuals from outside of the WUSM community contribute to the educational goals of students in the MD program. The following policies apply to the financial compensation of individuals who do not have formal ties to Washington University in St. Louis and who function as speakers to medical students in the core curriculum of the MD program. In keeping with element 9.1, WUSM ensures that all non-university-affiliated instructors are familiar with the relevant learning objectives of the course or clerkship and that they are prepared for their roles in teaching.

**Policies/Requirements**

All requests for external speakers should be presented for review by the Senior Manager in the Office of Medical Student Education at least 21 days prior to their inclusion in learning sessions. The Office of Medical Student Education may exercise discretion in accepting late requests made under rare extenuating circumstances.

Speakers who require little to no advanced preparation for their involvement (e.g., someone sharing their lived experience as a patient) will be compensated $50 per session in addition to reimbursement for parking or public transportation.

Speakers who will have a leadership role in an instructional session (e.g., via a lecture or facilitated discussion) that will require substantive advanced preparation of more than 5 hours will be compensated $200 per session in addition to reimbursement for parking or public transportation.

For situations in which the requested speaker compensation exceeds the rates established above, requests should be submitted for review by the Office of Medical Student Education; final approval will be given by the Executive Director for Education Administration and Finance in the Office of Education Administration & Finance unit at least 60 days prior to the speaker engaging in any session-related activities. In all cases, a narrative explaining the need for a higher rate — along with supporting documentation demonstrating that an effort to negotiate the speaker’s rates to remain within the WUSM policy parameters has occurred — must be submitted.

For any guest speaker sessions to be recorded and any other artifacts captured (e.g., photos) and to be later made available through the WUSM Office of Medical Student Education, explicit permission from the guest speaker must be provided, with details on where these materials will be housed and how they will be used in the future.

The Washington University School of Medicine Policy for Non-University-Affiliated Speaker Compensation was last approved by the Committee on the Oversight of Medical Student Education on Sept. 13, 2021. All substantive edits to this policy require approval by the Committee on the Oversight of Medical Student Education.

**MD: Policy for Non-Involvement of Providers of Student Health Services in Student Assessment**

**Background**

In keeping with Liaison Committee on Medical Education (LCME) element 12.5, every medical student has the right to keep any and all health professionals who provide health services, including psychiatric/psychological counseling, from involvement in their academic assessment or promotion. Washington University School of Medicine is committed to ensuring that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

**Policies/Requirement**

All providers of health and psychiatric/psychological services to a medical student will have no role in directly assessing that student nor have a direct role in decisions about the competence and promotion of that student, excluding exceptional circumstances.

All student health services will ensure the security of confidential health information in accordance with legal requirements.

The Washington University School of Medicine Policy for Non-Involvement of Providers of Student Health Services in Student Assessment was last approved by the Committee on the Oversight of Medical Student Education (COMSE) on Jan. 10, 2022. All substantive edits to this policy require approval by COMSE.
MD: Washington University School of Medicine Policy for Review of Student Attainment of Competency

Background
In collaboration with the Office of Medical Student Education, the Office of Medical Student Affairs, and the Office of the Registrar and charged by the Committee for Academic Promotion, the Competency Attainment Committee (CAC) and the Clerkship Competency Committees (CCCs) at Washington University School of Medicine regularly review and render decisions of competency attainment and recommendations about the academic progress of all medical students in the Gateway Curriculum. This policy is in line with LCME element 9.9: Student Advancement and Appeals Process.

Policy
Students for whom this policy applies include students enrolled in any phase of the Gateway Curriculum and students enrolled in dual and joint degree programs currently participating in the Gateway Curriculum.

In order to successfully complete their studies at the Washington University School of Medicine (WUSM), students must demonstrate the ability to become a safe and effective physician by demonstrating competence in the WUSM Medical Student Program Objectives (p. 82). Attainment of competence in these educational program objectives is determined by the CAC in partnership with the individual CCCs in Phase 2 of the curriculum based on the totality and sufficiency of evidence regarding a student's performance.

Competency decisions of not competent, competent, and competent with distinction (where applicable) and the subsequent promotion recommendations are presented to the Committee for Academic Promotion, which is the committee charged with ratifying final competency decisions and promotion recommendations. Promotion recommendations include one of the following for each student:

1. Promotion, with or without ongoing remediation
2. Remediation without promotion
3. Dismissal or other sanctions, including but not limited to probation or suspension, which may occur throughout the enrollment of a student
4. Qualification to receive the Doctor of Medicine degree

Students considering an appeal of any of the above decisions and/or recommendations are referred to the WUSM Policy for Student Promotion and Appeals (p. 386) and the Formal Appeal Procedures for Competency Attainment and Promotion Decisions (p. 379).

Situations may exist in which a committee member has a conflict of interest such that the committee member is unable to perform their duties to objectively render a decision about a particular student. In such a case, the committee member must recuse themselves from participation in deliberations and decisions regarding that student. Please see the conflict of interest policy for full details.

The responsibility for maintaining and overseeing this policy resides with the Committee on the Oversight of Medical Student Education.

The Washington University School of Medicine Policy for Review of Student Attainment of Competency was last approved by the Academic Affairs Committee on May 12, 2022. All substantive edits to this policy require approval by the Academic Affairs Committee.

MD: Washington University School of Medicine Policy for Student Promotion and Appeals

Background
In collaboration with the Office of Medical Student Education, the Office of Student Affairs, and the Office of the Registrar and charged by the Academic Affairs Committee, the Committee for Academic Promotion (CAP) reviews the recommendations of the Competency Attainment Committee (CAC) and the Clerkship Competency Committees (CCCs) and renders final decisions regarding student advancement and graduation. This policy is in line with LCME element 9.9: Student Advancement and Appeals Process.

Policy
Students for whom this policy applies include students enrolled in any phase of the Gateway Curriculum and students enrolled in dual and joint degree programs currently participating in the Gateway Curriculum.

The CAP is charged with the ratification of all competency decisions and promotion recommendations, which include the following:

1. Not competent/competent/competent with distinction (where applicable)
2. Promotion, with or without ongoing remediation
3. Remediation without promotion
4. Dismissal or other sanctions, including but not limited to probation or suspension, which may occur throughout the enrollment of a student
5. Recommendation to Executive Faculty those students who have successfully completed all prescribed requirements of the school and are qualified to receive the Doctor of Medicine degree
Students will be notified of competency decisions and promotion recommendations 10 days prior to the CAP meeting in which those recommendations will be discussed. Students may present themselves at the CAP, in person or in writing, to be heard on any of the following:

- Decisions of competency without distinction
- Recommendation for an adverse outcome (remediation without promotion, sanctions, or dismissal)

In the case of decisions of competency without distinction, student presentation before the CAP constitutes a formal appeal of that decision. In the case of recommendations for adverse outcomes, any student presentation prior to CAP ratification is not considered a formal appeal. Further details for student presentation and appeal procedures can be found in the Formal Appeal Procedures for Competency Attainment and Promotion Decisions (p. 379).

Following the review and consideration of the CCC’s evidence and the student's information, when provided, the CAP will take one of the following actions:

- Ratify and uphold the competency decision and promotion recommendation
- Remand back to the CCC for further review
- Overturn the decision of the CCC if the CAP perceives an inability for the original committee to make an unbiased recommendation

Students may formally appeal decisions of the CAP that impact their ability to progress through the standard curriculum (remediation without promotion, suspension, or dismissal). Appeals must be filed within seven days.

The scope of all appeals shall be limited to (i) bias and/or failure to follow the standard processes used for reviewing evidence and competency determination that materially affected the outcome; and/or (ii) new information or evidence exists that was not reasonably available at the time of the decision and that could affect the outcome of the decision.

Decisions that would result in delays in education or individualized or modified schedules will be communicated to the Associate Dean for Medical Student Education to ensure feasibility for re-entry and timing for successful completion of the degree requirements. Decisions regarding dismissal will be reported to the Senior Associate Dean of Education. Decisions of remediation without progression, dismissal, probation, or suspension will also be communicated to Financial Aid to support necessary alterations in aid. All decisions will be recorded by the Registrar, including decisions as to whether information will be included within the formal academic record.

The responsibility for maintaining and overseeing this policy lies with the Committee on the Oversight of Medical Student Education.

The Washington University School of Medicine Policy for Student Promotion and Appeals was last approved by the Academic Affairs Committee on May 12, 2022. All substantive edits to this policy require approval by the Academic Affairs Committee.

MD: Professionalism

Preamble

Medicine is one of the oldest of the learned professions. A professional is one who is in command of a specialized body of knowledge and skills, and is given specific rights not typically allowed to the public. Along with those rights, the professional has specific responsibilities or duties not generally expected of the public.

The singularity of medicine is that it deals with human health. Patients are potentially at their most vulnerable when establishing a relationship with a physician. That the patient’s relationship with their physician involves a dependency that encompasses life and death adds further to the uniqueness of this relationship.

The label of professional is not a right but must be earned. The special contract physicians have with society has professionalism as its foundation. Professionalism consists of fundamentally important qualities including altruism, compassion and empathy, respect for patients and health care workers, commitment to ongoing excellence, honesty, trustworthiness, integrity, accountability, recognition of limits, collaboration, and duty to society.

Professional development is an ongoing process at all levels of training and practice. The purpose of this document is to outline those elements of professionalism expected of our medical students. It is not meant to be all-encompassing, providing exact guidelines for all possible situations. While this document was developed with medical students in mind, it is generally applicable to all medical professionals.

The goal of the Washington University Medical Center is to provide patient care, medical education, and biomedical research of the highest quality. Accomplishing this goal depends in part, also, on an atmosphere of mutual respect and collegiality among all those who work and study here. This document focuses on the special issues presented by the teacher/learner relationship, as well, and applies to all years of the medical school curriculum.
Guiding Principles of Professionalism

Professional Responsibility
1. Students have a responsibility to actively participate in their education and to work to improve the educational environment for future students.
2. Students should have a willingness to pursue lifelong, self-directed learning, which is an essential attribute of any professional.
3. Students should act responsibly in their personal and academic lives with regard to meeting deadlines, financial obligations and other comparable responsibilities.
4. Preparation for class and during clinical rotations sets a good example for peers, maximizes every student’s learning opportunity, and demonstrates respect for the teachers and peers.
   a. Respecting one’s peers in a classroom or in the hospital setting includes behaviors such as arriving on time, exhibiting respectful body language, listening attentively, turning off cell phones and allowing all present to engage in discussion.
5. Students should report to the appropriate supervisor potentially serious errors that others have committed.
6. Students should contribute to their community.
   a. Students are encouraged to participate in the first- and second-year teaching groups.
   b. These provide a service to the larger St. Louis community, while teaching students how to communicate with people of diverse backgrounds.
   c. Students are encouraged to serve at the Saturday Neighborhood Health Clinic and other community service and teaching activities.
7. Students should be aware of the larger social and economic context in which disease occurs, and take advantage of opportunities to deepen their knowledge about this topic.

Competence and Self-Improvement
1. In order to function at the expected level, students should attend to their own physical and emotional health.
   a. The experience of being a medical student can be physically and emotionally challenging. Students need to be able to identify when they are overwhelmed to the point where they may not be able to function appropriately. Students are encouraged to seek educational assistance and/or the emotional support of others in these instances.
2. Recognizing and admitting errors in patient care are key to being a good physician.
   a. Students should view mistakes as part of learning. Assuming responsibility for mistakes is critical for professional development.
   b. Developing productive strategies for dealing with mistakes and non-confrontational ways of correcting them is essential.
3. Feedback, advice and criticism from residents, fellows and faculty fosters personal and professional development, and should be taken in the context of mentoring.
   a. Students should assume that opinions of their faculty/residents/fellows that may seem unclear are usually solidly founded, and accept feedback regarding their performance openly and maturely from individuals more experienced than they.
   b. Students should provide suggestions and examples for improving the mentoring environment by forthrightly evaluating their instructors.
4. Students should identify and correct errors in patient care as soon as possible or notify those who can correct it.
5. Students should balance personal and professional interests.
   a. Students should not over-commit.
   b. Students should communicate schedule conflicts to course directors, lecturers, and/or house staff.

Respect for Others and Professional Relationships
1. Students should conduct themselves with manners and consideration of all others, and be respectful of others’ time.
2. While individual effort is important in developing a medical knowledge base, much of what students learn in medical school will depend on a collaborative effort with their peers.
   a. From the first day of medical school, students should encourage each other and collaborate with their peers when appropriate in the learning environments of lectures, small group discussions, and lab sessions. In doing so, they are laying the foundation for the truly collaborative nature of medicine.
   b. During the clinical years, students should understand that their peers are a valuable resource. Likewise, a student should assist peers in patient care responsibilities.
   c. In all cases, students should respect the work and learning opportunities of their classmates and they should share educational opportunities with their peers. Professional behaviors include listening to other’s presentations, and encouraging others’ opportunities to present, ask/answer questions, admit patients, participate in surgical cases/procedures, or perform duties.
3. Respect for the ethnic and cultural diversity of classmates provides for a more nurturing environment for all.
a. Students should be aware that their classmates come from a wide variety of religious and ethnic backgrounds and that they will have differing lifestyles and viewpoints. This diversity is an important resource in our community, contributing to the personal and professional growth of all.

b. Students should be sensitive to the importance of these issues and should seek opportunities to enhance appreciation of multiple cultures through dialog, educational opportunities, etc.

4. Students should be supportive of peers during difficult times in their personal and professional lives.
   a. Students must appreciate that their peers may have issues in their personal or professional lives (e.g., family, medical, academic, or administrative problems) that may affect their interactions with others. In these circumstances, students should make every attempt to be sympathetic and to offer their support to those students.

5. Participation and teamwork enhances the educational experience.
   a. The learning process is a partnership between students and faculty. Students should actively participate in this partnership by providing feedback to professors by way of evaluations and surveys.
   b. Contributing to the overall functioning of the team maximizes both learning and patient care in the clinical setting.

6. Understanding the appropriate venues for feedback to house staff/fellows/faculty is critical to successfully resolving conflicts. Students should be aware of the hierarchy of the team, and appropriate mechanisms for handling disagreement with faculty/residents/fellows. Conflicts can be translated into productive outcomes if handled appropriately. For additional helpful information, reference the university Code of Conduct (https://universitycompliance.wustl.edu/code-of-conduct/).

7. Maintaining a professional relationship with teachers (including faculty/residents/fellows and TAs) is important, especially during times when these teachers are in a position to grade or evaluate the student.
   a. Students should avoid behaviors that could potentially be construed as attempting to influence the faculty, for example running personal errands.
   b. The university has specific codes and regulations regarding romantic relationships between a student and a teacher, including faculty/resident/fellows outlined in the Consensual Relationships Policy (https://hr.wustl.edu/items/consensual-relationships/). Students engaged in such relationships should review these codes and avoid any situation that can cause potential conflict of interest in the academic setting.

8. Patients should be treated as individuals in the context of their family, culture and community. Personal bias should be subordinated when possible to further the therapeutic relationship.
   a. Use of offensive language or gestures is unacceptable.
   b. At times, some religious beliefs will require the use of alternative care approaches.
   c. Students, like practicing physicians, should not refuse to participate in the care of a patient with a communicable disease unless this represents a meaningful threat to the student's own health. In contrast, a student who is verbally or physically threatened by a patient may ask to be excused from care of that patient.

9. Students should treat hospital staff with appreciation and respect as they are vital members of the health care team.

Honesty and Integrity

1. Student work should be original.
   a. Only authorized resources should be used during examinations, quizzes or graded course work. WUSM has a zero tolerance policy for plagiarism (https://studentconduct.wustl.edu/academic-integrity/).
   b. When students are aware that a classmate has submitted work that is not their own (cheated), they should discuss this situation with the course director and/or the associate dean for student affairs.

2. Students must respect patients' rights and maintain confidentiality, in accordance with HIPAA guidelines.
   a. Students should be ever aware that patients are ill and have the right to refuse care, particularly when poorly provided.
   b. Patient information should only be discussed with appropriate people at appropriate times.
   c. Patient records should not be photocopied carelessly or removed from appropriate areas.
   d. Patient information should be disposed of appropriately to prevent careless transmission of patient information.

3. Students should clearly communicate their abilities and level of training to patients.
   a. If a student does not know the answer to a patient's question, it is the student's responsibility to admit this lack of knowledge.
   b. Even if other members of the health care team introduce students to patients as "doctor," the student should never do so as it leads to a false perception of expertise on the patient's part.
   c. Students should always be truthful with the house staff and other medical staff in terms of patient care and never compromise patient care as a consequence of personal gain.
4. Students should not participate in any aspect of patient care if under the influence of a substance that may compromise the student’s judgment or otherwise cause the patient harm. Likewise, students should report any member of the health care team who may be participating in patient care while under the influence of a judgment-impairing substance.

