



California University of Science and Medicine

University Student Catalog/Handbook
Academic Year 2018-2019
(7/1/2018 – 6/30/2019)

Revision 1.0.3



ABOUT THIS STUDENT CATALOG/HANDBOOK

California University of Science and Medicine (CUSM) has established CUSM School of Medicine (known as “CalMed”), which is projected to be the eleventh allopathic medical school in the state of California once it has received appropriate authority and accreditation status. Prospective students will be primarily drawn from a national pool of applicants with a focus on disadvantaged* California and Inland Empire applicants.

CUSM students are expected to be familiar with the information in the *Student Catalog/Handbook* and other publications relating to student conduct and attendance. Prospective students may use this document as a reference for CUSM information, policies, and procedures.

Since this *Student Catalog/Handbook* is prepared in advance of the period of time that covers, changes in programs and regulations may occur. All policies are subject to revision as necessary. Any changes or additions to this *Student Catalog/Handbook* will be made in writing and will be provided to all students in print or electronically. These policies are specific to the CUSM educational programs and related services. CUSM will publish all current policies and procedures affecting students on the CUSM website (www.calmedu.org).

The ‘catalog,’ in the context below, includes both the University Catalog and the program-specific Student Handbook sections, i.e., the set of the CUSM *Student Catalog/Handbook*. As a prospective student, you are encouraged to review this catalog prior to signing an enrollment agreement. You are also encouraged to review the School Performance Fact Sheet, which must be provided to you prior to signing an enrollment agreement.

Any questions a student may have regarding this catalog that has not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833 or P.O. Box 980818, West Sacramento, CA 95798-0818, www.bppe.ca.gov, (888) 370-7589 or by fax (916) 263-1897.

* The disadvantaged status is self-determined, but common premises may include:

- Lack of socioeconomic resources during childhood
- Family received aid from state and/or federal assistance programs
- Growing up in a medically underserved area during childhood

STUDENT CATALOG/HANDBOOK NOTICE

Graduation requirements are determined according to the *Student Catalog/Handbook* in effect at the time of enrollment.

Sections

This University *Student Catalog/Handbook* for California University of Science and Medicine consists of the following sections:

Section I: CUSM University Catalog

Section II: CUSM School of Medicine Doctor of Medicine (MD) Program Student Handbook

Addendum A: CUSM Administration and Faculty Roster

Revisions

Since the University and its educational program accepts students for the first time in 2018-19, some parts of this University *Student Catalog/Handbook* for California University of Science and Medicine may undergo minor revisions. The following list indicates the revision history.

March 2, 2018 Revision 1.0.1

Published without “Addendum A: CUSM Administration and Faculty Roster” due to ongoing information collection from faculty members in affiliated clinical partners.

March 9, 2018 Revision 1.0.2

Page II-18: Application Process Step 7 was updated to comply with the AAMC traffic rule.
Page II-48: Textbooks for Emergency Medicine were updated.
Page II-55: Description of Student Assistance Program (SAP) was added.
Page II-57: Potential Occupations section was added in Career Advising.

March 29, 2018 Revision 1.0.3

Page I-94: Description of Clinical Skills (I) course was updated. Also, associated changes (increase in 1 credit hour) were made throughout the Section II MD Program Student Handbook.
Page II-13: Admissions Requirements was updated to include applicant with Deferred Action for Childhood Arrivals (DACA) status.
Page II-16 – 17: Policy on Deferred Action for Childhood Arrivals (DACA) Applicants was added.
Page II-23 – 24: Estimated cost for student health insurance was updated.
Page II-46 – 49: Textbooks for Pathology, Surgery, Medicine, Psychiatry, Neurology, and Neuroscience were updated.
Page II-55 – 56: Student Use of Computers was moved from the Catalog page I-70.
Page II-109: Background Check Requirements for Participation at Clinical Training Sites was added.
Addendum A: CUSM Administration and Faculty Roster was added.



California University of Science and Medicine

California University of Science and Medicine

Section I: University Catalog

Academic Year 2018-2019

(7/1/2018 – 6/30/2019)

WELCOME FROM THE FOUNDING DEAN



We would like to welcome you to California University of Science and Medicine (CUSM), School of Medicine (CalMed), a new allopathic (MD) medical school currently located in San Bernardino, California. We are embarking on a unique opportunity to add a new medical school in Southern California, which will be the first new, privately funded, not-for-profit medical school to earn accreditation from the Liaison Committee on Medical Education since 1949. This wonderful opportunity has been made possible by the vision of our President, Dr. Dev GnanaDev, and the financial support of Dr. Prem Reddy, Founder, and Chair of the Board.

Dr. GnanaDev, a vascular and trauma surgeon, is the past president of the California Medical Association and current President of the Medical Board of California. Dr. Reddy is a cardiologist, entrepreneur, and philanthropist. He founded Prime Healthcare Services, which owns and operates 44 hospitals in 14 states. Dr. Reddy also founded and has been the sole contributor to Prime Healthcare Foundation, a non-profit public charity that owns 12 non-profit hospitals.

We have developed a unique curriculum at CalMed which focuses on the integration of the basic and clinical sciences. The CalMed curriculum introduces the medical student on Day 1 to clinical medicine. In contrast to traditional medical education where students in the first two years of medical school studied anatomy, biochemistry, physiology, microbiology/immunology, pharmacology and pathology, students at CalMed will be studying the basic science and clinical presentations of the body's systems. These include, for example, the cardiovascular, gastrointestinal and renal systems, with each of these systems having eight to 10 presentations and the entire body having up to 100 clinical presentations.

With this curriculum as a backdrop, we are focused on developing the finest physicians to serve our community. We will inspire and educate them to become inquisitive, skillful, ethical, and compassionate physicians, scientists, and leaders in the field of medicine.

In addition to the very well qualified clinical faculty at Arrowhead Regional Medical Center, we have assembled a dynamic and exciting group of medical educators trained in the basic and medical sciences. They are involved in putting together the integrated curriculum and building a new medical education building. This modern, state-of-the-art building will be completed in Colton, CA by 2019. We look forward to CalMed having a major impact on medical education not only in southern California but nationally and internationally as well.

Welcome to California University of Science and Medicine.

Robert Suskind, MD

Founding Dean

Vice President of Medical Affairs

Professor of Pediatrics, International Health, and Medical Education

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CUSM GENERAL INFORMATION

The Purpose of the University

The purpose of the California University of Science and Medicine is to develop and operate a health and life sciences university, including colleges, a research institute and a graduate school of medicine, to educate future physicians and medical support personnel and conduct medical research and/or work with research organizations to further the science and art of medicine. Additionally, the University may engage in any activities that are reasonably related to or in furtherance of its stated purposes.

CUSM Vision

To establish a health and life sciences university that inspires, motivates and empowers students to become excellent physicians, scientists, and leaders.

CUSM Mission Statement

To educate students in accordance with the highest professional standards, advance medical research and cultivate relationships with the community. The University's goals include:

- To establish a school of medicine that educates students in medicine, including promising students from the Inland Empire, and that encourages graduates to practice medicine in their communities;
- To develop other educational programs in the health care sector including the training of physician assistants, physical therapists, radiology technicians and medical informatics;
- To develop world-class research and educational programs in partnership with organizations involved in biotechnology, nanotechnology, and information technology; and
- To encourage the local business community, educational institutions and government to participate in public and private partnerships.

CUSM Institutional Learning Outcomes

CUSM graduates are expected to:

- Demonstrate depth and breadth of knowledge in the discipline of the conferred degree.
- Apply knowledge of the discipline effectively to health and science practice.
- Develop critical thinking skills and apply them to health and science practice.
- Demonstrate professional, ethical, and moral qualities supported by evidence-based decision-making skills.
- Apply interpersonal communication skills, inter-professional collaboration skills, and humanism to health and science practice.
- Engage in self-evaluation, self-directed learning, and lifelong learning.
- Participate effectively and demonstrate commitment to community and system improvement.

Diversity Statement

Definition of Diversity: CUSM has adopted the definition of diversity that embraces a culture in which everyone is valued regardless of age, race, ethnicity, language, gender, gender identity, sexual orientation, physical ability, religion, socioeconomic status and geographic origins.

Diversity is an integral part of the California University of Science and Medicine's institutional identity as evidenced in the founding principles. This very early intent to create a historic medical school in southern California has arisen from tenets adopted by the inaugural leadership and begins with a deep commitment to the diversity of the student body, faculty, administration and staff. Recognizing, nurturing latent merit, talent, values and richness inherent in our diverse California culture and society, CUSM leadership acknowledged the acute need to remove barriers to the recruitment, retention, and advancement of the historically underrepresented, marginalized populations. This is being achieved through the CUSM mission to serve the diverse, the disadvantaged and the multicultural populations, and to meet the health needs of the citizens of the Inland Empire, the State of California and the Nation. The innovative clinical presentation curriculum emphasizes public health, population health, global health and affordable, accessible care for all. Educational excellence that truly incorporates diversity can promote mutual respect and make possible the full, effective use of the talents and abilities of all, to foster innovation and train future leadership. Training of culturally competent healthcare providers requires a multicultural milieu in which diversity is deeply valued and encouraged. This philosophy is entrenched at CUSM, and it will enrich the experience gained by students while it builds values of altruism and social accountability in the globalized, pluralistic, complex, connected world of the 21st century.

Academic Freedom Statement

CUSM endorses the Statement of Principles of Academic Freedom of the American Association of University Professors (AAUP) and is committed to the pursuit of truth. The leadership will ensure autonomy and freedom as an institution of higher learning requires. Academic freedom and due process will prevail in all matters: to guarantee to the scholar the freedom to examine data, to have the freedom from bias and restraint and the ability to question assumptions, to seek evidence, and to learn. Academic freedom also recognizes the role of the faculty in policy-making decisions for the educational program. Together, faculty and students are obligated to be responsible participants in the academic activities of the medical school.

History of the University

Dr. Dev GnanaDev, a vascular surgeon, nationally recognized leader in healthcare, past President of the California Medical Association, and current President of the Medical Board of California announced in April 2014 a plan to develop a privately-funded, non-profit medical school in Colton, California. The allopathic (MD) school, known as California University of Science and Medicine (CUSM), School of Medicine (CalMed), seeks to receive preliminary accreditation from the Liaison Committee on Medical Education (LCME) in time to welcome its first class of 60 students in 2018.

Dr. GnanaDev, Founder of CUSM, president, and chief executive officer, believes that this is an exciting and much-needed opportunity for medical students across California and especially in the Inland Empire. Because of many factors, including the extremely limited medical school positions

in our state and a severe shortage of doctors, Dr. GnanaDev and founders of CUSM believe that this project will have a significant impact on medical education, healthcare, and the local economy for decades to come. The CUSM campus will be built adjacent to the Arrowhead Regional Medical Center (ARMC) in Colton, California.

The medical school is being financed primarily through a major grant from Prime Healthcare Foundation, Inc., a 501(c)(3), non-profit, public charity founded by Dr. Prem Reddy, a cardiologist, entrepreneur, and philanthropist. Dr. Reddy is a long-term resident of San Bernardino County and serves as the chairman of the board for CUSM. Dr. Reddy is also the Founder, Chairman, President, and chief executive officer of Prime Healthcare Services. Prime Healthcare Services owns and operates 44 hospitals across the United States, and Prime Healthcare Foundation, Inc., operates 12 non-profit hospitals.

On the day the plan for the medical school was announced, Dr. Reddy said that this is a landmark day for our community in medical education and healthcare. He also mentioned that he is extremely proud as a physician, as a local resident, and longtime proponent of health education to contribute to this project and that through Dr. GnanaDev's vision and the participation of many who will be positively affected by the school, the medical school will become a pillar of healthcare education in our area.

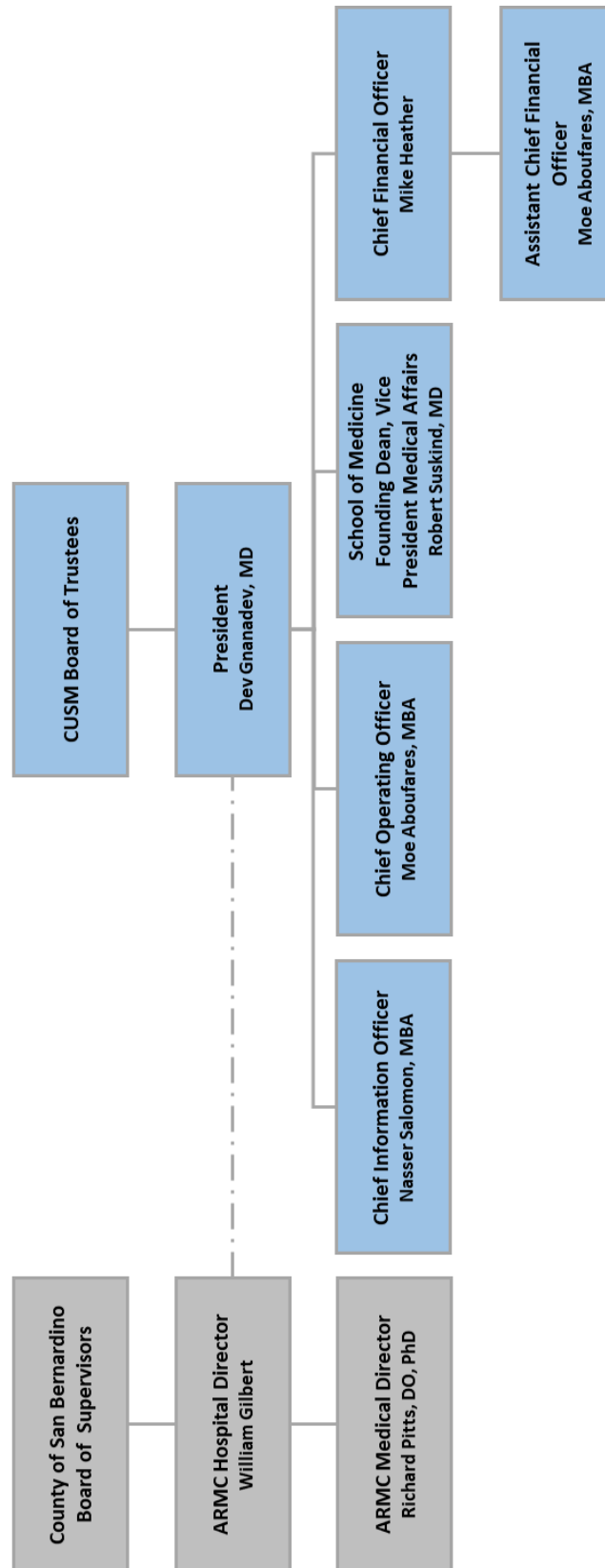
CalMed's leadership is headed by Founding Dean Dr. Robert Suskind, a pediatrician and educator for over 50 years. Dr. Suskind previously served as a chair of pediatrics for 20 years, dean of an established medical school, and as founding dean of two other new allopathic medical schools. He is known for his expertise in pediatric nutrition and in medical education.

Unlike the traditional discipline-based curriculum (e.g., anatomy, biochemistry, physiology, etc.), the MD program at CalMed will be a system-based curriculum, where the basic science disciplines have been fully integrated into a system-based curriculum with the clinical presentation of each system being the cornerstone of the curriculum. The clinical presentations will be supported by Clinical Reasoning Guides and relevant Clinical Cases that are coordinated with laboratory and clinical skills activities. This will provide scaffolding onto which basic and clinical science knowledge are both structured and integrated, and at the same time, aid in clinical problem solving. Thus, students at CalMed are introduced to the clinical sciences in their first year in very systematic ways, by both basic and clinical scientists. The primary responsibility of the well-qualified CalMed faculty is to deliver to students a fully integrated basic/clinical science curriculum in an active learning format.

Past Chair of San Bernardino County Board of Supervisors, Janice Rutherford, supports the CUSM plan and once said that CUSM would be a great addition to the universities, colleges, and trade schools providing career training and educational opportunities to our residents. She believes that the new medical school will help San Bernardino County overcome the region's doctor shortage by allowing more students to pursue careers in the medical profession.



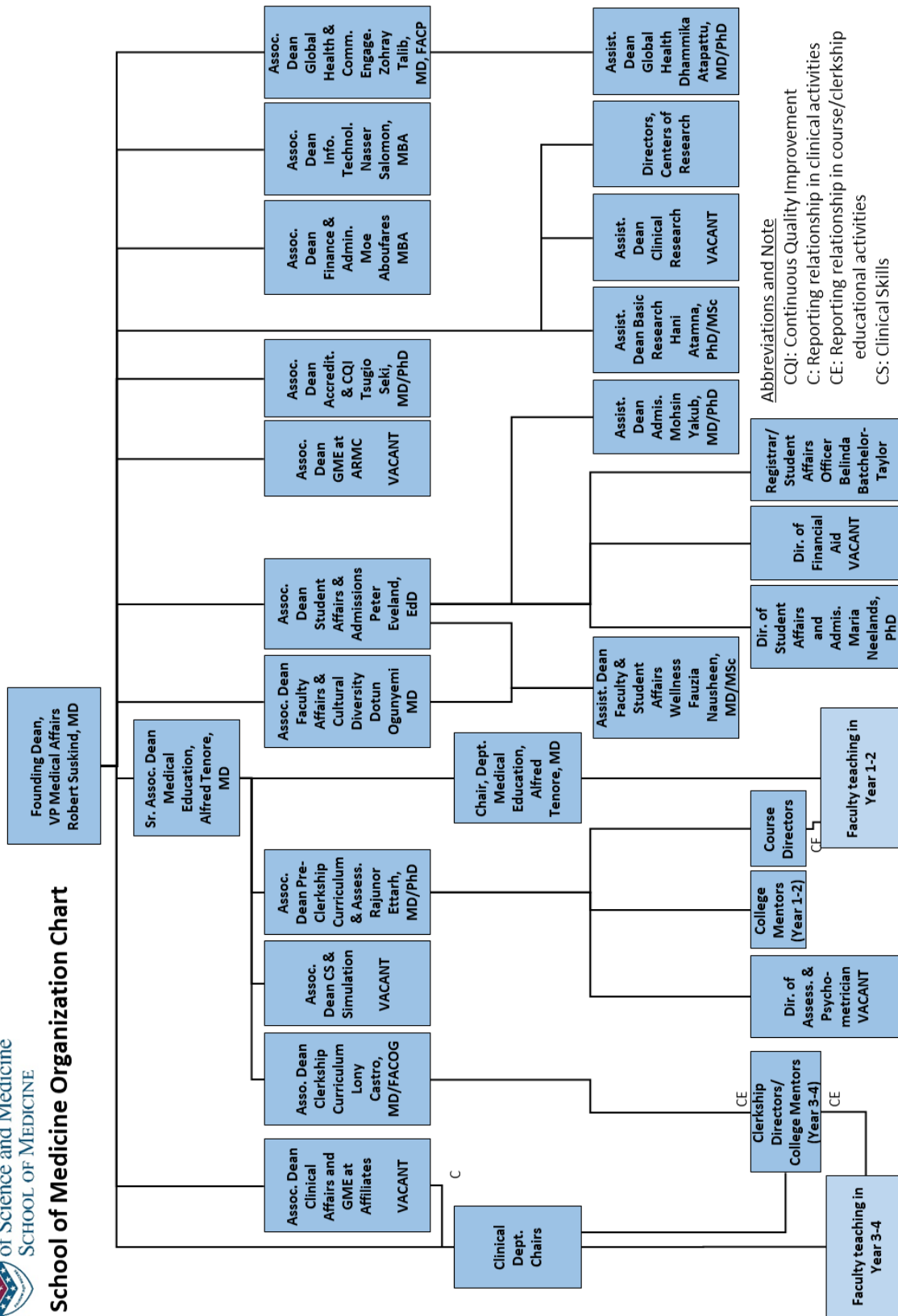
University Organization Chart



CalMed Organizational Structure



School of Medicine Organization Chart



Abbreviations and Note
 CQI: Continuous Quality Improvement
 C: Reporting relationship in clinical activities
 CE: Reporting relationship in course/clerkship educational activities
 CS: Clinical Skills
 GME: Graduate Medical Education
 VP: Vice President

Campus Address

CUSM/CalMed Temporary Site

California University of Science and Medicine*

217 East Club Center Drive, Suite A

San Bernardino, CA 92408

Web: www.calmedu.org

Phone: (909) 580-9661

Email: info@calmedu.org

NOTE: Please visit our website www.calmedu.org for driving directions.

* Please mark the program name in the attention: e.g., Attention MD Program

Board of Trustees

Prem Reddy, MD, FAAC, FCCP – Founder, Chairman of the Board

- Named one of the 50 Most Influential Physician Executives in Health Care by Modern Healthcare, three times in five years
- Board-Certified in Internal Medicine and Cardiology
- Founded Prime Healthcare Services, which owns and operates more than 44 hospitals across the nation
- Founded Prime Healthcare Foundation, Inc., a 501(c)(3) nonprofit public charity

Dev GnanaDev, MD, MBA, FACS – Founder, President and Chief Executive Officer (CEO)

- Nationally recognized leader in healthcare, especially related to teaching and the uninsured
- Past President of the California Medical Association
- President of the Medical Board of California, among several other medical boards (San Bernardino County Medical Society, California Medical Association, California Medical Association Foundation, AMPAC)
- Recipient of numerous awards at local, state and national level for his work in improving health and access to care for the uninsured and underinsured.
- Chair, Department of Surgery, Arrowhead Regional Medical Center (ARMC is San Bernardino's county hospital)
- Founding Member, MBA for Executives Program at Cal State University

Kavitha Reddy Bhatia, MD, MMM, FAAP - Member

- Board certified pediatrician and Fellow of the American Academy of Pediatrics
- Graduate of UCLA School of Medicine with Honors and Letters of Distinction in Doctoring and Masters in Medical Management from the USC Marshall School of Business
- Scholar at world renowned institutions such as Mass General, Boston Children's and the All India Institute of Medicine
- Dedicated to philanthropy with leadership/advisory roles for causes such as the World Children's Initiative, Make-a-Wish Foundation, Westside Children's Center and Project Uganda
- Private pediatric practice in Santa Monica, California

Dustin Corcoran, MBA - Member

- Chief Executive Officer of the California Medical Association (CMA)
- Chair of Californians Allied for Patient Protection (CAPP) and Patients and Providers to Protect Access and Contain Health Costs
- No. 16 political power broker in California by Capitol Weekly (2013)
- Sacramento Business Journal's "40 under 40" list of top business and civic leaders
- Serves on Board of Directors for the Neuropathy Action Foundation, Physicians Advocacy Institute, the Institute for Medical Quality, and the California Medical Association Foundation

William L. Gilbert, MBA - Member

- Hospital Director, Arrowhead Regional Medical Center, a 456-bed, public hospital which is a Level II trauma center, owned and operated by San Bernardino County
- Former CEO, Deaconess Hospital in Spokane, WA, a 388-bed, tertiary care hospital that is part of the Rockwood Health System
- Fellow, American College of Healthcare Executives
- Past President, Board of Directors of the United Hospital Association
- Board Member, California Hospital and Health System Association
- Member, Board of Directors and Executive Committee of the California Association of Public Hospitals

Robert A. Lovingood - Member

- Supervisor, First District of San Bernardino County,
- Chair, Board of Supervisors, San Bernardino County
- President, Transportation Authority, San Bernardino
- Previous Board Member: Desert Community Bank, Victor Valley Chamber of Commerce, Lewis Center for Education Research, St. Mary Medical Center
- Owner: ICR Staffing and Industrial Commodity Recruiters, Industrial Commodity Recruiters (ICR), and DegreedJobs.com

Tomas Morales, Ph.D. - Member

- More than 37 years of service in higher education
- Member, select group of administrators who held executive positions at the three largest public university systems in the nation: California State University, State University of New York (SUNY), City University of New York (CUNY)
- Member, American Association of State Colleges and Universities
- Governing Board, Hispanic Association of Colleges and Universities
- Awarded Distinguished Leader in Education
- Awarded Lifetime Achievement Award in Education
- Awarded Effective Leadership Golden Age Award
- Honorary Doctorate, Humane Letters, SUNY, New Paltz

J. Michael Ortiz, Ph.D. - Member

- President, Cal Poly Pomona since 2003, emphasizing environmental sustainability, student success programs, and increasing access for students from underrepresented groups

- Member, Board of the Los Angeles County Fair Association
- Member, Board of the City of Pomona Youth and Family Master Plan
- Member, Board of the Pomona Community Foundation
- Member, Board of the Pomona Valley Boys and Girls Club
- President's Award winner, NASPA, the leading association for the advancement, health, and sustainability of the student affairs profession
- Among *Latino Leaders* magazine's "Top 25 Latinos in Education."

Jeerreddi Prasad, MD - Member

- Fellow, American College of Physicians
- Fellow, American College of Endocrinologists
- President, ProMed Health Care Administrators and ProMed Health Network since 1995
- Founder and President, Chaparral Medical Group, Pomona, CA
- Member, Board of Directors, Prospect Medical Holdings, Inc.
- Member, Board of Trustees, Keck Graduate Institute
- Former chair, Department of Medicine, Pomona Valley Hospital Medical center
- Chair of the Board, Inter Valley Health Plan (a federally qualified HMO)

ACCREDITATION AND APPROVAL

Status of Approval to Operate by California Bureau for Private Postsecondary Education

California University of Science and Medicine University (CUSM) is a private institution approved to operate by the California Bureau for Private Postsecondary Education (BPPE). Approval to operate means that the CUSM is compliant with the minimum standards contained in the California Postsecondary Education Act of 2009 (as amended) and Division 7.5 of Title 5 of the California Code of Regulations.

Notice to Prospective Degree Program Students of Provisional BPPE Approval

This institution is provisionally approved by the Bureau for Private Postsecondary Education to offer degree programs. To continue to offer this degree program, this institution must meet the following requirements:

- Become institutionally accredited by an accrediting agency recognized by the United States Department of Education, with the scope of the accreditation covering at least one degree program.
- Achieve accreditation candidacy or pre-accreditation, as defined in regulations, by May 17, 2019, and full accreditation by May 17, 2022.

If this institution stops pursuing accreditation, it must:

- Stop all enrollment in its degree programs, and
- Provide a teach-out to finish the educational program or provide a refund.

An institution that fails to comply with accreditation requirements by the required dates shall have its approval to offer degree programs automatically suspended.

Status of Accreditation by the Western Association of Schools and Colleges

CUSM has applied for Eligibility from the WASC Senior College and University Commission (WSCUC). WSCUC has reviewed the application and determined that CUSM is eligible to proceed with an application for Initial Accreditation. A determination of Eligibility is not a formal status with WSCUC, nor does it ensure eventual accreditation; it is a preliminary finding that the institution is potentially creditable and can proceed to be reviewed for Initial Accreditation with WSCUC. The first visit for achieving Initial Accreditation must take place within five years of being granted Eligibility. Questions about Eligibility may be directed to the institution or to WSCUC at www.wascsenior.org or at 510-748-9001.

Note: A degree program that is unaccredited or a degree from an unaccredited institution is not recognized for some employment positions, including, but not limited to, positions with the State of California. In addition, a student enrolled in an unaccredited institution is not eligible for federal financial aid programs.

Status of Accreditation by the Liaison Committee on Medical Education

The CalMed MD program has obtained preliminary accreditation status from the Liaison Committee on Medical Education (LCME). Accreditation by LCME is a multistage process.

Preliminary Accreditation

The Liaison Committee on Medical Education (LCME) approved California University of Science and Medicine-School of Medicine (CalMed) to receive Preliminary Accreditation in February 2018. This approval allows CalMed to recruit and advertise for students; solicit applicant information; initiate a process for reviewing admissions applications; issue letters of admission; and teach medical students.

Provisional Accreditation

The LCME will conduct a survey visit for provisional accreditation typically before the charter class is at the midpoint of their second year. During this site visit the LCME will determine if our program is in compliance with or has made sufficient progress toward relevant accreditation standards, and if successful awards provisional accreditation.

Full Accreditation

A survey visit for full accreditation typically occurs when the charter class is early in the fourth year of the curriculum. The LCME will determine if the program is in compliance with or has made sufficient progress toward compliance with accreditation standards and grants full accreditation at that time.

ADMINISTRATION AND FACULTY

Please refer to Addendum A, CUSM Administration and Faculty Roster.