5. Any student who is impaired by physical or psychological illness should excuse themselves from patient care responsibilities, and should also respect recommendations to do so from colleagues or supervisors.

6. Although students are often tired or under stress, they should attempt to maintain an appropriate level of composure at all times.

7. Students should be appropriately attired for all patient care duties.

8. Students should carefully consider their participation in benefits provided by pharmaceutical companies or other medically-related businesses.

9. Students should respect the laws of federal, state and local governments in both professional and private life.

Transportation Policy for Medical Students on Clinical Assignments

Background

The primary goal of the medical program at Washington University School of Medicine is to provide the highest quality education possible to its students resulting in the development of competent and caring physicians. Among the core curricular activities necessary to accomplish this are intensive and meaningful patient care rotations. Though most clinical assignments will be located on the Barnes-Jewish Hospital/Washington University campus, some required clinical assignments are located off campus. In keeping with LCME standards 5.5 and 6.4, this is to ensure appropriate resources for clinical instruction in both ambulatory and inpatient settings with adequate numbers and types of patients.

Policies

A listing of clinical rotations requiring transportation will be available to students. This list will be updated annually by the Office of Medical Student Education (OMSE). All students are required to make themselves aware of these rotations well in advance so that they are familiar with travel requirements. Gas, mileage, parking fees, and ride or public transportation fares are not reimbursed by the school.

In order to more equitably distribute both on and off campus assignments, a system for centrally monitoring students’ travel for off-campus clinical assignments will be available to clinical course directors and will be overseen by the Clinical Curriculum Committee (CCC). When applicable, students will have the opportunity to submit their ranked choices for clinical assignments in advance. A record of student choice with subsequent alignment and nonalignment with clinical assignment will be included in this system.

Medical students will be required to travel to off-campus clinical rotations when these are assigned by the clinical rotation course director. In order to avoid inequitable distributions of these assignments, a student’s stated lack of access to a private vehicle should not be considered in and of itself when creating these assignments. Students who do not have access to a private vehicle will consult the “Guidelines” section of this policy item for recommended options.

If a student believes that they have been unfairly assigned, they should discuss it first with the clinical course director. If the issue is not resolved to satisfaction, they may approach the Assistant Dean for Curriculum and Clinical Sciences with their concerns.

Guidelines

Clinical course directors should consider a student’s current choice for assignment in the context of the degree to which their prior choices aligned with prior assignments. Clinical course directors should work to accommodate students who indicate a preference for a particular off-campus assignment as opposed to one that is on site.

Course directors should be aware of the significant amount of time incurred by students who are assigned off site in their commutes to and from campus when scheduling required learning activities on campus. When available, telecommunication strategies should be used as a way to mitigate this burden. Clinical courses that require a subset of enrolled students to travel to off-campus assignments are encouraged to consider changes in scheduling that compensate for the lost travel time.

Students without direct access to a car are advised of the following options for travel. These may include carpooling, ride services (e.g., taxi, Uber, Lyft), public transportation, rental car service, or biking/walking. Mutually acceptable trades in clinical assignments between peers can be considered at the discretion of the clinical course director, although there are no guarantees that these can always be accommodated.

The Washington University School of Medicine Transportation Policy for Medical Students on Clinical Assignments was last approved by the Committee on the Oversight of Medical Student Education on April 6, 2020. All substantive edits to this policy require approval by the Committee on the Oversight of Medical Student Education.
Related Policies

Washington University Discrimination and Harassment Policy (http://hr.wustl.edu/policies/Pages/DiscriminationAndHarassment.aspx)

Washington University Sexual Assault Policy (https://wustl.edu/about/compliance-policies/governance/usaib-procedures-complaints-sexual-assault-filed-students/)

Washington University Abusive Conduct Policy (https://hr.wustl.edu/items/abusive-conduct-policy/)

Washington University Diversity Bias Report Form (http://diversity.wustl.edu/students/mosaic/bias-report-support-system/bias-report-form/)

Assessing Academic Achievement & Professionalism (MD Program) (p. 357)

Professionalism & Conduct Policies

Policy Against Abusive Conduct

Please visit the Human Resources website for the Policy Against Abusive Conduct (http://hr.med.wustl.edu/Policies/Pages/AbusiveConduct.aspx).

Research Integrity Policy

Allegations of breach of the Research Integrity Policy are the primary responsibility of the Research Integrity Committee of the School of Medicine. Complaints regarding students enrolled for the MD degree will be directed promptly to that committee. The Research Integrity Committee will promptly investigate the charges and report its conclusions and recommendations to the dean, who will refer the issue to the Committee on the Academic and Professional Evaluation of Students (CAPES) as a breach of professional integrity if further action is warranted.

For further information, visit the Research Integrity Policy (https://research.wustl.edu/washington-university-research-integrity-policy/) posted on the Washington University website.

Social Media Policy

Students accepted to Washington University School of Medicine (WUSM) and current WUSM should be vigilant in their use of social networking (e.g., Facebook, Twitter, blogging). The profession of medicine requires the highest standards of conduct because of the level of trust patients place in medical professionals. When students are admitted to WUSM, enrollment remains contingent on their demonstration of this high standard of conduct through sound judgment, accountability and integrity. Written, voice, email and other electronic communications — including those used in blogs, social media sites and smart phone apps, as well as in published writing — should be thoughtful, and all individuals in the learning environment should be treated with mutual respect and understanding. Posting items that represent unprofessional behavior, releasing patient health information or other HIPAA violations, or violating Washington University in St. Louis policies on social networking sites will result in disciplinary action by the medical school.

The following two Washington University policies are incorporated into this policy and apply to accepted and current students:

• Washington University Social Media Policy (https://wustl.edu/about/compliance-policies/media-policies/social-media-policy/)  
• WUSM Social Media Guidelines (https://medicine.wustl.edu/brand/social-media/)

Guidelines Governing Alcohol Service at Events Sponsored by Student Organizations at the Washington University School of Medicine

I. General Principle on Alcohol Service at Events Sponsored by Graduate and Professional Students and Organizations at Washington University in St. Louis

Washington University in St. Louis (WashU) has adopted a Drug and Alcohol Policy (http://hr.wustl.edu/policies/Pages/DrugandAlcoholPolicy.aspx) reinforcing our commitment to an education, work, living and patient care environment that is free of alcohol and drug abuse. Given our mission to support personal and public health, students of the School of Medicine (WUSM) have a particular responsibility to recognize alcohol impairment and the potentially dire social, physiological and psychological consequences of substance use and abuse. For information regarding the effects of alcohol and drug use and abuse and to learn about available counseling services, please consult the School of Medicine’s Student and Occupational Health Services (https://wusmhealth.wustl.edu/students/).

As adults, students are expected to know and abide by all applicable state and federal laws and university policies and procedures. State law makes it illegal for a person under the age of 21 years old to purchase, attempt to purchase, or possess any intoxicating liquor. Violation can subject an individual to a fine between $50 and $1,000 and/or imprisonment for a maximum term of one year. County and municipality ordinances contain similar prohibitions and sanctions.
WashU expects its students and community members to exercise responsible decision making if they choose to include alcohol as part of their activities, including making sound judgments about whether, when, and how much to drink. Individual students are responsible for their own behavior and will be held to university and school policies should their behavior not conform to standards of conduct. Individuals may also be referred for criminal prosecution.

If a student organization provides alcohol as part of an event, student organizers share in the responsibility of providing a safe environment for all attendees and must prioritize the safety, health, and well-being of participants when planning and hosting an event. Student organizations may also be held accountable for the actions of their members through university and school policies.

Student organizations are expected to follow the guidelines below when hosting events with alcohol. Individual schools and certain venues retain the discretion to impose additional guidelines on student organizations and events. For more information, contact the Office of Medical Student Affairs (https://md.wustl.edu/resources/offices-and-contacts/office-of-medical-student-affairs/) or the student services office of the applicable WUSM program.

II. Event Protocols

A. Registration

1. Any on- or off-campus event sponsored by a recognized student organization of the school or the university as a whole must comply with the Drug and Alcohol Policy of Washington University in St. Louis, the procedures set forth in these guidelines, and all other applicable university policies.

2. Any on-campus event involving alcohol funded in part by the Office of Medical Student Affairs or by the applicable WUSM student services office and not sponsored by the school itself must be sponsored by a recognized student organization.

3. All events with alcohol need to be registered with and approved by the Office of Medical Student Affairs or the student services office of the applicable WUSM program. Depending on the nature and location of the event, approval from multiple departments within the university or school may be required. Approval for the event should be obtained no less than one week before the event is scheduled to take place. Failure to obtain approval for an event with alcohol during this time frame will likely lead to the event being rescheduled or cancelled. An event may not be publicized until it is approved by the Office of Medical Student Affairs or the student services office of the applicable WUSM program and any other applicable department (e.g., Protective Services).

4. To register an event, an event registration form (https://meet.wustl.edu/services/catering/catering-alcohol-guidelines/) must be submitted to the Office of Medical Student Affairs or the student services office of the applicable WUSM program no less than two weeks before the proposed event.

B. Marketing

1. Organizations may not plan events that promote or encourage the consumption of alcohol as the main focus of the event. The theme of all events at which alcohol is served must be primarily social, cultural or educational. Alcohol may be implied in campus advertising of the event to graduate and professional students using conventional phrases such as “happy hour” or “cocktail reception.”

2. Student organization events marketed and open to the general public or to undergraduate students are not permitted to include alcohol.

3. Persons planning events should remember that the vast majority of events at WashU take place without alcohol, that most members of the undergraduate community are not of legal drinking age, and that many members of our community do not drink alcohol beverages at all.

4. The following are examples of prohibited depictions of excessive alcohol consumption in the advertisement or promotion of events:
   - Excessive or underage consumption or use of alcoholic beverages
   - All-you-can-drink activities
   - Drinking games
   - Price specials on alcohol
   - Promotions or prizes featuring alcohol

C. Event Location

1. Student organizations should check in advance with the Office of Medical Student Affairs or the student services office of the applicable WUSM program, WUSM Facilities (https://facilities.med.wustl.edu/), Danforth Event Management (https://eventmanagement.wustl.edu/), or the appropriate WashU office for the reservation of specific event locations and any separate guidelines (including reservation deadlines) applicable to that space. Where separate guidelines are applicable and may conflict with the guidelines herein, the more restrictive guidelines should be followed.

2. When alcohol is permitted, the space must be secured (or, for outdoor locations, roped off as necessary) to ensure that proper admittance and alcohol distribution can be regulated easily and effectively.
D. Alcohol Types
1. Only beer and wine are permitted.
2. Hard liquor — including (but not limited to) grain alcohol, punches and mixed drinks — is not permitted at events.
3. Glass bottles are not permitted on campus and are discouraged at off-campus venues.
4. Kegs or other bulk containers of alcoholic beverages are not permitted.

E. Food and Alternative Beverages
1. Food must be provided at all events where alcohol is served. The food options must include plentiful and appetizing nonsalty foods that are readily available, free, and displayed in an attractive manner.
2. Nonalcoholic beverages, including water, should also be readily available and free.
3. The food and nonalcoholic beverages should be replenished several times throughout the event so that they are continuously available.

F. Distribution of Alcohol
1. In compliance with Missouri law and university policy, alcohol must be served in a controlled manner and may not be freely accessible. A central point of distribution must be designated to allow for proper identification.
2. Alcohol must not leave the confines of the event. The “responsible contacts” and security staff are responsible for ensuring that alcohol does not leave the event.
3. Under the law, no one who is under the age of 21 years or who is disorderly, disruptive, visibly intoxicated, or known to be a “habitual drunkard” may be served.
4. Regardless of who is managing distribution, the age of all attendees must be verified. Acceptable forms of identification are limited to the following: (1) a current driver’s license from any U.S. state; (2) a U.S. military identification card; (3) a state of Missouri special identification card; or (4) a passport. Please note that a foreign driver’s license and a special identification card from a state other than Missouri are not acceptable forms of identification.
5. If the server is not checking identification before serving each drink and if persons under 21 years old are permitted at the event, those guests who are 21 years old or older must be designated with a wristband or otherwise in a clear manner that is not easily replicated. For example, it is not permissible to mark hands with a marker or pen.
6. Those who serve alcohol and those who check proof of age and identification for any event may not consume or be under the influence of alcohol during the event.
7. Only one drink at a time may be served to each person. Each drink is not to exceed 12 ounces of beer or 5 ounces of wine. Guests are limited to a total maximum of one drink for each hour of the event (e.g., if the event lasts three hours, a guest may be served three drinks over the entirety of the event).
8. Alcohol distribution must conclude 30 minutes before the event ends.
9. Options for distribution must be discussed with and approved by the Office of Medical Student Affairs or the student services office of the applicable WUSM program. Depending on the nature and location of the event, options may include the following:
   a. Student organization servers: Student organization members may order, set up, and control distribution of the alcohol at the event independently in compliance with these guidelines if attendance is less than 40 guests, including members of the sponsoring organization(s). Prior to the event, the student organization must designate which member(s) will act as server(s). Servers must always be present at the location where the alcohol is provided in order to monitor guests’ consumption and to ensure that no persons under the age of 21 years receive alcohol. The practice of “self-serve,” in which individual guests serve themselves from a common container or source, is prohibited.
   b. Third-party bartenders: Student organization members may purchase alcohol, and a third-party bartending company with the requisite liquor license or permit may set up and control distribution of the alcohol at the event. Bartenders will be responsible for checking the identification of the guests.
   c. Third-party caterers: Student organizations may contract with a third-party vendor with the requisite insurance and liquor license or permit (e.g., Bon Appetit (http://wusm.cafebonappetit.com/catering/), Aramark) to acquire, set up, and control distribution of the alcohol at the event, including checking the identification of the guests.
      • Some university event spaces require a third-party caterer to be used for the service of alcohol or food. Student organizers must check policies and guidelines in advance with the Office of Medical Student Affairs or the student services office of the applicable WUSM program, WUSM Facilities, Danforth Event Management, or the appropriate WashU office.
      • If there is any possibility that event attendees may be less than 21 years old, student organizers must use option b or c to distribute alcohol.
• If alcohol is offered for sale (e.g., cash bar), if admission is charged, if donations are solicited to attend the event, or if money is otherwise changing hands between the guests and the organization for the event (e.g., charge for cups or glasses, charge for tickets), then the distribution of alcohol may only be provided through option c.

10. Off-campus events: If an event is held at an off-campus venue and alcohol is being provided by the student organization, the student organization must use option c, unless such service is provided by the venue. The owner of the event space must assume liability for the event, and the owner or caterer must have the requisite liquor permit and acceptable liability insurance. Organizations should check with the Office of Medical Student Affairs or the student services office of the applicable WUSM program to ensure that all requirements are understood.

11. The selling of alcohol may not be used as a fundraiser for the sponsoring organization.

G. Drinking Games and Other Games of Chance

1. There may be no games of chance, drinking games, contests, or other similar activities that induce, encourage, or result in the consumption of alcohol. Examples include but are not limited to beer pong, flip cup, kings, caps, Jenga, quarters, or other games in which binge drinking is encouraged.

H. Responsible Contacts

1. At least one individual from the student organization per 25 attendees must be designated as a “responsible contact” for the event. More responsible contacts may be required based on the size, type and location of the event. Training for those wanting to serve as responsible contacts is available through the Office of Medical Student Affairs or the student services office of the applicable WUSM program.

2. Responsible contacts are not to consume or be under the influence of any alcohol prior to or during any portion of the event, including setup and cleanup. The responsible contacts must remain the same individuals throughout the entire event. These individuals are responsible for overseeing and ensuring the safety of the event, the distribution of alcohol, and the implementation of this policy throughout the entire event.

3. Responsible contacts are required to introduce themselves to the security guards, the venue representatives and WashU Protective Services. One responsible contact should serve as the primary liaison with these individuals/ agencies.

4. Responsible contacts should monitor the consumption of alcohol by guests and take appropriate action by calling the police for emergency medical services if any guest displays signs of intoxication and is in need of medical attention.

5. The responsible contacts must end an event during which these guidelines are not being followed or other significant problems arise that jeopardize the security of the event or the safety of students. Security staff or Protective Services should be available to assist with closing down an event per the contacts’ request. University staff may close an event at any time if the security of the event is jeopardized or if the safety of students is at risk. A university staff representative may be required to attend large-scale events.