FACILITIES AND EQUIPMENT

CUSM/CalMed Building

The permanent campus of California University of Science and Medicine (CUSM) will be located in Colton, California, near Arrowhead Regional Medical Center (ARMC). The current temporary site of the medical school is located in 40,000+ ft² of renovated space at 217 East Club Center Drive, Suite A, San Bernardino, CA 92408, which is 4.1 miles from the location of the permanent campus. The new medical school in the permanent campus will be housed in a >90,000 ft² state-of-the-art facility in Colton, California adjacent to ARMC. The anticipated completion date for the new educational building is 2019. The costs associated with the construction and land purchase have been provided through a generous grant from the not-for-profit Prime Healthcare Foundation, Inc.

The medical school in the temporary site will house the following:

Educational Space

Educational space in the CUSM School of Medicine (CalMed) building for the first two years (pre-clinical sessions) includes two lecture halls (Learning Studios), with a seating capacity of 60 and 90 students that can be used for lecture and small group sessions. For the purpose of group study sessions, there are 10 small college classrooms, each with a capacity of 10 students.

Clinical Skills/Simulation Center

The medical school will house a clinical skills center and simulation center that is specifically designed to provide dedicated space for learning history-taking, physical examination skills and medical procedures, and for the administration of objective structured clinical examinations (OSCEs). The facility will include 15 examining rooms that will be outfitted to duplicate a regular physical examination room. In addition, the rooms will be equipped to record the student's performance in learning and practicing clinical skills.

The facility will have space for medical student encounters with simulated patients known as "standardized patients" who are actors recruited to present as patients with specific complaints. They are a recognized part of medical education and will be recruited from the community and trained by simulation center faculty. The clinical skills/simulation facility will include 2 classrooms for students to meet with instructors before and after training sessions and private space for standardized patients to change clothes. An additional room will be provided for computer-based simulation mannequins.

Interactive Learning Center (Laboratory)

The interactive learning center represents a "hybrid" design for hands-on learning of anatomy, histology, radiographic and ultrasonographic imaging, pathology, physiology, immunology, and microbiology. The center, which has capacity for 90 students, includes an arrangement of dissecting tables alongside collaboration tables so that laboratory sessions run side by side. Each table is equipped with state-of-the-art touchscreen monitors as well as online applications and resources

for guided and self-directed laboratory sessions. Associated with the interactive learning center, there are several large-specimen storage units within the learning center, a storage room and an office for a facility manager.

Medical Research Facility

Research Facility

The basic and translational science research facility at CalMed consists of more than 2,200 ft². The research facility can accommodate up to 4 principal investigators (PIs) and their research groups. Each research group may have up to 6 students. In addition to the bench work stations, each PI will be assigned a separate 120 ft² office, a computer and a printer. The support areas include shared rooms for common research activities including tissue culture, storage room, shelves, and chemical hoods.

Each research group will have full access to the internet as well as basic laboratory services, administrative support including grant submission and management in addition to a conference room.

Institutional Review Board (IRB)

CUSM affiliates with Arrowhead Regional Medical Center (ARMC). ARMC has an Institutional Review Board that will review human subjects research. Members of the CUSM faculty will serve on the medical center's IRB Board.

CalMed Common Equipment Available to Investigators and Students

CalMed will purchase new instruments that support its research mission. Below is a short list of the resources that will be available for research and students at CalMed when the CalMed building is completed. A subset of essential instruments, specifically chosen for active research projects, will be housed in the temporary site research laboratory.

Protein, metabolomics, and general biochemistry equipment:

1. HPLC system/built-in degasser/auto-sampler
2. UV/vis dual wavelength detector
3. Fluorescence detector
4. Software for data collection and analysis
5. Organic solvent sonicator/ degasser
6. FPLC and chromatography cabinets
7. Isothermal titration calorimeter (ITC)
8. Clark Type oxygen electrode (YSI); data acquisition software
9. Dual wave length spectrophotometer with kinetics package
10. SRX Processor
11. Gel Imager
12. 600 watt digital sonicator
13. -80 °C Freezers
14. 4°C Refrigerators
15. -20 °C Freezers

Cell Biology

1. Tissue Culture facility
2. Flow cytometer
3. Confocal microscope
4. Light and fluorescence microscopes

Molecular Biology

1. Quantitative real-time PCR machine
2. Thermal Cycler
3. Microplate Reader
4. Digital gel imaging systems
5. X-ray developers
6. Nucleofector device
7. Electrophoresis units for DNA sequencing
8. Agarose gel electrophoresis
9. Power units
10. Orbital shakers
11. UV illuminator with Polaroid camera
12. Nanodrop spectrophotometer
13. Microwave for agarose gel
14. X-ray film cassettes
15. Bead-based tissue homogenizer/disrupter equipment

General basic laboratory equipment

1. Two ultracentrifuges and rotors
2. Super-Speed centrifuge (floor model)
3. Three bench-top refrigerated Eppendorf microcentrifuges
4. Centrifuges to accommodate rotors for microplates
5. Eppendorf centrifuge to spin blood samples
6. Apparatuses for high- and low-voltage electrophoresis
7. SDS-PAGE
8. NB-PAGE
9. 2-D and 1-D electrophoresis systems
10. Heating blocks
11. Water purification system
12. Analytical balance
13. Digital Gel Imaging station for gel documentation
14. X-ray Developer
15. pH meters
16. Fluorescence, luminescence, and visible light microplate readers
17. Water baths
18. Vortexers
19. Hot/stir plates
20. Sonicator/cell disrupter
21. Tissue homogenizers
22. Surgical tools

23. Shakers
24. PC computers with access to the internet
25. Environmental shaker incubators for 37 °C and 50 °C use
26. Incubator (37 °C) for bacterial plate culture
27. Drying racks for glassware and plastic cylinders, etc
28. Eppendorf ThermoMixer C

Computer Equipment

Macintosh and PC computers will be available throughout the laboratories and offices, and are to be linked in a network, which includes at least 10 laser printers as well as a Graphics Center.

Administration Space

The administrative suite is comprised of 37 offices for: the President, Dean, Associate Deans, faculty, and administrative staff members. Each office for faculty is 100 ft² or larger and equipped with office furniture including a working table, three chairs, book shelves, file cabinet, drawers, and a computer (PC or Macintosh) with three monitors.

The administrative area will also provide 16 cubicles for staff working on site, a reception desk, general storeroom, breakroom, work room, restrooms, and conference room.

Library

Mission and values

The CUSM Medical Library serves CUSM students, faculty, staff, clinicians and community partners. The library's theme and design are planned around CUSM's academic mission and core values. The library at CUSM is a central resource to serve students, faculty, staff, and clinicians in advancing education, research, clinical care, and community service. The team at the CUSM library in partnership with the faculty and clinicians will critically appraise, select and organize scientific, biomedical, and educational resources and databases. The library will support the educational, discovery, research, and lifelong learning mission at CUSM by facilitating access to scholarly and educational resources for CUSM faculty, staff, students, clinicians, and community partners.

The CUSM Library connects resources, services, technology, and information management expertise to enrich the teaching, learning, and research activities of the CUSM campus community. Designed with CUSM's mission, core values, and innovative curriculum in mind, the library partners with faculty, clinicians, and students to critically appraise, select, organize, and ethically use scientific, biomedical, and educational knowledge to empower health care leaders.

The library is located on the first floor of the CUSM education building offering individual and group study areas. Wireless connectivity, computer workstations, individual and group study area, printer, and whiteboard are provided. CUSM students, faculty, and associates have onsite and remote access to digital library resources 24/7 including: AccessMedicine, JAMA, the Cochrane Collection, UpToDate, MEDLINE, along with ebook, journal, and Ready Reference collections.

Professional librarians and trained staff assist individuals with their library and medical research needs. Services include, but are not limited to: 24/7 reference chat service, research assistance and subject guide advisory, in-depth research consultations (by appointment), and interlibrary loan through partnerships with OCLC WorldShare™ Interlibrary Loan, DOCLINE, and the Statewide California Electronic Library Consortium (SCELC). The CUSM Library is an active member of the National Network of Libraries of Medicine.

CUSM Library Facilities

- Located on the first floor of the CUSM education building
- 4 computer workstations with access to CUSM portal, internet, and online resources
- Additional seating for group or individual study
- Wireless connectivity and printing service

ARMC Library Facilities

- 13 computer workstations with access to ARMC portal, internet, and online resources
- Multiple seating styles accommodating individual or group study
- Copying and printing services

Student Study and Storage Space

Student study spaces of various configurations, a total of more than 9,900 ft² including the 700 ft² CUSM library, will be available after class hours to accommodate students' study needs. Each Learning Community or "College" will have an assigned classroom for programmed activities which can also be used for studying after class hours (a total of 10 College classrooms, at least 200 ft²/room with seating of 10 students/room).

Added study spaces are located outside of the library:

- 2 large classrooms (Learning Studios)
- 10 small classrooms (College rooms)
- 1 debriefing rooms in the Clinical Skills and Simulation Center

The temporary site also has student lounges equipped with refrigerator, microwave, and vending machines

Students have individual, secured lockers. If students are issued individual items, such as laboratory supplies, appropriate storage space will be provided in the study space associated with the particular activity or course.

Computer Hardware and Software

Classroom Presentations: Large classrooms for MD program will be equipped with wall mounted 80" displays and projector(s). Instructors will have the flexibility to display up to 3 separate simultaneous presentations (using included Windows laptop, document camera and another device connected via HDMI). An example might include a PowerPoint presentation pertinent to the basic science content on the projector, and an anatomy website on the other LED displays.

Faculty will have a standard podium mounted gooseneck microphone to be used if needed.

The lecterns will be equipped with a Windows computer using wireless keyboard and mouse. It will also have additional inputs to allow laptops or mobile devices to project onto the screens via HDMI. Faculty will be able to see the display content on their lectern LED 21" display.

Lecture capture software is available for those faculty that wish to record their lectures. They will be made available to the students soon after the class has ended via Canvas link. Videos will be available in various resolutions for mobile devices or laptops. Additionally, any recorded presentation will be searchable by content on the screen to make it easier for students to find specific topics covered in the lecture.

Wireless Network

Student access to resources, data, and applications will be accomplished by using a secure authentication mechanism known as the WPA2-Enterprise grade wireless network. This security method will protect the user name and password. In a wireless environment, it will also protect the data with network encryption. Classroom plans will accommodate multiple devices and higher density user scenarios by incorporating the needed access points by location. IITS will provide instructions on how to connect to wireless as students will need to use their CUSM credentials to login.

VitalSource Textbook System

VitalSource Bookshelf is contracted to provide required electronic textbooks to the CUSM students. The institutional subscription allows each student not only to access the textbooks via VitalSource website but also to download them on two electronic devices (laptop, tablet, or desktop) without any additional charge to ensure easy access. All of the textbooks have been hyperlinked by subject matter. The software allows easy highlighting, margin notations as well as easy figure/picture capture. The software subscription includes copyright privileges. Additional electronic textbooks are available for student purchase on an individual basis.

Additional Educational Resources

The following list contains a brief description of the resources, software, and web services used in the CUSM graduate and professional degree programs:

- Lecture capture and voice-over video presentation creations as well as delivery software for various formats (mobile, desktop)
- Virtual patients: Online patient simulation program
- Learning Management System (courses)
- Curriculum Management System (searchable keywords in curriculum)
- Electronic assessment management software for questionnaires and examinations
- Audience response system: Classroom system to allow students to respond to live queries from the faculty
- High definition audiovisual equipment, computers, and tablets: equipment in classrooms, laboratories, and libraries that aid in the delivery of lectures

- Virtual: anatomy and human dissection system
- Cadavers: human cadavers for dissection (in the permanent medical school building, which is under construction)
- Pro-sections, both fresh cadaver and plastinated specimens
- Virtual/glass slide image bank for histology/pathology
- Simulation mannequins and trainers

STUDENT SERVICES

Student Affairs Mission Statement

The mission of the CalMed Office of Student Affairs and Admissions is to support and enrich the students' educational goals by fostering their academic, professional, and personal growth. The office partners with students, faculty, and staff to enhance the interpersonal, social, cultural, intellectual, and educational experiences of CalMed students by providing a host of personal, referral, and academic services. The office also engages in career advising and planning.

The Office of Financial Aid

The Office of Financial Aid serves as the central source for all matters related to financing your education. This includes the managing the application for and distribution of scholarship funds, information on private loan funds, and federal financial aid programs at such time the University becomes eligible for them. The Office of Financial Aid provides general advice on financial aid resources, questions about the aid awarded, and assistance with understanding the impact of indebtedness. Email messages are the primary method of communication to remind students of deadlines or to request information that needs immediate action. The University's Financial Aid website contains information on budgets, timelines, loan and debt management.

The Association of American Medical Colleges offers outstanding resources regarding Financial Aid in the context of medical education (<https://www.aamc.org/services/first/>).

Private Student Loans

CalMed has been approved to participate as a medical education institution with MedInvest International, a private medical education loan vendor. MedInvest offers, to qualified applicants, education loans at competitive interest rates comparable to those offered by federal Title IV programs. Payback options are the same as offered by Title IV funding as well. For further information please review the MedInvest website at <http://www.ihelpselect.com>.

Federal Financial Aid Temporary Unavailability

NOTE: California University of Science and Medicine (CUSM) will NOT be eligible to participate in either the federal (Title IV) or state financial aid programs until CUSM obtains Institutional Eligibility.

In order to be eligible to participate in these programs, at first, CUSM needs to obtain an 'Approval to Operate' from the California Bureau for Private and Postsecondary Education (BPPE), which has been achieved, and 'Candidate for Accreditation' status from the WASC Senior College and University Commission (WSCUC). CUSM is in the process of obtaining 'Candidate for Accreditation' status from the WSCUC, and upon receiving this status, CUSM will apply for the Institutional Eligibility for these programs.

Until the federal and state financial aid programs become available, the students will be eligible for other financial aid, including private loans and scholarships. The following policies will be enforced for any financial aid programs in which CUSM students participate.

The staff of the Office of Financial Aid will provide comprehensive financial counseling and information to our students. Students who may not have the financial resources to meet the full cost of their education will receive early information on possible sources of financial aid. The office will be responsible for the processing and disbursing all loans and scholarships to all University students.

The Office of Financial Aid will provide annual one-on-one financial counseling for each student admitted to assist the student in preparing a Financial Aid Needs Assessment as well as a Cost of Attendance Budget which will summarize the total educational expenses for each academic year.

Loan Disclosure Statement – Code of Conduct for Educational Loans

Purpose

To comply with the Higher Education Opportunity Act signed into law on August 14, 2008 (HEOA), CUSM has adopted the Code of Conduct which applies to the officers, employees, and agents of CUSM.

Scope/Coverage

The Higher Education Opportunity Act (HEOA) requires that institutions participating in the federal student loan programs develop, publish and enforce a code of conduct with respect to students' loans. California University of Science and Medicine (CUSM) as a participant in federal loan programs, is committed to the code of conduct applicable to CUSM institution's officers, employees, the Office of Financial Aid, agents, as well as annual disclosures. Such code must prohibit a conflict of interest with the responsibilities of an officer employee or agent of an institution with respect to such loans, and include the provisions set forth in HEOA related to conflicts.

Provision

This policy is applicable to CUSM institution's officers, employees, the Office of Financial Aid, agents, as well as annual disclosures.

Policy Statement

CUSM and its employees are banned from any revenue-sharing arrangements with lenders.

No employees of financial aid offices and those employees who have responsibilities with respect to education loans shall solicit or accept any gift from a lender, guarantor, or servicer of education loans.

Gifts are defined as any gratuity, favor, discount, entertainment, hospitality, loan or other item having a monetary value of more than a *de minimis* amount, consistent with CUSM's Conflict of

Interest Policy, and includes a gift of services, transportation, lodging, or meals, whether in kind, by purchase of a ticket, payment in advance or reimbursement.

Gifts do not include: standard material activities or programs related to a loan, default aversion/prevention, or financial literacy (e.g. workshops, training); food, refreshments, training or informational material furnished to an employee of an institution as an integral part of a training session designed to improve the service of a lender, guarantor or servicer of educational loans to the institution, if the training contributes to the professional development of the employee; loan benefits to a student employee if they are comparable to those provided to all students at the institution; entrance and exit counseling services provided to borrowers to meet the requirements of the HEOA provided, that the institution retains control of the counseling, and the counseling is not used to promote the lenders products; philanthropic contributions to the institution by the lender.

Employees of CUSM financial aid offices and those employees who have responsibilities with respect to education loans shall not accept from a lender or affiliate or any lender any fee, payment, or other financial benefit as compensation for any type of consulting arrangement or other contract to provide services to a lender or on behalf of a lender relating to education loans.

CUSM will not, for any first-time borrower, assign through award packaging or other methods, a borrower's private loans to a particular lender; or refuse to certify or delay certification of, any loans based on the borrower's selection of a particular lender or guaranty agency.

CUSM shall not request or accept from any lender any offer of funds for private loans, including funds for an opportunity pool loan, to students in exchange for providing concessions or promises to the lender for a specific number of federal loans made, insured, or guaranteed, a specified loan volume, or a preferred lender arrangement.

CUSM shall not request or accept from any lender any assistance with call center staffing or financial aid office staffing. There are exceptions such as professional development training, providing counseling materials, debt management materials, etc., provided that the lender is disclosed on the materials and short term nonrecurring assistance during emergencies.

Employees of CUSM financial aid offices and those employees who have responsibilities with respect to education loans and who serve on an advisory board, commission, or group established by a lender, guarantor, or group of lenders or guarantors, shall be prohibited from receiving anything of value from the lender, guarantor, or group of lender or guarantors, except that the employee may be reimbursed for reasonable expenses incurred in serving on such advisory board, commission, or group.

Financial Aid Focus

The financial aid policies of CUSM are designed to help students understand the complexities of financing their education. The focus is to ensure that all University students:

- Learn the basics of financial literacy to help build a strong financial future
- Are aware of all of the loan, grant, and scholarship options available
- Use strategies to minimize student debt by smart budgeting of tuition, fees, and living expenses

- Fully understand the responsibilities that accompany financial aid

The Office of Financial Aid provides students with the most up-to-date information regarding:

- Available loans, grants, and scholarships
- How to calculate the determination of need for financial aid
- Eligibility requirements for loans, grants, and scholarships
- How financial aid is disbursed and how bills are paid
- Loan repayment programs

Medical Student Loan Reimbursement Programs

Several programs exist for students in the MD program whereby an outside agency offers to pay off your student loans generally in exchange for a compensated year of service. Some of these programs include:

- American Academy of Family Physicians Loan Repayment Program
- Health Professions Loan Repayment Program
- Indian Health Service Loan Repayment Program
- National Health Service Corps Loan Repayment Programs
- National Institute of Health Loan Repayment Programs
- US Military

Please contact the Office of Financial Aid for additional information.

Financial Aid Policy

In evaluating applicants for admission, the admissions committee maintains a strict policy of selecting candidates without regard to their ability to pay for medical school. Candidates selected for admission or the waitlist will be contacted by the Office of Financial Aid, made aware of all of the services the office provides, and be invited to apply for financial aid awards, grants, and scholarships. The decision on the award and financial assistance will rely solely on the basis of financial need and availability of funds initially.

CUSM offers a small number of merit and need-based scholarships to recognize students who achieve exemplary academic, service, and community accomplishments. For a full explanation and instructions as to how to apply for these scholarships, please see the Scholarships section in the Financial Aid area of the School of Medicine's website.

Financial aid at CUSM is defined as any grant, scholarship, loan, or work program offered for the sole purpose of meeting educational expenses. The Office of Financial Aid will provide one-on-one financial counseling for each student admitted to assist the student in preparing a Financial Aid Needs Assessment as well as a Cost of Attendance Budget which will summarize the total educational expenses for each academic year. As CUSM becomes eligible, CUSM financial aid will be provided by or through the Free Application for Federal Student Aid (FAFSA), state agencies, endowments, foundations, corporations, and other private sources.

The CalMed Office of Financial Aid will determine each interested student's eligibility for federal, institutional and outside scholarships and grants. The office will act as the clearinghouse for all tuition charges, fees, credits and debits placed on the student's account.

CalMed will search for other funding sources and will work towards creating a scholarship fund for disadvantaged students.

CalMed will make every effort to limit the cost of tuition increases.

Financial Aid Important Information

1. Currently, CUSM does not have a federal school code for the Free Application for Federal Student Aid (FAFSA).
2. Applicant's total financial aid (loans, grants, scholarships, etc.) cannot exceed the institutionally determined cost of attendance for the program of study.
3. Students must provide parental financial information to be considered for CUSM institutional aid.
4. Ideally, students should complete the financial aid application as soon after January 1 as possible each year. Late filers or an incomplete application can delay loan processing and could result in ineligibility.

After CUSM obtains the Institutional Eligibility to participate in federal and state financial aid programs:

1. To apply for financial aid at CUSM, the student has to complete the Free Application for Federal Student Aid (FAFSA, <https://fafsa.ed.gov/>) each year.
2. Applicant's total financial aid (loans, grants, scholarships, etc.) cannot exceed the institutionally determined cost of attendance for the program of study. The "[cost of attendance] - [student contribution] - [parent contribution]" information obtained from the FAFSA determine the applicant's eligibility for institutional-based financial assistance. Thus, the amount of the "[cost of attendance] - [any institutional-based financial assistance] - [any other assistance received]" will always equals to "[the student's eligibility for federal educational loans]."
3. Students must include parental financial information on the FAFSA to be considered for CUSM institutional aid, even though applicants are considered independent for federal financial aid purposes.
4. Ideally, students should complete the FAFSA as soon after January 1 as possible each year. Late filers or an incomplete FAFSA can delay loan processing and could result in ineligibility for institutional aid.
5. In order to be considered for CUSM scholarships, the FAFSA must be submitted no later than March 1.
6. Some private scholarships may also require the FAFSA information.

Financial Aid Eligibility Requirements

To receive federal financial aid and CUSM institutional funding, in addition to completing the FAFSA, applicants must:

1. Comply with CUSM Student Satisfactory Academic Progress (SSAP) requirements that will be published in the financial aid office site.

2. Be a US citizen, be an eligible non-citizen with a valid social security number, or have a Permanent Resident Visa.
3. Be accepted for admission.
4. Be registered with Selective Service if you are a male between the ages of 18 and 25. Compliance with this requirement will be verified by the federal government.
5. Not be in default on any loan or owe a refund on any grant made under Title IV at any institution.
6. Have no drug-related convictions. Convictions only count if they were for an offense that occurred during a period of enrollment for which the student was receiving Title IV aid. They do not count if the offense was not during such a period.
7. Have financial need, which is defined as the difference between the cost of attendance (COA) and the Expected Family Contribution (EFC) for most CUSM scholarships.
8. Some federal, state, private or other CUSM assistance programs may have different eligibility criteria.

Financial Aid Entrance and Exit Interviews

If a student obtains a loan from a lending institution or receives any other educational or personal loans to pay for CUSM tuition, the student has the responsibility to repay the full amount of the loan plus interest, less the amount of any refund. If a student receives federal student financial aid funds, the student is entitled to a refund of the money not paid from federal financial aid funds. Students are required to participate in an entrance (at matriculation) and exit interview (prior to graduation) with the Office of Financial Aid.

Contact information for the Office of Financial Aid

Office of Financial Aid
California University of Science and Medicine
217 East Club Center Drive, Suite A
San Bernardino, CA 92408
Hours: Mon. - Fri. 9 a.m. - 5 p.m.
Tel: 909-580-9661

Tuition Refund Schedule/Policy

CUSM follows the State of California's Bureau of Private Postsecondary Education (BPPE) refund policy. A student has the right to a full refund of all payments made for all charges paid directly to the CUSM minus the non-refundable registration deposit (\$100) if he or she cancels the enrollment agreement within the first seven (7) days of the first semester of enrollment.

A student who has been enrolled for more than seven (7) days and finds it necessary to withdraw from CUSM may be eligible for a partial refund of their paid tuition. The student must adhere to the withdrawal policy set forth in the CUSM University Catalog. The Effective Withdrawal Date is the actual date that the student meets and completes all of the requirements of the CUSM withdrawal policy including:

1. Written notice of withdrawal to the Registrar at the Office of Student Affairs and Admissions
2. The return of all University equipment and property to the Registrar
3. Submitting a completed Refund Request Form to the Registrar

Note that exception can be made at the sole discretion of the Associate Dean of Student Affairs and Admissions for students called to military duty (a copy of service orders is required) or in the event of the student's death or disability.

1. Students who have completed 60% or less of any semester are eligible for a pro-rata refund less any non-refundable fees. The pro rata refund amount is determined by the daily charge for the semester (total tuition charge, divided by the number of days in the semester), multiplied by the number of days the student attended or was scheduled to attend, prior to withdrawal.
2. CUSM students who have completed more than 60% of any semester in all programs are ineligible for a refund.
3. Students are required to complete a Refund Request Form and submit it to the Registrar. If a student is eligible for a refund, the refund will be made within 45 days of the Effective Withdrawal Date. If the student has received federal student financial aid funds, the student is entitled to a refund of money not paid from federal student financial aid program funds.

Services for Students with Disabilities Policy

CUSM complies with Title III of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

CUSM will not discriminate or retaliate against any person because of his or her disability. Discrimination of or retaliation against persons with qualified disabilities is a violation of the Americans with Disabilities Act and the Rehabilitation Act of 1973 and will not be tolerated. Effective action, including disciplinary action where appropriate, will be taken should prove violations of either of these Acts occur.

Should a faculty member, staff, or administrator be made aware of a student requesting academic accommodations due to a disability, that faculty member or administrator should immediately refer the student to the Associate Dean of Student Affairs and Admissions of the student's school, who will see that the student connects with the University's Registrar and/or school's Office of Student Affairs and Admissions for information on policies and processes necessary to grant accommodations.

Students requiring accommodations must first contact the Associate Dean of Student Affairs and Admissions in his/her school. In order to provide accommodations promptly, the student should notify the Associate Dean 4 weeks before the start of the academic year, to ensure accommodations are in place when needed.

Documentation requirements for disabilities are determined on a case-by-case basis and must be provided by a qualified licensed health care professional as defined below. All documentation must

be signed and submitted on official letterhead and include date, name, title, and credentials of the licensed professional. Details as to the type of accommodation and its implementation should be included. This documentation should not be more than four-years-old. If it is, the student may be required to obtain a current evaluation and recommendation. The University's ADA Officer, who is located in the Human Resources Office, determines eligibility and appropriate services based on the documentation submitted. This information is conveyed to the Associate Dean of Student Affairs and Admissions, who works with faculty to ensure the student receives the appropriate accommodations for their documented disability. It is important for the student to understand that accommodations must be reasonable and not fundamentally alter the nature of the curriculum to be received.

The following guidelines are provided in the interest of assuring that documentation will adequately verify eligibility and support requests for accommodations, academic adjustments, and auxiliary aids and services. The University does not have to eliminate or lower essential requirements, make modifications that would result in a fundamental alteration of programs or activities or impose an undue burden on the institution. All evaluations must be performed by an appropriate professional: a psychiatrist, clinical psychologist, or equivalent that is licensed to diagnose and treat mental disorders. The evaluator's name, title, and professional credentials and affiliation should be provided.

Documentation Guideline: Learning Disability (LD)

1. Diagnostic interview, with relevant history performed by a licensed psychologist, learning specialist; clinical psychologist or equivalent
2. Testing must be performed within the past 4 years
3. Assessment
4. Cognitive ability/aptitude
5. Academic achievement (reading, oral and written language, and math)
6. Information processing
7. Specific diagnosis must be included
8. Actual test scores from standardized instruments should be provided
9. Rationale for each recommended accommodation should be included
10. The interpretive summary should be provided and may include:
 - a. Indication that evaluator ruled out alternative explanations
 - b. Indicate how patterns in test results are used to determine the presence of an LD
 - c. Indicate how the LD limits learning or affects test performance
11. Offer rationale as to:
 - a. Why specific accommodations are needed
 - b. How the effects of the specific disability are mediated by the accommodations

Documentation Guideline: Psychological Disability

1. Documentation may include a medical or clinical diagnosis of a psychological disability based on the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Classification of Diseases (ICD) criteria and a rationale for the diagnosis.
2. Documentation necessary to substantiate a psychological disability may include the following:

- a. Information regarding the severity of the disability and the specific academic functions affected by the disability and medication (e.g., ability to concentrate, ability to attend class regularly, the ability to interact in small or large groups, etc.)
- b. Recommendations for academic accommodations based on specific features/symptoms of the disability
- c. Documentation should reflect the active array of symptoms, features, and level of functioning; if the documentation does not, students may be required to submit updated information and documentation

Documentation Guideline: ADD/ADHD

1. Documentation may include a medical or clinical diagnosis of attention deficit disorder (ADD) / attention deficit hyperactivity disorder (ADHD) based on the most recent DSM or ICD criteria.
2. The documentation may include the following:
 - a. Quantitative and qualitative information that supports the diagnosis.
 - b. Summary and interpretation of assessment instruments (formal assessment instruments including clinical interview).
 - c. Information regarding the specific academic functions affected by the disability and the severity of the limitations (e.g., ability to sustain attention, distraction index, etc.).
 - d. Recommendations for academic accommodations based on specific features and symptoms of the disability.
 - e. Documentation must reflect the active array of symptoms, features, and level of functioning; if the documentation does not, students may be required to submit updated information and documentation.

Note: Multimedia recording by student(s)/resident(s), their agents, representatives, and/or guests; audio, photographic, and/or video recording of faculty member(s), staff member(s) or preceptor(s) will be allowed only with the prior written approval of the faculty member(s), staff member(s), or preceptor(s) being recorded. Unauthorized recordings may be confiscated, and responsible individual(s) may be referred to the appropriate administrator and charged with violating the CUSM Code of Ethics. The University complies with the requirements of the Americans with Disabilities Act.

Instructions for requesting accommodations listed above:

1. Inform the Associate Dean of Student Affairs and Admissions for your school of your intent to request academic accommodations.
2. Make an appointment with University ADA Officer in the Office of Human Resources.
3. Supply all requested documentation to University ADA Officer.
4. ADA Officer approves the implementation of reasonable accommodations to be received in consultation with faculty and informs the Associate Dean of Student Affairs and Admissions.
5. The Associate Dean of Student Affairs and Admissions informs faculty with a need to know of the approved accommodations and facilitates their availability to the student.
6. If the accommodation is determined to result in a fundamental change to the curriculum or undue hardship on the University, the accommodation will not be offered.
7. Students must meet all requirements of the School of Medicine's Technical Standards with or without reasonable accommodations.

Student Assistance Plan (SAP)

CUSM offers a Student Assistance Plan (SAP) that provides not only confidential personal counselors available at a call away but additional resources and information on the following:

- Academic stress and pressure
- Body image and eating disorders
- Child care services
- Depression, grief, and general mental health
- Divorce, custody, probation, and other legal matters
- Finances - credit card and student loan debt
- Life coaching
- Personal relationships - family, friends, dating
- Substance abuse and other addictions

The benefits are free and confidential, and you can access them by:

1. Phone: 800-633-3353. Identify yourself as a CUSM student.

In order to access services, please contact an intake counselor first by calling the phone number above. This brief initial telephone conversation will help ensure you that you obtain access to the most appropriate provider for your needs. For more information, please visit: <https://www.mygroup.com/portal/student/>.

Student Housing

CUSM does not provide student housing at this time. There are several rental properties (20+ apartment complexes) available within a five-mile radius of our temporary facility located at 217 E. Club Center Dr., Suite A, San Bernardino, CA 92408. Rent for one- and two-bedroom apartments in the CUSM area generally range between \$900 to \$1,600 a month. Most cost an average of \$1,400 per month. We regret that CUSM is unable to assist students in obtaining housing and assumes no responsibility to find or assist students in obtaining housing.

Parking and Public Transportation

Parking will be available to all students and staff on a first come, first served basis. Designated parking spaces are available to disabled persons who have Department of Motor Vehicles (DMV) permits. Public transportation is limited in the area and primarily consists of local bus service (<http://www.omnitrans.org/>).

Registered Student Organizations

Organizational Membership & Officers

The functioning of registered student organizations (RSOs) shall be confined to and controlled by their active (voting) membership. The active (voting) membership shall be limited to enrolled CUSM students.

Between semesters membership is construed to mean the membership of the previous semester. Summer term is considered a regular semester.

Each RSO has the right to select and expel its own members in accordance with the organization's constitution as well as applicable University policies and procedures. Each RSO is accountable for actions of members representing the organization.

Organization officers or representatives are individually responsible for ensuring all active members meet University, as well as organization, requirements.

A student organization which restricts membership on the basis of race, color, religion, age, sex, gender, national origin, handicap, sexual orientation, or status as Disabled Veteran, or Vietnam era veteran, shall not be allowed RSO status.

New Student Organization Registration Process

Step 1: Meet with the Associate Dean of Student Affairs and Admissions in the school to go over requirements and expectations for new organizations.

Step 2: Complete the Registration Application.

Inactive RSOs: RSOs not registered through the Office of Student Affairs and Admissions for one academic year or more, requires an officer to sign up and attend an RSO Registration Session and register the RSO as a "new" RSO.

Organization Registration Requirements

The following requirements must be met in order for student organizations to register at CUSM through the Office of Student Affairs and Admissions:

1. The stated purpose of the student organization must be consistent with the mission of the University, and the organization must primarily serve the needs and interests of the students at CUSM.
2. The organization must be initiated and controlled by CUSM students.
3. The active (voting) membership and officers or recognized representatives of the organization must be students who are regularly enrolled at CUSM.
4. Naming a Student Organization: As registered student organizations are not part of CUSM, organizations may not use the CUSM name at the beginning of their organization name or "...of the California University of Science and Medicine..." at the end of their organization name. You may use "at the California University of Science and Medicine" or "CUSM Chapter" at the end of your organization's name if your organization is affiliated with a national or regional organization.
 - a. Correct Examples: Sailing Club at the CUSM; Chess Club, CUSM Chapter.
 - b. Incorrect Examples: CUSM Debate Society; Commuter Students of the California University of Science and Medicine.
5. A student organization which restricts membership on the basis of race, color, religion, age, sex, gender, national origin, handicap, sexual orientation, or status as Disabled Veteran, or Vietnam era veteran, shall not be allowed registered student organization status. An exception is made for fraternities and sororities to be single sex organizations per the implementing regulations of Title IX of the Education Amendments of 1972.

6. Student groups may not register with the Office of Student Affairs and Admissions if they intend to sell, distribute, market or advertise goods or services on behalf of any off-campus commercial entity or affiliate

Responsibilities of Registered Student Organizations

1. A registered student organization (RSO) is responsible for conducting its affairs in a manner consistent with applicable University rules and regulations and will be held accountable for the action and behavior of its members or guests at on-campus activities.
2. Each RSO, its officers, and/or its designated representatives shall anticipate, provide for, and promptly meet its legitimate financial obligations.
3. Officers and members of RSOs are responsible for knowing and following CUSM rules, regulations, and policies.
4. The officers of a RSO shall promptly notify the Office of Student Affairs and Admissions (OSAA) of any changes in the organization's officers or representatives, addresses, or constitution. Failure to notify the OSAA of such changes will affect the degree of service that can be provided to the RSO and its members.
5. CUSM does not act as legal agent for RSOs and expressly disclaims any responsibility or liability for any damages of RSOs and their representatives including, but not limited to, financial obligations, contractual or otherwise.
6. University facilities may not be used for private or commercial purposes such as sales, advertising, or promotional activities unless they serve an educational purpose. Therefore, student groups may not register with the OSAA if they intend to sell, distribute, market or advertise goods or services on behalf of any off-campus commercial entity or affiliate.

Risk and Liability

Some registered student organization (RSO) events/activities, both on and off-campus, may involve the potential for risk. A review of current case law suggests that, in addition to the student organization as a group, individual members and officers may incur some liability in the event of a claim. RSOs, particularly those involved in potentially hazardous activities, are encouraged to investigate the purchase of liability insurance for their club's activities.

Activities taking place on campus will be evaluated on a case-by-case basis, and RSOs may be required to purchase liability insurance if it is determined that a campus event involves some degree of risk or liability.

Serving Food on Campus

All food sold or served on University premises must meet applicable health standards and obtain any applicable permits as required by the Department of Public Health.

Tax IDs

An Employer Identification Number (EIN), also known as a Federal Tax Identification Number, is issued by the Internal Revenue Service and is used to identify a business entity or organization. registered student organizations will be asked to provide an EIN most commonly when opening a bank account.

The Office of Student Affairs and Admissions strongly encourages all registered student organizations with an EIN to save any documentation from the Internal Revenue Service regarding their EIN and to share that information accordingly among their officers, especially when officers transition.

Off-Campus Banking

Each bank has varying requirements for opening or updating bank account information. Office of Student Affairs and Admissions (OSAA) can provide a letter of verification from your organization that confirms that your organization is currently registered and identifies officers who registered your organization. This letter can be used to open an account or update signature authorization on an existing account. Contact the Associate Dean of Student Affairs and Admissions in the OSAA to request a letter on behalf of your registered student organization.

Non-Profit Status

Note: Non-profit or Not-for-Profit status requires being registered with the State of California. Donations made to a registered student organization are NOT tax-deductible for the donor under non-profit status.

Tax-Exempt Status

Registered student organizations are legally independent and autonomous from the University and therefore do not have access to the University's tax-exempt status.

Use of University Logos, Images, and Insignias

1. CUSM, like most universities, monitors and regulates the use of its name, logo, images, and insignias on items such as T-shirts, novelty items, correspondence, and other emblematic materials. All such variances of names and visual representations are considered CUSM trademarks, for which approval from the Office of Student Affairs and Admissions and Dean's Office is required.
2. The Dean's office will review the request to determine whether or not to waive the royalty. Some examples of internal trademark use include:
 - a. T-shirts imprinted with the name of a student group or campus department.
 - b. Novelty items imprinted with the University's name and sold at a special function as a fundraiser.
 - c. CUSM's emblematic items produced as gifts for business associates, sponsors, or friends of the University.
3. Those wishing to use University trademarks must use a manufacturer who is authorized to produce emblematic merchandise to:
 - a. Ensure that sales of any items bearing the University's trademarks generate funds to support vital campus programs.
 - b. Ensure adequate protection of the University's image and intellectual property rights.
 - c. Limit the risk to the University.

Email & Web Accounts

Web pages and email can significantly improve a registered student organization (RSO)'s visibility, publicity, recruitment, and overall effectiveness in its endeavors. RSOs wishing to create or renew an email/web account must indicate so when submitting their RSO registration (renewal) application. Two Registered Users (RUs) are required to create or renew an email/web account.

Registered Users (RUs)

1. The Registered Users (RUs) are the 2-currently registered students who are assigned to the email/web account during online registration.
2. PLEASE NOTE: When officers change, the RSO Primary Officer will be prompted to update the RUs.
3. The RUs agree to be responsible for the proper use of the account according to CUSM Information Technology Policies.
4. The RUs will be notified via email with all pertinent account and access information when the account is created, renewed, or updated.
5. Only the RUs may contact CUSM Instructional and Information Technology Services (IITS) for any troubleshooting or questions.
6. Only the RUs are allowed to contact the Office of Student Affairs and Admissions or CUSM IITS regarding their assigned account.

CUSM IT Policies and Registered Student Organizations

Email/Web accounts are governed by the existing CUSM Information Technology and Office of Student Affairs and Admissions policies. By establishing an Email/Web Account, registered student organizations agree to abide by these policies.

Faculty and Staff Involvement in Registered Student Organizations

CUSM supports the principle that it is the responsibility of students, faculty, and administration to work cooperatively for the attainment of the University's educational goals in the extracurricular, as well as the academic life of the institution. In line with this principle, the University recommends but does not require, registered student organizations involve University faculty or staff as advisers to their organizations. Registered student organizations are also encouraged to affiliate with related departments. Students should, however, remain in control of the organization at all times.

Registered Student Organizations Fundraising Guidelines

Registered student organizations (RSOs) wishing to hold fundraising activities or sales on campus must demonstrate that the activity itself provides a benefit to students at the University and that any proceeds will either further the goals of the RSO, provide additional programs for the student body, or benefit a charitable organization.

1. The activities must be student-initiated, and student controlled.
2. The student initiating the fundraising or sales must be one of the officers or designated representatives of the RSO.
3. CUSM must be assured that no monetary gain will accrue to individual members of the RSO.
4. The activity itself must provide a benefit to students at the University.

5. The goals of the event must be appropriate and in accordance with the intention of CUSM policy as stated above.
6. A workable plan to monitor cash exchange and disbursement of proceeds must be devised and reviewed.
7. For any fundraising or sales activities conducted in the past, the RSO must have completed all necessary paperwork and have abided by appropriate University policies and procedure.
8. If the activity involves working with a charitable organization, a letter of acceptance or acknowledgment of the activity will be required.

There are several ways to be recognized as fundraising on campus, all designed to help your RSO acquire proceeds as follows:

1. Raise funds to cover your expenses such as charging admission to a lecture, event, concert, or another type of program or service.
2. Raise funds to acquire proceeds to share with a charitable organization.
3. Raise funds by selling goods or services to members of the campus community.
4. Raise funds by having your event or program be paid for by an off-campus commercial sponsor.
5. Raise funds by selling non-commercial, pre-packaged food items.

Please Note: RSOs may use funds raised for any expenditure that is consistent with the purpose and goals of the organization.

Examples of Fundraisers

1. Items for sale, produced by the organization (candy grams, gift baskets, flower bouquets, bake sales, etc.).
2. Items for sale, directly related to the organization's mission or goals (plant sale by an organization with the mission of promoting green activities).
3. Items for sale, directly promoting school spirit (but do not infringe upon University trademark policies).
4. Services for sale, in compliance with the ordinance.
5. Admission fee for student programs/events (benefit dinner, talent competition, etc.).
6. Pre-packaged items (candy, gum).
7. Resale of items (silent auction, "Garage" sale, etc.) donated to the organization.

Approval Process for Fundraisers

1. **RSO Officer:** Complete the Fundraising Information Worksheet. (see Student Affairs website)
2. **RSO Officer:** Meet with an Office of Student Affairs and Admissions (OSAA) adviser at least two weeks in advance before the fundraiser to review the fundraising proposal along with relevant University policies and procedures.
3. If approved, a copy of the signed permit must be at the site of the sale or fundraising activity.
4. **RSO Officer:** After the activity is completed, meet with your OSAA adviser and submit a written report with any necessary documentation, as requested on the fundraising permit.

RSO Charitable Fundraisers

1. Obtain the approval from the Charity. Provide an OSAA adviser with an official letter or an email from the Charity that states that they approve the event or service your RSO will perform on their behalf.
2. Submit Fundraising Information Worksheet to the OSAA adviser.
3. At least two RSO members must be present to monitor fundraising activities at all times.
4. After the event, provide the OSAA adviser copies of bank-deposit slips showing fundraising activity revenues.
5. After the event, provide the OSAA adviser with a copy of a receipt or statement from charity acknowledging the gift.
6. Schedule an evaluation meeting with your OSAA advisor following your fundraiser.

Food Sales at RSO Events

The sale of food not commercially prepared and wrapped requires clearance from the Environmental Health and Safety Office. RSOs planning to sell items are responsible for obtaining the appropriate city and state business licenses and pay state tax (contact the City of Colton, Development Services, Business License Division or the City of San Bernardino, Office of the City Clerk, Business Registration Division).

Distribution of Handbills, Leaflets, and Similar Materials

Find the policy in the CAMPUS POLICIES section below.

Hazing

CUSM prohibits registered student organizations and their members from engaging individually or collectively in hazing activities. Hazing is defined as any activity that includes one or more of the characteristics described below:

- Activities that expose personal values to compromise or ridicule.
- Activities that abuse the trust an organization is striving to build between its members and prospective members.
- Stunts which have no meaningful relationship to the objectives of the organization.
- Activities that humiliate or subject individuals to circumstances with which they are not comfortable, or of which they are fearful.
- Activities which are illegal or violate University policy.
- Activities which interfere with academic pursuits or normal life functions.

Some examples of prohibited activities are forced swallowing of uncommon substances, forced consumption of alcohol or drugs, excessive exercise, and sleep or sensory deprivation.

Questions or complaints regarding hazing may be referred to the Associate Dean of Student Affairs and Admissions.

Registered student organizations whose members participate in hazing activities will be subject to appropriate University disciplinary action.

Non-University Speakers

As an institution of higher learning devoted to the search for truth in a democratic society, CUSM is dedicated to the maintenance and expression of a spirit of free inquiry. For its students, accordingly, it promotes the development of an atmosphere of open exchange, and of conditions conducive to critical evaluation of divergent points of view.

CUSM also recognizes and accepts a responsibility to ensure that such inquiry is conducted in a manner which furthers the educational objectives of the institution; namely, the open-minded, objective evaluation and dissemination of knowledge.

Student organizations officially registered at CUSM may, therefore, invite speakers to the campus to address their own membership and other interested students and staff providing that there is a suitable space available and no interference with the regularly scheduled programs of the University. The student organization must obtain prior approval of the event from the Office of Student Affairs and Admissions.

The appearance of such speakers on campus implies neither approval nor disapproval of them or their viewpoints by the University. In the case of speakers who are candidates for political office, equal opportunities shall be available to opposing candidates if desired by them. Speakers are subject to the normal considerations of law and order and to the specific limitations imposed by the state constitution.

In order to ensure an atmosphere of open exchange and to ensure that the educational objectives of the University are not obscured, the President, in the case attended by extreme emotional feeling, may prescribe conditions for the conduct of the meeting, such as requiring permission for comments and questions from the floor. Likewise, the President may encourage the appearance of one or more additional speakers at the meeting so that other points of view may be expressed.

The President shall prescribe the length of time and form of notice required prior to the holding of all meetings to be addressed by outside speakers and may designate representatives to recommend conditions for the conduct of particular meetings.

Violation of Laws and Regulations by University Groups and Student Organizations

Registered student organizations (RSOs) found in violation of city, state, or federal laws and University regulations involving the use or possession of alcohol and other drugs are also subject to disciplinary action by both civil and University authorities. In general, disciplinary penalties for RSOs are the same as those listed for individual students. However, it is possible that an offending RSO may be denied recognition or affiliation with the University as part of the disciplinary action. Violations by University groups and RSOs will be reviewed by the Associate Dean(s) of Student Affairs and Admissions for CUSM.

CONDUCT AND DISCIPLINE

Through their formation and registration, RSOs are members of the CUSM community. With this membership come both benefits and responsibilities. The CUSM Code of Ethics forms the basis for the behavioral expectations in the CUSM community.

Alleged violations of this Handbook by an RSO will be adjudicated primarily by the Office of Student Affairs and Admissions (OSAA), or in the case of individual students; the matter will be referred to the Student Academic Standards and Promotion (SASaP) Committee.

In attempting to resolve any infractions, the primary intent of the accountability process will be to educate members of the RSO, while holding the members accountable for any violations allegedly committed. Furthermore, it is the desire of the OSAA to promote critical decision-making skills to encourage RSOs to prevent any possible future infractions.

The extent and terms of disciplinary action taken by the OSAA will depend upon the nature and severity of the infraction as well as any history of previous violations. RSOs must be in “good standing” to maintain their registration status.

Good Standing

An RSO will be considered in good standing if, for the past 12 months, the RSO has complied with all University policies and procedures including those outlined in this Registered Student Organization section. Policy and procedure violations, registered status, unpaid debts, probation status, and adjudicated complaints against an organization will be considered in determining good standing.

Infractions

Alcohol Infractions: Alcohol permits violations, possession without permission, and damage as a result of alcohol consumption. See the Substance Abuse Policy below in this Student Catalog for details.

Behavior Problems: Disruption of individuals or groups, failure to respond to requests by facility staff, bad manners, and instigating negative behaviors.

Debt and Payment Violations: Failure to make timely payments or payment arrangements for reservations, facility, or other services.

Policy Violations: Failure to follow University policies and procedures. Examples include event staff procedures, setup policies, posting violations, excessive noise, email/web account misuse, and violations of the Student Honor Code.

Property Damage & Vandalism: Damage to facility or property as a result of careless behavior or intentional misuse of property.

Types of Disciplinary Sanctions

Warning: Warning is a formal notice of violation and reprimand. An RSO receives a formal notice of violation in writing by the OSAA. The RSO must take action regarding the warning immediately. Continued similar misconduct will result in one of the most severe sanctions.

Probation: The minimum duration of probation is one full semester. Notification of violation may result in the loss of some privileges such as the use of facilities, use of office space, etc.

As a condition of probation, an RSO may be required to complete additional sanctions during the probation period such as:

1. Organization members may be required to attend a special training or orientation regarding their violation or behavioral action.
2. Individual group leaders and/or members will be responsible for payment of the damages caused by the organization or their sponsored guests.
3. Individual group leaders and/or members will be responsible for payment of the group's debt through the Office of Administration.
4. The entire organization may have to complete a determined community service project.
5. The organization may lose all benefits of their registration status.
6. Any combination of the above sanctions.

Suspension: The minimum duration of the suspension is one full semester. As a result of serious, intentional or repeated violation, registration status and all privileges of registration may be revoked. All student organization privileges of registered status are revoked.

An organization which has had its registration revoked may apply for reinstatement after the term of suspension is completed. Petitions for reinstatement are to be submitted to the OSAA.

All RSOs applying for reinstatement must be able to demonstrate that they have appropriately dealt with the problems which led to revocation and that they are in all other normal procedures, currently eligible for RSO status.

Room Scheduling

Educational and meeting space in the CUSM is available to students, faculty, and staff of CUSM.

Students who wish to use space should forward requests to the Office of Medical Education. The reasons include awareness of use, presence of CUSM and non-CUSM individuals, and general safety and courtesy considerations. Reservations are required for formal large group activities after formal hours for example. If unsure about use, students should always consult the Office of Medical Education.

Students requesting space for formal society or organization meetings will be asked to provide information about the student lead contact information, purpose of the meeting, estimated number of attendees, and Information Technology needs.

Requests will be accommodated based on the following considerations:

Individual or small group study

Students may freely use classrooms, small group rooms, college rooms, library, common space at any time, following social rules of courtesy such as being mindful of others already in that space or honoring requests to relocate if space is pre-booked.

Educational space

By default, educational spaces are reserved for the medical program and individual/small group study from Monday to Friday between 8:00 am and 5:00pm. However, formal society or organization meetings may be booked in these times if the schedule permits. For activities before 8:00 am and after 5:00pm, requests must be submitted.

Meeting space

Conference rooms must always be requested, as precedence is given to faculty and administration needs.

Student Health

Health insurance is available to all students and their dependents. The University requires that student health insurance coverage is continuous from the date of enrollment through graduation, regardless of whether the academic schedule includes classroom instruction or participation in clinical rotations.

Personal insurance must meet the minimum requirements described below. The process to request to use a student's personal insurance coverage rather than purchasing the student health insurance plan selected by the University (i.e., waiver) can be found on the University website at www.calmedu.org in the 'Students' section. Waivers are required every year regardless if one is already on file from the previous year. Students, who do not meet the required deadlines, will be responsible for the full cost of the premium. The University does not provide student health insurance coverage. Rather, we work with a third-party broker.

If students decide not to take the health insurance offered by the University, they may purchase other coverage or provide evidence of existing coverage that meets the following minimum requirements:

- Major medical coverage of at least \$500,000 / policy year
- Maximum \$5,000 annual deductible
- Maximum 80/20 in-network and 60/40 out-of-network coinsurance
- Prescription coverage
- A provider network in the CUSM area for primary care, specialty, hospital and diagnostic care
- Mental health coverage
- Coverage for the entire academic year, including summer and holidays
- Coverage for annual exam
- US Based health plan
- Coverage for accidental exposure to environmental and biological hazards
- Coverage for immunizations

Students who lose their coverage must contact the Office of Student Affairs and Admissions before the termination date and submit a termination letter within 31 days in order to prevent a lapse in coverage. Failure to notify the office could result in suspension from clinical participation and possible termination from the program.

Students, who return to a program for remediation purposes and after more than 31 days of enrollment, must also comply with the student health insurance requirements and maintain comparable health insurance coverage.

Fitness Facilities

The CUSM/CalMed temporary building has provided space for a wellness center. The Wellness Center contains exercise equipment and space for class sessions for yoga, mindfulness training, etc.

There are several fitness facilities within close proximity to the temporary site and permanent campus. Please see the list of those facilities under the Wellness Program on the Student Affairs website. The permanent medical school building (under construction) will have a fitness room for student use.

Latex Allergy Policy

Purpose

Provide an understanding of the potential risks associated with the exposure to latex in the environment for students, employees, and visitors. A totally latex-free environment is not possible in either clinical or academic settings.

Latex exposure and allergy

The most common source of a latex allergen is latex gloves. Other products that may contain latex include, blood pressure cuffs, stethoscopes, disposable gloves, oral and nasal tubes, endotracheal tubes, tourniquets, intravenous tubing, syringes, electrode pads, surgical masks, goggles, respirators, anesthesia masks, catheters, wound drains, injection ports, tops of multidose vials, dental dams, rubber aprons, rubber bands, rubber erasers, and balloons.

Individuals can be exposed to latex residue, of others working in an area, or to latex present in the equipment, models, and mannequins that are used in various practice laboratories.

Latex Allergy Policy

Latex allergy should be suspected in anyone who develops certain symptoms after latex exposure, including nasal, eye, or sinus irritation; hives; difficulty breathing, shortness of breath; coughing; wheezing; or unexplained shock. Students, employees, and visitors who experience these symptoms should immediately consult their health care provider, since further exposure could result in a serious allergic reaction. Medical care required as a result of a latex allergen is at the expense of the affected student, employee, or visitor. The employees, students, and visitors affected by symptoms or reactions to the latex allergen must bring clearance from their healthcare provider in order to return to the laboratory and/or clinical environment.

High-risk individuals may consider wearing a medic-alert bracelet and/or should consider carrying an epinephrine injection device (such as EpiPen®). They should follow the recommendations of their health care provider.

A latex allergy will not disqualify a prospective student from admission into any of the University's programs or prohibit a current student from continuing in a program.

While the University cannot guarantee a latex-free environment, it will encourage nonuse of latex products whenever possible.

Latex-Free Issues in Off-Campus Environments

CUSM is NOT responsible if an affiliated clinical partner does not provide a latex-free environment. As per the affiliation agreements with our clinical partners, the University will provide health information including latex allergy to the clinical partner. Based on this information, the clinical agency may refuse to allow a student to receive training at the clinical facility. The University will make reasonable effort to place the student at a different site; however, placement cannot be guaranteed. When alternate clinical sites cannot be ascertained, the University will be unable to award a degree to a student who is unable to complete all required aspects of the curriculum, including the clinical experiential components. 911 WILL BE CALLED FOR ALL MEDICAL EMERGENCIES.

Educational Materials

Intellectual Property

All lectures, presentations and associated educational materials utilized in any CUSM curriculum component are the intellectual property of CUSM. Educational materials utilized at CUSM may not be copied, videotaped or recorded without the written consent of the CUSM administration. Students may download recordings of lectures for educational purposes only using password access granted from the medical school.

Class Discussion/Lecture Capture

Technology for large classroom lecture capture of multiple concurrent video feeds will be implemented. The same technology will also allow faculty to pre-record instructional sessions via a desktop recording station. All this content can be managed through a central application.

University Transportation Policy

Students are responsible for the provision of their own reliable means of transportation to travel to and from their educational sites. Students are solely liable for any and all incidents that occur during their travel to and from their rotation site. Students are required to carry automobile liability insurance for their vehicle that meets at least the minimum coverage requirements for the state in which the vehicle is registered. Students must carry proof of such insurance coverage in their vehicle at all times when traveling to and from rotation sites. Students understand, agree, and acknowledge that the University is not responsible for any and all incidents that occur during their travel to and from educational sites. Students must agree to comply with the University transportation policy.

Career Counseling

CUSM does not provide a specific job placement service. The CalMed Office of Student Affairs and Admissions will provide career counseling services to successful program graduates in representing their qualifications for appropriate and applicable professional positions following their graduation.

STUDENT ACADEMIC RECORDS POLICIES

Custodian of Records

Name: Belinda Taylor-Batchelor, Registrar and Student Affairs Officer

Email Address: StudentRecords@calmedu.org

Physical Address: 217 East Club Center Drive, Suite A

City: San Bernardino

State: California

Zip: 92408

Telephone Number: 909-954-0442

Location of Records

California University of Science and Medicine (CUSM)

Physical Address: 217 East Club Center Drive, Suite A, San Bernardino, California 92408

Telephone Number: 909-954-0442

Student Records

Student Educational Records

CUSM will maintain the following student files as educational records: 1) academic file, 2) non-academic file, and 3) student health information. Students who are accepted and matriculated will have a permanent, confidential student record.

Academic File

Academic data elements:

College Mentor name; Clinical Mentor name; Research Advisor name; grades for professional program coursework; anticipated completion date; classification/class standing; degree(s); certificates; concentrations; milestones/checklists; comments/notes; course history/ever attempted; courses in progress; all grades displayed; last date of attendance; term and cumulative academic performance; academic honors earned; accumulative grade point average; academic status (good standing, academic probation, academic suspension, degree progress); narrative evaluations by course; United States Medical Licensing Examination data; and records pertaining to unprofessional conduct and disciplinary actions.