I. Attendance and Proper Identification

1. Participants who intend to consume alcohol must show proof of minimum drinking age by presenting a government-issued photo identification. Washington University identification, driver’s licenses, and state or federally issued identification cards may be checked for validity at the point of entrance. Fake identification cards will be confiscated; students risk disciplinary action and/or referral to off-campus law enforcement authorities if they present false identification.

2. A line for admission should be in a well-lit area and well organized. A security guard may be responsible for checking proof of legal age and affixing wristbands.

J. Guest Policy

1. For events at which guests are permitted, each WashU student is allowed to bring one guest. Students are responsible for the conduct of their guests, and guests must enter with their hosts.

2. Guest misconduct could lead to disciplinary action for the WashU student, and the guest could be subject to prosecution off campus. Verification of age and identity (i.e., driver’s license or state or federally issued identification card) will be required of all attendees at the entrance to the event.

K. WashU Police Department and WUSM Protective Services

1. The WashU Police Department (WUPD) or WUSM Protective Services should be notified of all on-campus programs for which alcohol has been requested. Such events may require the presence of officers or security guards or the implementation of other security measures. Costs associated with security will be the responsibility of the sponsoring organization.

L. Security

1. Private security guards may be required to assist with the safety of participants and the security of the facility when total attendance involves more than 100 attendees, as determined by WUPD or WUSM Protective Services. For all events that require security, student organizations should
anticipate that a minimum ratio of three guards plus one additional guard for every 50 attendees may be required. The sponsoring organization is responsible for contacting and arranging for guards or for ensuring that the venue provides appropriate security staff.

2. WUPD or WUSM Protective Services should be involved in planning for the most effective use of the contract security contingent prior to the event. An example of how guards may be stationed is as follows:

• At least one guard would be stationed at the main entrance of the event to check for WashU student identification, to monitor the guest policy, and to help determine if anyone who appears to be intoxicated should be refused entry.
• A second guard would be assigned to the point of alcohol distribution and, depending on the security services provided, could monitor or check identification for proof of legal age and assist with pulling drink tabs from wristbands, if applicable.
• Other guard(s) would serve as roamer(s) and be responsible for monitoring legal drinking, access to event space, and all entrances.
• Additional guards may be required based on the nature of the event and the expected attendance. Security costs are the responsibility of the sponsoring organization.

3. Security staff must come from a licensed and bonded security company. However, some off-campus venues may prefer to have their own staff serve in this capacity. The security guards, bartenders, caterers or designated organization members (depending on the nature of the event) are required to verify the age of each participant with identification that provides the date of birth. If the event is held outdoors or in an unsecured area, distinct identification (e.g., wristband, stamp) is required to identify attendees who are 21 years old and older; this is to ensure that those passing through the event do not receive alcohol.

M. Post-Event Cleanup

1. For any event on campus at which alcohol is being served, the student organization planning the event must make arrangements for custodial services when the space reservation is made. Service requests should include additional trash cans and recycling bins. Large events must have cleaning staff during the hours of the event to remove trash and clean restroom facilities. All expenses are the responsibility of the sponsoring organization.

Student Health & Safety Policies

Bloodborne Pathogens Policy

In 1992, the Executive Faculty of the School of Medicine formally adopted a Medical Campus policy on human immunodeficiency virus (HIV) and hepatitis B virus (HBV) infections. This policy was updated in 2001 to include hepatitis C virus (HCV) infections. The purpose of the policy is to provide guidelines to prevent or reduce the transmission of these infectious agents between patients and health care workers. It is an ethical and moral obligation for students/employees to report bloodborne pathogen infections.

The policy deals with the following: (1) the university’s responsibilities to infected patients, including obligation to treat, confidentiality, and appropriate serologic testing; (2) appropriate health and safety precautions and procedures for faculty, students and staff, including compliance with Centers for Disease Control and Prevention guidelines, blood and body fluid precautions, and handling of needles or sharp instruments; and (3) the university’s responsibilities to faculty, staff or students who are infected with HIV, HBV or HCV, including admission to medical school, participation in clinical rotations, serologic testing confidentiality, and medical treatment.

The policy makes a distinction between Category I activities (those involving no risk of transmission from infected health care workers to patients, such as routine history/physical examinations, minor surface suturing, and elective phlebotomy), Category II activities (those for which bloodborne virus transmission is theoretically possible but unlikely, such as minor local procedures, central venous lines, and other specialty procedures), and Category III activities (those for which there is a definite risk of bloodborne virus transmission, such as general surgery, cardiothoracic surgery, neurosurgery, and other surgeries as well as nonelective procedures performed in the emergency department).

In 2012, a committee was formed that included representation from Administration, Legal – Risk Management, Infectious Disease, Occupational Health, and Student Health Services. The Student Health Services director meets with infected students and discusses the need for restricted activities and proper follow-up.
Needle Stick/Human Blood and Body Fluid Exposure Policy

All exposures to human blood and body fluids must be reported immediately to the Health Service, which maintains a 24-hour reporting system. During working hours (8 a.m.-4 p.m.), the office can be reached at 314-362-3523 or 314-362-3528. After hours, the Health Service can be contacted through a digital beeper at 314-871-2966.

Needle Stick Procedure

Cleanse the wound immediately with soap and water. If a mucous membrane has been exposed, rinse with copious amounts of water.

1. Identify the source of exposure.
2. Call the Health Service for further instructions. The source patient will be evaluated for HIV, HBV and HCV. The physician in charge of the case is responsible for acquiring patient consent for testing. The employee will notify the physician. All source patient charges will be the responsibility of the Health Service.
4. Employees and students will report to the Health Service for follow-up. Individuals will be evaluated for the following:
   a. HIV or serum sample save
   b. HBV vaccination
   c. Hepatitis B surface antibody testing (a positive test in the past eliminates the need for further testing)
   d. HCV vaccination
   e. Tetanus and diphtheria vaccination
   f. Post-exposure prophylaxis

Human Blood and Body Fluid Exposures Procedure

1. Clean the area with soap and water.
3. Keep the source or patient available for HIV, HBV and HCV testing.
4. Follow the instructions given by the Health Service. Complete an incident report.

Always wear Personal Protective Equipment!

Student Rights Policies

Policy on Student Rights Under the Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects student information.

The law also gives individual students certain rights:

- The right to inspect and review education records
- The right to seek the amendment of education records
- The right to consent to the disclosure of education records
- The right to obtain a copy of the school's FERPA policy (http://sites.wustl.edu/universityregistrar/student-records/ferpa-privacy/washington-university-ferpa-policy/)
- The right to file a complaint with the FERPA office in Washington, D.C.

Student Directory Information

Although most information about a student is considered private and no one other than school officials (i.e., faculty and staff) with a legitimate educational interest may have access to it without the written consent of the student, certain categories of information designated as "directory information" may be disclosed by Washington University without obtaining the prior consent of the student.

Through WebSTAC (https://acadinfo.wustl.edu/), Washington University students have control over the release of their directory information.

Information with the "directory information" designation is as follows:

- Full name
- Home and local addresses and telephone numbers
- Email address
- Photographic, video or electronic image (picture)
- Academic division and major field of study
- Dates of attendance
- Previous schools attended
- Graduation dates and degrees received at Washington University
- Class (affiliated degree year)
- Academic awards
- Participation in intercollegiate activities
- Height and weight (National Collegiate Athletic Association Division III athletes only)

Refer to the full text of the Washington University FERPA Policy (http://sites.wustl.edu/universityregistrar/student-records/ferpa-privacy/washington-university-ferpa-policy/) for more information.
Privacy Information for Parents
In accordance with federal law under the FERPA, the university may choose to release information about a student’s academic performance to a parent if the student is claimed as a legal dependent on that parent’s most recent federal income tax return. However, the university is not required to do so and prefers that students take the initiative to disclose and discuss academic goals and progress with their parents.

MD: Washington University School of Medicine Technical Standards for the Medical Program
Washington University welcomes diverse applicants, including those with physical, sensory, learning, psychological, and chronic disease–related disabilities. The School of Medicine is committed to advocating for its students with disabilities and to educating a medical workforce that mirrors the diversity of the national population. We aim to be leaders in accessibility and inclusion.

Individuals seeking to graduate from Washington University with a Doctor of Medicine degree are expected to gain broad competence in the skills that underlie the practice of medicine and surgery. With or without accommodations, they must have the knowledge, attitudes, and skills necessary to meet the School of Medicine’s educational program objectives and meet the Technical Standards outlined in this document.

All graduates must be able to take a patient’s history, perform an examination, and synthesize the findings into an assessment and plan in a reliable and effective manner, with or without reasonable accommodations. The abilities needed to meet these standards include the following:

1. Observation Skills, including gaining information from instructional activities, taking a history, and recognizing and evaluating physical findings
2. Communication Skills, including effective verbal and non-verbal communication with patients, caregivers, the health care team, and the education community
3. Motor Function, including navigating the clinical environment and performing a physical examination
4. Intellectual-Conceptual, Integrative, and Quantitative Abilities, including acquiring, synthesizing and applying foundational knowledge and clinical data
5. Behavioral, Social and Professional Attributes, including functioning as a compassionate, respectful, effective, ethical member of the health care and education community; receiving and acting on feedback; possessing the emotional and mental health needed to provide patient care; and prioritizing patient care in the face of competing demands

Applicants to the MD program review and attest to their ability to meet these technical standards as part of their application to the School of Medicine, and students attest again on an annual basis.

We welcome students with disabilities to apply to our school, to disclose their disability, and to collaborate with us to develop accommodations so that they can thrive and do their best work. Individuals who anticipate needing accommodations are encouraged to contact the university’s Disability Resources office (https://students.wustl.edu/disability-resources/) for a consultation. Disability Resources will engage in a confidential and interactive process with the student and other personnel as necessary to determine reasonable accommodations. As accommodations are not applied retroactively and may require time to be implemented, they should be requested in a timely manner. Decisions on admission, retention and graduation will not be affected by the need for accommodations.

The Washington University School of Medicine Technical Standards for the Medical Program was last approved by the Executive Faculty on May 5, 2021. All substantive edits to this policy require approval by the Executive Faculty.

Resources
The School of Medicine is fully dedicated to providing an outstanding learning environment in which students are supported in meeting their individual professional goals. Services include the following:

- Academic Assistance (p. 398)
- Academic Calendars (https://registrar.med.wustl.edu/calendars/)
- Advising and Career Counseling (https://mdstudentaffairs.wustl.edu/academic-support/advising/)
- Diversity, Equity & Inclusion, Office of (https://diversity.med.wustl.edu/)
- Diversity Programs, Office of (http://medschooldiversity.wustl.edu/)
- Housing (https://facilities.med.wustl.edu/housing/)
- Education, Office of (https://education.med.wustl.edu/)
- Medical Student Affairs, Office of (https://mdstudentaffairs.wustl.edu/)
- Medical Student Education, Office of (https://md.wustl.edu/contact/medical-student-education/)
- Medical Student Research, Office of (https://mdstudentresearch.wustl.edu/)
- Student Financial Planning, Office of (https://finaid.med.wustl.edu/)
- Protective Services (http://facilities.med.wustl.edu/security/)
- Registrar, Office of the (https://registrar.med.wustl.edu/)
- Student Health Services (https://wusmhealth.wustl.edu/students/)
Academic Assistance

Tutorial Assistance Program
Students experiencing difficulty in any course may request tutorial assistance. Such requests should initially be directed toward the course directors and thereafter to the associate dean for student affairs. Students who are repeating courses will be offered the opportunity for tutorial assistance. The Committee on the Academic and Professional Evaluation of Students (CAPES) (p. 357) or the Competency Attainment Committee may also require it. There is no charge to the student for tutorial assistance.

Tutoring

Phase 1 Students: Tutoring for individual content areas is available, and it is offered either in small groups or one-on-one from teaching assistants or other graduate students. Interested students should contact the appropriate course lead or the Office of Medical Student Education (OMSE).

Phase 2 and Clerkship: Residents and interns are available to tutor students one-on-one to develop clinical skills, including talking with patients, team communication, physical examination, and solidifying core clinical concepts in preparation for the NBME Subject Exams (Shelf). Interested students should contact their clerkship director.

Learning Specialist

Professional learning specialists can meet with students privately to assess and improve upon individual learning styles. Specialists also conduct lunchtime learning sessions. Contact Sarah Fowler-Dixon, PhD, Education Consultant and Learning Specialist, by phone at 314-503-5169 or by email at sbahdixon@gmail.com.

Exam Preparation

Becker Medical Library Resources: Visit the Becker Medical Library website (http://becker.wustl.edu/) for free online exam preparation tools. For more information, contact Betsy Kelly, Becker Library Associate Director, by phone at 314-362-2783 or by email at betsys.kelly@wustl.edu.

For subject-specific preparation in clinical neurology, medicine, obstetrics/gynecology, pediatrics, psychiatry and surgery, please visit the National Board of Medical Examiners (NBME) website (http://www.nbme.org/students/sas/MasterySeries.html).

UWorld access is provided to students as a resource to prepare for USMLE Step 1, Step 2, and subject exams. For questions about this resource, please contact the Office of Medical Student Education at omsecure@wustl.edu.

Financial Information for the School of Medicine

This page presents financial information for the programs and degrees offered by the School of Medicine. Refer to the tabbed sections for specific financial information about individual programs.

Medical Students

Financial Assistance

The ability to finance a medical education at Washington University does not influence the student selection process. As all students accepted for admission have proven scholastic ability, financial assistance is awarded to qualifying U.S. citizens and permanent residents solely on the basis of documented financial need that cannot be met by student and family resources. Students who consider themselves financially independent of their parents must arrange for loans to replace the amount of support parents are analyzed to have the potential to contribute. The School of Medicine's Office of Financial Aid (Campus Box 8059) will assist students with making these arrangements.

In responding to the Admissions Committee's offer of admission, an accepted student will be directed to the student financial aid portal, Net Partner (https://netpartnerstudent.wustl.edu/), to indicate what type of aid they are applying for. The Financial Aid Office acknowledges the student's intent and provides instructions for completing the Free Application for Federal Student Aid (FAFSA). Everyone applying for financial aid must complete a FAFSA and designate Washington University School of Medicine, School Code #G24620, as a recipient. Medical school financial aid application documents and detailed instructions are made available after January 1.

The financial aid application materials solicit information about the applicant and their parents, including a detailed description of resources and liabilities. If an applicant's parents are separated or divorced, the financial information is required from both biological parents, excluding the income and assets of their spouses, if remarried. If the applicant is married, similar information is required of the spouse. The school expects the applicant to complete and submit the financial aid documents within two weeks from the date the applicant receives them. Official copies of both biological parents' individual U.S. income tax returns and the applicant's official IRS transcripts complete the data required for financial aid consideration.

While "permanent residents" of the United States are eligible for most federal financial aid programs, need-based financial aid from Washington University is only awarded if the applicant and both biological parents can provide official, audited documents with the same detailed information as provided on a U.S. income tax return. All information is held in strict confidence.
Financial aid awards are credited toward the payment of tuition and fees. If there is an excess of funds on a student's account after tuition and other charges, the Registrar's Office will issue a refund check. The loan portion of an award will be funded through the resources of the School of Medicine or through the Federal Direct Loan program. Financial aid awards are made for a given academic year. Beginning with the 2019-20 academic year, any need-based scholarship awarded will be fixed for all future years. Students may reapply for federal loans in succeeding years if they remain in good academic and personal standing.

The committee holds that students receiving assistance have an obligation to notify the committee in writing if their financial situation changes, for example, through employment or the receipt of a scholarship not anticipated at the time the application was submitted.

First- and second-year students are urged not to accept employment during the academic year. A number of fourth-year students find employment in hospitals within the Medical Center. The personnel office may provide assistance to students' spouses seeking employment.

**Tuition Stabilization Policy for Medical Students**

**Background**

LCME standard 3.2 indicates that the medical program should offer sufficient opportunities, encouragement, and support for medical student participation in research and other scholarly activities. The proposed policy aligns with standard 3.2 and a student-centered learning environment. The School of Medicine encourages student research and participation in additional study outside of the traditional medical curriculum.

**Policies**

As of July 1, 2020, all matriculating students will benefit from a tuition stabilization plan, which provides that the tuition rate at matriculation will remain constant for up to 10 consecutive years. The stabilized rate will expire ten academic years after matriculation. Therefore, students whose medical education is interrupted for any reason for more than six years will be charged at the rate of the class they rejoin. Appeals of this policy should be submitted in writing to the Medical School Registrar prior to the 10-year limit and any required increase in tuition. Appeals will be considered on a case-by-case basis, with the ultimate decision resting with the Registrar/Assistant Dean for Academic Affairs.