Records kept in student file:

Admissions Files:

- Application form
- Supplemental forms
- Transcripts
- Acceptance letters
- Medical College Admission Test scores

Academic File (Registrar):

- Transcript of grades at CUSM
- Course, clerkship, elective, and other evaluations
- National board scores
- Shelf scores
- Internal correspondence relating to academic matters

Financial Aid Records:

- Application, documents
- Student and parent(s) tax and income information
- Proof of citizenship
- Drug conviction information (if any)

Registration Holds – Student Record

CUSM utilizes a system of holds when students fail to meet standard educational obligations. A “hold” is placed on a student’s record when other means of communication with a student have failed. A registration hold may be activated to ensure the student resolves the pending registration issue(s). A hold can be placed due to admissions, academic standing, student misconduct, financial, student health, or registrar matters. The impact of a hold prevents future registration and any access to the official transcript processing.

All financial obligations must be satisfied before a student can register for another term and continue their studies and/or research. Students with holds will not be eligible for financial aid refunds until the hold is appropriately addressed by the student.

Transcripts

An official transcript is the CUSM’s certified statement of your academic record. The official paper transcript is printed on security sensitive paper and contains the CUSM seal and signature of the University Registrar. The official electronic transcript is a PDF secured by a digital certificate which is displayed at the top of the transcript. For your protection, we will **not** release an official transcript without your written consent and signature. Note: Official transcripts will not be distributed by fax.

Non-Academic File

Biographical and demographic data elements:

Full name; former name(s); emergency contact information; student identification number; student social security number; State ID; date of birth; place of birth; gender; racial-ethnic background; personal photograph; Visa status; permanent address; current address; diploma/school address; email address; cell phone number; country of origin; veteran status; and copies of matriculation agreement and consent forms.

Admissions data elements:

AMCAS application; CUSM secondary application; transcripts; admission status; historical admission status; highest degree earned; high school/college and date from which student graduated; scholastic aptitudes; address at time of admission; scores for undergraduate,

graduate, and professional entrance examinations; scores for advanced placement exams; criminal convictions; criminal background check; letters of recommendation; leave of absence information; withdrawal information; dismissal information; extracurricular interests; elected leadership positions; non-academic awards and honors; Match data; and date of graduation and degrees earned.

The students' academic and non-academic files will be maintained in the electronic student information system (EMPOWER) in the Office of Student Affairs and Admissions. Hard copies of the records will be placed in fire-resistant cabinets in a secure area of the Office of Student Affairs and Admissions that has been constructed to follow the requirements of the approving/accrediting agencies, such as LCME, WASC, and BPPE. Electronic backup of all academic records occurs in an off-site location.

Student Health Information

The following student health information will be kept in a separate e-file on an off-campus server, and electronically password protected, with access only available to the Associate Dean of Student Affairs and Admissions, the Dean of the student's school, on-site nurse practitioner, and the Office of the Registrar. The information kept in this file will be limited to the following:

1. Information pertaining to a documented disability
2. Health risk-related incidents that occur while carrying out curriculum responsibilities (e.g. needle stick; exposure to environmental hazards; protocol adherence; accidents involving personal injury)
3. Immunization status

Other student health records generated by the director of counseling and wellness or nurse practitioner are only accessible by the treatment provider and are stored electronically in compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Family Education Right to Privacy Act of 1974 (Buckley Amendment, also known as FERPA) standards regarding the protection of personal health information.

The following is additional information the student may find helpful regarding student record access.

1. The School of Medicine's Registrar is the designated records officer.
2. Educational records will be made available during working hours for inspection and review to present and formerly enrolled students within 7 business days following completion and filing of a request form with the Registrar.
3. Any currently enrolled and former student of CUSM has a right of access to any and all student records relating to him or her that are maintained by CUSM.
4. No one involved in education programs of CUSM shall release the contents of a student record to any member of the public without the prior written consent of the student, other than directory information (as defined below) and information sought pursuant to a court order or lawfully issued subpoena, or as otherwise authorized by applicable federal and state laws.

Student Financial Records

The student financial records will be maintained in financial reports that will include but are not limited to, financial aid documents, contracts, payments, and refunds.

Student federal financial aid program records will be maintained as provided by federal law within the Office of Financial Aid. Data will be used in the manner prescribed by federal, state, and local laws and will follow strict University policies regarding privacy and data handling. Specifically, the student financial record will be organized and maintained in a separate module of the electronic student information system, where only the staff of the Office of Financial Aid have access. Hard copies of financial records will be kept in the fire-resistant cabinets in a secure area of the financial aid office.

Student Record Retention

CUSM's timeline for retaining student records is as follows:

1. CUSM maintains student records permanently.
2. Graduate transcripts and copies of diplomas are retained permanently.

Student Record Access - Permanent File

CUSM personnel who have access to student records is divided into two categories: those who have an ongoing "need to know" in order to conduct the routine business of CUSM, and those with occasional "need to know" for educational purposes in order to carry out the responsibility of their position in the institution. In the School of Medicine, the Dean's Executive Committee has reviewed the following list of positions for on-going access of student records:

On-going Need to Know

1. Dean of the School of Medicine
2. Senior Associate Dean of Medical Education
3. Associate Dean of Assessment
4. Associate Dean of Student Affairs and Admissions
5. Director of Life/Academic Skills and Wellness
6. College Mentors (only their advisees)
7. Registrar for the School of Medicine
8. University Registrar (when appointed)

Occasional Need to Know

People desiring access to a student's record will be required to fill out a request form and demonstrate that they have a legitimate educational need to know. This form will be evaluated by the CalMed's Registrar for the purpose of determining access to the student's file. A record of access requests will be kept in the Office of the Registrar and copied to the Associate Dean of Student Affairs and Admissions.

1. Associate Deans of Curriculum
2. Course/Clerkship Directors

3. The chair of the Student Academic Standards and Promotions Committee for specific purposes related to fulfilling their position requirements for the School of Medicine
4. Associate Dean of Clinical Affairs
5. Course faculty

Directory Information

CUSM will reserve the right to disclose the following directory information without prior written consent, except for the students who specifically request to opt out. CUSM specified the following as Directory Information: name, address, telephone number, email address, class standing, major field of study, dates of attendance, extracurricular activities, admission or enrollment status (admitted, full-time, part-time, etc.), photograph, leadership positions, hometown, awards, and degrees earned. The student's name and email address will be given to the clinical rotation institution in which they are placed on a need-to-know basis.

The University will respond to all requests for explanations and interpretations of records or information, provided the responses are not in violation of the Family Education Right to Privacy Act of 1974 (Buckley Amendment, also known as FERPA). A student may waive the right of access to confidential letters of recommendation in the areas of admissions, job placement, and receipt of awards. Consent to release personally identifiable information, such as rank in class, personal conduct, grade point average, and academic progress, to personnel other than full-time faculty, must be obtained from the student in writing by the individual seeking the release of such information.

Parents have no right to review their child's educational, academic, or financial records on and after the age of 18. De-identified information of students' performance will be available to the University community in the aggregate.

To preserve the accuracy of student educational records, which contain student academic records, a student will be able to review their educational records upon written request to the Registrar.

Student's Review of Educational Records and Files

A student will be able to review her/his educational records upon written request. A student who wishes to review her/his educational record contents must follow these procedures:

1. Fill out the appropriate form(s), which are available from the Registrar.
2. Submit the completed form to the Registrar.
3. The record will be made available to the student within 3 business days.

Components of students' records that students are NOT permitted to review

Students do NOT have a right under the School of Medicine policy and FERPA to inspect information listed below:

1. Confidential letters of recommendation if the student has waived his or her right of access in writing

2. Educational records containing information about more than one student, in which case the medical school will permit access only to that part of the record which pertains to the inquiring student
3. Students' parents' financial records

Challenge to the information within the student's educational records

A CUSM student may challenge the accuracy of information contained in his/her educational records. In the case that a student wishes to challenge his/her record, the student must complete an appropriate appeal form, available at the Office of the Registrar, and submit to an appropriate office along with any written evidence supporting the request.

If the requested change is to be made on the student's non-academic records, the Associate Dean of Student Affairs and Admissions, in consultation with the Registrar, will review the request and may approve or deny the request based on the evidence.

If the request is related to the student's academic records, the Office of Assessment will form an ad hoc Appeals Committee to review the request. The committee will meet to consider and decide on the appeal within 14 working days of receipt of the completed Appeal Form and supporting documentation.

If the student is not satisfied with the decision by the Associate Dean of Student Affairs and Admissions or Appeals Committee, the student may submit an appeal to the Dean of the student's school. The Dean will review the request and supporting materials and will make a final decision.

Family Educational Rights and Privacy Act of 1974 (FERPA)

The California Education Code, Section 76200 et seq.; Title V, California Code of Regulations, Section 54600 et seq.; and Family Educational Rights and Privacy Act (Section 48, Public Law 93-380) require Educational institutions to provide student access to their records and to provide an opportunity for an administrative hearing to challenge such records on the grounds they are inaccurate, misleading, or otherwise inappropriate.

CUSM follows the guidelines provided by the Family Educational Rights and Privacy Act (FERPA) relative to whom and under what circumstances an individual will be provided access to confidential student records. The faculty, staff, or administrator must have a "need to know" in order to be provided with access to the student's academic record. This includes but is not limited to the Dean, the Senior Associate Dean for Medical Education, the Associate Dean of Student Affairs and Admissions, the Office of the Registrar, Associate Dean of Assessment, and the academic counseling and support offices. These people will have access to the individual student's educational record, given their "ongoing need to know."

With the exception of the people listed above, all others will be required to make a request for access to a student's file to the CUSM Registrar and provide him/her with a written explanation as to what is the "educational need to know." The Registrar will give the individual making the request; time-limited access to the areas of the student's educational record of importance to the individual in order for him/her to carry out their job in the institution. The Registrar will keep a record of all such transactions.

Parents have no inherent rights to inspect their child's educational records after age 18. Students are not permitted to inspect and review education records that are:

1. Financial records of the students' parents.
2. Confidential letters, confidential statements of recommendation, and other confidential documents related to admission to CUSM if the student has waived his or her right to inspect and review those letters and statements.

Students are advised of their privacy rights upon enrollment. Aggregate reports of student performance, which are de-identified and from which individual student performance cannot be determined, are made available to the University community on a regular basis.

Directory Information

The primary purpose of directory information is to allow the University to include information from your education records in certain school publications. Examples include:

- A playbill, showing your student's role in a talent show production;
- An annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Activity sheets, such as volunteering at events.

Directory information can also be disclosed to outside organizations without a student's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks.

If you do not want CUSM to disclose any or all of the types of information designated above as directory information from your education records without your prior written consent, you must notify the University in writing by the first day of class in Fall Semester. CUSM has designated the following information as directory information: name, address, telephone number, email address, class standing, major field of study, dates of attendance, extracurricular activities, admission or enrollment status (admitted, full-time, part-time, etc.), photograph, leadership positions, hometown, awards, and degrees earned. The student's name and email address will be given to the clinical rotation institution in which they are placed on a need-to-know basis.

PROFESSIONALISM POLICIES

Preface

Professionalism is healthcare’s contract with society, which places the interest of the patient and the service to the community above all personal interests. It demands setting and maintaining the standards of competency and integrity as well as providing expert advice where and when it is needed.

Purpose

The purposes of these policies are to:

1. Define and promote appropriate values, attributes, and behaviors, which set the Faculty’s standards of professionalism.
2. Serve as a guide to the students, faculty, and staff for their professional and ethical obligations as learners, educators, scientists, clinicians, and administrators towards team members, patients, the institution, the healthcare system, and the community.
3. Establish a system to identify, address, and correct recurring professionalism concerns.

Professionalism is a Core Competency in Healthcare Education

Ethical and professional behaviors are the foundation of healthcare. Unprofessional behavior of students in a medical school is strongly associated with irresponsibility and diminished capacity for self-improvement and predict future disciplinary action by state medical boards (*Papadakis et al. N Engl J Med. 2005*).

CUSM institutional learning outcomes are aligned with healthcare professional programs, including the Accreditation Council for Graduate Medical Education (ACGME), which include “Professionalism” as a core competency of their learning outcomes. Thus, CUSM requires students, faculty, and staff to comply with the institution’s Code of Ethics below.

Student Oath

As I begin the study of medicine, I will focus all my efforts on the objective I have chosen to serve my future patients.

*Towards this goal, I will work diligently and cooperatively with my peers and teachers to learn the **art and science** of medicine.*

I will regard the patients I encounter during my training, as fellow human beings, and will do everything I can to understand their suffering, protect their dignity, and respect their autonomy, while being fully aware that sooner or later I too will be treated as a patient.

I will not accept standards that are lower than desirable, nor place the safety of my future patients in danger by engaging in inappropriate or unethical practices in the pursuit of my medical education. When in doubt I will never hesitate to call upon the assistance of others.

I pledge to perform to the best of my capabilities, and to continuously undergo self-evaluation in an effort to recognize and correct my deficiencies.

In realizing that the study of medicine will be a lifelong responsibility, I do hereby pledge to myself and my future patients, that I will continue to educate myself throughout my career and to persistently engage in a critical re-examination of myself, while keeping in mind that like my patients, I too am a vulnerable human being.

CUSM Code of Ethics

Professional values and behaviors are critical to the educational process at CUSM and to the scientific environment and the practice of medicine in general. All students, faculty, and staff at CUSM are expected to demonstrate high standards and values of professionalism through their behavior in all academic and educational settings at all times, including classrooms and laboratories, professional and clinical sites, and also in non-educational settings. Examples of such behavior include, but are not limited to:

1. Honesty and integrity

- a. Act with honesty and truthfulness.
- b. Demonstrate integrity and firm adherence to moral principles, academic values, clinical and research integrity in all matters and in all professional relations.

The following examples include, but are not limited to, acts that violate the honesty and integrity principle of the Code of Ethics and are subject to academic disciplinary action:

- cheating;
- plagiarism;
- falsely claiming authorship of written material;
- falsely claiming credit for research not performed;
- falsely claiming participation on a team project not participating;
- any form of academic dishonesty;

The acts described above and other acts in violation of the honesty and integrity principle are subject to disciplinary action regardless of whether they occur on or off campus.

2. Trustworthiness

- a. Demonstrate dependability to carry out responsibilities.

3. Professional behavior

- a. Display professional behavior toward faculty, staff, students, patients, and other health professionals in all settings, including but not limited to the classroom, laboratory, and clinical settings.
- b. Show regard for persons in authority in the classroom, laboratory, and clinical settings.
- c. Exhibit fitting behavior when representing CUSM in extracurricular activities and professional meetings.

4. Ethical standards

- a. Demonstrate high moral standards related to science and medical education, practice, research, and service. These standards include, but are not limited to, telling the truth, maintaining confidentiality, and respecting others.

5. Empathy and understanding of cultural diversity

- a. Differentiate appropriate interpersonal interaction with respect to culture, race, religion, ethnic origin, gender, and sexual orientation.
- b. Demonstrate regard for differing values and abilities among peers, other healthcare professionals, and patients.
- c. Demonstrate an ability to share someone else's feelings or experiences by imagining what it would be like to be in his/her situation.

6. Communication

- a. Communicate effectively with faculty, staff, students, patients, and other professionals.
- b. Demonstrate confidence in actions and communications.
- c. Formulate written communications with professional content and tone.
- d. Ensure the confidentiality of communications that contain personal information.

7. Punctuality

- a. Demonstrate punctuality in academic and professional environments.
- b. Adhere to established times for classes, laboratories, professional experiences, and meetings.
- c. Comply with established oral and written deadlines.
- d. Respond to requests (written, oral, email, and telephone) in a timely fashion.

8. Social Contracts

- a. Conduct interactions with colleagues, patients, and their families in a professional manner.
- b. Relate to colleagues, patients, and their families in a caring and compassionate manner.
- c. Recognize instances when one's values and motivation are in conflict with those of the patient and his/her families and proceed in a manner that is patient centered. If there is a conflict of values or motivations that you think may involve something illegal, unethical, or unprofessional, seek guidance from your supervisor, instructor, or chairperson.
- d. Identify and communicate to one's supervisor any activity that is dangerous to the welfare of a patient or colleague.
- e. Demonstrate a positive attitude of service by putting others' needs above one's own.
- f. Comply with federal, state, university, school, and institutional requirements regarding confidentiality of information.

9. Negotiation, compromise, and conflict resolution

- a. Demonstrate good skills of conflict resolution.
- b. Formulate constructive evaluation of others' performance.
- c. Display a positive attitude when receiving constructive criticism.

10. Lifelong improvement and professional competence

- a. Produce quality work in academic and clinical settings.
- b. Take responsibility for learning.
- c. Demonstrate continuous professional development by identifying what should be learned and how one might assess his or her competence in new knowledge and skills.

11. Time management and decision-making

- a. Utilizes time efficiently.
- b. Demonstrate responsibility, rigor, and consistency in completing assignments.
- c. Demonstrate accountability for decisions.

12. Appearance

- a. Maintain a professional appearance when representing CUSM.
- b. Maintain personal hygiene and grooming appropriate to the setting.

Adherence to professional standards is an academic requirement for graduation from CUSM and a performance standard for staff and faculty. Failure to meet these standards will result in disciplinary action, which may include dismissal from the academic program.

Standards of Conduct for the Teacher-Learner Relationship

CUSM follows the American Medical Association (AMA)'s recommendation, in a policy entitled "Teacher-Learner Relationship in Medical Education," which urges all medical education programs to develop standards of behavior for both teachers and learners based on the following Code of Behavior:

"The teacher-learner relationship should be based on mutual trust, respect, and responsibility. This relationship should be carried out in a professional manner, in a learning environment that places a strong focus on education, high-quality patient care, and ethical conduct."

A climate of mutual respect in the teaching and learning environment is among the main core attributes of CUSM professionalism requirements. CUSM is committed to foster the development of professional and collegial attitudes needed to provide caring and compassionate health care by all members of the medical school community, including medical students, resident physicians, faculty, volunteers and other staff who participate in the educational process. CUSM believes that teaching and learning should take place in an environment of mutual respect where students are evaluated based on accomplishment, professionalism, and academic performance. This includes a shared commitment among all members of the CUSM community to respect each person's worth and dignity and to contribute to a positive learning environment where medical students are enabled and encouraged to excel.

In this way, CUSM assures an educational environment in which medical students, resident physicians, faculty, volunteers, and other staff may raise and resolve issues without fear of intimidation or retaliation. CUSM is committed to investigating all cases of mistreatment in a prompt, sensitive, confidential, and objective manner.

In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance, inspiration, and leadership in learning. The teacher expects the learner to make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective physician. Both parties can expect the other to prepare appropriately for the educational interaction and to discharge their responsibilities in the educational relationship with unfailing honesty.

CUSM is committed to investigating all cases of mistreatment in a prompt, sensitive, confidential, and objective manner. Mistreatment may be defined as “treatment of a person that is either emotionally or physically damaging; is from someone with power over the recipient of the damage; is not required or not desirable for proper training; could be reasonably expected to cause damage, and may be ongoing.” This includes verbal (swearing, humiliation), emotional (neglect, a hostile environment), sexual (physical or verbal advances, discomforting humor), and physical harassment or assault (threats, harm). To determine if something is mistreatment, one should consider if the activity or action is damaging, unnecessary, undesirable, ongoing, or could reasonably be expected to cause damage.

Examples of mistreatment/inappropriate behavior or situations that would be unacceptable include:

- Physical contact, including any physical mistreatment or assaults such as hitting, slapping, kicking, throwing objects or threats of the same nature
- Verbal abuse (attack in words, or speaking insultingly, harshly)
- Comments and jokes of stereotypic or ethnic connotation, visual harassment (display of derogatory cartoons, drawings or posters)
- Inappropriate or unprofessional conduct that is unwarranted and reasonably interpreted to be demeaning or offensive
- Requiring a student to perform tasks intended to humiliate, control, or intimidate the student
- Unreasonable requests for a student to perform personal services
- Grading or assigning tasks used to punish a student rather than to evaluate or improve performance
- Purposeful neglect or exclusion from learning opportunities as means of punishment
- Sexual assault or other acts of sexual violence
- Sexual harassment
- Disregard for student safety
- Being denied opportunities for training because of gender, race/ethnicity, or sexual orientation
- Being subjected to offensive remarks/names directed at you based on gender, race/ethnicity, or sexual orientation
- Receiving lower grades or evaluation based on gender, race/ethnicity, or sexual orientation.
- Sexual connections between two people when one of them has any expert obligation regarding another’s scholarly performance or professional future

Commitment of CUSM Faculty

Given their roles in the educational process and their inherently unequal positions vis a vis students, all instructional personnel (including faculty, residents, and other members of the healthcare team) are to treat students with courtesy, civility, and respect and with an awareness of the potential impact of their behavior on such students' professional futures.

The faculty at CUSM reaffirm their continuing commitment to providing, promoting, and maintaining a professional and respectful work and learning environment. The faculty constantly are observing the learning environment in health centers as well as instructional sites and professional meetings. The faculty is committed to identifying positive and negative professional trends and develop appropriate strategies to enforce or correct the behavioral trend.

This attitude of the faculty reaffirms their commitment to recognizing and promoting positive role models in professionalism as well as to instilling the values in:

1. **Students:** as a requirement of their academic training, the values and attributes of professionalism facilitate the development of their professional identity in preparing them for their future role as professors, researchers, or physicians
2. **Faculty:** as a condition of obtaining an academic appointment, maintaining the appointment, and advancing through the academic ranks, the importance of teaching and demonstration to learners the values and attributes of professionalism that the public and the profession expect of a professor or a physician
3. **Staff:** the importance of demonstrating to learners and to staff members, professionalism in carrying out their employment duties.

The Faculty recognizes that unprofessional behavior disrupts, impairs, and interferes with the quality of medical education, research, and patient care as well as the proper functioning of the learning environment.

Commitment of CUSM Students

Professionalism is a cornerstone of science and healthcare. Scientists and physicians are held to a high standard of performance. Professionalism is one of the competencies in which students must demonstrate knowledge, skills, and attitudes appropriate to a graduating medical or healthcare professional. Professional behaviors are observed throughout school, within courses and clerkships, and in settings outside school boundaries. Student enrollment in CUSM demands a level of personal honor and integrity that ensures the provision of quality healthcare.

The same personal integrity that requires honesty also requires reporting of any infraction of the Professionalism Policy and Code of Ethics. Hence, students have an obligation to report conditions or situations that may lead to violations of either doctrine. Students must be committed to high ethical standards of behavior, including but not limited to; patient confidentiality; academic integrity; personal behaviors and habits in order to facilitate the ability to meet professional obligations as a medical student; and adherence to guidelines regarding relationship boundaries.

Rules of Classroom Behavior

1. Be on time for class.
2. If you arrive late, close the door quietly and find a seat quickly so that you do not disturb others.
3. Do not talk to your classmates when the lecturer is speaking.
4. Turn off your cell phone while in class. If you are expecting an urgent call, set the phone on silent mode.
5. Do not read the newspaper, answer email, or text during class.
6. Do not sleep during class.
7. Remain quietly in place during the Q&A sessions.
8. Ask questions in a respectful, courteous manner.

Dress Code

1. Students are expected to maintain a proper professional appearance when they are on the campus.
2. Students should wear their photo identification badge at all times while on the campus.
3. Please adhere to the following guidelines when attending classes in the lecture halls:
 - a. Do not wear running shorts or extremely tight shorts. Longer shorts, Capri-style pants, and blue jeans are perfectly acceptable for the classroom.
 - b. For men, a polo shirt with a collar is preferred. A tee shirt is acceptable provided it is clean and does not contain any offensive language or graphics.
 - c. For women, “tube tops,” “halter tops,” deep set necklines, “see-through” blouses, and very short, tight skirts should not be worn to class. Shirts and blouses must extend to the waistband of your slacks or shorts. Bare midriffs are not acceptable. Please be conscious of the “fit” of your clothes when you are in different positions, e.g., standing vs. leaning over.
 - d. Baseball caps and sunglasses should not be worn in the classroom.
 - e. Avoid extremes of hairstyles (e.g., “spiked hair,” multicolored), makeup, and piercings. Facial hair must be neatly groomed
 - f. In short, be modest and professional.
4. In the laboratories, OSHA regulations prohibit open-toed shoes. For purposes of safety, you must wear closed-toe shoes.
5. When you participate in any clinical activity and anticipate patient contact, you must dress in a very professional manner. Men should wear a shirt, tie, slacks (not jeans), belt, socks, and hard-soled shoes (i.e., no tennis shoes). Women should wear comparable attire. Your white laboratory coat should be clean, pressed, and in good repair.
6. When engaged in patient care related activities, do not chew gum.

Social Networking Sites Policy

The administration of CUSM recognizes that personal web pages such as social networking websites and their applications, including but not limited to Facebook, Myspace, Instagram, Snapchat, YouTube, and Twitter, are an important and timely means of communication. However, students and residents who use these websites and other applications must be aware of the critical importance of privatizing their websites so that only trustworthy “friends” have access to the websites/applications. They must also be aware that posting certain information is illegal. Violation

of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and the punishment for violations may include fines and imprisonment. Offenders also may be subject to adverse academic actions that range from a letter of reprimand to probation to dismissal from the school.

Prohibitions include the following:

1. In their professional role as a caregiver, students may not present the personal health information of other individuals. Removal of an individual's name does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from one of the medical outreach trips) may still allow the reader/observer to recognize the identity of a specific individual.
2. Students may not post any photograph or video of donor's body (in a gross anatomy laboratory), regardless of a whole body, part of the body, or internal organ.
3. Students may not report private (protected) academic information of another student or trainee. Such information might include but is not limited to course or clerkship grades, narrative evaluations, examination scores, or adverse academic actions.
4. In posting information on social networking sites, students may not present themselves as an official representative or spokesperson for CUSM.
5. Students may not represent themselves as another person, real or fictitious, or otherwise, attempt to obscure their identity as a means to circumvent the prohibitions listed above and below.
6. Students may not utilize websites and/or applications in a manner that interferes with their official work commitments. That is, do not tie up a hospital or clinic computer with personal business when others need access to the computer for patient-related matters.
7. Do not delay completion of assigned clinical responsibilities in order to engage in social networking.

In addition to the absolute prohibitions listed above, the actions listed below are strongly discouraged. Violations of these guidelines are considered unprofessional behavior and may serve as the basis for disciplinary action.

1. Display of vulgar language.
2. Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
3. Presentation of personal photographs or photographs of others that may reasonably be interpreted as condoning the irresponsible use of alcohol, substance abuse, or sexual promiscuity.
4. Posting of potentially inflammatory or unflattering material on another individual's website, e.g., on the "wall" of that individual's Facebook site.

When using these social networking websites/applications, students are strongly encouraged to use a personal email address, rather than their CUSM email address, as their primary means of identification. Individuals should make every effort to present themselves in a mature, responsible, and professional manner. Discourse should always be civil and respectful.

Students, faculty, and staff must be aware that no privatization measure is perfect and that undesignated persons may still gain access to their networking site. A site such as YouTube, of course, is completely open to the public. Future employers (residency or fellowship program directors, department chairs, or private practice partners) often review these network sites when considering potential candidates for employment.

Finally, although once posted information can be removed from the original social networking site, exported information cannot be recovered. Any digital exposure can “live on” beyond its removal from the original website and continue to circulate in other venues. Therefore, everyone must think carefully before posting any information on a website or application. Everyone should always be modest, respectful, and professional in his/her actions.

Policy for the use of Mobile Technology in Patient Care Areas

Students are expected to act appropriately and professionally in all clinical settings. The use of mobile devices may be appropriate, if respect for colleagues, faculty, the medical team, and patients is observed. During lectures, conferences, or while engaged in patient care activities in the hospital and clinics, students should:

1. Turn all electronic devices including cell phones to silent/vibrate.
2. Refrain from text messaging, checking email, talking on the phone, or using the internet for non-patient care/educational activities.

Colleagues for a Lifetime

The Colleagues for a Lifetime principle encourages all students, faculty, and staff to endeavor to make every interaction reflect a sincere desire to develop each other as lifelong colleagues, during their educational program and throughout their careers.

The Colleagues for a Lifetime principle and the CUSM Code of Ethics will guide all decisions and behaviors of students, faculty, and staff. The Colleagues for a Lifetime principle and Code of Ethics will allow students to flourish within an environment of trust, integrity and mutual respect.

Addressing Unprofessional and Exemplary Behaviors

Professionalism includes upholding honesty and integrity; courtesy and respect; and ethical standards of behavior. The development of ideal professional values and behaviors begin on the first day of school and continue throughout one’s career. The processes which shape a student’s professional growth are complex and do not only include the scientific and medical knowledge acquired at CUSM. The ability to know, but more importantly, the ability to be able to apply the acquired knowledge in a caring and compassionate way to patients is just as important if not more so. This “professional” behavior is primarily acquired through interactions with peers, faculty, residents, other healthcare providers, administrative staff, patients and their families all of whom will play a significant part in exemplifying both positive and negative role models which the student will incorporate into his/her character.

Healthcare providers are held in high esteem by society, and they are expected to exhibit professional behavior; no less is expected and required of students at CUSM as they embark on

their professional journey to becoming the health caregivers of tomorrow. It is, therefore, important that both unprofessional and exemplary behaviors are documented so that they can either be appropriately corrected or commended.

Dishonesty in Academic Matters and Other Unprofessional Behavior

Plagiarism

It is highly recommended that one understands the guidelines for writing papers and giving proper attribution before beginning a project. This will enable one to set up a system for documenting the source of information as notes are made in developing the framework from which the paper will be written.

In conducting any research project, one must follow guidelines for acknowledging the use of the work of others. There are a number of manuals on how to write research papers, and it is highly recommended that students identify the appropriate manual for the kind of project being completed. Plagiarism is one particular area that deserves special attention because the definition of plagiarism is broad. There are ramifications for the manner in which one summarizes the work of others and how the ideas of others are documented with appropriate reference notes.

For your reference in completing the required research project, below is part of a "Definition of Plagiarism" by Harold C. Martin, Richard M. Ohmann, and James H. Wheatly, as published in Wesleyan University's Blue Book. We will use this definition in assessing whether plagiarism has occurred in work done by students.

Plagiarism can take many forms:

“The spectrum is a wide one. At one end, there is a word-for-word copying of another's writing without enclosing the copied passage in quotation marks and identifying it in a footnote, both of which are necessary. It hardly seems possible that anyone of college age or more could do that without clear intent to deceive. At the other end, there is the almost casual slipping in of a particularly apt term, which one has come across in reading and which so admirably expresses one's opinion that one is tempted to make it personal property. Between these poles, there are degrees and degrees, but they may be roughly placed in two groups. Close to outright and blatant deceit - but more the result, perhaps, of laziness than of bad intent - is the patching together of random jottings made in the course of reading, generally without careful identification of their source, and then woven into the text, so that the result is a mosaic of other people's ideas and words, the writer's sole contribution being the cement to hold the pieces together. Indicative of more effort and, for that reason, somewhat closer to honesty, though still dishonest, is the paraphrase, an abbreviated (and often skillfully prepared) restatement of someone else's analysis or conclusions without acknowledgment that another person's text has been the basis for the recapitulation.” (From reproduction in "Honor in Science," published by Sigma XI, The Scientific Research Society, p. 15.)

Honor Code

The Honor Code of CUSM is a code of conduct that emphasizes four core principles (points 1, 2, 3, and 4) of the “Code of Ethics,” i.e., **respect, honesty and integrity, legal and ethical standards and behavior**, and **professionalism**, to which all students, faculty, and staff are held responsible for maintaining.

All students, faculty, and staff of the CUSM community are required to follow all applicable provisions of the “Code of Ethics.” Everyone is personally responsible and accountable for maintaining an environment and culture of respect, honesty, integrity, legal and ethical behavior, and professionalism. This environment and culture shall be extended off campus when dealing with a CUSM-related matter or a member of the CUSM community, including, but not limited to patients, clinical clerkship sites participating in the CUSM clinical, educational program. It is understood that teamwork is necessary for ensuring and sustaining an environment as well as culture that support these core principles and related values.

Addressing Unprofessional Behavior

Any and all possible violations of the Honor Code and Professional Conduct, except for sexual misconduct matters (for which refer to the Policy on Sexual Misconduct), are processed as appropriate, by filing an “**Honor Code Violation/Professionalism Concern Report**” with the Office of Student Affairs and Admissions.

Unprofessional behavior may range from minor to severe and from occasional to frequent. For this reason, CUSM has established a tiered method for evaluating and responding to unprofessional behavior which goes from the issuing of a “**Professionalism/Honor Code Violation Notice**” to the involvement of the Student Academic Standards and Promotion Committee. Based on this tiered method, violations of an academic, professional or other nature are subject to appropriate disciplinary action, which may include, but is not limited to, warning, probation, remediation, suspension, dismissal, expulsion, or legal prosecution.

Filing of an “**Honor Code Violation/Professionalism Concern Report**” provides a mechanism whereby faculty members, staff, and students report unprofessional student behavior and “Honor Code Violation/Professionalism Concern” to the Associate Dean of Student Affairs and Admissions. The Associate Dean of Student Affairs and Admissions may provide an educational and/or counseling intervention or invoke resolutions via the Student Academic Standards and Promotion Committee as described below.

In any report of alleged academic misconduct and unprofessional behavior, except for sexual misconduct matters (for which refer to the Policy on Sexual Misconduct), the faculty member, staff, or student making the charges should follow the following process:

1. The faculty member, staff, or student who identifies an incident should, if applicable, discuss it with the course/clerkship director, unless there is a conflict of interest.
2. The course/clerkship director should then discuss the incident with the student in question and inform him/her whether there are potential grounds for the issue to be referred to the Associate Dean of Student Affairs and Admissions. Alternatively, students and/or staff filing the report who may not be comfortable with this step may directly discuss the issue with the Associate Dean of Student Affairs and Admissions.

3. The person filing the report completes and sends an **“Honor Code Violation/Professionalism Concern Report”** to the Associate Dean of Student Affairs and Admissions. This form, which can be found on the CUSM Office of Student Affairs and Admissions website, includes:
 - a. Name of the individual submitting the report (optional: may be submitted anonymously).
 - b. Name of student who is the alleged perpetrator.
 - c. Date of incident and filing of the report.
 - d. Description of the incident and if any action was taken.
 - e. Identification of possible witnesses to the incident.
 - Note: For sexual misconduct matters, follow the procedure described in the Policy on Sexual Misconduct.
4. The Associate Dean of Student Affairs and Admissions will assess the allegation, including its severity and/or frequency and choose to pursue one of the following actions:
 - a. Issue a **“Professionalism/Honor Code Violation Notice”** for a minor, first offense, and meet with the student to discuss concerns, provide guidance, and set expectations for future behavior. The Associate Dean of Student Affairs and Admissions will then communicate the outcome to the person who reported the incident. In addition, the Associate Dean will provide written documentation regarding the incident to the Student Academic Standards and Promotion Committee.
 - b. Refer the matter to the Student Academic Standards and Promotion Committee for what may be considered a more significant academic breach of the honor code or professionalism. Examples of such behavior may include repeated tardiness or absenteeism, dishonesty, lying or misrepresenting the truth, breach of confidentiality, disregard for safety, disrespectful language or gestures, poor hygiene, and others. The Student Academic Standards and Promotion Committee may recommend:
 - Remediation, probation, suspension or dismissal, and/or that comments pertaining to the incident be included in the student's Medical Student Performance Evaluation Letter or similar document in the graduate programs.
5. If the student wishes to appeal the decision of the Associate Dean of Student Affairs and Admissions or that of the Student Academic Standards and Promotion Committee, the student has 10 business days from notification to appeal the decision to the Dean of their school. The Dean will review the case and inform the student of his/her decision within 10 business days. The Dean’s decision is final.

Exemplary Professional Behavior

CUSM believes that exemplary professional behavior should be commended to promote a positive atmosphere. For cases of exemplary professional behavior, any faculty member, staff, or student may submit a **“Commendation Report”** to the Student Academic Standards and Promotion Committee through the Associate Dean of Student Affairs and Admissions. The Committee will inform the appropriate course/clerkship director, if applicable, and the Associate Dean of Student Affairs and Admissions so that students may receive recognition for what has been considered as exemplary professional performance. This may include a special notation in the student's Medical Student Performance Evaluation Letter or similar document in the graduate programs.

Student Rights, Grievances, Complaints, and Concerns

Mistreatment in the Learning Environment

An appropriate student learning environment should foster professional growth, support academic achievement, and encourage the attainment of educational goals. CUSM is committed to maintaining an environment where there is mutual respect among students, staff, faculty, and peers. Examples of inappropriate behavior are:

1. Physical contact, including any physical mistreatment or assaults such as hitting, slapping, kicking, throwing objects or threats of the same nature
2. Verbal abuse (attack in words, or speaking insultingly, harshly)
3. Comments and jokes of stereotypic or ethnic connotation, visual harassment (display of derogatory cartoons, drawings or posters)
4. Inappropriate or unprofessional conduct that is unwarranted and reasonably interpreted to be demeaning or offensive
5. Requiring a student to perform tasks intended to humiliate, control, or intimidate the student
6. Unreasonable requests for a student to perform personal services
7. Grading or assigning tasks used to punish a student rather than to evaluate or improve performance
8. Purposeful neglect or exclusion from learning opportunities as means of punishment
9. Disregard for student safety
10. Being denied opportunities for training because of gender, race/ethnicity, or sexual orientation
11. Sexual assault or other acts of sexual violence*
12. Sexual harassment*
13. Being subjected to offensive remarks/names directed at you based on gender, race/ethnicity, or sexual orientation*
14. Receiving lower grades or evaluation based on gender, race/ethnicity, or sexual orientation.
15. Sexual connections between two people when one of them has any expert obligation regarding another's scholarly performance or professional future

* For sexual misconduct matters, follow the procedure described in the Policy on Sexual Misconduct.

Resolving Mistreatment Issues

Students who experience mistreatment or observe others experiencing mistreatment are encouraged to address the issue immediately. For sexual misconduct matters, follow the procedure described in the Policy on Sexual Misconduct. Students have the option of dealing with other types of mistreatment informally or formally.

1. Informal Resolution – Whenever possible, it is preferred that students who believe they have been mistreated or those who have witnessed others being mistreated, discuss and attempt to resolve the matter with the alleged offender. It is well recognized that this may not always be a comfortable or viable approach.

2. Formal Resolution – Students formally can report inappropriate behavior in a number of ways and are encouraged to use the process most comfortable for their particular circumstance.
 - a. Raise concerns personally to one of the following individuals: administrative deans for education and student affairs, student’s academic advisor, Course/Clerkship Director, Department Chair, or faculty member. In short, there is no wrong door.
 - b. Submit a named or anonymous report to the Student Academic Standards and Promotion Committee through the Associate Dean of Student Affairs and Admissions.

Note: Students who are requesting complete anonymity should be made aware that doing so may interfere with CUSM’s ability to investigate the concern and their ability to receive information about the follow-up investigation.

3. Responding to Concerns of Mistreatment:
 - a. Every effort will be made to respond to concerns of mistreatment in a timely and professional manner to minimize the risk of harm and retaliation. The level of corrective response is in the hands of the student whose confidentiality at this first stage is nearly absolute until the student says otherwise; the listener's role is only to help the student think through his/her concerns. If given permission from the student, the complaint will be fully investigated, and measures will be taken to reach an appropriate resolution. Except in cases of an anonymous complaint, students will be provided with clear and timely feedback concerning the status and resolution of their complaint.
 - b. The Associate Dean of Student Affairs and Admissions will provide a de-identified annual summary of reported mistreatment concerns to the Dean of the school. The Dean will present this annual review for discussion and comment by the department heads.
 - c. Aggregate and de-identified data on mistreatment reports will be presented to Student Academic Standards and Promotion Committee twice annually by the Associate Dean of Student Affairs and Admissions. If serious or repeated concerns are identified, the Associate Dean of Student Affairs and Admissions will bring reports to the Student Academic Standards and Promotion Committee as needed.

Note: Reports will be created within the constraints of the Crime Awareness and Campus Security Act. This is a federal law that requires school officials who have significant responsibility for student and campus activities (except mental health and religious counselors) to report certain (mostly assault) crimes. The law does not require naming anyone involved, but only supplying enough information to Security to allow verification of the crime and its location at the University.

4. No Retaliation Policy: CUSM policies strictly forbid discrimination or retaliation against any community member who reports, in good faith, any instances of conduct that do not comply or appear not to comply with federal or state laws and regulations or local policies and procedures. Those reporting inappropriate behavior have the right to remain anonymous and to use confidential mechanisms to disclose non-compliant activity without fear of retaliation. Individuals who believe that they are experiencing retaliation are strongly encouraged to contact the school’s administrative dean for education or student affairs, so that the situation can be addressed immediately.

CAMPUS POLICIES

Notice of Requirement to Check Student E-mail on a Daily Basis

CUSM uses e-mail as a primary method of communication. All students are expected to read their CUSM email messages on a daily basis. University and College administration, faculty and staff rely on e-mail to share information with students about policies, procedures, deadlines, class materials, activities, and other information. Students must check their CUSM e-mail at least once a day to make sure that they are aware of current notices and information. If a student experiences a problem accessing his/her e-mail account (i.e., inability to access the account for longer than 1 business day, i.e. 24 hours), he/she must contact the IT Services Help Desk to resolve the situation.

Students who are not accessing their CUSM e-mail or who do not read notices via e-mail in a timely manner are not exempt from complying with University, College/Program rules, regulations, deadlines, and information.

Visitors on Campus

All visitors are required to sign in at the building front desk. Visitors will be provided a temporary identification badge, and the person they are here to see will be contacted. Except in emergencies, if the faculty, staff member, or student is in class, the visitor will be asked to wait until a break or the end of class.

Visitors will be able to use the CUSM library on a request to the help desk or librarian. Visitors will have access to Wi-Fi connection through a visitor account. There will be parking spaces available for visitors along with students.

After-hours visitors will be required to show photo identification to the security personnel. Any complaints involving university visitors will be dealt with the security personnel on duty.

Non-Students and Children in Classroom, Laboratories, and Patient Care Settings

CUSM classes, laboratories, and patient care settings are restricted to enrolled students. Under no circumstances may a student bring anyone else to classes or clerkship settings without prior approval from the school's administrative dean for student affairs and permission of the course or clerkship director. If there is an exceptional situation in which a student would like to bring a friend or family member to class, s/he should make an appointment with the school's administrative dean for student affairs to discuss the request and the circumstances under which the request might be permitted.

CUSM recognizes that some students with children are the sole source of care outside of prearranged daycare. In addressing this issue, students who are parents are encouraged to have daycare arrangements and backup options confirmed prior to beginning coursework. In general, it is not appropriate to bring children into the classroom and, under no circumstances, when examinations are being given. In addition, children may not be brought into the laboratory setting or the patient care setting.

Library Resources

CUSM Library

The CUSM library is located on the first floor of the CUSM education building. Multiple types of seating are available for students' individual and group study. Access to a wireless connection, copying machines, printers, reference services, interlibrary loans, and assistance in database search as well as all other online resources will be available. The CUSM library will be a member of National Network of Libraries of Medicine.

In addition to the library, several other open study areas will be available for students, including College rooms.

CUSM Library Hours

Regular library hours are as follows:

- 24 hours / 7 days a week access to library space, computers and printers
- CUSM library staff assistance is available M-F from 8am – 5pm
- Online reference chat service is available to faculty, staff, and students 24/7

Access to CUSM Library

The medical library is a restricted area. Students, faculty, staff and their guests will be provided access. Students are not permitted to leave the library doors open or let unauthorized individuals in the restricted area.

Library Books, Journals, and Media Collections

Library collections and resources are predominately in digital format. All print resources, including the Ready Reference section, are "Library Use Only" and may be subject to limited circulation and first-come, first-serve restrictions.

Student access to medical/scientific journals, interlibrary loans, and databases from remote locations are provided, as well as the training on using these capabilities. Library/resource information and other activity hours are posted in the library.

Remote Access to Library Resources

Student access to online medical/scientific journals and databases from remote locations are provided. Training will be provided for the use of these capabilities during Year 1 Orientation week and throughout the year. Students and faculty have access to professional librarians and trained staff 24/7 through the reference chat service.

Library Computers, Printers and Copy Machines

Access to computers and a printer is available for library users.

Food and Drinks

Light snacks and drinks are permitted in the library, including chips, cookies, nuts, and bottled drinks. Pizza, fries, sandwiches, and foods with a strong odor are not permitted in the library. Food deliveries from vendors are not allowed.

Minors and Children

All minors under 16 years old must be monitored and supervised by parents or caregivers at all times.

Behavioral Disruptions

Students and library users are expected to behave professionally and respectfully and are compliant with all the policies of the library.

- No excessive noise, harassment, odor, or disturbing behavior is permitted.
- No disruptions to other library users' study or research is permitted.
- Cellular phones will be required to stay in the silent mode or be turned off while in the library.
- Video cameras are allowed only with the permission of the librarian or front desk.
- Library users are not allowed to leave their personal belongings unattended.
- The library is not responsible for stolen or lost objects.
- Loitering, advertising, or soliciting is not permitted.

All issues related to the library will be brought to the attention of library staff and the Office of Student Affairs and Admissions. Students failing to comply with library policies will be asked to leave and may be subject to disciplinary action by the Office of Student Affairs and Admissions and/or Student Academic Standards and Promotion Committee.

ARMC Library

CUSM students, staff, faculty, and administrators have access to the library resources at both CUSM and Arrowhead Regional Medical Center (ARMC). The ARMC library is located on the first floor of the ARMC Building. Limited seating is available for students' individual and group study. Also available are access to a wireless connection, copying machines, printers, reference services, interlibrary loans, and assistance in a database search by trained librarians as well as all other online resources.

ARMC Library Hours

ARMC library hours are as follows:

- Monday through Friday: 7am – 4pm

The library will be closed during weekends and statutory holidays.

Access to ARMC Library

Access to ARMC library is available to students, faculty, and staff with their CUSM ID card. Unauthorized individuals will not be allowed in the library.

ARMC Library Resources (as of early 2018, subject to change based on ARMC needs)

Major Online Medical Literature Databases — some have electronic books (eBooks)

- PubMed@ARMC (eBooks)
- PubMed Health
- ClinicalKey (eBooks)
- UpToDate
- ProQuest Databases — Hospital Collection; Health Management; Nursing
- NeoFax Online
- Medline @ Ovid
- LexiComp Drug Database
- Essential Evidence Plus
- The Cochrane Library
- PsychiatryOnline (ebooks)
- Access Surgery (eBooks)
- Access Medicine (eBooks)
- Mosby's Nursing Skills

Online Electronic Journal Collections – full-text access linked to PubMed@ARMC

- EBSCO – ARMC Journals AtoZ
- Ovid Lippincott-Williams & Wilkins
- Elsevier ClinicalKey
- ProQuest Hospital Collection (6 Databases)
- PubMed Central & Free Access Journals (HighWire)
- Wiley-Blackwell/Nursing
- American Medical Association (AMA)
- UlrichsWeb Directory for peer-review and journal verification

Smoke-Free and Tobacco-Free Campus Policy

As a healthcare-educational institution, CUSM will be a tobacco and smoke-free campus. Smoking and tobacco products, which includes but not limited to cigarettes, cigars, pipes, smokeless tobacco, snuff, chewing tobacco, smokeless pouches, vapors, e-cigarettes, and any other form of loose-leaf tobacco will be prohibited on all areas on campus which includes all areas of the CUSM educational building as well as the parking lots.

Sales of tobacco products are forbidden on the CUSM campus.

Substance Abuse Policy

CUSM is committed to maintaining a drug- and alcohol-free environment in compliance with applicable laws. The unlawful possession, use, distribution, sale, or manufacture of controlled

substances and alcohol is prohibited on the University campus or any of its facilities. This would also include coming onto University grounds intoxicated or under the influence. Violation of this policy will result in the appropriate disciplinary action.

Controlled substances would include but are not limited to alcohol, amphetamines, barbiturates, benzodiazepines, carisoprodol, opiates, fentanyl analogs, methadone, meperidine, marijuana, and cocaine.

CUSM prohibits the unlawful or unauthorized use, possession, storage, manufacture, distribution, or sale of alcoholic beverages and any illicit drugs or drug paraphernalia in CUSM facilities, in CUSM vehicles, or any CUSM events held on or off campus, which are sponsored by students, faculty and/or staff and their respective organizations.

CUSM recognizes that drug addiction and alcoholism are diseases and that there are treatment programs available to help individuals experiencing problems. When appropriate, CUSM personnel will refer students, faculty, and staff to agencies outside of the University for treatment/rehabilitation for addiction to alcohol or other drugs.

The following statements further clarify the CUSM's policy on the use or possession of alcoholic beverages by students, faculty, and/or staff and their respective organizations:

Students, faculty, and/or staff and their respective organizations may not use organizational or public funds for the purchase of alcoholic beverages.

Unless otherwise authorized by the Dean of the school or the President of the University, parties within University facilities at which alcoholic beverages are consumed are prohibited.

Sale of alcoholic beverages by students, faculty, and/or staff and their respective organizations is strictly forbidden. This is to include any action that can be remotely construed as alcohol sale, such as charging admission to parties, passing the hat, selling empty cups, selling drink tickets, etc.

No off-campus activity conducted by students, faculty, and/or staff and their respective organizations shall encourage excessive and/or rapid consumption of alcoholic beverages. The use of alcohol at any such events is expected to be lawful and responsible.

Alcoholic beverages, such as kegs or cases of beer, may not be used as awards or prizes in connection with events or activities sponsored by students, faculty, and/or staff and their respective campus organizations, on or off campus.

The public display of advertising or promotion of the use of alcoholic beverages in CUSM facilities is prohibited. This includes, but is not limited to, banners, lighted beer/liquor signs, and large balloon blow-ups.

Alcohol promotional activities, including advertising, cannot be associated with otherwise existing CUSM events or programs, on or off campus, without the prior knowledge and consent of appropriate University officials. This includes such items as caps, t-shirts, beverage can coolers, and any other items carrying alcohol/beer advertising.

Advertising of alcoholic beverages in CUSM publications is prohibited.

Unless otherwise authorized by the President of the University or Dean of the school, the use of alcoholic beverages during all public events (including concerts, theatrical performances, athletic events, workshops) held on University facilities is strictly forbidden. For assistance when planning off-campus events, students should consult the Dean.

Persons who violate the foregoing policies or laws which follow are subject to University disciplinary action as well as civil/criminal penalties as determined by University, State, or Federal enforcement officials.

Students who are found in violation of the University policy on alcohol and other drugs may be subject to one or more of the following penalties, dependent upon the severity of the offense and the existence or absence of prior alcohol or other drug violations:

- Consultation only.
- Verbal and/or written warning.
- Probation. An indication that further violations may result in suspension.
- Suspension. Temporary withdrawal of privileges of enrollment from the University for a specified period of time.
- Dismissal. Specific actions must be taken prior to consideration for re-entry.

Note: These penalties need not necessarily be applied in numerical sequence. Any penalty may be chosen from this list for any offense, dependent upon its nature.

Policy on Use and Possession of Marijuana and Drug Screening by Healthcare Facilities

CUSM prohibits the production, distribution, possession, and use of marijuana on University property or during University-sponsored activities. A number of University employees are subject to drug and alcohol testing because of the type of work they perform. Violating these policies or testing positive for marijuana or alcohol while on duty may lead to sanctions, including termination, under the applicable general code of conduct. It is still a federal crime to possess and use even small amounts of marijuana on or in any University facilities or vehicles. In addition, failure to comply with federal laws and regulations on marijuana possession and use on campus jeopardizes our continued receipt of federal funds.

It is important for medical students to be aware of how healthcare facilities will be handling positive tetrahydrocannabinol (THC, the principal psychoactive constituent of cannabis including marijuana) results on drug screening. Several already require drug screening including the THC as a prerequisite for participation in a clerkship or clinical elective. Thus, medical students may face negative consequences for a positive THC screen.

Service Animal Policy

Policy Statement

It is the policy of CUSM that only service animals assisting individuals with disabilities be permitted on University property.

Definition of Service Animal

“Service animal” is defined by the Americans with Disabilities Act (ADA) as any guide dog, signal dog, or other animal individually trained to do work or perform disability mitigating tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items.

When a Service Animal May Be Asked to Leave, or is Prohibited in a University Facility or Program

A service animal may be asked to leave a University facility or program if the animal’s behavior or presence poses a direct threat to the health or safety of others. For example, a service animal that displays vicious behavior towards people may be excluded.

Service animals may also be excluded in areas where the presence of a service animal fundamentally alters the nature of a program or activity or is disruptive. Examples may include but are not limited to, research labs, areas requiring protective clothing, and food preparation areas.

Anyone notified of a student’s request for disability accommodations, including requests to have a service animal accompany a student on campus, should refer the student to the Office of Student Affairs and Admissions.

Employees

An employee who is requesting disability accommodations, including requests to have a service animal at work, should contact the Office Human Resources, for information and assistance.

Visitors and Invited Guests

Service animals assisting visitors with disabilities are welcome in all areas of campus that are open to the public. Specific questions related to the presence of service animals on campus by visitors and invited guests can be directed to the Office of Administration.

Service Animals in Training

A service animal in training is permitted the same access to University grounds and facilities as a service animal assisting an individual.

Requirements for Service Animals

Vaccination and Licensing: Service animals for students or employees must be immunized and licensed in accordance with the City of San Bernardino Municipal Code. The service animal of a

campus visitor must be licensed and vaccinated as required by the visitor's state, county, and city of residence.

Service dogs must be always on a leash; a leash is also required for all other service animals for which a leash is not impracticable or unfeasible.

Cleanup Rule: The owner/keeper of a service animal must promptly remove (dispose of) any animal waste.

Under Control: The owner/keeper of a service animal must be always in full control of the animal. The care and supervision of a service animal is solely the responsibility of the owner/ keeper.

Animals not Meeting the ADA Definition of Service Animal

Animals not covered under the ADA service animal definition are excluded from all University facilities and grounds, except when the animal is outside on University grounds for a short duration in a vehicle or on a leash and is accompanied by someone providing transportation services to a University student or employee. Animals required for official University business may also be permitted on University grounds.

Distribution of Handbills, Leaflets, and Similar Materials

Non-commercial handbills, leaflets, and similar materials may be distributed by regularly enrolled students, and by University personnel in public areas and in meeting rooms that have been reserved for their use, so long as such distribution does not materially or substantially interfere with the conduct of University functions or the freedom of movement.

Signs, posters, and leaflets may be posted only on designated campus bulletin boards, which have been provided for such purposes. It is the responsibility of the sponsoring organization to remove any promotional materials the day after the event. Any maintenance expense incurred by the University may be billed to the responsible organization.

To promote robust dialog, CUSM strongly encourages distributors of handbills, leaflets, and similar materials to include contact information on the material distributed.

University Holidays

1. New Year's Day
2. Martin Luther King, Jr. Day
3. President's Day
4. Memorial Day
5. Independence Day
6. Labor Day
7. Thanksgiving Day
8. Day after Thanksgiving
9. Day before Christmas
10. Christmas Day
11. Day before New Year's

Holidays occurring on Saturday will be observed on the preceding Friday, while those occurring on Sunday will be observed on the following Monday.

Religious Observance Policy

California University of Science and Medicine (CUSM) values diversity and how it is expressed through participation in meaningful and significant religious events. In keeping with this value, CUSM has adopted guidelines that ensure students and faculty are afforded the opportunity to observe religious holidays without penalty. The list of religious holidays most frequently observed by members of the CUSM community and associated dates for the academic year can be found below.

Calendar of Holidays and Religious Observances

This calendar lists California University of Science and Medicine holidays, traditional Observances, and major days of religious significance. Although many of these days are not University holidays, faculty are asked to use this information and their discretion when responding to student requests for time off for religious purposes. Please take special note of those holidays that have been designated non-work days by the religions that celebrate them.

NOTE:

All Jewish and Islamic holidays begin at sundown on the evening before the first date shown.

*These holidays have been designated non-work days by the religions that celebrate them.

#Some of these dates are not fixed to a calendar but based on the actual sighting of the moon and therefore there may be some variance by a day.