The Washington University School of Medicine Tuition Stabilization Policy for Medical Students was last approved by the Academic Affairs Committee on April 9, 2020. All substantive edits to this policy require approval by the Academic Affairs Committee.

**Standards for Satisfactory Academic Progress for Financial Aid Eligibility**

When a student is enrolled in the curriculum of the MD program, the following policy applies regarding standards for Satisfactory Academic Performance (SAP). Federal regulations require that students receiving Title IV financial aid maintain SAP.

The minimum GPA requirements needed to maintain eligibility for Satisfactory Academic Progress are dictated by the specific program of study. In each case, per the requirements of 34 C.F.R. 668.34(a)(4)(ii), the federal student aid program requires a minimum of a C average to maintain eligibility for aid, but an individual degree or certificate program may have a higher minimum GPA for federal Satisfactory Academic Progress.

This policy presents the standards adopted by the Washington University School of Medicine and applies to all MD students. SAP is evaluated annually, at the end of each academic year. If a student is not maintaining progress, they will be notified by the Committee on Academic and Professional Evaluation of Students (CAPES) and the director of financial aid via their WUSM e-mail, and they will be ineligible, or "suspended," for federal aid for future terms unless they appeal their status and it is approved by CAPES and the director of financial aid. An appeal must contain the extenuating circumstances surrounding the failure to meet SAP, such as illness, injury, or other circumstances beyond the student's control.

In order to be compliant in maintaining SAP and thus eligible for federal financial aid, students must be satisfactorily progressing toward their academic objectives. Federal regulations require the following measurements for determining SAP: time frame and quantitative/qualitative requirements.

**Time Frame Requirement**

The maximum time frame of full-time enrollment for the completion of each program is as follows:

- Four-year MD program: 6 years
- Five-year MD program: 7.5 years

Periods of non-enrollment are not counted in the measurement of satisfactory academic progress; however, all periods of attendance, regardless of whether or not the student received Title IV aid, are counted.

This policy is applied in the context of each individual student's enrollment status in order to accommodate the student who does not enroll on a full-time basis. For example, if a student enrolls in a four-year program, the full-time student would meet the 150% maximum rule (as per Title IV guidelines) after six years of full-time enrollment, and the full-time student is expected to complete the program within 12 years. If a student vacillates
between full-time and half-time enrollment, that student would have a maximum time frame of between six and 12 years, and the maximum time frame for that student would be continuously adjusted.

If a student reaches a point where they cannot complete their program within the 150% maximum, that student becomes ineligible for federal aid for all future semesters.

Quantitative/Qualitative Requirement

Academic requirements for the MD degree include the satisfactory completion of the curriculum designated by the faculty. The progress of each student working toward an MD degree is monitored carefully by the Committee on Academic and Professional Evaluation of Students (CAPES). Refer to the Assessing Academic Achievement (p. 357) section of this Bulletin for more information.

A student failing to meet the standards of satisfactory progress as determined by CAPES shall be placed on financial aid suspension. The student will be eligible for aid when they achieve SAP, or the student may appeal. Students who choose to appeal must state the reasons for failing to meet SAP (e.g., injury/illness of the student, death in the family or other special circumstance) and what has changed in the student's situation so that they can now make SAP. If the student successfully appeals, the student will be placed on financial aid probation and may receive financial assistance for one term. At the conclusion of this period, the student must have achieved compliance with each standard or be progressing per their individual academic plan to receive additional aid. A student who does not achieve compliance with each standard by the conclusion of the probationary period is suspended from financial aid eligibility.

The Office of Student Financial Aid must notify a student of implementation of probationary status and/or suspension.

The Director of Student Financial Aid shall have primary responsibility for enforcement of this policy. The Office of Student Financial Planning shall ascertain at the time of each disbursement of funds and prior to certification of a financial aid application that the student is in compliance with the policy.

Cost of Education

For the first-year class matriculant, tuition and estimated expenses for the 2021-22 academic year are listed below. Students will benefit from a tuition stabilization plan, which provides that their annual tuition and fees of $69,250 will be constant for up to 10 consecutive years. The stabilized rate will expire 10 academic years after matriculation. The items listed below provide an estimate of the expenses for a single student in the 37-week first-year class. The total of these figures suggests a basic minimum budget of approximately $90,030. Allowances for entertainment, travel, clothing and other miscellaneous items must be added to this estimate.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees (includes Student Health Services and Microscope Lending Plan)</td>
<td>$69,250</td>
</tr>
<tr>
<td>Books and supplies</td>
<td>$700</td>
</tr>
<tr>
<td>Medical instruments</td>
<td>$462</td>
</tr>
<tr>
<td>Housing and food</td>
<td>$14,564</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$2,504</td>
</tr>
<tr>
<td>Travel and personal</td>
<td>$2,550</td>
</tr>
</tbody>
</table>

Policy for International Students

The admission decision at Washington University School of Medicine is based on academic and personal merit and not on the ability of the student to pay the costs of education. However, individuals who are not citizens of the United States of America or who do not hold U.S. Permanent Resident Visa status, including DACA students, are not eligible for financial aid due to regulations covering many programs used by the school to fund financial assistance. Therefore, in order for the school to complete the required documents which are necessary for issuance of a visa, the student must document, by a date and in a manner designated by the school, that the necessary amount of funds, as established by the school, is available to pay the costs of education (tuition and living expenses) for the anticipated period of enrollment, normally four years. Documentation of the required amount of financial resources may be by a letter of credit or by deposit of funds in an escrow account with a bank designated by the school.

Awards and Prizes

At two annual events, Washington University School of Medicine publicly recognizes and rewards outstanding scholarship, research accomplishments and community service of individual students. In December, the Student Awards Luncheon acknowledges academic excellence earned during the first three years of study. As part of the festive commencement activities in May, graduates are recognized for meritorious research and clinical achievements accomplished during their medical school careers.

Morris Alex, MD Prize. Awarded each year to the medical student who is outstanding among their peers in the second-year Practice of Medicine course. The December 2019 recipient: Helen Liljenwall.

Alpha Omega Alpha Book Prize. Awarded to a member of the graduating class who has performed outstandingly for the entire medical course. The May 2020 recipient: Andrew Simmerman.

Alpha Omega Alpha Initiates. The May 2020 initiates: Rina Amatya Ferguson, Yun Zhu (Louisa) Bai, Bronwyn Bedrick, Lauren Behlke, Taylor Dibble, Katherine (Kate) Douglas, Noah Eby, Ryan Furdock, Katherine (Kate) Gerull, Leonard (Brian) Hickman, Jawad Khalifeh, Caroline Min, William Padovano, Erin Peterson, Griffin Plattner, Airika (Danielle) Poivre, Alexandra
(Allie) Rubin, Andrew Simmerman, Avery Strong, Julia Suggs, William Tompkins, William Tzeng, Bianca Vannucci, Noah Wasserman, Georgia Wilke, Gregory Wong, Ran (Catherine) Xu, and Minerva Zhou.

American Academy of Neurology Medical Student Prize for Excellence in Neurology. Awarded to a member of the graduating class for excellence in clinical neurology and outstanding personal qualities of integrity, compassion and leadership. The May 2020 recipient: Leonard (Brian) Hickman.

American College of Physicians Michael M. Karl, MD Book Award. Presented annually to a member of the graduating class committed to a career in internal medicine, in recognition of highest achievement in the field of internal medicine. The May 2020 recipient: Vivek Durai.

American College of Physicians Award for Excellence in Physical Diagnosis. Given to a student annually for outstanding performance in the second-year Practice of Medicine course. The December 2019 recipient: Carly O'Donnell.

American College of Physicians Clerkship Award. Established in 1992 to be awarded to a student completing the third year of study with meritorious achievement in the Internal Medicine Clinical Clerkship. The December 2019 recipient: Sophia Lewis.

American Medical Women's Association Glasgow-Rubin Award for Academic Achievement. Presented to the women graduating first in their class. The May 2020 recipients: Catherine Xu and Danielle Poivre.

American Medical Women's Association Glasgow-Rubin Citation for Academic Achievement. Presented to women medical students graduating in the top 10% of their class. The May 2020 recipients: Yun Zhu (Louisa) Bai, Bronwyn Bedrick, Lauren Behlke, Katherine (Kate) Douglas, Katherine (Kate) Gerull, Yedda Li, Annelise Mah-Som, Caroline Min, Erin Peterson, Allie Rubin, Julia Suggs, Biana Vannucci, and Minerva Zhou.

The Ruth Bebermaney Award. Established in 2001 by the WUMCAA executive council to honor Ruth Bebermaney for her many years of dedicated service to WUMCAA (1990-2000) and to the students of the School of Medicine. The award is given to “a student who has shown extraordinary kindness and sensitivity to the needs of others,” whether those others be fellow students, patients or just people in general. The December 2019 recipient: Kate Douglas.

Alexander Berg Prize. Awarded to the students presenting the best results in research in molecular microbiology. The May 2020 recipient: Charise Garber.

The James and Philip Brasington Memorial Prize. Awarded to a medical school student who has demonstrated excellent preclinical and clinical academic performance in psychiatry and who has the potential to make significant contributions to the field. The May 2020 recipient: Lauren Behlke.

Jacques J. Bronfenbrenner Award. Provided by Dr. Bronfenbrenner's students in memory of his inspiration as a teacher and a scientist, and awarded to the member of the graduating class who, as judged by the Department of Medicine, has done the most outstanding work in infectious diseases or related fields. The May 2020 recipient: Samantha Greaney.


Dr. Harvey Butcher Prize in Surgery. Awarded annually in memory of Dr. Harvey Butcher to the members of the graduating class who, as judged by the Department of Surgery, show the greatest promise for general surgery. The May 2020 recipient: Yun Zhu (Louisa) Bai.

Kehar S. Chouke and George Gill Prize in Anatomy. Awarded annually to a first-year medical student who has demonstrated superior scholarship in Human Anatomy. The December 2019 recipient: Hosannah Evie.

Class of 2001 Award. Established by the Class of 2001 as its gift to the medical school. Awards are to be given to third-year medical students in recognition of outstanding performance in the areas of community service and student group activities in the first two years of medical school. The December 2019 recipients: Helen Liljenwall and Samantha Lund.

Class of 2003 Award. Dedicated to the memory of three classmates who died in a car accident, and awarded to a first-year student recognized by peers as being selfless, exceptionally kind to others and dedicated to the highest standards in medicine, traits for which these classmates will be remembered. The December 2019 recipients: Joanna Kim and Monica Lim.

F. Sessions Cole Award. The inaugural Cole award is presented to a senior medical student entering the field of pediatrics who exhibits honest and thoughtful patient care, who gives generously with their time, and who welcomes emerging technology. A masterful clinician who continually advocates for our smallest patients. The May 2020 recipient: Jacqueline Kading.
Carl F. and Gerty T. Cori Prize in Biochemistry. Awarded at the end of the first year to the class member who has demonstrated superior scholarship in biochemistry. The December 2019 recipient: Winston Winkler.

Edmund V. Cowdry Prize in Histology. Established in 1969 to honor Dr. Cowdry; awarded to a medical student in the first-year class who has performed meritoriously in microscopic anatomy. The December 2019 recipients: Cyrus Ghaznavi and Sydney Sillart.

Antoinette Frances Dames Award in Cell Biology and Physiology. Awarded annually to members of the first-year class who have demonstrated superior scholarship in these fields. The December 2019 recipients: Xinwen Hu and Talia Pearl.

Elisabeth L. Demonchaux Prize in Pediatrics. Established in 1985, the prize is awarded annually to a graduating student who has done outstanding work in pediatrics. The May 2020 recipient: Katherine (Kate) Douglass.

Steven Dresler Prize. Awarded to a graduating student who has demonstrated a commitment to promoting social good, civil rights and civil liberties through social action and volunteerism. The December 2019 recipient: Divya Natarajan.

Dr. William Ellis Award. Established in 1990 by Dr. Ellis and awarded to a senior student in recognition of meritorious research in ophthalmology. The May 2020 recipient: Jonathan Lin.

The Endocrine Society Medical Student Achievement Award. Recognizing a graduating medical student who has shown special achievement and interest in the general field of endocrinology. The May 2020 recipient: Jane Wang.

The Family Health Foundation of Missouri Scholarship Award. Awarded to the top graduating student entering the specialty of family medicine. The May 2020 recipient: Airika (Danielle) Poivre.

George F. Gill Prize in Pediatrics. Awarded to a member of the graduating class who has demonstrated superior scholarship in pediatrics. The May 2020 recipient: Rina Amatya Ferguson.

Gold Humanism Honor Society. The May 2020 members: Rina Amatya Ferguson, Eva Archer, Curtis Austin, Bronwyn Bedrick, Lauren Behike, Barbara (Basia) Blachut, Bradley Busebee, Taylor Dibble, Katherine (Kate) Douglas, Shahroz Fatima, Ryan Furdock, Owen Hamilton, Jessica Hao, Helena Hong, Sarah Mayer, Joshua Mendoza, Caroline Min, Divya Natarajan, Eunhye Oak, Griffin Plattner, and Alexander Yahanda.

Alfred Goldman Book Prize in Diseases of the Chest. Created in 1972 as an annual award to be given to a student selected by the faculty for outstanding clinical work or research in diseases of the chest or pulmonary physiology. The May 2020 recipient: Sophia Lewis.

Max and Evelyn Grand Prize. Established in 1985 by Dr. M. Gilbert Grand, the prize is awarded annually to a member of the graduating class for excellence in ophthalmic research or clinical ophthalmology. The May 2020 recipient: Georgia Wilke.

Peter Halstead Hudgens Award. Established by Dr. Richard W. Hudgens in memory of his son, this award recognizes a graduating student for excellence in research and clinical psychiatry. The May 2020 recipient: Dov Lerman-Sinkoff.

Nathan Edward Hellman, MD, PhD, Memorial Award. Recognizes second-year students selected through a vote of fellow classmates. The recipients are distinguished as students with a strong track record of accomplishments and an interest in academic medicine, and whose humanism, collegiality, humor and compassion are an inspiration to members of the class. The December 2019 recipients: Kamaria Lee and Sharon Abada.

Herrmann Prize. Created by Dr. Paul Herrmann (MD '61) and his wife, Susan, to recognize a student who is considered a thoughtful and sensitive communicator in the clinical arena and whose listening and communication skills every patient hopes their physician will possess. The December 2019 recipient: Eunhye Oak.

Dr. John Esben Kirk Scholastic Award. Established in 1975 and awarded to graduating students of high scholastic standing. The May 2020 recipients: Griffin Plattner and William Tzeng.

Rosalind Kornfeld Student Leadership Award. Presented to a woman or women in the graduating class who has or have demonstrated outstanding leadership in service to or advancement of women in the community. The May 2020 recipient: Katherine (Kate) Gerull.

Louis and Dorothy Kovitz Senior Prize in Surgery. Senior award in surgery recognizing members of the graduating class who have shown the most outstanding ability, zeal and interest in surgical problems. The May 2020 recipient: William (Will) Gerull.

I. Wallace Leibner Award. Established in 1988 in memory of Dr. Leibner, the award is given to the member of the graduating class who has not only demonstrated excellence in diagnosis and therapeutics, but also an understanding of human nature and needs, and an active nurturing of both patient and family. The May 2020 recipient: Anand Upadhyaya.

Irwin Levy Prize in Neurology and Neurological Surgery. Established in 1980 by friends of Dr. Levy as a tribute to his commitment to clinical teaching. Provides a prize for the student who presents the best performance in the neurology and neurological surgery clerkships. The December 2019 recipient: Eunhye Oak.
Edward Massie Prize for Excellence in Cardiology. Awarded to the member of the graduating class, selected by the director of the Division of Cardiovascular Disease in the Department of Medicine, who has done the most outstanding clinical or basic research work in the field of cardiovascular disease. The May 2020 recipient: William Tompkins.

Howard A. McCordock Book Prize in Pathology. Awarded at the end of the second year to a member of that class for general excellence in pathobiology. The December 2019 recipient: Neel Raval.

Medical Center Alumni Scholarship Fund Prize. Given annually to students who have shown excellence in their work during the preceding year. The December 2019 recipient: Debanjan Saha.

Medical Fund Society Prize in Medicine. One prize awarded annually to a graduating student who has excelled in the study of internal medicine. The May 2020 recipient: Conor Williams.