Autumn 2018

| Holiday or Observance | Religious Group | Dates | Additional Notes |
|--------------------------------|-----------------|--------------------|--|
| Eid al-Adha | Islamic | Aug. 22, 2018 # | Date not fixed. See note above. |
| Janmashtami | Hindu | Sept. 2, 2018 | |
| Labor Day | | Sept. 3, 2018 | |
| *Rosh Hashanah (New Year) | Jewish | Sept. 10-11, 2018 | Designated non-work day for observers |
| Muharram (Al Hijrah New Year) | Islamic | Sept. 12, 2018 | |
| *Yom Kippur (Day of Atonement) | Jewish | Sept. 19, 2018 | Designated non-work day for observers |
| *Sukkot (Feast of Tabernacles) | Jewish | Sept. 24-30 2018 | *Sept. 24-25 primary observation days Designated non-work day for observers |
| *Shmini Atzeret | Jewish | Oct. 1, 2018 | Designated non-work day for observers |

| Holiday or Observance | Religious Group | Dates | Additional Notes |
|---------------------------------------|-----------------|------------------|---------------------------------------|
| *Simchat Torah | Jewish | Oct. 2, 2018 | Designated non-work day for observers |
| Navaratri/Dassehra | Hindu | Oct. 9-18, 2018 | |
| Diwali | Hindu | Nov. 7, 2018 | |
| Veteran's Day | | Nov. 11, 2018 | Observed Nov. 12, 2018 |
| Mawlid-al-Nabi (birthday of Mohammad) | Islamic | Nov. 20, 2018 # | Date not fixed. |
| Thanksgiving Day | | Nov. 22-23, 2018 | |
| Hanukkah (Chanukah) | Jewish | Dec. 3-10, 2018 | |
| Christmas Day | Christian | Dec. 25, 2018 | |

Spring 2019

| Holiday or Observance | Religious Group | Dates | Additional Notes |
|-----------------------|--------------------|------------------|--|
| New Year's Day | | Jan. 1, 2019 | |
| Orthodox Christmas | Christian Orthodox | Jan. 7, 2019 | |
| Lunar New Year | | Feb. 5, 2019 | |
| Maha Shivaratri | Hindu | Mar. 4, 2019 | |
| Ash Wednesday | Christian | Mar. 6, 2019 | |
| Beginning of Lent | Christian | Mar. 6, 2019 | |
| Holi | Hindu | Mar. 21-22, 2019 | |
| Purim | Jewish | Mar. 21, 2019 | |
| Good Friday | Christian | Apr. 19, 2019 | |
| Easter | Christian | Apr. 21, 2019 | |
| Ramanavami | Hindu | Apr. 14, 2019 | |
| *Passover (Pesach) | Jewish | Apr. 20-27, 2019 | *Apr. 20-21, 26-27 Primary Obligation Days Designated non-work day for observers |
| Orthodox Good Friday | Christian Orthodox | Apr. 26, 2019 | |
| Orthodox Easter | Christian Orthodox | Apr. 28, 2019 | |
| Beginning of Ramadan | Islamic | May 6, 2019 # | Ramadan: May 6-Jun. 5, 2019 Dates not fixed. |
| Lailat Ul Qadr | Islamic | May 31, 2019 # | Date not fixed. |

| Holiday or Observance | Religious Group | Dates | Additional Notes |
|------------------------------|-----------------|-----------------|--|
| Eid al-Fitr (End of Ramadan) | Islamic | Jun. 5, 2019 # | Ramadan: May 6-Jun. 5, 2019 Dates not fixed. |
| *Shavuot | Jewish | Jun. 9-10, 2019 | Designated non-work day for observers |

CUSM has set guidelines pertaining to the observation of religious holidays and are as follows:

- Students shall not be penalized due to absence from class or other scheduled academic or educational activity because of religious observances, practices or beliefs. Students should review course requirements and meeting days and times to avoid foreseeable conflicts, as excessive absences in a given term may prevent a student from successfully completing the academic requirements of a course.
- At least one week prior to the beginning of each semester, students are to notify the appropriate Course Director responsible for the course during which the absence will take place regarding their request to be absent from class on the day(s) of religious observance. The student's request must be made in writing and include the following:
 - Notification to the student's Course Director and the school's administrative dean for student affairs of the student's request for excused absence from participation in an aspect of the curriculum.
 - A statement of the reason for this request and a description of the curriculum that the student will miss as a result of the absence.
 - The date of the request and the student's signature.
- The Course Director and the school's administrative dean for student affairs will review any student's written request, decide if there is a need to grant reasonable accommodation for religious observance, and whether granting an accommodation will unduly burden faculty, staff, or others involved with the affected activity or will unacceptably compromise the rigor of the educational requirements. They will also consider whether there will be an opportunity to make up any missed activity. A written response to the student request will be issued by the school's administrative dean for student affairs. The student's request and written response to the request will be maintained in the student's academic file.
- Work Assignments: Students who are excused from class, specific work assignments, or other academic or educational activities for observing a religious holy day will be responsible for the material covered in their absence but shall be permitted a reasonable amount of time to make up any missed work. Missed work shall be made up in accordance with a timetable set by the student's instructor or as prescribed by the instructor at the beginning of the academic term, including permission to make up examinations.
- *Examinations, Major Class Events, Major University Activities: The University, by and through itself and its instructors, shall use reasonable efforts not to schedule a major*

examination, major class events, or major University activities on a recognized religious holy day. A recognized religious holy day is recognized on the student academic calendar. Evidence of such recognition shall be provided by the student unless the holy day has been previously recognized by the University on its University Calendar as a day of observance in which the University is closed in observance of the holiday.

Faculty who intend to observe a religious holiday must arrange for cross-coverage or rescheduling of their missed classes, no later than the beginning of the semester.

Medical Students Requesting to be Absent During Years 3-4

- Students requesting an absence due to religious observances during any clerkship shall notify the relevant Clerkship Director at least one week before the clinical clerkship begins in order to avoid scheduling conflicts.

- The student's request must be in writing and include the following:
 - Notification to the students' Clerkship Director and the Associate Dean of Student Affairs and Admissions of the student's request for an excused absence from participation in some aspect of the curriculum.
 - A statement of the reason for this request and a description of the aspect of the curriculum that the student will miss as a result of this absence.
 - The date of the request and the student's signature.

- The Clerkship Director and the Associate Dean of Student Affairs and Admissions will review any student's written request, decide if there is a need to grant reasonable accommodation for religious purposes, and whether granting an accommodation will unduly burden faculty, staff or others involved with the affected activity or will unacceptably compromise the rigor of the educational requirements. They will also consider whether there will be an opportunity to make up any missed activity. A written response to the student request will be issued by the Associate Dean of Student Affairs and Admissions. The student's request and written response to the request will be maintained in the student's academic file.

FEDERAL AND STATE REGULATORY POLICIES

Nondiscrimination Policy

CUSM is committed to equal opportunity in its educational programs and employment. CUSM does not discriminate with regard to age, ancestry, disability, gender, sex, marital status, national origin, parental status, race, religion, sexual orientation, or veteran status and provides equal treatment and access to all CUSM programs, activities, and application for employment.

Equal educational opportunity includes but is not limited to the following: admission, recruitment, extracurricular programs and activities, facilities, access to course offerings, counseling and testing, financial assistance, and employment.

Equal employment opportunity includes but is not limited to providing and safeguarding the opportunity for all persons to seek, obtain, and hold employment and qualify for advancement in CUSM without discrimination. CUSM is committed to nondiscrimination in compliance with the Civil Rights Act, Title IX of the Education amendments of 1972, The Rehabilitation Act of 1973 (Section 503 and 504), The Americans with Disabilities Act of 1990, Americans with Disabilities Act Amendments Act of 2008, Executive Orders 11246 and 11375, The Vietnam Era Veterans Readjustment Act of 1967, The Age Discrimination in Employment Act of 1967, and nondiscrimination laws of the State of California.

Procedures for Nondiscrimination Complaint

Students who feel they have been discriminated against will notify a member of the Office of Student Affairs and Admissions or the Office of Administration as appropriate. The representative of the administration will thoroughly discuss the basis of the complaint with the student and seek informal resolution within 30 days.

In seeking informal resolution, the school's administrative dean for student affairs will discuss the allegation(s) with the alleged offender. If appropriate, and if the complainant is willing, the representative will mediate a discussion between the complainant and the alleged offender. The representative is to document all actions taken in journal form. If the complainant is satisfied with the informal resolution through the representative's actions, the case is closed. If not, the representative will counsel the complainant on the following specific requirements:

- Ensure the complainant understands that if a complaint is to be filed, it must be submitted on a CUSM Unlawful Discrimination Complaint Form within 120 days of the incident. The form will be available from the Office of Student Affairs and Admissions.
- The CUSM Office of Student Affairs and Admissions will send a notice of proposed resolution to the complainant within 90 days.
- Procedures for faculty-involved complaints will follow faculty bylaws.

Employees who feel they have been discriminated against will notify the human resources department at CUSM, which may initiate an investigation and make a decision for further action on the basis of the evidence presented.

Policy on Sexual Misconduct

Definition

California University of Science and Medicine (CUSM) prohibits all forms of sexual misconduct, sex discrimination, sexual harassment, including but not limited to, sexual assault, sexual exploitation, stalking, cyber stalking, dating or domestic violence, and sexual harassment. Harassment is when the conduct of a sexual nature is sufficiently severe, persistent, or pervasive to limit a student's ability to participate in or benefit from the education program, or to create a hostile or abusive educational environment. Such conduct violates the community values and principles of our school and disrupts the learning and working environment for students, faculty, staff, and other broader community members. In maintenance of this policy, CUSM has adopted the following standards of conduct for all members of our community – students, faculty, and staff, as well as vendors, contractors, visitors, guests, volunteers, interns, and third parties – with respect to sexual misconduct. These standards apply equally to all regardless of the sex, gender, sexual orientation, gender identity, or gender expression of any of the individuals involved.

Jurisdiction (Authority)

CUSM may investigate any alleged violations of this policy that occur in the context of a program or activity or that otherwise affect the medical schools working or learning environments, regardless of whether the alleged conduct occurred on or off campus. In situations where the alleged sexual misconduct occurred outside of the context of a program or activity or where the respondent is not a member of the campus community (including when the respondent has graduated or left CUSM), the school typically will not conduct an investigation, but may address the situation and provide appropriate resources to impacted individuals and, where appropriate, the broader community.

Responsibility of CUSM

CUSM is committed to fostering an environment in which all members of the campus community are safe, secure, and free from sexual misconduct of any form. CUSM expects that all interpersonal relationships and interactions – especially those of an intimate nature – will be based on mutual respect, open communication, and clear consent. When learning of conduct or behavior that may not meet these standards, community members are expected to take an active role in upholding this policy and promoting the dignity of all individuals. In addition, where the school knows or reasonably should know of an incident of sexual misconduct, the school must take steps to understand what occurred and to respond appropriately.

Audience

All members of the CUSM community, including students, faculty, staff, vendors, contractors, visitors, guests, volunteers, interns, and third parties.

Title IX Coordinators

Inquiries or complaints concerning the application of Title IX of the Education Amendments of 1972 (Title IX) may be referred to the institution's Title IX Coordinator, as set forth below, or the United States Department of Education, Office of Civil Rights at <https://ocrcas.ed.gov>.

For complaints against students:

Belinda Taylor-Batchelor, Title IX Coordinator
Phone: 909-954-0442
Email: taylor-batchelorb@calmedu.org

For complaints against employees or non-students:

Human Resources Department
Julia Canaga, MHR, Human Resources Manager (Title IX Coordinator designee for employees and non-students)
Phone: 909-954-0475
Email: jcanaga@calmedu.org

Additional information about federal laws, including Title IX, the Clery Act, Violence Against Women Act of 1994 (VAWA), and Family Educational Rights and Privacy Act (FERPA), can be found at the following links:

- Title IX: <http://www2.ed.gov/about/offices/list/ocr/docs/tix-dis.html>
- Clery Act: <http://cleryact.info/home.html>
- FERPA: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- VAWA: <http://www.cleryact.info/campus-save-act.html>

Guidance on Reporting Sexual Misconduct

A student reporting sexual misconduct may do so verbally or in a written report to Title IX Coordinator. A reporting form is available on the CalMed website. If a written report is submitted, it should contain a brief written statement stating the type(s) of sexual misconduct that occurred (see definitions section above) and supporting facts (e.g., alleged perpetrator, what happened, when and where the incident occurred, witness[es], etc.). The scope of any investigation, and who will conduct the investigation, shall be in the sole discretion of the Title IX Coordinator or designee. The investigation may include, but is not limited to, meeting with the parties, talking with witnesses, and reviewing any supporting documents.

Formal reports and any related investigative materials concerning a CUSM student will be submitted to the Title IX Coordinator to determine whether an Administrative or Student Disciplinary Committee (an ad hoc committee assembled for each case) hearing will be assembled as described below in this policy.

Formal reports and any related investigative materials concerning faculty or staff will be submitted to the Title IX Coordinator designee at the Human Resources Department. Formal reports concerning non-student third-parties will be handled by the Human Resources as well. The reports will be addressed by the Title IX Coordinator designee at the Human Resources Department according to Title IX and other federal and local regulations. A formal policy, including detailed procedures, which will be in line with and resemble to this policy, is currently under development. The finalized policy will be published on the CUSM website and this Catalog.

Reports should be submitted as soon as possible after the sexual misconduct takes place. CUSM reserves the right to investigate, take disciplinary action, and/or report sexual misconduct to local law enforcement regardless of how much time has passed since it occurred and even if the sexual misconduct is reported after the student graduates or employee leaves the school.

Good Faith: Reports of sexual misconduct are to be submitted, in good faith and to the best of the reporter's knowledge, to protect the alleged victim and address the alleged misconduct. A false report intended to damage the reputation and standing of the "alleged respondent" is strictly prohibited and is considered unprofessional conduct. Violator's will be subjected to disciplinary action up to and including dismissal or termination, as applicable.

Grievance Procedures and Investigations

The Coordinator is responsible for the overall coordination of rules and regulations regarding the judgement of violations of the Policy on Sexual Misconduct by students. The process the school uses to resolve sexual violence complaints includes the fact-finding investigation and any hearing and decision-making process the school uses to determine: (1) whether or not the conduct occurred; and, (2) if the conduct occurred, what actions the school will take to end the sexual violence, eliminate the hostile environment, and prevent its recurrence, which may include imposing sanctions on the perpetrator and providing remedies for the complainant and broader student population. In all cases, a school's Title IX investigation must be adequate, reliable, impartial, and prompt and include the opportunity for both parties to present witnesses and other evidence.

The Coordinator reviews formal reports as well as confidential reports. If the Coordinator has determined that a confidentiality request cannot be honored due to the seriousness of the allegation and could effect the safe and nondiscriminatory environment for all students, the Coordinator may conduct further investigation of the report if he or she deems necessary. The scope of any investigation shall be in the sole discretion of the Coordinator. The investigation (fact finding) may include, but is not limited to, meeting with the parties, talking with witnesses, and reviewing any supporting documents.

If the Coordinator considers the report and investigative materials to indicate a probable violation of the Policy on Sexual Misconduct, the matter will be heard through either an administrative hearing or a hearing with the Student Disciplinary Committee. During such hearings, the reporting party will be referred to as the "complainant" and the accused party as the "alleged perpetrator." The Dean serves as the final appeal for disciplinary decisions in sexual misconduct cases.

The CUSM actions are not dependent on the initiation or outcome of criminal charges. Disciplinary proceedings may be carried out prior to, simultaneously with, or following civil or criminal proceedings.

Temporary Measures/Actions

Upon receipt of a report of sexual misconduct, CUSM may impose reasonable and appropriate interim measures designed to eliminate the reported hostile environment or alleged violation and protect the parties involved. CUSM will maintain in consistent contact with the parties to ensure that all safety and emotional and physical well-being concerns are being addressed. Interim measures may be imposed regardless of whether a confidential or formal complaint has been filed.

The complainant or alleged perpetrator may request separation or other protection, or CUSM may choose to impose interim measures at its discretion to ensure the safety of all parties, the campus community, and/or the integrity of the investigative/disciplinary process.

All individuals are encouraged to report concerns about failure of another individual to abide by any restrictions imposed by an interim measure. CUSM will take immediate and responsive action to enforce the previously implemented measure.

Available Temporary Measures/Actions

The Coordinator, at his or her discretion, may implement interim measures with potential remedies which may be applied to the complainant and/or the alleged perpetrator including:

- access to counseling services and assistance in setting up an initial appointment, on and off campus
- rescheduling of exams and assignments
- changing work schedules or job assignments
- voluntary leave of absence
- providing an escort to ensure safe movement between classes and activities
- providing medical services
- providing academic support services, such as tutoring; and/or
- any other remedy that can be adjusted to the involved individuals to achieve the goals of this policy.

Administrative Hearings (informal)

In some sexual misconduct cases, the Coordinator meets individually with the involved parties rather than submitting the case for a hearing before the Student Disciplinary Committee. This process will happen only if all parties voluntarily agree to participate in an informal resolution that does not involve a full investigation and decision after receiving a full disclosure of the allegations and their options for formal resolution and if the Coordinator determines that the particular Title IX complaint is appropriate for such a process. At that point, the Coordinator may facilitate an informal resolution, including mediation, to assist the parties in reaching a voluntary resolution. This is most often true when the violation is of a less serious nature and discipline would not result in suspension or dismissal. Prior to the hearing, the involved parties will be provided in writing with a notice describing the behavior that allegedly violates the Policy on Sexual Misconduct, the investigative materials, and any other information the Coordinator considers necessary to provide to the parties. The notice and related materials will be sent to the involved students' CUSM email accounts. The notice will also include the date and time of the hearing. The complainant will first meet with the Coordinator to discuss the incident. After the meeting with the complainant, the administrative officer will meet with the alleged perpetrator to discuss the incident. The meeting will be followed by an email from the Coordinator summarizing the discussions and imposing a sanction if a violation of the Policy on Sexual Misconduct is found.

Sanctions imposed as a result of an administrative hearing cannot be appealed. Student Disciplinary Committee sanctions may be appealed; therefore, students who are required to attend an administrative hearing may request instead to have the matter heard by the Student Disciplinary Committee if they want an appeal option.

Student Disciplinary Committee Hearings (formal)

If, after reviewing a sexual misconduct report and related investigative materials, the Coordinator believes that there is a probable violation of the Policy on Sexual Misconduct and the resulting

sanction could result in a suspension or dismissal from the school, the matter will be submitted for a hearing by the Student Disciplinary Committee (an ad hoc committee assembled by the Coordinator for each case). The committee will include, in addition to the Coordinator, a minimum of three faculty and/or staff members, with a mix of both male and female members. The Coordinator will chair the committee but will not vote unless there is a tie vote.

Prior to the committee hearing, the involved parties will be provided in writing with a notice describing the behavior that allegedly violates the Policy on Sexual Misconduct, the investigative materials, and any other information the Coordinator deems necessary to provide to the involved parties. The notice and related materials will be sent to the involved students' CUSM email accounts. The notice will also include the date and time of the hearing, not less than five (5) or more than fifteen (15) calendar days after the involved parties have been notified. Maximum time limits for scheduling hearings may be extended at the discretion of the Coordinator.

Hearing Process

Other than as outlined below, hearings need not adhere to formal rules of procedure or technical rules of evidence followed by courts of law. Hearings will be conducted according to the following guidelines:

- 1) All procedural questions are subject to the final decision of the Dean.
- 2) The hearing will normally be conducted in private. Admission of any person to the hearing will be at the discretion of the Coordinator. The Coordinator may accommodate concerns for the personal safety, well-being, and/or fears of confrontation of the complainant, alleged perpetrator, and/or other witness during the hearing by providing separate meeting rooms, and/or by permitting participation by telephone, video conferencing, written statement, or other means, as deemed appropriate by the Coordinator.
- 3) In cases involving alleged sexual offenses, pursuant to the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act), the accuser and the accused have the opportunity to have a non-attorney advisor or support person present during a hearing. If a student chooses to be accompanied to a hearing, the individual who accompanies the student will not be permitted to speak on behalf of the student and/or take an active role in the hearing. Please note that the advisor cannot be a witness in the hearing.
- 4) Hearings will be led by the Coordinator, and will proceed in the following manner:
 - a) Reading of the charges.
 - b) The alleged perpetrator's denial or admission of the charges (If the alleged perpetrator admits the charges, then the committee may dismiss the alleged perpetrator and deliberate on the appropriate sanctions).
 - c) Presentation of information and/or witnesses supporting the charges and questions by the committee.
 - d) Presentation of information and/or witnesses that disproves the charges and questions by the committee.
 - e) Each involved party has the option of presenting a closing statement to the committee.
- 5) The chair and the involved parties may call witnesses. The committee may ask questions of the witnesses. Witnesses may only be present while giving testimony. Involved parties must present a list of witnesses and purposes of their statements to the Coordinator at least 24 hours in advance of the hearing.

- 6) A list of witnesses should be presented to the involved parties at least 24 hours before the hearing.
- 7) Pertinent records, exhibits, and written statements may be accepted as information for consideration by the committee at the discretion of the Coordinator. This information must be submitted to the Coordinator at least 24 hours before the hearing.
- 8) Involved parties will receive a copy of witness lists and all relevant materials submitted.
- 9) If, during the course of the hearing, additional policy violations are discovered, the alleged perpetrator will be notified of the new charges and will be granted additional time, if needed, to prepare a defense of the new charges. The alleged perpetrator may waive the additional time and the hearing can proceed with the new charges taken under consideration by the committee. A record should be made in the hearing notes of additional charges and whether or not the alleged perpetrator desires additional preparation time.
- 10) The committee's determination will be made based on the preponderance of the evidence standard (whether it is more likely than not that the alleged perpetrator violated the Policy on Sexual Misconduct). After the hearing, in an executive session, the committee will determine by majority vote whether the alleged perpetrator has violated the Policy on Sexual Misconduct.
- 11) If the alleged perpetrator is found to have violated the Policy on Sexual Misconduct, the committee will then make a recommendation to the Coordinator on the appropriate sanction(s).
- 12) The Coordinator will notify the involved parties in writing to the involved parties' CUSM email accounts of the committee's decision and the sanctions issued, if any.
- 13) There will be a single written record of the hearing and deliberation, which normally consists of the statement of alleged misconduct, a summary of the information presented in the hearing, a summary of the statement of the involved parties, statement of the decision, and the sanctions issued, if any. The hearing will not be transcribed or otherwise recorded.
- 14) If either of the involved parties fails to appear at the hearing or participate, the committee may make a decision based on the available information. If the Coordinator determines that good cause exists for either of the involved parties not appearing at the hearing, a new date may be set for the hearing.
- 15) The committee will render a decision in a timely manner by using the schools' good faith effort to conduct a fair and impartial investigation in a method designed to provide all parties with resolution.

Sanction Findings

Once the committee has decided that a violation has occurred, the committee may impose any sanction that it finds to be fair and equivalent to the violation and in the interests of CUSM, including probation, suspension, or dismissal. In determining an appropriate sanction, the committee may consider any record on the part of the accused student of past violations of misconduct, as well as the nature and severity of the violation(s) and any mitigating circumstances. The committee will consider as part of its deliberations whether the accused student poses a continuing risk to the respondent and the CUSM community. All sanctions shall require a finding that the sanction to be imposed is warranted by a preponderance of the evidence.

Appeals Process

Students who wish to appeal the decision of the Student Disciplinary Committee hearing can submit a written appeal to the Dean. The appeal must be submitted within 10 business days of the issuance date of the committee's written decision. The written appeal must specify grounds that would justify consideration.

The written appeal must specifically address at least one of the following criteria:

- Insufficient information to support the decision.
- New information, sufficient to alter a decision, or other relevant facts not brought out in the original hearing, because such information and/or facts were not known to the person appealing at the time of the original hearing.
- Procedural irregularity in the Student Disciplinary Committee proceedings that undermined the alleged perpetrator's ability to present a defense or the complainant's ability to present relevant information supporting his or her complaint.
- Bias or conflict of interest by a committee member or investigator.
- Inappropriateness of the sanction for the violation of the Policy on Sexual Misconduct.

Generally, the appellate process does not require a hearing, nor does it require the Dean to make personal contact with the students or the Student Disciplinary Committee.

A decision on the appeal based on the preponderance of the evidence will be issued, in writing, to both parties typically within 10 business days of the filing of the appeal via their CUSM email accounts. The decision of the Dean is final.

No Retaliation Policy

CUSM policies strictly forbid discrimination or retaliation against any community member who reports, in good faith, any instances of conduct that do not comply or appear not to comply with federal or state laws and regulations or local policies and procedures. Those reporting inappropriate behavior have the right to remain anonymous and to use confidential mechanisms to disclose non-compliant activity without fear of retaliation. Individuals who believe that they are experiencing retaliation are strongly encouraged to contact the school's administrative dean for education or student affairs, so that the situation can be addressed immediately.

Sexual Harassment

It is the policy of CUSM to provide an educational environment free from any form of sexual harassment directed at any employee, student, or person while engaged in business activities for or with CUSM. Sexual harassment is a form of sex discrimination. It is a violation of the Federal Civil Rights Statutes of 1964, Title VII of the Equal Employment Opportunity Act of 1972 (as amended), Government Code Sections 12940 (i) and (j) of the California Fair Employment and Housing Act, and Government Code Section 19702 of the State Civil Service Act.

Examples of Sexual Harassment

Sexual harassment is defined as unsolicited and unwelcome sexual advances, requests for sexual favors, and other verbal, physical, or visual conduct of a sexual nature, which occurs under any one of three circumstances:

1. Explicitly or implicitly conditioning employment or successful completion of a course on an individual's acceptance of unwanted or unsolicited sexual advances or other conduct of a sexual nature.
2. Basing a decision affecting an employee or student upon that employee's or student's acceptance or rejection of unsolicited sexual advances or other conduct of a sexual nature.
3. Any conduct which has the potential to negatively affect an employee/student's performance and/or create an intimidating, hostile, or otherwise offensive environment.

Procedures for Sexual Harassment Complaint

CUSM will fully investigate and resolve complaints of sexual harassment. Any person who feels s/he has been sexually harassed may file a discrimination complaint by reviewing the Policy on Sexual Misconduct or by contacting the Title IX Coordinator at CUSM, Belinda Taylor-Batchelor.

Americans with Disabilities Act (ADA)

CUSM will provide individuals with disabilities equal educational opportunities, programs, and services consistent with the requirements of Section 504 of the Rehabilitation Act of 1973, Title III of the Americans with Disabilities Act of 1990, and the Americans with Disabilities Amendments Act of 2008. To ensure equality of access for students with disabilities, academic accommodations and auxiliary aids will be provided to the extent necessary to comply with state and federal laws and regulations. Academic accommodations and auxiliary aids will specifically address those functional limitations of the disability, which adversely affect equal education opportunity.

When necessary, CUSM will make reasonable modifications to policies, practices, or procedures and provide auxiliary aids and services, as long as doing so will not fundamentally alter the nature of CUSM programs or impose an undue burden on the institution. Students requiring assistance must make timely and appropriate disclosures and requests. Request for reasonable accommodations should be made as soon as possible after acceptance.

Students requesting such assistance must provide information and documentation regarding their disability and their limitations, including appropriate medical information to CUSM's ADA Officer, in the Office of Human Resources. A student may be required to undergo an additional evaluation if needed by CUSM to collaborate effectively with the student in securing appropriate learning strategies. All personal and medical information will be treated as confidential.

Students' Right to Know Act 1990

Education is fundamental to the development of individual citizens and the progress of the nation as a whole. There is increasing concern among citizens, educators, and public officials regarding the academic performance of students at institutions of higher education. Prospective students should be aware of the educational commitments of an institution of higher education. Knowledge of

graduation rates helps prospective students make an informed judgment about the educational benefits available at a given institution of higher education.

In compliance with the Student-Right-to-Know and Campus Security Act of 1990, it is the policy of CUSM to make available its completion and transfer rates to all current and prospective students as they become available.

Firearms and Weapons Policy

Consistent with California law (SB 707), firearms (whether loaded or unloaded) are prohibited on the CUSM campus. It is a violation of CUSM policy and state law for any person to carry a firearm or dangerous weapon on school premises, school-provided transportation or areas of other facilities being used exclusively for school activities. Dangerous weapons include but are not limited to firearms, slingshots, sand clubs, metal knuckles, daggers, dirks, spring blade knives, nun-chu-ka sticks, throwing stars, air guns, stun guns, and devices intended to injure a person by an electric shock.

Persons over 18 years of age may possess personal protection spray devices on school property. Personal protection spray devices may not be used other than in self-defense as defined by state law. Possession, transmission or use of personal protection spray devices under any other circumstances is a violation of CUSM policy.

CUSM may expel a student if the student acts with malice and displays an instrument that appears to be a firearm or weapon as described above on school premises, school-provided transportation, or areas of facilities while being used exclusively for school activities.

School officials will notify the appropriate law enforcement agency of known or suspected violations of this policy. Students who violate this policy shall be expelled.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at California University of Science and Medicine (CUSM) is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the degree you earn in the educational program is also at the complete discretion of the institution to which you may seek to transfer. If the credits or degree that you earn at this institution are not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending CUSM to determine if your credits or degree will transfer.

Institutional Financial Solvency

CUSM is a financially sound institution of higher education. The institution has never filed a bankruptcy petition, nor has it had a petition of bankruptcy filed against it that resulted in reorganization under Chapter 11 of the United States Bankruptcy Code (11 U.S.C. Sec. 1101 et seq.).

Complaint about the Institution

A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 or by completing a complaint form, which can be obtained on the bureau's internet web site (www.bppe.ca.gov).

COURSE LISTINGS

All CUSM courses, clerkships, sub-internships, and electives are graduate level.

MD Program

Pre-Clerkship Courses (Years 1 and 2)

The structure of all system-based courses in the first two years of the curriculum is multidisciplinary and is given by an interdisciplinary team of faculty who cover clinical as well as basic science disciplines (embryology, anatomy, histology, genetics, biochemistry, physiology, immunology, microbiology, pathophysiology, pathology, and pharmacology). The courses are designed around clinical presentations (CPs) which allow students to develop knowledge and understanding of the basic scientific principles that underpin the practice of medicine. The clinical presentation-based learning program emphasizes the need for students to be able to explain the mechanisms responsible for the production of symptoms and signs of diseases and to be able to relate these to pathophysiology and associated underlying scientific disciplines. Moreover, the integration of clinical education and basic science has the aim to reinforce appropriate emphasis on fundamental scientific principles that are key to lifelong learning and biomedical scientific literacy. Understanding these principles is essential to empower physicians to continue to comprehend their own discipline's literature and to critically evaluate claims of therapeutic effectiveness and safety throughout their careers.

Year 1

CM-5100: The Scientific Foundations of Medicine

- Credits: 6
- Sites: CalMed
- Prerequisites: None

Description: This course focuses on scientific principles, that when interpreted correctly, will lead the physician to make sound scientific-based diagnostic and therapeutic decisions. The aims of this course are: to present the fundamental molecular, cellular and morphological principles of the biomedical sciences, to convey to the student how these principles govern the holistic control of life itself, and to link the learned scientific information to clinical medicine.

Evaluation: A combination of formative and summative assessments including multiple-choice questions, clinical skills exams, clinical presentation work-up assessments, laboratory assessments, and individual readiness assessment tests.

Grade Criteria: Numeric percentage score, 70% to pass.

CM-5200: The Structural Integrity of the Human Body

- Credits: 6
- Sites: CalMed
- Prerequisites: None

Description: The integumentary and musculoskeletal systems together function to maintain the structural and functional integrity of the human body. This course provides an integrated study of the basic sciences related to both the skin, with its numerous functions from acting as a protective

barrier from the outside environment to that of hormone synthesis (vitamin D), and the musculoskeletal system which provides form, support, stability and movement to the body. The goal of this course is to provide comprehensive basic anatomical and molecular knowledge about bones, joints, muscles, tendons, ligaments, skin and associated soft tissues and correlate this knowledge to normal function and the clinical manifestations of disease.

Evaluation: A combination of formative and summative assessments including multiple-choice questions, clinical skills exams, clinical presentation work-up assessments, laboratory assessments, and individual readiness assessment tests.

Grade Criteria: Numeric percentage score, 70% to pass.

CM-5300: The Sustenance of the Body

- Credits: 5
- Sites: CalMed
- Prerequisites: None

Description: This course provides comprehensive knowledge concerning the mechanical and chemical processes that lead to the digestion of food and absorption of nutrients. It covers the various constituents of the gastrointestinal system that are essential in appropriately making these nutrients available to the body for sustenance. The course will contrast the normal structure and function of the gastrointestinal system with its major pathological conditions. The aim of this course is to demonstrate how an understanding of the basic and clinical sciences leads to accurate diagnoses and therapeutic decisions.

Evaluation: A combination of formative and summative assessments including multiple-choice questions, clinical skills exams, clinical presentation work-up assessments, laboratory assessments, and individual readiness assessment tests.

Grade Criteria: Numeric percentage score, 70% to pass.

CM-5400: The Depurative Functions of the Body

- Credits: 4
- Sites: CalMed
- Prerequisites: None

Description: This course deals with the urinary system (kidneys, ureters, bladder, urethra and associated structures) that removes wastes and water from the body through the production and excretion of urine. The system also functions to control the body's internal environment by regulating blood volume, blood pressure, levels of electrolytes and metabolites, and blood pH. The course provides a comprehensive integration between the basic and clinical sciences. It focuses on the functions of the components of the urinary system in health and disease. The course contents relate signs and symptoms of urinary system disorders to their pathologic basis and support the clinical approach to diagnosis and treatment of these disorders.

Evaluation: A combination of formative and summative assessments including multiple-choice questions, clinical skills exams, clinical presentation work-up assessments, laboratory assessments, and individual readiness assessment tests.

Grade Criteria: Numeric percentage score, 70% to pass.

CM-5500: The Formed Elements of Life

- Credits: 4
- Sites: CalMed

- Prerequisites: None

Description: Blood is an essential part of the immune system. This course focused on the fundamental concepts of the hematologic and immune systems emphasizing the basic structures, functions and interactions of related cells, tissues and organs. It covers the basic science (anatomy, biochemistry, physiology, genetics, etc.) as well as the clinical (pathology and pharmacology) aspects of these systems. Disorders that will be covered involve the red blood cells, the granulocytes, the lymphocytes and monocytes (of the immune system), and the platelets (and the clotting proteins of the hemostatic system), as well as the organs and tissues involved in the production of these cells.

Evaluation: A combination of formative and summative assessments including multiple-choice questions, clinical skills exams, clinical presentation work-up assessments, laboratory assessments, and individual readiness assessment tests.

Grade Criteria: Numeric percentage score, 70% to pass.

CM-5600: The Transport and Delivery of Life's Elements

- Credits: 8
- Sites: CalMed
- Prerequisites: None

Description: This course deals both with the respiratory system, that brings air into the body, and the cardiovascular system that delivers oxygen and nutrients (the “elements of life”) from the respiratory and gastrointestinal systems to organs and cells and wastes from these organs and cells to deliver them to the “depurative” system. This course provides the knowledge and skills to integrate the basic sciences with their clinical application by exploring the normal structure and function of the components of the respiratory and cardiovascular systems and the pathologic conditions that can affect them.

Evaluation: A combination of formative and summative assessments including multiple-choice questions, clinical skills exams, clinical presentation work-up assessments, laboratory assessments, and individual readiness assessment tests.

Grade Criteria: Numeric percentage score, 70% to pass.

CM-5700: Clinical Skills (I)

- Credits: 5
- Sites: CalMed and service learning sites
- Prerequisites: None

Description: The Clinical Skills (I) course begins with a series of orientation sessions that lead to certification in basic life support (BLS). This is followed by sessions during the rest of the course that are designed to teach the basic clinical skills needed for medical practice. These skills include effective doctor-patient and inter-professional communication, counseling and feedback, history taking, physical examination, diagnostic study interpretations, select clinical procedures, and clinical case presentation. Using a multitude of learning modalities (e.g., self-directed study, team-based study, stimulations, real patient scenarios, and journal club), students will be given formative feedback and assessed by way of self-reflection and -assessment, quizzes, faculty observation, peer-feedback, and standardized patient assessment. The topics of the clinical skills for a given week will be based on the clinical presentations (CPs) as part of system-based courses. Students will also participate in structured service-learning opportunities in local community-based clinics and services. These opportunities will complement the acquisition of skills during the course and

will be available to students during selected weekdays and weekends in the first and second semester.

Evaluation: A combination of formative and summative assessments including self-reflection and -assessment, quizzes, faculty observation, peer-feedback, and standardized patient assessments.

Grade Criteria: Numeric percentage score, 70% to pass.

CM-5800: College Colloquium (I)

- Credits: 4
- Sites: CalMed
- Prerequisites: None

Description: The College Colloquium (I) course is a compilation of seminars presented to first year medical students. At the start of medical school, students are divided into groups of 10 forming a “learning community” or “college” led by College Mentors. The College Mentors are charged with the delivery of the College Colloquium content to their respective college. In a discussion or workshop format, colloquia cover complex, multifaceted aspects of professional development. Invited presentations are also given by experts in the field followed by discussion. The course intends to survey issues that the students will encounter in the practice of medicine and to prepare them to become compassionate, trustworthy, well-informed physicians. By understanding the challenges of the profession, the students are better able to face them in an informed and honorable fashion.

Evaluation: College colloquium examinations, Journal Club presentations.

Grade Criteria: Numeric percentage score, 70% to pass.

Year 2

CM-6100: The Foundation of Life’s Functions

- Credits: 5
- Sites: CalMed
- Prerequisites: Year 2 standing

Description: This course provides information on the endocrine system which, through the production of hormones (chemical messengers), influences the activities and function of every cell, organ, and system of the body. This course will focus on the normal structure and function of the endocrine glands, their hormonal products, the disease states arising from abnormal glandular function and the therapeutic principles involved in the management of endocrine disorders.

Evaluation: A combination of formative and summative assessments including multiple-choice questions, clinical skills exams, clinical presentation work-up assessments, laboratory assessments, and individual readiness assessment tests.

Grade Criteria: Numeric percentage score, 70% to pass.

CM-6200: The Integration of Life’s Processes

- Credits: 9
- Sites: CalMed
- Prerequisites: Year 2 standing

Description: The course emphasizes the interdisciplinary study of the human nervous system as it applies to clinical medicine by covering subjects ranging from molecular and morphological biology to cognitive and neuroimaging studies. The purpose of the course is to demonstrate that nervous

system disorders can be understood in terms of neuroanatomical and physiological mechanisms and to convey the fundamental facts and concepts underlying current knowledge of the nervous system as it applies to general clinical training in medicine. The course covers individual topics such as organization, function, and dysfunction (e.g., lesion effects) of spinal cord, brainstem, cerebral cortex, and subcortical regions as well as the senses.

Evaluation: A combination of formative and summative assessments including multiple-choice questions, clinical skills exams, clinical presentation work-up assessments, laboratory assessments, and individual readiness assessment tests.

Grade Criteria: Numeric percentage score, 70% to pass.

CM-6300: Human Conduct and Behavior

- Credits: 3
- Sites: CalMed
- Prerequisites: Year 2 standing

Description: This course focuses on the development and integration of behavioral, psychosocial, and biomedical science knowledge and the application of this knowledge in understanding the etiology, diagnosis, and management of psycho-behavioral disorders.

Evaluation: A combination of formative and summative assessments including multiple-choice questions, clinical skills exams, clinical presentation work-up assessments, laboratory assessments, and individual readiness assessment tests.

Grade Criteria: Numeric percentage score, 70% to pass.

CM-6400: The Propagation of Life

- Credits: 5
- Sites: CalMed
- Prerequisites: Year 2 standing

Description: This course is designed to give the student a clear understanding of those structures and functions which are directly or indirectly related to the process of reproduction. The course will allow students to acquire a deep understanding of the anatomy, physiology, and pathophysiology of the male and female reproductive systems from their embryonic origins through their developmental/pubertal milestones to reach a mature adult capable of reproduction. Students will gain an understanding of male and female sexual functioning, the potential associated disorders, as well as the pharmacologic agents affecting reproductive related functions.

Evaluation: A combination of formative and summative assessments including multiple-choice questions, clinical skills exams, clinical presentation work-up assessments, laboratory assessments, and individual readiness assessment tests.

Grade Criteria: Numeric percentage score, 70% to pass.

CM-6500: The Continuum of Life

- Credits: 6
- Sites: CalMed
- Prerequisites: Year 2 standing

Description: This course spans the continuity and progression of human from the beginning to the end. The segments of this continuum, such as birth, infancy, childhood, adolescence, adulthood, and old age, identify developmental phases, each with its own biological, psychological, environmental and social characteristics, through which individuals pass over the course of their

lives. This course focuses on those aspects related to the developmental phases and environmental challenges peculiar to each phase of this continuum by covering the basic science and clinical disciplines needed to understand these changes.

Evaluation: A combination of formative and summative assessments including multiple-choice questions, clinical skills exams, clinical presentation work-up assessments, laboratory assessments, and individual readiness assessment tests.

Grade Criteria: Numeric percentage score, 70% to pass.

CM-6600: Academic Research Study

- Credits: 2
- Sites: CalMed
- Prerequisites: None

Description: The Academic Research Study course is a mentored research project for students in preparation for lifelong learning and critical thinking. Students will develop methodological and analytical skills to support their future clinical and research careers. They will be exposed to information literacy, research methodology, research bioethics and professionalism, statistical analysis, manuscript preparation and submission, and grant writing. The mentored research is focused on clinical big data analysis. The capstone project will culminate in a poster presentation at the CalMed Research Day.

Evaluation: Capstone project, poster presentation, external platform presentation or publication in peer-reviewed journal.

Grade Criteria: Numeric percentage score, 70% to pass.

CM-6700: Clinical Skills (II)

- Credits: 3
- Sites: CalMed and service learning sites
- Prerequisites: Year 2 standing

Description: The Clinical Skills (II) course is designed to teach the basic clinical skills needed for medical practice. These skills include effective doctor-patient and inter-professional communication, counseling and feedback, history taking, physical examination, diagnostic study interpretations, select clinical procedures, and clinical case presentation. Using a multitude of learning modalities (e.g., self-directed study, team-based study, stimulations, real patient scenarios, and journal club), students will be given formative feedback and assessed by way of self-reflection and -assessment, quizzes, faculty observation, peer-feedback, and standardized patient assessment. The topics of the clinical skills for a given week will be based on the clinical presentations (CPs) as part of system-based courses. Students will also participate in structured service-learning opportunities in local community-based clinics and services. These opportunities will complement the acquisition of skills during the course and will be available to students during selected weekdays and weekends in the first semester.

Evaluation: A combination of formative and summative assessments including self-reflection and -assessment, quizzes, faculty observation, peer-feedback, and standardized patient assessments.

Grade Criteria: Numeric percentage score, 70% to pass.

CM-6800: College Colloquium (II)

- Credits: 3
- Sites: CalMed

- Prerequisites: Year 2 standing

Description: The College Colloquium (II) course is a compilation of seminars presented to second year medical students. At the start of medical school, students are divided into groups of 10 forming a “learning community” or “college” led by College Mentors. The College Mentors are charged with the delivery of the College Colloquium content to their respective college. In a discussion or workshop format, colloquia cover complex, multifaceted aspects of professional development. Invited presentations are also given by experts in the field followed by discussion. The course intends to survey issues that the students will encounter in the practice of medicine and to prepare them to become compassionate, trustworthy, well-informed physicians. By understanding the challenges of the profession, the students are better able to face them in an informed and honorable fashion.

Evaluation: College colloquium examinations throughout the year, Journal Club presentations.

Grade Criteria: Numeric percentage score, 70% to pass.

Year 3

GS-7100: Surgery Clerkship

- Credits: 8
- Sites: Arrowhead Regional Medical Center (ARMC)
- Prerequisites: Year 3 standing
- Open to Exclerks: No

Description: The Surgery Clerkship is an 8-week rotation where students spend time in an inpatient and outpatient setting working closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical knowledge base through a variety of patient encounters and procedures in the realm of general surgery. Students participate in patient care pre- and post-operatively and assist in the operating room in the inpatient portion of the clerkship. In the outpatient setting, students are exposed to different environments in which surgery is performed. Subspecialties include cardiothoracic, colorectal, GI, plastic, orthopedic, pediatric, trauma, transplant, urological, and vascular surgery. By the clerkship, students will be able to demonstrate understanding of surgical pathologies and their treatments, expected outcomes and complications, and non-surgical alternatives.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

IM-7200: Medicine Clerkship

- Credits: 8
- Sites: ARMC
- Prerequisites: Year 3 standing
- Open to Exclerks: No

Description: The Medicine Clerkship is an 8-week rotation where students spend time in an inpatient and outpatient setting working closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical knowledge base through a variety of patient encounters and procedures in the realm of internal medicine. Students participate in patient care in the medicine wards and manage patients from admission to discharge. Students evaluate and manage patients with acute illnesses and master the art and science of history taking, physical examination, lab interpretation, clinical reasoning,

communication skills, and written skills. In the outpatient setting, students are exposed to clinics in which internal medicine is practiced. Students should develop sensitivity to social, familial, ethical, legal, cultural, and economic issues encountered in an ambulatory setting. By the clerkship, students will be able to apply the history, physical exam, and available diagnostic testing to create differential diagnoses and patient-oriented assessments/plans.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

CH-7300: Pediatrics Clerkship

- Credits: 8
- Sites: ARMC
- Prerequisites: Year 3 standing
- Open to Exclerks: No

Description: The Pediatrics Clerkship is an 8-week rotation where students spend time in an inpatient and outpatient setting working closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical knowledge base through a variety of patient encounters and procedures in the realm of pediatrics. Students participate in patient care in the pediatric wards and manage patients from admission to discharge. In the outpatient setting, students are exposed to clinics in which pediatrics is practiced. Students should develop sensitivity to social, familial, ethical, legal, cultural, and economic issues encountered in an ambulatory setting. Students will learn how to examine and evaluate pediatric patients including infants, toddlers, school-ages children, and adolescents. They will develop an understanding that children are not just small adults. The role of the pediatrician in the prevention of disease is stressed.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

MH-7400: Obstetrics and Gynecology Clerkship

- Credits: 8
- Sites: ARMC
- Prerequisites: Year 3 standing
- Open to Exclerks: No

Description: The Obstetrics and Gynecology Clerkship is an 8-week rotation where students spend time in an inpatient and outpatient setting working closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical knowledge base through a variety of patient encounters and procedures in the realm of obstetrics and gynecology. Students participate in patient care in the obstetrics and gynecology wards, labor and delivery unit, and operating room. In the outpatient setting, students are exposed to clinics in which obstetrics and gynecology is practiced. Students should develop sensitivity to social, familial, ethical, legal, cultural, and economic issues encountered in an ambulatory setting. Students will become comfortable with a gynecologic evaluation and assessment, will gain an understanding of the process of normal labor and delivery, and recognize precancerous and cancerous lesions of the female genital tract and how to treat them.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

FM-7500: Family Medicine Clerkship

- Credits: 8
- Sites: ARMC
- Prerequisites: Year 3 standing
- Open to Exclerks: No

Description: The Family Medicine Clerkship is an 8-week outpatient rotation where students where students spend time in an inpatient and outpatient setting work closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical knowledge base through a variety of patient encounters and procedures in the realm of family medicine. Students are exposed to clinics in which family medicine is practiced. Students should develop sensitivity to social, familial, ethical, legal, cultural, and economic issues encountered in an ambulatory setting.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

PS-7600: Psychiatry Clerkship

- Credits: 4
- Sites: ARMC and Country of San Bernardino Department of Behavioral Health clinics
- Prerequisites: Year 3 standing
- Open to Exclerks: No

Description: The Psychiatry Clerkship is a 4-week rotation in inpatient and outpatient settings where students work closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical knowledge base through a variety of patient encounters and procedures in the realm of psychiatry. Students participate in patient care in the consult-and-liaison inpatient team and psychiatric unit from admission to discharge. Students will identify psychiatric symptoms and make a differential diagnosis, make recommendations for biological, psychological, and social treatment interventions, and understand indications and procedures for lawful involuntary commitment for psychiatric care.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

NR-7700: Neurology Clerkship

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 3 standing
- Open to Exclerks: Yes

Description: The Neurology Clerkship is a 4-week rotation where students work closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical knowledge base through a variety of patient encounters and procedures in the realm of neurology. Students participate in patient care in the neurology inpatient consultation service and neurology wards managing patients from admission to discharge.

As an outpatient, students are exposed to different disciplines of neurology including epilepsy, dementia, movement disorders, sleep disorders, headache and neuropathic pain, and stroke.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

Year 4

EM-8000: Emergency Medicine Clerkship

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: No

Description: The Emergency Medicine Clerkship is a 4-week rotation where students work closely with clinical trainees and faculty. The clerkship intends to have students apply their knowledge of the basic sciences and expand their clinical knowledge base through a variety of patient encounters and procedures in the realm of emergency medicine. Students participate in patient care in the emergency department including interviews and physical examination, comprehensive differential diagnosis, resuscitation and stabilization, procedural and wound care techniques, and proper patient disposition and follow-up.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

*Required Clerkship taken in Fourth Year

MED-8100: Internal Medicine Sub-Internship

- Credits: 8
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Internal Medical Sub-Internships is an 8-week rotation where students preview the responsibilities of a medical intern during their fourth year of medical school. The sub-internship will offer an opportunity for students to gain experience in patient management of medical illnesses in both the inpatient and outpatient settings. They will serve as the physician of first contact for assigned patients taking a history and physical, arriving at a differential diagnosis, delineating a treatment plan, having patient/family discussions, writing progress notes, and for discharge planning.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

MED-8110: Cardiology

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Cardiology clerkship is a 4-week rotation where students participate in all facets of cardiology care. Alongside clinical trainees and attending physicians, the student will conduct cardiology physical examinations and consultations, read EKGs, assist in exercise testing and echocardiography, and evaluate patients for cardiac catheterization. In the outpatient side, students will be in ambulatory care cardiology clinics. By the end of the clerkship, students will learn to interpret many cardiac diagnostic modalities including electrocardiography, stress testing, echocardiography, cardiac catheterization, and cardiac electrophysiology procedures.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

MED-8115: Infectious Diseases

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Infectious Diseases clerkship is a 4-week rotation with both outpatient and inpatient components. Students will evaluate patients with acute and chronic infections, determine appropriate testing, interpret clinical microbiological data, and compose rational anti-microbial regimens. Their history taking and physical examinations will pay particular attention to epidemiological factors and distinct exam findings as clues to the infectious disease diagnosis.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

MED-8120: Geriatric Medicine

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Geriatric Medicine clerkship is a 4-week rotation where students are exposed to a variety of clinical settings including geriatric inpatient consultations, acute and subacute rehabilitation, geriatric primary care/consultative clinics, home visits, and geriatric specialty clinics.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

MED-8125: Rheumatology

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Rheumatology clerkship is a 4-week rotation where students master history taking and physical exam skills to evaluate patients with musculoskeletal problems. With rheumatologists and clinical trainees, students will function on the inpatient consultation service and ambulatory clinic addressing common rheumatic disorders such as rheumatoid arthritis, osteoarthritis,

systemic lupus erythematosus, bursitis, tendonitis, fibromyalgia, crystalline disorders, and seronegative spondyloarthropathies. Students will also learn aspiration and injection techniques for these disorders.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

MED-8130: Allergy and Clinical Immunology

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Allergy and Clinical Immunology clerkship is a 4-week rotation primarily in the outpatient clinic with some inpatient consultations. Alongside allergists and clinical immunologists, students will manage asthma, rhinitis, sinusitis, conjunctivitis, dermatitis, food intolerance, anaphylaxis, urticaria, and angioedema. They will be exposed to patients with many immunodeficiencies and the use of various immunomodulatory therapies. Further, hospital consults will focus on a variety of allergic reactions often to medications.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

MED-8135: Gastroenterology

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Gastroenterology (GI) clerkship is a 4-week rotation where students care for patients with gastrointestinal disorders. Students will participate in inpatient GI consults and round on patients. In the GI clinic, students will observe endoscopic procedures, including upper endoscopy, colonoscopy, paracentesis, endoscopic retrograde cholangiopancreatography, and endoscopic ultrasound.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

MED-8140: Nephrology

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Nephrology clerkship is a 4-week rotation where students are introduced to renal diseases. Students will evaluate acute and chronic renal diseases alongside clinical trainees and attending physicians. There are both outpatient and inpatient components to the clerkship. By applying the physiology of renal function to practice, students will be able to manage common renal diseases.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

MED-8145: Pulmonary Medicine

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Pulmonary Medicine clerkship is a 4-week rotation where students are introduced to pulmonary diseases. They will apply respiratory physiology to the bedside in both the inpatient and outpatient setting. Pulmonary function testing will be evaluated as well as bronchoscopy. Students will be able to interpret arterial blood gasses, chest films, and the proper use of respiratory therapy.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

MED-8150: Endocrinology

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Endocrinology clerkship is a 4-week rotation where students manage disorders of the endocrine glands (i.e. thyroid, pancreas, adrenal glands, pituitary). Together with clinical trainees and endocrinologists, students will apply insulin, thyroid hormone, and steroid physiology in treating diabetic, thyroid, and adrenal patients. Further, dyslipidemias are covered along with evidence-based screening and treatment guidelines.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

MED-8155: Physical Medicine and Rehabilitation

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Physical Medicine and Rehabilitation clerkship is a 4-week rotation where students function as part of a rehab team. In the inpatient service, students paired with rehab physicians evaluate patients for rehabilitation potential. In the ambulatory setting, the focus is on spinal-cord injury and post-stroke rehabilitation and long-term planning for maximum independence and improving the quality of life for the patient.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

MED-8160: Dermatology

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Dermatology clerkship is a 4-week rotation where students learn to identify and manage common skin conditions and cutaneous manifestations of systemic diseases. Under the guidance of dermatologists and clinical trainees, students learn the basic descriptive terminology of skin lesions, recognize the important signs of systemic illnesses, and understand the pathophysiology and therapeutic options for common skin diseases including acne dermatitis, exanthema, cutaneous malignancies, psoriasis, and skin infections.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

MED-8165: Medical Critical Care

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Medical Critical Care clerkship is a 4-week rotation where students will work in the medical intensive care unit. As part of the MICU team, students will assess and treat critically ill patients. They will be exposed to patients with septic shock, respiratory failure, mechanical ventilation, gastrointestinal bleeds, renal failure and dialysis, invasive monitoring, critical care nutrition, delirium, analgesia, and end of life care including bioethics.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

PED-8200: Pediatrics Sub-Internship

- Credits: 8
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Pediatrics Sub-Internship is an 8-week rotation where students preview the responsibilities of a pediatric intern during their fourth year of medical school. The sub-internship will offer an opportunity for students to gain experience in the patient management of pediatric illnesses. They will serve as the physician of first contact for assigned patients taking a history and physical, arriving at a differential diagnosis, delineating a treatment plan, having patient/family discussions, writing progress notes, and for discharge planning.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

PED-8205: Pediatric Critical Care

- Credits: 4

- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Pediatric Critical Care clerkship is a 4-week rotation where students will work in the pediatric intensive care unit. As part of the PICU team, students will assess and treat critically ill pediatric patients. They will be exposed to patients with respiratory failure, shock, multisystem organ dysfunction, surgical pathologies, invasive monitoring, family-patient communications, and end of life-care.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

PED-8210: Neonatology

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Neonatology clerkship is a 4-week rotation where students are exposed to all facets of newborn medicine. Under the guidance of neonatologists, students will participate in newborn resuscitation, endotracheal intubation, respiratory care techniques, and acute and critical medicine of the newborn. Key topics will include neonatal pharmacology, nutrition, genetics, shock, infections, development, and ethics.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

PAT-8300: Surgical Pathology Laboratory

- Credits: 4
- Sites: CalMed
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Anatomic and Surgical Pathology clerkship will enhance student knowledge and experience in the practice of pathology in a hospital setting. Students will spend 4 weeks with anatomic pathologists examining surgical specimens, frozen sections, biopsies from all body areas, cytology specimens including pap smears and fine needle aspirations, and autopsies.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

SUR-8400: General Surgery Sub-Internship

- Credits: 8
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The General Surgical Sub-Internship is an 8-week rotation where students preview the responsibilities of a surgical intern during their fourth year of medical school. The clerkship will offer

an opportunity for students to gain experience in preoperative, intraoperative and postoperative patient management for general surgery patients. They will serve as the physician of first contact for assigned patients taking a history and physical, arriving at a differential diagnosis, delineating a treatment plan, having patient/family discussions, writing progress notes, and for discharge planning.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

SUR-8405: The Surgical Dissection Experience

- Credits: 4
- Sites: CalMed
- Prerequisites: Year 4 standing
- Open to Exclerks: No

Description: The Surgical Dissection Experience is a 4-week clerkship permitting students the opportunity to gain a deeper insight into human anatomy and develop the skills and knowledge required for surgical internships and specialties. Under the direct supervision of faculty anatomists and clinicians, students will dissect relevant body regions and will be exposed to the anatomical basis for surgical interventions and the risks involved.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

SUR-8410: Surgical Critical Care

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Surgical Critical Care clerkship is a 4-week rotation where students will work in surgical intensive care unit. As part of the SICU team, students will assess and treat critically ill surgical patients. They will be exposed to patients undergoing trauma, emergency, oncologic, minimally invasive, colorectal, transplant, and bariatric surgery.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

SUR-8415: Orthopedic Surgery

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Orthopedic Surgery clerkship is a 4-week rotation where students manage disorders of the axial and appendicular skeleton and its related structures. Under the guidance of orthopedic surgeons, the medical student will address fractures and arthritic, soft tissue, neoplastic, metabolic, congenital, and acquired conditions. The experience will range from operative, ambulatory, and emergency room medicine.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

SUR-8420: Plastic and Reconstructive Surgery

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Plastic and Reconstructive Surgery clerkship is a 4-week rotation where students explore the multifaceted clinical practice of plastic surgery. Along with plastic surgeons, students will see patients with facial trauma, burns, cleft lip and cleft palate, head and neck cancer, cosmetic surgery, skin tumors, hand surgery, and general reconstructive surgery.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

SUR-8425: Neurosurgery

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Neurosurgery clerkship is a 4-week rotation where students apply their knowledge of nervous system anatomy and function to the surgical management of neurological disease. Students with neurosurgeons and clinical trainees will perform neurological assessments, interpret neuroimaging studies, and participate in the surgical management of disease of the nervous system including head and spine trauma, cerebrovascular disease, neuro-oncology, functional neurosurgery, pediatric neurosurgery, and other neurosurgical subspecialties.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

SUR-8430: Otolaryngology

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Otolaryngology clerkship is a 4-week rotation where students explore ENT disorders and head and neck surgery. Working alongside ENT physicians, medical students examine the ear, nose, nasopharynx, mouth, larynx, and neck. They will treat illnesses of the auditory and vestibular systems, head and neck cancer, facial cosmetics, maxillofacial trauma, skull base lesions, sleep apnea, voice disorders, and infections of the head/neck.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

RAD-8500: Radiology/Imaging

- Credits: 4
- Sites: CalMed
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: This clerkship is a 4-week rotation exploring the spectrum of radiology with a focus on medical/surgical disciplines. Students will learn when to order imaging studies for a particular condition and how to interpret them. The fields covered include conventional and interventional radiology as well as neuroradiology, body CT, MRI, ultrasound, mammography, and nuclear medicine.