Medical Fund Society Prize in Surgery. One prize awarded annually to a graduating student who has excelled in the study of surgery. The May 2020 recipient: Melissa Thornton.


Missouri State Medical Association Award. Presented annually to honor School of Medicine graduate for outstanding achievement in the study of medicine. The May 2020 recipient: Noah Eby.

The Missouri State Medical Association Student Scholarships. Awarded annually to first-year medical students who graduated from Missouri high schools in recognition of their high undergraduate academic achievement. The December 2019 recipients: Nathan Adams, Nick Becker, Meg Guard, Adam Koenig, Samantha Lund, Momo Oyama, Joseph Roh, Alex Shimony, Melissa Thornton, and Thomas Van Horn.

Dr. Helen E. Nash Academic Achievement Award. Given annually to a student who has exhibited to an unusual degree the qualities of industry, perseverance, determination and enthusiasm. The prize is given in honor of Dr. Helen Nash, a pediatrician noted in the St. Louis community for her commitment to excellence, tireless advocacy on behalf of children and endless enthusiasm for the field of medicine. The December 2019 recipients: Eva Archer and Averey Strong.

The Dr. Philip Needleman Pharmacology Prize. Established by his family in 1989 to honor Dr. Needleman, who was chairman of the Department of Pharmacology from 1976-89. This annual award is given to a member of the graduating class for outstanding research in pharmacology. The May 2020 recipient: Mitsukuni Yoshida.

The Doctor James L. O'Leary Neuroscience Prize. Awarded annually to a student who demonstrates the best accomplishment in the Neuroscience course. The December 2019 recipients: Xinwen Hu, Travis Tabor, and Winston Winkler.


The Richard and Mildred Poletsky Education Fund. Established in 1995 by the family of Mr. Richard Poletsky, an alumnus of Washington University. A prize is awarded annually to a professional student in the health sciences whose interest is in research on dementia and care of demented patients.

The Dr. Frank O. Richards Medical Student Scholarship Prizes. Provided by African-American alumni and friends of Washington University School of Medicine. The prizes embrace diversity efforts and are awarded in recognition of achievements in the first and second year of the curriculum. The December 2019 recipients: Jason Morris and Akua Nuako.

Dr. Philip Rosenblatt Award in Pathology. Given to a senior medical student for distinguished performance during an elective in pathology or laboratory medicine. The May 2020 recipient: Saravanan Raju.

Dr. William A. Rubenstein Award in Medicine. Awarded to a fourth-year student who shows a serious interest in pursuing a career in internal medicine and who demonstrates the exceptional qualities of a gifted physician, including compassion, caring, and the pursuit of scientific knowledge. The December 2019 recipient: Michael Bern.

St. Louis Pediatric Society Senior Prize. Presented to the senior student showing the greatest promise in clinical pediatrics. The May 2020 recipient: Sarah Mayer.

David F. Silbert Outstanding Teaching Assistant Award. Established in memory of Dr. David Silbert, it is awarded to a teaching assistant in a medical school course in recognition of a commitment to teaching. The December 2019 recipient: Hunter Patterson.

John R. Smith Memorial Fund Award. Created in 1982, it is awarded to a medical student who has done meritorious clinical and/or research work in the Division of Cardiovascular Disease within the Department of Medicine. The May 2020 recipient: Qiaonan Zhong.

Dr. Margaret G. Smith Award. Given to a woman medical student for outstanding achievement in the first two years of medical school. The December 2019 recipient: Sharon Abada.
Society for Academic Emergency Medicine Excellence in Emergency Medicine Award. Based on demonstrated excellence in the specialty of emergency medicine, it is awarded to a senior medical student at Commencement. The May 2020 recipient: Colleen Walsh-Lang.

Samuel D. Soule Award in Obstetrics and Gynecology. Presented to a member of the fourth-year class for meritorious achievement in either basic or clinical investigation in obstetrics and gynecology. The May 2020 recipient: Bianca Vannucci.

Jessie L. Ternberg Award. Presented to a woman graduating from the School of Medicine who best exemplifies Dr. Ternberg's indomitable spirit of determination, perseverance and dedication to her patients. The December 2019 recipient: Kate Gerull.

Washington University Internal Medicine Club Research Award. Awarded to the member of the graduating class who has done the most significant research in any area of internal medicine. The May 2020 recipient: Vasilios Kalas.

Washington University Summer Research Prize. The award recognizes students for meritorious research in the Summer Research Fellowship Program at Washington University School of Medicine. The December 2019 recipients: Michelle Cai and Lauren Elson.

Samson F. Wennerman Prize in Surgery. Donated by his wife, Zelda E. Wennerman, and awarded annually to the fourth-year student who has demonstrated promise in the field of surgery. The May 2020 recipient: Felicia Zhang.

Doris P. and Harry I. Wexler Prize. Established in 1998 by a bequest from Mrs. Wexler, the prize is awarded annually for research in multiple sclerosis and in alternate years research in eye disease.

The Park J. White, MD Prize. Created in 1992 in honor of the centennial of the birth of Dr. White, who was a distinguished pediatrician, social activist and pioneer teacher of medical ethics. He introduced the first course on medical ethics to students in 1927. The prize is awarded to students for outstanding performance in the ethics elective offered by the Program for the Humanities in Medicine. The May 2020 recipient: Rina Amatya Ferguson.

Hugh M. Wilson Award in Radiology. Given annually to a graduating medical student in recognition of outstanding work in radiology-related subjects, either clinical or basic science. The May 2020 recipient: Minerva Zhou.

The Wynder Prize in Preventive Medicine. An annual prize established in 1994 and awarded to senior medical students who have done the best research in preventive medicine. The May 2020 recipients: Bronwyn Bedrick and Caroline Min.

James Henry Yalem Prize in Dermatology. Established by Charles Yalem in memory of his son and awarded annually to members of the fourth-year class for outstanding work in dermatology. The May 2020 recipient: Patrick Phelan.

Registration, Payments, and Withdrawal and Refunds Policy

The university billing system provides a central financial account against which most student expenses incurred at the university will be posted, including but not limited to tuition, housing charges, parking and library fines. This policy, when referring to tuition and other charges, includes any and all charges posted to this account.

All payments of tuition and other university charges are due and payable on the dates specified in the published calendars of the programs in the School of Medicine. Failure of a student to register when required, and pay tuition and other charges incurred on or before the date specified in the published calendar, may result in a late fee of $50 to be added to the amount due. The late fee may be imposed seven days after the due date if full payment has not been received. Tuition and other charges are usually payable twice a year, at the start of the academic year, and again at the middle of the academic year, as listed on the schedule on the academic calendar.

In addition to the $50 late fee, any payment due from the student and not paid by the specified date will accrue interest at the current market rate in effect on the first business day of the month in which the payment is due. This fee will be imposed on any accounts not paid in full within 30 days of the due date. Any amount not paid when due (plus accrued interest thereon) must be paid in full within three months of the due date to avoid potential suspension from classes, unless a deferred payment is approved by the registrar due to extenuating circumstances.

If a student fails to make payments within three months of the original due date, the school will not release the student's academic record, grade reports or transcript, pending settlement of the unpaid account. A student who has not satisfied all of their delinquent financial obligations to Washington University (e.g., tuition, university housing, parking) one month before the end of the academic year will not be allowed to progress to the next academic year, nor can they be issued a diploma.

Federal financial aid funds for the next academic year cannot be disbursed until all prior year balances are paid in full. Students who rely on financial aid funds to meet their obligations should submit their applications for processing according to application deadlines published by the Office of Student Financial Planning. Deadlines allow for receipt of financial aid funds by payment due dates if applications are filed by the deadline. The Office of Student Financial Planning will assist students with loan applications and financial planning upon request.
A student who withdraws or takes a leave of absence from the school will receive a pro rata refund of tuition and appropriate fees. The refund will be based on the ratio of the class days enrolled (from the first day of classes to the termination date) to the total number of class days in the term for which tuition and fees were paid. It is understood that the date on which a student formally notifies the Registrar's Office in writing of the decision to withdraw or take a leave of absence from the School of Medicine shall be regarded as the termination date, with no retroactive clause to be accepted. A prospective date will be accepted, however. If tuition and fees were paid entirely or in part by financial aid from the school, the refund will be applied first to the total repayment of the accounts from which financial aid was drawn, with any remaining refund balance given to the student. Financial aid received in excess of the costs of tuition and fees must be refunded by the student to the school on the same pro rata basis as calculated for the tuition refund outlined above, per "Return of Title IV" federal guidelines. Any questions about these policies may be directed to either the Office of the Registrar or Student Financial Planning.

Merit-Based Scholarships

In 1978, the School of Medicine established a scholarship program that based selection on merit rather than financial need. As one of the first merit scholarship programs for medical students, the Distinguished Student Scholarship Program has recognized and rewarded academic excellence and personal achievement for 33 years. And, to honor outstanding alumni of Washington University, the Medical Center Alumni Association created in 1989 the Distinguished Alumni Scholarship Program. In 1998, the Barnes-Jewish Hospital Medical Staff Association committed to funding one full-tuition, four-year scholarship to a student in each entering class. Beginning with the 2002-03 academic year, one additional "named" scholarship was made available through the generosity of a donor.

Most merit-based scholarships are awarded to students in the first-year class and are subject to annual renewal. Recipients of these scholarships are expected to maintain academic excellence. If a scholarship is not renewed, the student may file for financial aid from the school. For scholarship recipients who document financial need above the full-tuition scholarship, additional funds are available to provide support up to the total cost of education. Scholarship recipients may not concurrently participate in the school's Medical Scientist Training Program, the Armed Forces Health Professions Scholarship Program, or the National Health Service Corps Scholarship Program.

Now known collectively as the Distinguished Scholars Program, its aim is to attract and enroll the most outstanding students in the School of Medicine, thus enriching the scholarly environment and broadening the scope of learning for all students. Scholarship recipients are selected on intelligence, character, personal accomplishments and goals, motivation for medicine, aptitude for science, leadership potential, communication skills and diversity of life experience. Scholarships awarded under this program include the Barnes-Jewish Hospital Scholars, Danforth Scholars in Medicine, Distinguished Alumni Scholars (DAS), Distinguished Faculty Scholars (DFS), and Distinguished Student Scholars (DSS).

Barnes-Jewish Hospital Medical Staff Association Scholarship

One full-tuition, four-year scholarship will be awarded to a student in each entering class beginning in 1999. Selection of the Barnes-Jewish Hospital Medical Staff Association Scholar is the same as for the Distinguished Student Scholarship.

Danforth Scholars in Medicine

Named in honor of William H. and Elizabeth Gray Danforth, the chancellor and first lady of the university from 1971 to 1995, the Danforth Scholars Program is a tribute to their legacy of exemplary leadership and service.

Distinguished Alumni Scholarships

Up to four full-tuition scholarships are awarded annually to members of the entering first-year class. The application procedure and selection process are the same as for the Distinguished Student Scholarships. Since 1989, Distinguished Alumni Scholarships have been named in honor of the following individuals:

- Leonard Bacharier, MD
- Thomas Bailey, MD
- Thomas Baranski, MD, PhD
- Walter F. Benoist, MD
- Leonard Berg, MD
- Grace E. Bergner, MD
- Laura Bierut, MD
- Ellen F. Binder, MD
- Stanley J. Birge, MD
- Eugene M. Bricker, MD
- Keith H. Bridwell, MD
- Angela Brown, MD
- Elmer B. Brown, MD
- J. William Campbell, MD
- David B. Clifford, MD
- C. Robert Cloninger, MD
- Jennifer W. Cole, MD
- John N. Constantino, MD
- Justin J. Cordonnier, MD
- Michael Crowder, MD, PhD
- Carlos Daughaday, MD
- John D. Davidson, MD
• Louis P. Dehner, MD
• Brian Dieckgraefe, MD, PhD
• Bradley Evanoff, MD, MPH
• Ronald G. Evens, MD
• Lewis C. Fischbein, MD
• I.J. Flance, MD
• James W. Fleshman, MD
• James Forsen Jr., MD
• Bernard T. Garfinkel, MD
• Deborah J. Gersell, MD
• Jerome J. Gilden, MD
• Harvey S. Glazer, MD
• David Goldring, MD
• Sidney Goldring, MD
• Samuel B. Guze, MD
• Paul O. Hagemann, MD
• Marc R. Hammerman, MD
• Alexis F. Hartmann, MD
• Alexis F. Hartmann Jr., MD
• John C. Herweg, MD
• Scott G. Hickman, MD
• Richard W. Hudgens, MD
• David Hunstad, MD
• Robert S. Karsh, MD
• John M. Kissane, MD
• Ira J. Kodner, MD
• Allan E. Kolker, MD
• Stuart A. Kornfeld, MD
• Lawrence M. Kotner Jr., MD
• Nicholas T. Kouchoukos, MD
• William M. Landau, MD
• Timothy J. Ley, MD
• Virgil Loeb, MD
• Maurice Lonsway, MD
• Robert H. Lund, MD
• Alan P. Lyss, MD
• Philip W. Majerus, MD
• Mark J. Manary, MD
• Paul R. Manske, MD
• Gerald Medoff, MD
• Paul A. Mennes, MD
• J. Neal Middelkamp, MD
• Benjamin Milder, MD
• Barbara S. Monsees, MD
• Carl V. Moore, MD
• George E. Murphy, MD
• David G. Mutch, MD
• D. Michael Nelson, MD, PhD
• Robert C. Packman, MD
• Charles W. Parker, MD
• Mary L. Parker, MD
• Alan L. Pearlman, MD
• M. Alan Permutt, MD
• Frederick D. Peterson, MD
• Gordon W. Philpott, MD
• Gary A. Ratkin, MD
• Edward H. Reinhard, MD
• Fred C. Reynolds, MD
• William J. Ross, MD
• Will R. Ross, MD, MPH
• Joseph F. Ruwitch Jr., MD
• Llewellyn Sale Jr., MD
• George Sato, MD
• Bradley Schlaggar, MD, PhD
• Mark E. Frisse, MD
• Gustav Schonfeld, MD
• Clay F. Semenkovich, MD
• Hyman R. Senturia, MD
• Donald Sessions, MD
• Gary D. Shackelford, MD
• Penelope G. Shackelford, MD
• Larry Shapiro, MD
• Bernard L. Shore, MD
• Barry A. Siegel, MD
• Emily L. Smith, MD
• William F. Stenson, MD
• Arnold W. Strauss, MD
• Robert A. Swaarm, MD
• Steven L. Teitelbaum, MD
• Jessie L. Ternberg, PhD, MD
• Bradley T. Thach, MD
• Mildred Trotter, PhD
• Stanley Wald, MD
• Stuart Weiss, MD
• Alison J. Whelan, MD
• Rakhee Bhayani, MD ’99
• Tessa Madden, MD ’01
• Eugene Rubin, MD, PhD ’78
• Garry Tobin, MD ’85
Distinguished Alumni Scholarship
Program Honorees 2019-20:
• Nancy Bartlett, MD '86
• Sam Bhayani, MD '96
• Eva Hurst, MD ’02
• Matt Mutch, MD ’94

Distinguished Faculty Scholars

The Distinguished Faculty Scholar Program provides merit-based scholarships (up to full-tuition for four years) to students who demonstrate their commitment to bringing diverse people together and to enhancing service to disadvantaged groups.

These awards are for students who have done the following:
• Been recognized as scholars from groups that are historically underrepresented in medicine
• Challenged themselves and excelled academically
• Demonstrated leadership
• Engaged in or shown a commitment to community service
• Demonstrated their commitment to bringing diverse people together (for example, by having been involved in diversity initiatives in their schools or communities)
• Demonstrated a commitment to serving historically underprivileged populations, and/or demonstrated achievement and determination in the face of personal challenges

Distinguished Student Scholarships

Distinguished Student Scholarships are awarded annually (up to full-tuition for four years) to selected members of the entering first-year class based on meritorious academic and personal accomplishments. Final selection of scholarship recipients is made by a committee of the faculty based on demonstrated superior intellectual achievement as well as an assessment of the applicant's character, attitude, motivation and maturity.

Scholarship Funds

Grace Bergner Abrams Scholarship. Established in 1995 through the bequest of Dr. Grace Bergner Abrams, MD ’43. Friends and patients also contributed to this endowed scholarship.

Helen M. Aff-Drum Scholarship Fund. Established in 1988 to provide scholarship support to financially deserving medical students.

Anderson Student Scholarship. Established through bequest in 2001 by Rolf L. Anderson, MD ’62.

Franz and Harriet L. Arzt Student Loan. Established by the estate of Dr. and Mrs. Franz Arzt in 2013.

Isak and Breine Ascher Scholarship Fund. The late Dr. Eduard Ascher, MD, ’42, established this scholarship through a trust to memorialize his parents, who were lost in the Holocaust during World War II. He chose Washington University School of Medicine because of their willingness to “give a chance” to an Austrian refugee.

Arthur I. Auer, MD 1956 and Marian D. Auer, NU 1955 Scholarship. Established in 2012 by Dr. and Mrs. Auer to provide scholarship assistance to worthy students.

Dr. William Monroe Baker Fund. Established in 1988 under the will of Miss Lola Braxton in memory of Dr. Baker to provide scholarship assistance to worthy students.

Barnes-Jewish Hospital Medical Staff Association Scholarship. Established in 1998 by the Barnes-Jewish Hospital Medical Staff Association to provide financial assistance to students based on academic excellence.

Floyd A. and Rita Sue Barnett Scholarship. Established in 1994 from a trust agreement (1989) of Floyd and Rita Sue Barnett for scholarships for students who are academically well-qualified and financially deserving.

Dr. Frederick Barry Scholarship. Established in 2009 through the estate of Dr. Frederick Barry for medical student education.

The Dr. Joseph A. and Helene H. Bauer Scholarship. Created in 1987 by Dr. and Mrs. Joseph A. Bauer to provide scholarship support to academically well-qualified and financially deserving medical students.

Edward Baumhardt Scholarship. Established in 2014 through the estate Dr. Edward Earl Baumhardt.

William L. Becker, MD Scholarships. Established in 2012 by Dr. William Becker, MD ’87 and awarded based on financial need.

Albert G. Blanke Jr. Endowed Scholarship. Established by a generous gift in 1982, the fund provides scholarship assistance for deserving students in the School of Medicine.

Dr. John A. Bowers Scholarship Fund. Established through the estate of Dr. and Mrs. John Bowers. The scholarship is awarded based on need.

Warren Bowersox, MD Scholarship Fund. Established in 2005 by Mrs. Warren Bowersox in memory of her husband, who was a member of the MD class of 1943, to support scholarships.

Isabel Valle Brookings Scholarship. Established in 1957 by Isabel Valle Brookings (Mrs. Robert S.) for scholarships and loans in the School of Medicine.

The Seymour Brown, MD and Rose Tropp Brown Scholarship. Established by the estate of Dr. Seymour and Mrs. Rose Tropp Brown.

Jane Stewart and Robert S. Brua, MD Scholarship Fund. Established in 1996 through the generosity of Dr. Brua.
The Bruce Family Scholarship. Established in 2012 by Robert and Suzanne Bruce to commemorate three generations of physicians: Helen L. Bruce, MD; her son, Robert M. Bruce, MD; and her grandson, Carl T. Bruce, Washington University School of Medicine, Class of 2015.

Robert W. Butcher, MD Scholarship. Established in 2012 by an anonymous donor.

Ruth Elizabeth Calkins Scholarship Fund. Established by Dr. Delevan Calkins in honor of his granddaughter.

Dr. Richard Brookings and Mr. Robert Carter Medical School Scholarship. Established through a bequest of Robert S. Brookings.

Gilbert L. Chamberlain, MD Scholarship Fund. Created in 1971 by Dr. Gilbert L. Chamberlain to be used to aid worthy students in acquiring their medical education.

Cecil M. Charles – Nu Sigma Nu Medical Student Scholarship Fund. Established by the Nu Sigma Nu Medical Fraternity in memory of Dr. Charles.

Tien Hsin Cheng, MD Endowed Scholarship in Medicine. Established in 2007 by Dr. Tien Hsin Cheng, MD ’76, for deserving medical students with financial need.

Dr. Kehar S. Chouke Loan. Established by the estate of Dr. Kehar Singh Chouké.

Class of 1945 Scholarship. Established by the alumni from the Class of 1945 in honor of their 45th reunion.

Class of 1954 Scholarship in Memory of Dan Nathans. Established in 2000 by the alumni from the Class of 1954 in memory of their classmate, Daniel Nathans, who was awarded the Nobel Prize in Medicine in 1978. Members of the Nathans family also contributed to the establishment of the fund.

Class of 1956 Scholarship. Established in 1996 by members of the Class of 1956 in honor of their 40th reunion.

Class of 1959 50th Reunion Scholarship. Established in 2008 by members of the Class of 1959 in honor of their 50th reunion.

Class of 1960 Scholarship. Established in 2010 by the members of the Class of 1960 in honor of their 50th reunion.


Class of 1964 Scholarship. Established in 1993 by the alumni from the Class of 1964 to support scholarships.

Class of 1968 Scholarship. Established in 1998 by the alumni from the Class of 1968 in honor of their 30th reunion to support student scholarships.


Class of 1971 Scholarship. Established in 1999 by members of the Class of 1971 in honor of their 25th reunion.

Class of 1972 Scholarship. Established in 1999 by members of the Class of 1972 in honor of their 25th reunion.


Class of 1974 Scholarship in Honor of Dr. Jonathan Mann. Established in 2002 by members of the Class of 1974 for their 25th reunion and to honor the memory of their classmate, Dr. Jonathan Mann, a pioneering AIDS researcher, who died in the Swissair Flight 111 accident in 1998.

Class of 1975 Scholarship. Established in 2000 by members of the Class of 1975 in honor of their 25th reunion.


Class of 1977 Scholarship. Established in 2002 by members of the Class of 1977 in honor of their 25th reunion.


Class of 1979 Scholarship. Established in 2003 by members of the Class of 1979 in honor of their 25th reunion.


Class of 1982 Scholarship. Established in 2006 by members of the Class of 1982 in honor of their 25th reunion.


Class of 1984 Scholarship. Established in 2008 by members of the Class of 1984 in honor of their 25th reunion.

Class of 1985 Scholarship. Established in 2016 by members of the Class of 1985.

Class of 1986 Scholarship. Established in 2011 by members of the Class of 1986 in honor of their 25th reunion.

Grace Strong Coburn Scholarship. Created in 1962 through the bequest of Mrs. Grace Strong Coburn for scholarships in the School of Medicine.

Jack W. Cole, MD Scholarship Fund. Established in 2002 by Mrs. Ruth Kraft Cole, in memory of her late husband, a 1944 graduate of WUSM, and to recognize Dr. Cole’s deep appreciation for the education he received. Preference will be given to a student pursuing a career in academic medicine.
T. Griswold Comstock Scholarships. Established under the will of Marilla E. Comstock for students who would otherwise be unable to obtain a medical education.

Robert Emmet Connor Family Scholarship Fund. Established in 2010 by Dr. Robert Connor in appreciation for the medical education he received at Washington University.

Clark and Mildred Cox Scholarship for Women. Established in 1998 with a donation from the Clark Cox Trust.

Arpad Csapo, MD Memorial Scholarship Fund. Established in 1982 by Elise Csapo in memory of her husband, and by his friends and colleagues to provide assistance for students who have shown promise in fields relating to reproductive medicine.

William H. and Elizabeth Gray Danforth Scholars Program. Established in 1998 in honor of Chancellor Danforth's retirement. The Scholarship recipients must demonstrate outstanding academic promise and a record of community service that reflects Dr. Danforth's values and actions.

Harriet Arey and John D. Davidson Scholarship. Established in 2000 by Harriet Arey and John D. Davidson for scholarships in the School of Medicine.

Davie Family Endowed Scholarship. Established by Joseph Davie, MD '68, and his family to support scholarships for deserving medical students.

Paul H. and Ruth K. DeBruine Endowed Scholarship. Established in 1994 by Dr. and Mrs. Paul DeBruine in honor of his 35th medical school reunion to provide scholarship support to academically well-qualified and financially deserving medical students.

The Melvin DeHovitz Scholarship. Established by the estate of Mr. DeHovitz in honor of his mother, Jeanette DeHovitz.

Distinguished Alumni Scholarship. These scholarships are made available by generous donations from our alumni. The Washington University Medical Center Alumni Association Executive Council names the scholarships for alumni each year to honor their outstanding contributions and leadership.

Distinguished Faculty Scholarship. These scholarships are for students who have challenged themselves and excelled academically, demonstrated leadership, engaged in or shown a commitment to community service, demonstrated their commitment to bringing diverse people together, and enhanced service to disadvantaged groups. In addition, it links each of the scholarship recipients with a faculty mentor who has contributed to the diversity of the medical school.

Distinguished Student Scholarship. These scholarships are awarded to students who are selected primarily on the basis of merit (demonstrated superior intellectual and personal achievements, and an assessment of the applicant's character, attitude, motivation and maturity).

Dr. Charles Drabkin Scholarship. Created in 1964 to provide financial assistance to medical students.


Eichner-Dominguez Family Scholarship. Established in 2005 by Lora Eichner, MD '93, to make it easier for students to attend medical school.

Dr. Howard Eisen and Dr. Judith Wolf Scholarship. Established in 2013 by Dr. Howard Eisen and Dr. Judith Wolf, who both completed their residencies at Washington University School of Medicine. Provides support to medical students based on need or merit.

Dr. and Mrs. Max Elliott Scholarship. Established in 2000 by Dr. Elliott, MD '64, to assist medical students.

Robert B. Fickel, DDS Scholarship Fund. Established by a 1941 graduate of Washington University School of Dental Medicine.

Carl Fisch Scholarship Fund. Created in memory of Dr. Fisch by his daughter, Marguerite F. Blackmer. Provides support to students who demonstrate financial need.

Flance Medical Scientist Traineeship. Established in honor of faculty member and alumnus I. Jerome Flance, MD '35 by the Harry Edison Foundation for support of a student in the Medical Scientist Training Program.

Ann Randolph Flipse, MD Scholarship in Medicine. Established in 2007 by Dr. Ann Randolph Flipse to support deserving medical students with a preference for students whose undergraduate degree was in English, history, philosophy, music, arts or a graduate degree in the humanities.


Helen H. Glaser Scholarship for Women Medical Students. Established in 1999 by Robert J. Glaser, MD, emeritus trustee and former faculty member, in memory of his wife, Helen H. Glaser, MD '47.

Anne T. and Carl Goetsch Scholarship. This fund was established in 2003 through the bequest of Dr. Anne T. Goetsch, MD '41, HS '44, and Dr. Carl Goetsch, HS '43, to support medical students.

Norman M. and Eleanor H. Gross Scholarship Fund. Established in 2001 through a bequest from Mr. Gross to provide financial assistance to qualified medical students.

Paul H. and Lila L. Gutman Scholarship Fund. Established in 1976 to provide financial assistance to qualified medical students.

Paul O. and Nancy P. Hagemann Scholarship Fund. Established by Dr. and Mrs. Hagemann to assist academically well-qualified students with documented financial need.
Donald R. and Mary N. Harkness Family Scholarship. Established in 2004 by Drs. Donald and Mary Harkness, both MD '58, in memory of their daughter, Laurel, MD '86.

Lee B. and Virginia G. Harrison Scholarship. Established in 1996 for scholarships for students who intend to pursue a career in internal medicine or family practice. Dr. Harrison was a 1927 graduate of the School of Medicine.

Thomas James Hartford Jr. Scholarship. Established in 2008. Priority is given to a medical student who is considering a career in health administration.

Harvielle-Bailey Scholarship for Medicine or Surgery. Established in 1970 under the will of Miss Isabel Bailey Harvielle as a memorial to Dr. Charles Poplin Harvielle and Dr. Steele Bailey Jr., alumni of the school.

Ronald C. and Nell W. Hertel Endowed Scholarship for the School of Medicine. Established in 1995 and endowed in 2005 in memory of Mrs. Nell Hertel to provide financial aid to medical students.

Raymond F. Holden Jr. and Gertrude K. Holden Scholarship. Established in 2009 by the Estate of Dr. Raymond F. Holden Jr., MD '33, to provide scholarship support to medical students.

Allan O. and Doris M. Holtzman Scholarship. Established by Dr. David and Mrs. Tracy Holtzman in honor of Dr. Holtzman’s parents.

Donald J. Horsh Scholarship. Established in 1985 to honor Dr. Donald J. Horsh, former associate professor and deputy director for the Health Administration Program. Provides support to medical students.

Dr. and Mrs. Charles Y. (Yueh-Gin Gung) Hu Scholarship. Established in 2002 to provide a scholarship to medical students.

Dr. Grace Huse Memorial Fund. Provides scholarship awards for deserving Washington University medical students.

Justan Icks Scholarship. Established in 2008 by anonymous donor to support students with high academic achievement.

Jackson Johnson Scholarship. Provided through a bequest in 1930 from Jackson Johnson.

Dr. Lorraine A. Johnsrud Scholarship. Established in 1983 as a memorial to Lorraine from her classmates, friends and family to assist deserving medical students in the funding of their medical expenses.

Henry J. Kaiser Family Foundation – Medical Century Club Scholarship Endowment. Following the foundation's generous gift in 1980 for medical student scholarships, the Medical Century Club accepted the challenge to raise new scholarship funds to match an additional gift from the foundation.

Jay and Ronnie Kaiser Endowed Scholarship. Established in 2004 by Dr. Jay Kaiser, MD '72, and Mrs. Ronnie Kaiser in appreciation of the financial aid Dr. Kaiser received as a student and to provide support for medical students.

George D. Kettelkamp Scholarship. Established in 1969 by Mrs. Kettelkamp in memory of her husband, an alumnus of the School of Medicine.

M. Kenton King, MD Scholarship. Created by the Executive Faculty to honor Dr. King at the time of his retirement in 1989 as dean of the School of Medicine after having served in that position for 25 years.

Saulo Klahr Endowed Scholarship. Established in 2010 by Mrs. M. Carol Klahr in memory of her husband, Dr. Saulo Klahr, a WUSM professor of kidney disease for 46 years, to provide scholarship support to medical students.

Ira J. Kodner Scholarship. Established in 2014 to honor Dr. Ira Kodner, MD, professor emeritus of surgery.

Albert F. Koetter, MD Scholarship Fund. Established in 1978 by Mrs. Stella Koetter Darrow in memory of her father, an alumnus and former faculty member of the School of Medicine.

Nicholas T. Kouchoukos, MD '61 and Judith B. Kouchoukos Scholarship. Established in 2011 by Dr. Nicholas T. and Mrs. Judith B. Kouchoukos, to provide scholarship support to medical students.

Helen Hoerr Kurtz Endowed Scholarship in the School of Medicine. Established by the estate of Mrs. Helen Hoerr Kurtz.

Anne L. Lehmann Scholarship Fund. Established in 1983 to grant continued scholarship support to medical students.

Life Insurance Medical Scholarship Fund. Created in 1972 from residual funds in the Life Insurance Medical Research Fund. Scholarship support is now awarded to students in the MD degree program.

Maude L. Lindsey Memorial Scholarships. Created in 1976 to assist students in the School of Medicine.

John R. Lionberger Jr. Medical Scholarship Endowment Fund. Created in 1982 by Dr. John R. Lionberger to be used to aid worthy students in acquiring their medical education.

E.A. Marquard Memorial Student Scholarship. Established in 1994 from the E. Alfred Marquard Memorial Student Loan Fund to provide scholarships for deserving medical students.

Alma Mavis Scholarship. Created in 1988 under the will of Alma Mavis to assist students intending to practice family medicine.

Eliza McMillan Scholarship. Provides assistance to young women in any of several schools of the university to secure an education.
Medical Alumni Scholarship Fund. Awarded on the basis of academic achievement and financial need.

Edith and Martin Melzter Scholarship. Established in 2004 by the Meltzer Family Foundation to honor Dr. Gerald Melzter's (MD '63) parents, who established the foundation.

Dr. Charles Miller Jr. and Florence Noland Miller Scholarship. Established in 2014 to support medical students.

Roy B. and Viola R. Miller Memorial Fund. Created in 1963 through the bequest of Roy B. Miller to provide scholarships for medical students.

The Warren S. and Dorothy J. Miller Scholarship Fund. Established in 1982 through the bequest of Dorothy J. Miller to provide scholarships for any students engaged in studies leading to the degree of Doctor of Medicine.

Joseph J. and Erneste G. Mira Scholarship Fund. Established in 1988 by Dr. and Mrs. Mira to provide assistance to students from the Alton, Illinois, area. Available to others when there are no students from the Alton/Madison County area.

George and Elizabeth Ann Neilson Scholarship. Established by the estate of George and Elizabeth Neilson.

David and Janine Nelson Scholarship in Medicine. Established in 2011 by Dr. David Nelson, a 1963 graduate of Washington University School of Medicine, and his wife, Janine.

Nancy S. Newlin, MD and Henry H. Newlin, JD Scholarship Fund. Established by Dr. Newlin and her late husband.

Norland Endowed Scholarship. Established in 2015 by Dr. Charles C. Norland, a 1959 graduate of Washington University School of Medicine, and Mrs. Dorothy Norland.

Mr. and Mrs. Spencer T. Olin Fellowships for Women. Provides for annual financial support to female graduates of an undergraduate institution in the United States in any of several disciplines. Application deadline is February 1.

Spencer T. and Ann W. Olin Medical Fellowships. Created in an effort to help fill the continuing shortage of physicians who pursue careers in biomedical research, the awards are primarily for students in the Medical Scientist Training Program.

Dr. Roy W. Osterkamp Memorial Scholarship Fund. Established in 2003 by Mrs. Linda Osterkamp Desloge and Mrs. Lila Osterkamp Haberberger, in memory of their father, Dr. Roy W. Osterkamp, DE '36. Preference will be given to a student pursuing a career in a medical field related to dental medicine, such as maxillo-facial surgery. If no student shares this interest, it will be awarded based on need.

F. Thomas Ott (MD '65) and Mary Miller Ott (MSN '68) Scholarship. Established in 2010 by Dr. F. Thomas and Mrs. Mary Miller Ott to provide scholarship support to medical students.

Dr. Sidney F. (Class of '29) and Dora K. Pakula Scholarship. Established in 2001 by Dr. and Mrs. Lawrence C. Pakula in memory of Dr. Pakula's parents to support student scholarships.

Mary Langston Parker Scholarship. Established in 2014 by The Parker Family to honor Dr. Mary Langston Parker, MD '53, professor emerita of preventive medicine and past director of Student Health Services.

William B. Parker Scholarship. Established in 1976 by the School of Medicine in honor of William B. Parker's 51 years of service.

The Robert W. and Elise Hampton Parsons Scholarship Fund. Established in 2014 by Dr. Robert W. Parsons, MD '54, to support medical students.

William A. Peck, MD Scholars in Medicine. Established in 2002 to recognize Dr. Peck's 14 years of service to the Medical Center and Washington University community. University trustees, faculty, staff, alumni and friends honored Dr. Peck with gifts to this scholarship.

Peterson Group Scholarship. Established in 2014 by Peterson Group to provide financial support to medical students.

Philpott Family Scholarship. Established in 1995 by the Philpott family to provide support for medical students with financial need and excellent academic achievement.

Pi Beta Phi – Charles Ruggieri Scholarship Fund. Established in 1985 by the Washington University alumni of the Pi Beta Phi medical fraternity to honor Charles Ruggieri and to assist deserving medical students enrolled in Washington University School of Medicine with the funding of their medical education.

The Virginia Keck, George M. (MD '32) and George K. (MD '64) Powell Medical Student Scholarship Fund. Established in 1984 by Mrs. George M. Powell in grateful appreciation for the medical education provided to her husband and son by Washington University School of Medicine, which so positively affected the lives of the Powell families.

Henry and Louise Reller Scholarship. To be given to medical students in the name of the parents of Louise Reller.

Gennaro Resta Scholarship. Established in 2014 by Dr. Regina M. Resta (Class of 1985) and Dr. Michael A. Kolodziej (Class of 1984) to honor Dr. Resta's father.

Lyman K. Richardson, MD Scholarship Fund. Established in 1993 by Mrs. Ellen Richardson to provide scholarship support to medical students.

John E. Rittmann Scholarship. Established in 2015 by Dr. John E. Rittman, a 1962 graduate of Washington University School of Medicine.

Samuel Jennings Roberts Scholarship Fund. Created to provide scholarships for any students engaged in study leading to the degree of Doctor of Medicine.
Robert Allen Roblee Scholarship Fund. Established in 1948 through a gift of Mrs. Joseph H. Roblee for students in the School of Medicine.

Thomas W. and Elizabeth J. Rucker Scholarship Fund. Created in 1956 through the bequest of Eugenia I. Rucker, in memory of her mother and father.

J. Max Rukes Scholarship Fund. Established in 1987, the fund provides scholarship support to deserving medical school students, with a preference for those who are interested in endocrinology.


Robert G. and Maxine W. Scheibe Scholarship. Established in 1999 by Robert G. Scheibe, a 1960 Washington University graduate who also received his medical degree here in 1964 and his wife, Maxine, who is a 1966 graduate of the Washington University School of Nursing.

William H. and Ella M. Schewe Scholarship. Established to provide financial assistance to worthy students in the medical school.

Dr. David Schlessinger Endowed Scholarship. Created in 2006 by Dr. Dan Longo in honor of his mentor, Dr. Schlessinger, who was a professor of molecular microbiology, professor of genetics and professor of microbiology at Washington University School of Medicine.

Dr. Gustav and Mrs. Miriam Schonfeld Scholarship. Established in 2010 by Dr. Gustav and Mrs. Miriam Schonfeld to support medical students. Dr. Schonfeld, MD ’60, was past chair of the Department of Internal Medicine and physician-in-chief at Barnes-Jewish Hospital.

Edna Schrick, MD Scholarship Fund. Established in 1948 through a gift of Mrs. Joseph H. Roblee for students in the School of Medicine.

Dr. John B. Shapleigh Scholarship Fund. Established in 1926 through the bequest of Dr. John B. Shapleigh and supplemented by contributions from Mrs. Shapleigh and Miss Margaret Shapleigh.

Alexander Balridge Shaw Scholarship Fund. Created in 1958 through the bequest of Roy A. Shaw in memory of his father, Dr. Alexander Balridge Shaw.

William T. Shearer and Lynn Des Prez Diversity Scholarship. Created by William T. Shearer, MD ’70, and his wife, Lynn Des Prez. Scholarships are awarded with a preference for under-represented students.

Dr. Edward Hiroshi Shigeoka Scholarship Fund. Created in 1988 by Dorothy F. Shigeoka in memory of her husband, Dr. Edward Hiroshi Shigeoka, to help disadvantaged and deserving students pursue their careers in medicine.

Ernie Simms Scholarship Fund. Founded in 1984 by friends, colleagues and former students of Professor Simms in recognition of his contributions to scholarly research and teaching in the Department of Microbiology and Immunology.

Dr. and Mrs. Vergil N. Slee Endowed Scholarship Fund. Established in 2012 through a bequest from 1941 graduate of the School of Medicine, Dr. Vergil N. Slee, and his wife.

Stanley B. Smith, MD Scholarship. Established in 2001 in memory of Samuel and Dora Smith, Dr. Smith’s parents, to support student scholarships.

Dr. Dwight H. Stone Scholarship. Established by Mr. Dwayne Stone in honor of his brother, Dr. Dwight H. Stone, a 1959 graduate of the School of Medicine.

Beulah B. Strickling Scholarship Fund. Established in 1960 with a bequest from Mrs. Beulah B. Strickling.

Marleah Hammond Strominger Scholarship. Established in 1971 by Donald Strominger, MD, and supported by family and friends of Marleah Hammond Strominger. The recipient shall be a motivated student with need for financial assistance.

Mary and Ernst Stuehrk Scholarship Fund. Established in 1987 to assist medical students with documented financial need.

Edwin H. and Virginia M. Terrill Scholarship Fund. Established in 1964 with the bequest of Dr. Edwin H. Terrill, an alumnus.


Wildred Trotter Scholarship Fund. For students with documented financial need, the fund was established in 1979 by Dr. and Mrs. Paul Guttmann, and supplemented by former students of Dr. Trotter, as a tribute to her many years of teaching in the Department of Anatomy.

Hiromu Tsuchiya Scholarship Fund. Created to provide scholarships in the School of Medicine.
Tuholske-Jonas-Tuholske Medical Scholarship Fund. Established in 1974 by Rose T. Jonas in memory of her father, husband and brother. The recipient shall be a senior student preparing to enter the field of surgery, obstetrics and gynecology, or internal medicine.

Cornelia Van Prooyen, MD Scholarship Fund. Established in 1987, the fund provides scholarship support and other financial assistance to female medical students.

George S. and Aspasia N. Vellios Scholarship. Established by Frank Vellios, MD ‘46, in honor of his parents. Scholarships are awarded to deserving medical students with financial need.

Louis H. Waltke and Marie Waltke Memorial Fund for Medical Education. Created in 1984 to provide scholarships and fellowships at the School of Medicine.

Dr. Robert A. Weiss Scholarship. Established by Dr. and Mrs. Robert Weiss.

George and Irene Wolf Medical Scholarship Fund. Established by the donors to benefit students in the School of Medicine.

Pamela F. Gallin Yablon, MD Scholarship. Established in 2008 by Dr. Pamela F. Gallin Yablon and Mr. Leonard H. Yablon to support medical students.

Dr. Mitchell and Elaine Yanow Scholarship Fund. Established in 2002 by the children of Dr. and Mrs. Yanow to honor the memory of their parents and to provide support for deserving medical students.

George Zografakis Memorial Scholarship Fund. Created by the family and friends of Dr. Zografakis, a distinguished faculty member in the Department of Surgery.

Loan Funds

Auer-Rosenfeld Memorial Loan Fund. Established by Mrs. Elizabeth Auer to be used for educational loans to students.

Dr. John C. Boetto Loan Fund. Established in 1993 by a bequest from Mrs. Josephine D. Boetto as a memorial to her son to provide loans for deserving medical students.

Otto W. Brandhorst Loan Fund. Created in 1985 by the estate of Fern Crawford. This fund supports loans to students in the School of Medicine.

Dr. Harold A. Budke Loan. Established in 1998 to provide financial assistance to needy and deserving medical students.

Harold A. Budke, MD, Loan Fund II. Established in 2001 with a bequest from the estate of Etta Elise Wedemeyer to provide loans to needy and deserving female students who will practice family medicine, internal medicine or obstetrics-gynecology medicine.

Class of 1947 Loan Fund. Established in 1996 by members of the class of 1947 in honor of their 50th reunion.

Jess K. Goldberg Memorial Loan Fund by Ophelia H. Kooden and Violet G. Sachs. Created in 1970 to provide zero-interest loans for medical students in memory of the donors’ brother who passed away while attending medical school.

Health Professions Student Loan Fund. Established by federal legislation for medical students with a demonstrated financial need. Loans are available for long terms at favorable rates.

William Randolph Hearst Medical Scholars Loan Fund. In 1989, the Hearst Foundation provided funding for a new and innovative loan program which provides interest-free loans to students in their last year of study.

Ursula Hecker Loan Fund. Established in 1967 by a bequest from Ursula Lee Hecker for the use and benefit of worthy, deserving and needy medical students.


Horncrest Foundation — School of Medicine Loan Fund. In 1982, the trustees of the Horncrest Foundation approved a proposal on behalf of the School of Medicine to match up to a generous annual cap for five-year loan funds solicited by the school. The campaign was extremely successful and now provides loan funds to students with documented financial need.

W.K. Kellogg Foundation Loan Fund. Provides financial assistance to medical students in need of such aid.

Gustel and Edith H. Kiewitt Scholarship Loan Fund. Provides loan funds for medical students.

Medical Scholars Loan Program. Established in 1985 by members of the William Greenleaf Eliot Society, this fund provides an interest-free source of long-term student loans. Annual contributions from alumni and friends support this perpetual and growing resource upon which current and future medical students will draw.

George W. Merck Memorial Loan Fund. Established in 1959 by The Merck Company Foundation, the original purpose of the loan was modified in 1983 to provide loans to graduating students which would help bridge the transition from student to resident physician.


Dr. Lloyd L. Penn and Goldie H. Penn Student Loan. Dr. Penn, MD ’33, established the fund in 1977 to aid well-qualified and deserving students.
Perkins Student Loan. A federal program (formerly National Direct Student Loan) to provide loans to students with financial need. Permits repayment over an extended period at a favorable interest rate.

Dr. William C. and Elva Pratt Loan Fund. Established in 1982 for medical students with demonstrated financial need.

G.H. Reinhart Memorial Scholarship Loan Fund. Established in 1947 through the bequest of G.H. Reinhart.

Aline Rixman Loan Fund. Created in 1940 by William Rixman in memory of his wife, the fund is used to alleviate unexpected financial emergencies of medical students.

James L. and Dorothy Rouner Loan Fund. Established in 1997 by Dr. James and Mrs. Dorothy Rouner to be used for medical students pursuing a career in primary care–general internal medicine.

Caroline O. Schlesinger Loan Fund. Established in 1969 to provide financial support for medical students.

School of Medicine Student Loan Fund. Established to make loans to students with documented financial needs.

Washington University Medical Center Alumni Association Loan Fund. Provides emergency loans to medical students.

The Alan A. and Edith L. Wolff Loan Fund. Established in 1993 by Mrs. Edith L. Wolff to provide loans to students with demonstrated financial need who are in their final year of study for the Doctor of Medicine degree.

Health Professions

The following policy applies to students pursuing graduate/ professional training in Applied Health Behavior Research (p. 415), Audiology and Communication Sciences (p. 415), Biomedical Sciences (p. 415), Biomedical Engineering (p. 415), Biostatistics (p. 415), Clinical Investigation (p. 416), Medical Physics (https://radonc.wustl.edu/education/master-of-science-in-medical-physics/), Occupational Therapy (p. 416), Physical Therapy (p. 416), Population Health Sciences (p. 416), and Public Health (p. 416).

General Information

Registration, Payments, and Withdrawal & Refunds Policy

The university billing system provides a central financial account against which most student expenses incurred at the university will be posted, including but not limited to tuition, housing charges, parking and library fines. This policy, when referring to tuition and other charges, includes any and all charges posted to this account.

All payments of tuition and other university charges are due and payable on the dates specified in the published calendars of the programs in the School of Medicine. Failure of a student to register when required, and pay tuition and other charges incurred on or before the date specified in the published calendar, may result in a late fee of $50 to be added to the amount due. The late fee may be imposed seven days after the due date if full payment has not been received. Tuition and other charges are usually payable twice a year, at the start of the academic year, and again at the middle of the academic year, as listed on the schedule on the academic calendar.

In addition to the $50 late fee, any payment due from the student and not paid by the specified date will accrue interest at the current market rate in effect on the first business day of the month in which the payment is due. This fee will be imposed on any accounts not paid in full within 30 days of the due date. Any amount not paid when due (plus accrued interest thereon) must be paid in full within three months of the due date to avoid potential suspension from classes, unless a deferred payment is approved by the registrar due to extenuating circumstances.

If a student fails to make payments within three months of the original due date, the school will not release the student’s academic record, grade reports or transcript, pending settlement of the unpaid account. A student who has not satisfied all of their delinquent financial obligations to Washington University (e.g., tuition, university housing, parking) one month before the end of the academic year will not be allowed to progress to the next academic year, nor can they be issued a diploma.

Federal financial aid funds for the next academic year cannot be disbursed until all prior year balances are paid in full.

Students who rely on financial aid funds to meet their obligations should submit their applications for processing according to application deadlines published by the Office of Student Financial Planning. Deadlines allow for receipt of financial aid funds by payment due dates if applications are filed by the deadline. The Office of Student Financial Planning will assist students with loan applications and financial planning upon request.

A student who withdraws or takes a leave of absence from the school will receive a prorata refund of tuition and appropriate fees. The refund will be based on the ratio of the class days enrolled (from the first day of classes to the termination date) to the total number of class days in the term for which tuition and fees were paid. It is understood that the date on which a student formally notifies the Registrar's Office in writing of the decision to withdraw or take a leave of absence from the School of Medicine shall be regarded as the termination date, with no retroactive clause to be accepted. A prospective date will be accepted, however, if tuition and fees were paid entirely or in part by financial aid from the school, the refund will be applied first to the total repayment of the accounts from which financial aid was drawn, with any remaining refund balance given to the
student. Financial aid received in excess of the costs of tuition and fees must be refunded by the student to the school on the same pro rata basis as calculated for the tuition refund outlined above, per “Return of Title IV” federal guidelines. Any questions about these policies may be directed to either the Office of the Registrar or Student Financial Planning.

Standards for Satisfactory Academic Progress for Financial Aid Eligibility

All Non-MD Students: The minimum GPA requirements needed to maintain eligibility for Satisfactory Academic Progress (SAP) are are dictated by the specific program of study. In each case, per the requirements of 34 C.F.R. 668.34(a)(4(ii), the federal student aid program requires a minimum of a C average to maintain eligibility for aid, but an individual degree or certificate program may have a higher minimum GPA for federal Satisfactory Academic Progress. If a student’s grades fall below the required GPA for the program when the SAP review is performed, the student is not considered to be maintaining SAP. Students enrolled in various School of Medicine degree programs should refer to the specific policies of their primary program: Applied Health Behavior Research (https://crtc.wustl.edu/programs/degrees/ahbr/), Audiology and Communication Sciences (https://pacs.wustl.edu/), Biology and Biomedical Sciences (p. 415), Biomedical Engineering (p. 415), Biostatistics (https://biostatistics.wustl.edu), Clinical Investigation (https://crtc.wustl.edu/programs/), Medical Physics (https://radonc.wustl.edu/education/master-of-science-in-medical-physics/), Genetic Epidemiology (https://biostatistics.wustl.edu/education/master-of-science-in-genetic-epidemiology/), Occupational Therapy (http://www.ot.wustl.edu/), Physical Therapy (https://pt.wustl.edu/), and Population Health Sciences (http://www.mphs.wustl.edu/).

SAP is evaluated at the end of each semester or term. To be considered to be maintaining SAP and thus be eligible for federal financial aid, a student must maintain the program’s minimum program requirements for cumulative GPA and pace (i.e., credit earned for at least 67% of the credits attempted). The degree must also be completed within the maximum time frame allowed for the program (i.e., no more than 150% of the credits required). For example, if the program requires 120 credits to complete, the student must be able to complete the program by attempting no more than 180 credits. To determine how many credits are required to complete the program, the student should consult the school’s Bulletin. If the student cannot complete the program without attempting more than 150% of the credits required, the student is not considered to be maintaining SAP.

Students who fail to meet SAP requirements after one semester will be placed on a “warning.” Students on a warning will continue to be eligible to receive aid for the following semester or term. Students not meeting SAP at the end of the warning will be notified of their loss of aid eligibility by the Office of Student Financial Planning via their Washington University e-mail address. A student who becomes ineligible for aid by failure to meet SAP requirements may also appeal to reestablish aid eligibility. The student’s appeal will be reviewed by the school’s dean’s office and the Office of Student Financial Planning. An appeal must contain the extenuating circumstances surrounding the failure to meet SAP, such as illness, injury, or other circumstances beyond the student’s control.

Program Information

Applied Health Behavior

The Applied Health Behavior programs follow the standard tuition rate for graduate programs offered through the School of Medicine, which increases incrementally each year. Additional information may be obtained by contacting the Applied Health Behavior program manager (ahbr@email.wustl.edu).

Audiology and Communication Sciences

For more information about the Audiology and Communication Sciences program, including tuition and fees, please visit the Audiology and Communication Sciences (https://pacs.wustl.edu/admissions/aid/) website.

Biological and Biomedical Sciences

Students admitted to the Division of Biology & Biomedical Sciences (DBBS) graduate programs are guaranteed full stipend and tuition support contingent upon satisfactory performance. The stipend for the 2021-22 academic year is $32,500. In addition, health coverage, disability, and life insurance are also provided. Please visit the DBBS website (http://dbbs.wustl.edu/Pages/) for additional information.

Biomedical Engineering

For more information about the Biomedical Engineering (http://bulletin.wustl.edu/grad/engineering/biomedical/) program, including tuition and fees, please visit the McKelvey School of Engineering Bulletin.

Biostatistics

For tuition information, please visit our Biostatistics website (https://biostatistics.wustl.edu/education/master-of-science-in-biostatistics-msibs/), contact the program manager at 314-362-1384, send an email to biostats@msibs@wustl.edu, or write to the following address:

MSIBS Program
Division of Biostatistics
CB 8067
660 S. Euclid Ave.
St. Louis, MO 63110-1093
Fax: 314-362-2693
Clinical Investigation

MSCI programs follow the standard tuition rate for graduate programs offered through the School of Medicine, which increases incrementally each year. MSCI courses are eligible for the Washington University Human Resources Tuition Assistance Program for qualifying staff and faculty. Visit the Clinical Research Training Center (https://crtc.wustl.edu/courses/class-list/tuition/) website for additional tuition information.

Doctor of Philosophy

For more information about the Doctor of Philosophy program, including tuition and fees, please visit the Graduate School website (http://graduateschool.wustl.edu).

Genetic Epidemiology

For tuition information, please visit the Division of Biostatistics website (https://biostatistics.wustl.edu/education/), contact the program manager at 314-362-1384, send an email to biostat-msibs@email.wustl.edu, or write to the following address:

MSIBS Program  
Division of Biostatistics  
CB 8067  
660 S. Euclid Ave.  
St. Louis, MO 63110-1093  
Fax: 314-362-2693

Occupational Therapy

The total cost of tuition for the incoming MSOT class in fall 2021 is $100,800. This breaks down to $16,800 × five semesters and $8,400 × two fieldwork experiences.

The total cost of tuition for the incoming OTD class in fall 2021 is $133,560. This breaks down to $16,800 × six semesters, $8,400 × two fieldwork experiences, and $15,960 for one doctoral capstone.

Part-time tuition is $1,260 per credit unit.

Physical Therapy

- Professional DPT Curriculum = $21,602 per semester
- PhD in Movement Science Curriculum = $28,150 per semester

Population Health Sciences

For more information about the Population Health Sciences program (http://mphs.wustl.edu/), including tuition and fees, please visit the Population Health Sciences website (http://mphs.wustl.edu/Admissions/Tuition/).

Public Health

For more information about the Public Health program — including tuition, fees, and financial aid — please visit the Graduate School website (http://graduateschool.wustl.edu).

Joint Programs

The following policy applies to students pursuing graduate/professional training in the following joint programs: MD/PhD (p. 417), MD/MSCI (p. 417), MD/MPHS (p. 417) and MD/MPH (p. 417).

General Information

Registration, Payments, and Withdrawal & Refunds Policy

The university billing system provides a central financial account against which most student expenses incurred at the university will be posted, including but not limited to tuition, housing charges, parking and library fines. This policy, when referring to tuition and other charges, includes any and all charges posted to this account.

All payments of tuition and other university charges are due and payable on the dates specified in the published calendars of the programs in the School of Medicine. Failure of a student to register when required, and pay tuition and other charges incurred on or before the date specified in the published calendar, may result in a late fee of $50 to be added to the amount due. The late fee may be imposed seven days after the due date if full payment has not been received. Tuition and other charges are usually payable twice a year, at the start of the academic year, and again at the middle of the academic year, as listed on the schedule on the academic calendar.

In addition to the $50 late fee, any payment due from the student and not paid by the specified date will accrue interest at the current market rate in effect on the first business day of the month in which the payment is due. This fee may be imposed on any accounts not paid in full within 30 days of the due date. Any amount not paid when due (plus accrued interest thereon) must be paid in full within three months of the due date to avoid potential suspension from classes, unless a deferred payment is approved by the registrar due to extenuating circumstances.

If a student fails to make payments within three months of the original due date, the school will not release the student’s academic record, grade reports or transcript, pending settlement of the unpaid account. A student who has not satisfied all of their delinquent financial obligations to Washington University (e.g., tuition, university housing, parking) one month before the end of the academic year will not be allowed to progress to the next academic year, nor can they be issued a diploma.

Federal financial aid funds for the next academic year cannot be disbursed until all prior year balances are paid in full.
Students who rely on financial aid funds to meet their obligations should submit their applications for processing according to application deadlines published by the Office of Financial Aid. Deadlines allow for receipt of financial aid funds by payment due dates if applications are filed by the deadline. The Office of Student Financial Aid will assist students with loan applications and financial planning upon request.

A student who withdraws or takes a leave of absence from the school will receive a pro rata refund of tuition and appropriate fees. The refund will be based on the ratio of the class days enrolled (from the first day of classes to the termination date) to the total number of class days in the term for which tuition and fees were paid. It is understood that the date on which a student formally notifies the Registrar’s Office in writing of the decision to withdraw or take a leave of absence from the School of Medicine shall be regarded as the termination date, with no retroactive clause to be accepted. A prospective date will be accepted, however. If tuition and fees were paid entirely or in part by financial aid from the school, the refund will be applied first to the total repayment of the accounts from which financial aid was drawn, with any remaining refund balance given to the student. Financial aid received in excess of the costs of tuition and fees must be refunded by the student to the school on the same pro rata basis as calculated for the tuition refund outlined above, per “Return of Title IV” federal guidelines. Any questions about these policies may be directed to either the Office of the Registrar or Financial Aid.

Program Information

Doctor of Medicine and Doctor of Philosophy: MD/PhD (MSTP)

All MSTP students receive financial support in the form of a stipend (currently $32,500 per year), health coverage, disability and life insurance, and full tuition remission for both the MD and PhD phases of training. Individuals who are awarded an NIH National Research Service Award individual fellowship receive an additional $5,000 a year for the duration of the award. Please visit the MSTP website (http://mstp.wustl.edu/Pages/) for more information.

Doctor of Medicine and Master of Science in Clinical Investigation: MD/ MSCI

MSCI programs follow the standard tuition rate for graduate programs offered through the School of Medicine, which increases incrementally each year. MSCI courses are eligible for the Washington University Human Resources Tuition Assistance Program for qualifying staff and faculty. Visit the Clinical Research Training Center (https://crtc.wustl.edu/courses/class-list/tuition/) website for additional tuition information.

For information about tuition for the Medicine program, please visit the Medical Students section (p. 398) of this page.

Doctor of Medicine and Master of Population Health Sciences: MD/MPHS

For more information about the Population Health Sciences program (http://mphs.wustl.edu/Academics/MD-MPHS/), including tuition and fees, please visit the Master of Population Health Sciences website.

For information about tuition for the Medicine program, please visit the Medical Students section (p. 398) of this page.

Doctor of Medicine and Master of Public Health: MD/MPH

For more information about the MD/MPH program (http://bulletin.wustl.edu/brownschool/financial/), including tuition and fees, please visit the Brown School Bulletin.

For information about tuition for the Medicine program, please visit the Medical Students section (p. 398) of this page.
Index

A
About This Bulletin .................................................. 5
About Washington University in St. Louis .......................... 6
Academic Assistance, School of Medicine ........................... 398
Academic Calendar .................................................... 6
Academic Departments, School of Medicine ........................ 94
Anesthesiology .......................................................... 95
Applied Health Behavior Research, School of Medicine ............ 17
Areas of Study, School of Medicine .................................. 17
Audiology and Communication Sciences, School of Medicine 21

B
Biochemistry and Molecular Biophysics ............................ 106
Biology & Biomedical Sciences, School of Medicine ............... 27
Biomedical Informatics, School of Medicine ........................ 31
Biostatistics, School of Medicine ..................................... 34

C
Campus Resources .................................................... 7
Cell Biology and Physiology .......................................... 111
Certificate in Biomedical Informatics, School of Medicine ....... 73
Certificate in Biostatistics and Data Science, School of Medicine ...................................................... 75
Certificate in Genetic Epidemiology, School of Medicine ....... 75
Clinical Investigation, School of Medicine ........................... 76
Committee for Academic Promotion Bylaws .......................... 368
Competency Attainment and Clerkship Competency Committees' Bylaws ...................................................... 369
Contesting Individual Assessments Procedure ......................... 372
Continuing Medical Education, School of Medicine ............... 89
Course Credit Procedures ............................................. 373

D
Degrees & Offerings, School of Medicine ............................. 68
Developmental Biology .................................................. 115
Doctor of Audiology .................................................... 70
Doctor of Medicine ..................................................... 78
Doctor of Medicine and Doctor of Philosophy ........................ 88
Doctor of Medicine and Master of Business Administration .... 87
Doctor of Medicine and Master of Population Health Sciences . 87
Doctor of Medicine and Master of Public Health .................... 87
Doctor of Medicine and Master of Science in Clinical Investigation ...................................................... 87
Doctor of Medicine (Five-Year Program) ......................... 87
Doctor of Physical Therapy ............................................. 92
Doctorate of Occupational Therapy ................................... 91

F
Financial Information, School of Medicine .......................... 398
Formal Appeal Procedures for Competency Attainment and Promotion Decisions ........................................... 379

G
Genetic Counseling, School of Medicine ............................ 42
Genetics ................................................................. 119
Graduate Certificate in Clinical Investigation, School of Medicine .................................................................... 77
Graduate Certificate in Dissemination and Implementation ...... 78
Graduate Certificate in Health Behavior Planning and Evaluation, School of Medicine ................................... 70
Graduate Medical Education, School of Medicine ................. 88

I
Interdisciplinary Courses, Doctor of Medicine, School of Medicine .............................................................. 85

M
Master of Population Health Sciences, School of Medicine ....... 93
Master of Public Health, School of Medicine ........................ 94
Master of Science in Applied Health Behavior Research, School of Medicine .................................................. 76
Master of Science in Biomedical Informatics, School of Medicine .............................................................. 69
Master of Science in Biostatistics and Data Science, School of Medicine ...................................................... 72
Master of Science in Biostatistics, School of Medicine ............. 74
Master of Science in Biostatistics, School of Medicine ............. 73
Master of Science in Clinical Investigation, School of Medicine 76
Master of Science in Deaf Education, School of Medicine ....... 70
Master of Science in Genetic Counseling, School of Medicine 70
Master of Science in Genetic Epidemiology, School of Medicine .............................................................. 78
Master of Science in Genetic Epidemiology, School of Medicine ...................................................... 75
Master of Science in Medical Physics, School of Medicine .... 89
Master of Science in Occupational Therapy, School of Medicine ........................................... 91
Medical Education, School of Medicine ................................................................. 45
Medical Physics, School of Medicine ................................................................. 45
Medicine .................................................................................................................. 124
Medicine, School of ................................................................. 17
Minor in Speech and Hearing Sciences ............................................................ 71
Mission & Vision, School of Medicine ............................................................. 17
Molecular Microbiology ......................................................................................... 189
N
Neurology .................................................................................................................. 192
Neuroscience ................................................................. 207
Neurosurgery ............................................................................................................. 212
O
Obstetrics and Gynecology ................................................................. 217
Occupational Therapy, School of Medicine ......................................................... 47
Ophthalmology and Visual Sciences ................................................................. 227
Orthopaedic Surgery ......................................................................................... 240
Otolaryngology ......................................................................................................... 248
P
Pathology and Immunology ................................................................. 254
Pediatrics ................................................................. 265
People ....................................................................................................................... 344
PhD Degrees in Biology & Biomedical Sciences ............................................. 71
PhD in Movement Science .................................................................................. 93
PhD in Speech and Hearing Sciences .................................................................. 71
Physical Therapy, School of Medicine ................................................................. 54
Policies, MD: Absences & Leaves ................................................................. 350
Policies, MD: Admissions ................................................................. 355
Policies, MD: CAPES-Assessing Academic Achievement & Professionalism ........................................... 357
Policies, MD: Clinical Supervision Policy for Medical Students on Clinical Rotations ................................................................................................. 367
Policies, MD: Continuous Quality Improvement ............................................. 372
Policies, MD: Duty Hour Policy ................................................................. 373
Policies, MD: Evaluation and Grades ................................................................. 374
Policies, MD: Medical Student Mistreatment Reporting and Monitoring Policy ........................................... 381
Policies, MD: Monitoring of Student Time ......................................................... 384
Policies, MD: Non-University-Affiliated Speaker Compensation ........................................... 385
Policies, MD: Professionalism ................................................................................. 387
Policies, MD: Technical Standards for the Medical Program ................................................................................................. 397
Policies, School of Medicine .................................................................................... 348
Policies, School of Medicine: Liability Insurance ........................................... 381
Policies, School of Medicine: Professionalism & Conduct Policies ................................................................................................. 391
Policies, School of Medicine: Student Health & Safety Policies ................................................................................................. 395
Policies, School of Medicine: Student Rights Policies ........................................ 396
Policies, Washington University ........................................................................... 10
Policy for Non-Involvement of Providers of Student Health Services in Student Assessment ................................................................................................. 385
Policy for Review of Student Attainment of Competency ........................................... 386
Policy for Student Promotion and Appeals ................................................................. 386
Population Health Sciences, School of Medicine ......................................................... 64
Post-PhD Graduate Certificate in Medical Physics ................................................. 90
Psychiatry ................................................................................................................ 296
Public Health, School of Medicine ........................................................................... 67
R
Radiation Oncology ................................................................................................. 308
Radiology .................................................................................................................. 313
Resources, School of Medicine .............................................................................. 397
S
Surgery ....................................................................................................................... 328
T
Trustees & Administration ......................................................................................... 6
U
University Affiliations ................................................................................................. 15