Evaluation: A combination of formative and summative assessments including observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

RAD-8510: Neuroradiology

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Neuroradiology clerkship is a 4-week rotation where students are introduced to the brain, spine, head, and neck imaging. Alongside neuroradiologists, students will learn CT and MRI neuroimaging in both pediatric and adult populations. Students will participate in interventional neuroradiology procedures such as fluoroscopy-guided lumbar puncture, intrathecal chemotherapy, and myelography.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

RAD-8515: Radiation Oncology

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Radiation Oncology clerkship is a 4-week rotation where students learn how to apply radiation treatment to oncological disease. Students will serve alongside radiation oncologists in largely an outpatient setting learning appropriate diagnostic evaluations, staging, and prognostication of common cancers and planning radiation therapy for either cure or palliation. Further, students will work with radiation therapists, dosimetrists, and physicists during treatment planning and delivery.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

BSM-8585: Advances and Updates in the Biomedical Sciences (Basic Science Module)

- Credits: 4
- Sites: CalMed

- Prerequisites: Year 4 standing
- Open to Exclerks: No

Description: The Basic Science Module is a 4-week capsule review course of specific topics that physicians most frequently encounter in their clinic practice. It will cover biochemistry, genetics, physiology, nutrition, microbiology, immunology, pathology, cardiovascular system, gastrointestinal system, biostatistics, epidemiology, and pharmacology.

Evaluation: A combination of formative and summative assessments.

Grade Criteria: Numeric percentage score, 70% to pass.

SER-8600: Palliative Care

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Palliative Care clerkship is a 4-week rotation where students explore the natural history, prognosis, and management of life-limiting illnesses. Together with palliative care specialists, students will provide compassionate care to patients to those at their end of life. Students will be exposed to pain assessment, opioid management, caregiver support, and communicating bad news.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

SER-8605: Emergency Ultrasound

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Emergency Ultrasound clerkship is a 4-week rotation where students learn how to perform and interpret bedside ultrasound in the emergency department. Under the guidance of emergency physicians trained with ultrasound and medical sonographers, students are exposed to the use of ultrasonography in the emergency department to help physicians obtain immediate bedside information about the condition of patients in order to guideline treatment.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

SER-8610: Anesthesiology

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Anesthesiology clerkship is a 4-week rotation where students participate in the perioperative care of patients in the context of anesthesia. Students learn the basics of airway management, the effects of anesthetic agents on cardiovascular and pulmonary physiology, pain

management, regional anesthesia selection, and assessments of acid-base, hypercapnia, and hypoxemia.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

SER-8615: Obstetric Anesthesia

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Obstetric Anesthesia clerkship is a 4-week rotation where students explore labor analgesia, including parenteral or intravenous narcotics, and epidural and combined spinal-epidural analgesia. The clerkship will cover both the theory and practice of pain relief during childbirth. As part of an obstetric anesthesia team, the student will perform medical exams, round on patients, and participate in anesthetic care.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

SER-8620: Pain Medicine

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Pain Medicine clerkship is a 4-week rotation where students explore acute, chronic, and cancer-related pain. Working alongside pain physicians, medical students will round on inpatient pain consults, outpatient chronic pain management, and perioperative acute/regional pain services. They will develop an understanding of both medical and procedural management to pain including nerve block techniques and proper opioid prescribing. Emphasis will be placed on the interplay between biopsychosocial aspects to pain and the indications for analgesic therapies.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

OPT-8650: Ophthalmology

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Ophthalmology clerkship is a 4-week rotation where students detect pathologies of the eyes, optic nerve, lids, lacrimal apparatus, and visual pathways. Together with ophthalmologists, students will explore visual acuity, ophthalmoscopy, glaucoma, red eye, injuries, amblyopia and strabismus, and neuro-ophthalmology.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

URO-8700: Urology

- Credits: 4
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Urology clerkship is a 4-week rotation where students learn about diseases of the genitourinary tract. Along with urologists, students are exposed to general and specialty-based urology including oncology, endourology, neurourology, pediatric urology, infertility and impotence, and female urology.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.

OBG-8800: Obstetrics and Gynecology Sub-Internship

- Credits: 8
- Sites: ARMC
- Prerequisites: Year 4 standing
- Open to Exclerks: Yes

Description: The Obstetrics and Gynecology Sub-Internship is an 8-week rotation where students preview the responsibilities of an OB/GYN intern during their fourth year of medical school. The sub-internship will offer an opportunity for students to gain experience in perioperative and non-operative patient management for obstetrics and gynecology patients. They will serve as the physician of first contact for assigned patients taking a history and physical, arriving at a differential diagnosis, delineating a treatment plan, having patient/family discussions, writing progress notes, and for discharge planning.

Evaluation: A combination of formative and summative assessments including an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Numeric percentage score, 70% to pass.



California University of Science and Medicine SCHOOL OF MEDICINE

The California University of Science and Medicine School of Medicine

Section II

Doctor of Medicine Program

Student Handbook

Academic Year 2018-2019

NOTICES

Student Handbook Notice

The California University of Science and Medicine (CUSM) School of Medicine (CalMed) Doctor of Medicine (MD) Program *Student Handbook* is hereby incorporated as part of University's *Catalog*. The *Catalog* is also hereby incorporated as part of the School of Medicine's MD Program *Student Handbook*. The *Catalog* and *Student Handbooks* are available in the administrative offices of the University and on the website.

All University student policies and procedures are included in the *University Catalog*. The policies and procedures in this *Student Handbook* are specific to the program and are supplementary to University policies.

Please note that the University cannot possibly list all required student behaviors in the Catalog and/or Student Handbook, so whenever in doubt, students are strongly encouraged to contact the Dean, Associate Deans, or Directors responsible for the issue in question, for clarification.

By signing your registration and payment agreement, you acknowledge that you will comply with all University policies. These policies may be accessed on the University website or in the University Catalog, a copy of which is available at <http://www.calmedu.org>.

Family Educational Rights and Privacy Act of 1974 (FERPA) Notice

The California Education Code, Section 76200 et seq.; Title V, California Code of Regulations, Section 54600 et seq.; and Family Educational Rights and Privacy Act (Section 48, Public Law 93-380) require Educational institutions to provide student access to their records and to provide an opportunity for an administrative hearing to challenge such records on the grounds they are inaccurate, misleading, or otherwise inappropriate.

In addition, the institution must obtain the written consent of the students before releasing personally identifiable information about the student, except to a specified list of persons and agencies. These rights extend to present and former students. Complete student files are maintained indefinitely by California University of Science and Medicine (CUSM) School of Medicine (CalMed) from the time of student application, acceptance, matriculation, and graduation or withdrawal.

1. Enrollees of the CUSM educational programs are advised of their privacy rights upon enrollment.
2. Education records generally include documents and CUSM catalog information related to admissions, enrollment in courses, grades, and related academic information.
3. As required by the act, the Associate Dean of Student Affairs and Admissions will be the designated records officer.
4. Educational records will be made available during working hours for inspection and review to present and formerly enrolled students within 10 business days following completion and filing of a request form with the Registrar.

5. Any currently enrolled and former student of CUSM has a right of access to any and all student records relating to him or her that are maintained by CUSM, with the exception of letters of recommendation that they previously waved their right to read.
6. No CUSM representative shall release the contents of a student record to any member of the public without the prior written consent of the student, other than directory information as defined below, and information sought pursuant to a court order or lawfully issued subpoena, or as otherwise authorized by applicable federal and state laws.

Directory Information Notice

1. FERPA designates certain information related to students as “directory information” and gives CUSM the right to disclose such information to anyone inquiring, without a student’s permission, unless the student specifically requests in writing that all such information not be made public without his or her written consent. CUSM defines “directory information” as the following: name, address, telephone number, email address, class standing, major field of study, dates of attendance, extracurricular activities, admission or enrollment status (admitted, full-time, part-time, etc.), photograph, leadership positions, hometown, awards, and degrees earned. No other student information is released to non-University personnel without the student’s written permission, unless required by law.
2. As permitted under federal law, the sole exception to the above practice is the release of directory information considered to be public in nature and not generally deemed to be an invasion of privacy. CUSM uses directory information for educational purposes, such as to mail notices to students about changes in policies, services or opportunities. Directory information may also be provided to an alumni association, foundations, or other individuals for purposes that may be beneficial to students. CUSM exercises discretion in responding to requests for directory information and may or may not provide such information when requested, depending on the intended purpose of the request as provided by the requestor.
3. Students have the right to request CUSM not to release directory information about them. Students are advised to consider carefully the consequences of any decision made regarding the withholding of any category of directory information, as any future requests for such information from non-institutional persons or organizations will be refused. Some of the effects of this decision to request confidential status include, but are not limited to, friends or relatives trying to reach a student will not be able to do so through CUSM; information on a student’s enrollment status will be suppressed, so if a loan company, prospective employer, family members, etc. inquire about a student they will be informed that the University does not have information related to the student that it can release. CUSM will honor the student’s request to withhold all categories of information designated by CUSM as directory information but will not assume responsibility for contacting the student for subsequent permission to release them.
4. If students wish to withhold the disclosure of all the items of directory information, they are required to complete the “Authorization to Release or Withhold Student Education Record Information” form and submit it to the appropriate Dean’s or Program Director’s Office. This form must be received by the appropriate office by the first day of call in Fall Semester. If this form is not received by that date, all directory information will be disclosed

for the remainder of the academic year. The form will be kept on file in the Office of the Registrar.

Family Educational Rights and Privacy Act of 1974 (FERPA)

- Tutorial for Faculty, Staff, and Students

FERPA and Student Rights

The Family Educational Rights and Privacy Act (FERPA) affords eligible students certain rights with respect to their education records. (An "eligible student" under FERPA is a student who is 18 years of age or older or who attends a postsecondary institution at any age.) Eligible students' rights include the following:

- The right to inspect and review their educational records.
- The right to seek the amendment of their educational records.
- The right to consent to the disclosure of their educational records.
- The right to obtain a copy of their school's Student Records Policy.
- The right to file a complaint with the FERPA Office in Washington, D.C.

FERPA Basics

- With only a few exceptions, student educational records are considered confidential and may not be released without the written consent of the student.
- As a faculty or staff member, you have a responsibility to protect educational records in your possession.
- As a faculty or staff member, you may only access information that is needed for legitimate completion of your responsibilities as a school employee.

What is an Education Record?

"Education Records" include any information or data recorded in any medium, including but not limited to, handwriting, print, tapes, film, e-mail, microfilm, and microfiche, which is directly related to a student and maintained by the school.

Examples of an Education Records:

- Admissions information for students who are accepted and enrolled.
- Biographical information including date and place of birth, gender, nationality, information about race and ethnicity, and identification photographs.
- Grades, test scores, evaluations, courses taken, academic specialization and activities, and official communications regarding a student's status.
- Course work including papers and exams, class schedules, as well as written, email or recorded communications that are part of the academic process.
- Disciplinary records.
- Students' financial and financial aid records.

What is NOT an Educational Record?

Education records do not include:

- Campus Security unit records.
- Employment records (unless employment is based on student status).
- Medical records (HIPAA).
- Alumni records.
- “Sole possession” records.

The term “sole possession records” is intended to cover memory aids or reference tools. It does not refer to records that contain information provided directly by a student or records that are used to make decisions about a student. As such, this is a very limited exception. For example, personal notes from a committee meeting recommending students for a particular program would not be considered sole possession records if they are used to make decisions about the student.

Access to Student Education Records

In general, **CUSM will not release “personally identifiable information” from a student's education record without the student's prior written consent**; however, FERPA allows disclosure without student consent under the following circumstances:

- School employees who have a “legitimate educational interest” in the records in order to perform their duties.
- Other schools where a student seeks to enroll or is enrolled.
- Accrediting organizations.
- Organizations doing certain studies for or on behalf of the school.
- Appropriate parties to determine eligibility, amount or conditions of financial aid, or to enforce the terms and conditions of aid.
- Authorized representatives of the U. S. Comptroller General, the U.S. Attorney General, the U.S. Secretary of Education, or State and local educational authorities, such as a State postsecondary authority that is responsible for supervising the university’s State-supported education programs. Disclosures under this provision may be made, in connection with an audit or evaluation of Federal or State supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs.
- Individuals who have obtained a judicial order or subpoena.
- School officials who have a need to know concerning disciplinary action taken against a student.
- Appropriate parties who need to know in cases of health and safety emergencies when necessary to protect the student and/or others.
- An alleged victim of a crime of violence or non-forcible sexual offense has a right to learn the results of a disciplinary proceeding conducted by the institution against the alleged perpetrator of the crime.
- Information regarding any violation of school policy or state, federal or local law, governing the use or possession of alcohol or a controlled substance may be released to the parents or legal guardian of a student under the age of 21.
- Approved vendors/third party operators contracted with the school to provide services.

Directory Information

Student record information is confidential and private. In accordance with both federal law and our school policy, CUSM does not release student record information without prior written consent of the student. The one exception to this is that CUSM may release "directory information" items without prior student consent. Directory information is defined as that information which would not generally be considered harmful or an invasion of privacy if disclosed.

CUSM designates the following items as directory information:

- Student's name.
- Mailing address & phone number.
- School email address.
- Class standing.
- Major field of study.
- Dates of attendance.
- Extracurricular activities.
- Admission or enrollment status (admitted, full-time, part-time).
- Degrees and awards.
- Photos.
- Leadership positions.
- Hometown.

Definition of Directory Information and Opt-Out Process

Information contained in an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed.

FERPA allows institutions to determine what information CUSM will list as public/directory.

Institutions must notify students annually about directory information and allow a reasonable amount of time for students to request not to disclose this information.

The noted items above can be specifically restricted by the student by completing the Request to Withhold Directory Information form with the Registrar Office.

Process for Withholding Directory Information:

1. Complete the Request to Withhold Directory Information form with the Registrar office.
2. A "do not release" notice will be placed on the student's record.
3. The Registrar will mark the student's record as "confidential."

Note: In order to **reverse the action of withholding directory information**, student must complete and sign the Request to Release Directory Information form.

Parents Rights Relating to Educational Records

- When a student reaches the age of 18 or begins attending a postsecondary institution, regardless of age, FERPA rights transfer from the parent to the student. This means that

parents may NOT obtain any of their student's education records without the written consent of the student.

- Since student grades are part of the education record, they are protected under FERPA and, therefore, may not be released to parents.

Student Written Consent for Third Party Requests

(Student Consent for Release of Information to Third Parties form)

- A student's written consent is required to release individual requests to third party agencies. For example, current or potential employers, other educational institutions, credit card companies, scholarship committees, insurance companies (health, auto, life, etc.) and other similar third-parties. **A separate release form must be completed for each individual request.**
- A signed release form is required in order to discuss student information to parents or guardians without written consent by the student.
- A signed release form is required in order to provide a student with a letter of recommendation, if non-directory information is included in the letter (i.e.: grades, grade point average [GPA]).

Non-Directory Information

Directory Information NEVER includes private information that is personally identifiable such as:

- Race
- Gender
- Social security number/Student ID
- Grades (of any kind)
- GPA
- Country of citizenship
- Religion

Guidelines for Faculty and Staff - Consent to Release Non-Directory Education Records

The release of non-directory information to parties outside of CUSM is restricted to the appropriate educational record custodian (Registrar staff) and only if the custodian has a signed and dated Student Consent for Release of Information to Third Parties form.

Information from a student's educational record may be shared among school officials who have legitimate educational interests.

Access to a student's educational records by school officials is restricted to that portion of the record necessary for the discharge of assigned duties.

Directory information on individual students may be made available publicly by the appropriate educational record custodian, unless the student has blocked disclosure of directory information.

Important: The School does not provide mailing lists to any third party for either commercial use or for solicitation of any product or service.

Annual Notification

Consistent with its obligations, CUSM notifies students annually of their rights under FERPA. Notification is sent to all enrolled students via their CUSM email address.

Comments/Questions

Questions related to FERPA should be directed to the Registrar Office at registrar@calmedu.org.

Filing a Complaint

Students have a right to file a complaint with the U.S. Department of Education concerning alleged failures by CUSM to comply with the requirements of FERPA.

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

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Admissions

Personal Qualities

CUSM School of Medicine (CalMed) strives to educate students to become excellent and caring physicians, scientists, and leaders. Prospective students will be primarily drawn from a national pool of applicants with a focus on promising California and Inland Empire applicants. To this end, candidates who have keen observational skills, logical intellectual abilities, comprehensive analytical abilities, compassion, integrity, concern for others, good interpersonal skills, as well as motivation are strongly encouraged to apply. In addition, candidates for the MD degree should have the skills and qualities described in the following Admissions Requirements section. In order to assess the personal qualities of applicants, CalMed utilizes a holistic review system in the admissions review process.

Admissions Requirements

Academic Planning for the CalMed Curriculum

CalMed concurs with the Association of American Medical Colleges (AAMC) position that, “medical schools should promote the least restrictive path to medical school in order to increase the likelihood that students can come from a variety of disciplines, majors, and backgrounds.” To that end, CalMed has embraced a growing trend found in some of the nation’s top medical schools to not require any specified prerequisite coursework, but instead recommend courses that we believe would help the successful matriculant navigate our curriculum and prepare them for the practice of medicine.

The prudent student will take care to know and understand the subject matter of the MCAT and set a course of study that leads to mastery of its content. The student should be aware that CalMed has a fast-paced curriculum that assumes students have a solid foundation in the biological sciences and statistics. In general, we recommend they take courses that include the study of biology and biochemistry, general and organic chemistry, physics and math. The biology and chemistry coursework should include lab experience. However, applicants are encouraged to explore a variety of educational offerings while they have the opportunity to do so and may major in any discipline of their choosing. Our Admissions Committee views the social sciences, behavioral sciences, humanities, arts, languages and related courses, to also be very important in creating a well-rounded physician.

Admissions Requirements

1. Applicant must hold a bachelor’s (baccalaureate) degree from a regionally-accredited undergraduate college or university in the US or an equivalent degree from a non-US accredited undergraduate university.
2. Applicant must be a citizen or permanent resident of the US. In addition, applicant with Deferred Action for Childhood Arrivals (DACA) status may also apply. Review the Policy on DACA Applicants below.

3. All applicants must submit three (3) letters of recommendation through the American Medical College Application System (AMCAS). If a Pre-Health Advisory Committee's letter of evaluation is available, it may take the place of the other letters requirement.
4. Grade point average (GPA) preference: CalMed prefers a total undergraduate GPA of 3.0 or above as well as BCPM (biology, chemistry, physics, and mathematics) GPA of 3.0 or above.
5. Medical College Admission Test® (MCAT®) requirements**: An MCAT 2015 or conventional MCAT score is required. MCAT 2015 score of 502 or above OR pre-2015 MCAT score composite of 26 or above is preferred.

** CalMed prefers an MCAT 2015 score but will accept either score. However, MCAT scores should be no more than three years old at the time of application.

6. Applicants must provide consent to the following CalMed's requirements for students who are accepted for enrollment. Prior to matriculation, the student:
 - Must notify CalMed of any institutional, legal, or academic actions against him/her from the date of American Medical College Application Service (AMCAS®) application submission and matriculation. All must be reported to the admissions office at CalMed.
 - Must provide consent to criminal background check.
 - Must meet the immunization requirements set by the State of California and additional requirements established by CalMed. Detailed instructions will be provided with the Acceptance Letter. The CalMed Immunization Policy and Requirements are available in the following section.
 - Must attend CalMed's orientation program.
7. The Technical Standards in the section below describe the essential abilities required of all candidates* Upon acceptance, students must attest to their ability to meet those standards with or without reasonable accommodations. This acknowledgment is noted by their signature on a copy of the school's Technical Standards.

* A student with a disability must provide a medical report describing the disability and explaining the required type of accommodation. CalMed will review the student's disability requirements to determine CalMed's ability to provide reasonable accommodations.

CalMed Technical Standards

CalMed is committed to full compliance with section 504 of the Rehabilitation Act of 1973 (PL 93-112) and the Americans with Disabilities Act (ADA PL 101-336) enacted by Congress in 1990 (Nondiscrimination on the Basis of Disability). Upon acceptance, students must attest to their ability to meet those standards with or without reasonable accommodations. This acknowledgment is noted by their signature on a copy of the school's Technical Standards.

Accepted applicants to CalMed must be able to complete all requirements inherent in and leading to the MD degree. To ensure this, CalMed has adopted technical standards for the assessment of all accepted applicants. Because the MD degree implies the practice of medicine, the graduates must have the knowledge and master the skills to function in a broad variety of clinical situations and to administer a wide spectrum of patient care.

Functional senses are critical for the diagnostic skills of the MD and other healthcare providers. Therefore, the candidates for the MD program must have somatic sensation as well as functional senses of vision, smell, taste, and hearing. Additionally, they must have sufficient function of touch, pain, and temperature, and sufficient proprioceptive sense (position, pressure, movement, stereognosis, and vibratory). Sufficient motor function is also critical since it permits them to carry outpatient examination procedures and perform other medical skills. They must be able to consistently, quickly and accurately integrate all the information they gather from their patient and employ it while inspecting the patient. They must have intellectual ability to learn, integrate, analyze, and synthesize all types of information and data in a logical manner to reach an accurate diagnosis. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation, are all personal qualities that should be assessed during the admissions and education processes.

In addition, the candidate for the MD degree must have the following five skills*:

* Technological accommodations can be made for some disabilities in some of these areas, but a candidate should be able to perform in a reasonably independent manner.

Observation Skills:

“The whole art of medicine is in observation... but to educate the eye to see, the ear to hear and the finger to feel takes time, and to make a beginning, to start a man on the right path is all that you can do.” – William Osler

The candidate must be able to observe demonstrations, and experiments in the basic sciences, including but not limited to physiologic and pharmacologic demonstrations, microbiologic cultures and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must also be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.

Communication Skills:

The candidate should be able to speak, to hear, and to observe the patient in order to gather information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients not only through speech but reading and writing. *The patients of physicians who communicate well are more adherent to therapies and more satisfied with care.* The candidate must be able to communicate effectively with all members of the healthcare professions. Communication skills are necessary for the student to accomplish the curricular requirements of CalMed.

Motor Skills:

Candidates should have sufficient motor function to gather information from patients. For example, physical examination requires motor function for, e.g., inspection, palpation, percussion, and auscultation. A candidate should be able to complete routine procedures using universal precautions without risk to patients. A candidate should be able to do basic laboratory tests (urinalysis, complete blood count, etc.), carry out diagnostic procedures (proctoscopy, paracentesis, etc.) and read electrocardiograms and X-rays. A candidate should be able to execute

motor movements reasonably when s/he is required to provide general care and emergency treatment to patients. Such actions require coordination of both gross and fine muscular coordination, equilibrium, and meticulous use of the senses of touch and vision.

Intellectual-Conceptual, Integrative, and Quantitative Skills:

These qualities are required for measurement, calculation, reasoning, analysis, and synthesis, as well as the ability to extrapolate and reach diagnostic and therapeutic judgments. They are also required for problem-solving skills. The candidate should also be able to recognize and draw conclusions about three-dimensional spatial relationships and logical, sequential relationships among events. The candidate should be able to use the information s/he gathered to formulate and then test hypotheses that enable effective, timely diagnosis and treatment of patients in a variety of clinical modalities. The candidate should understand the legal and the ethical aspects of the practice of medicine and should remain fully alert and attentive at all times in clinical settings.

Behavioral and Social Attributes Skills:

A candidate must:

1. Demonstrate the judgment and the emotional health stability for full utilization of his/her intellectual abilities.
2. The exercise of good judgment and prompt completion of all responsibilities as well as tasks attendant to the diagnosis and care of patients.
3. Communicate and relate to patients, their families, and healthcare personnel in a sensitive and professional manner.
4. Work effectively and professionally as part of the healthcare team.
5. Be able to adapt to changing environments.
6. Display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients.
7. Readily be willing and able to examine any patient regardless of the patient's age, disability, national origin, race, religion, gender, sexual orientation, veteran status, or political beliefs.
8. Maintain regular, reliable, and punctual attendance for classes and clinical responsibilities.
9. Contribute to collaborative, constructive learning environments, accept constructive feedback from others, and respond with appropriate modification.

Policy on Deferred Action for Childhood Arrivals (DACA) Applicants

The California University of Science and Medicine – School of Medicine (CalMed) is accepting applications from students with Deferred Action for Childhood Arrivals (DACA) status.

The Office of Admissions encourages all applicants to review the information provided in the Admissions Section of our website at:

<https://www.calmedu.org/school-of-medicine/admissions/welcome.php>

AMCAS Application

- Individuals with DACA status applying to CalMed can refer to “Section Three: Biographical Information” of the American Medical College Application Service (AMCAS) Instructions Manual for guidance on disclosing information about their immigration status on their AMCAS application.

Financial Assistance

- All students have the responsibility to obtain funding for tuition, other required fees and associated costs of attendance (e.g., housing, books, etc.).
- CalMed will work actively to explore methods for financial aid for all students. However, there is no guarantee that sufficient funding will be available to meet the financial needs of a student with limited options for aid.

Requirements for Participation at Clinical Training Sites

- Applicants who enroll in CalMed may have limitations on some curricular experiences (e.g., participating in clinical rotations at certain training sites) as a result of their citizenship status. This could impact the student's ability to graduate from the program, so please read the following information carefully.
- In order for a student to participate in clinical training at Arrowhead Regional Medical Center (ARMC), our main clinical training site, each student **MUST** meet ARMC's background check requirements for students, as follows:
 - Prior to student(s) starting their training at ARMC, all students who will be on ARMC premises must complete a background check in accordance with applicable State caregiver background check law and ARMC policy. The results of the background check must contain clearance for at least the past seven (7) years and must include at least the following:
 - All names
 - All counties (San Bernardino county, California required)
 - Social Security Number
 - Sex Offender Database
 - Office of Inspector General (OIG/GSA)
 - Only student(s) with a PASS grade are accepted for training at ARMC. Inacceptable hits include:
 - Murder
 - Sexual offenses/misconduct
 - Physical abuse
 - Misdemeanor or felony fraud
 - Misdemeanor or felony theft
 - Misdemeanor involving weapons/violence/cruelty
 - Felony assault
 - Felony involving weapons/violence
 - Felony possession and furnishing (without rehabilitation certificate)
 - All pending charges
 - Multiple charges—two or more of the same or different nature
 - Multiple charges involving driving under the influence (DUI)—two or more on the same date or multiple dates
 - Recent DUI charge—those which have occurred within the last 24 months
 - Dismissed charges for which the people have presented a reasonable argument to the court against dismissal.

Application Process

- Step 1:** All applications to CalMed must be made through the American Medical College Application System (AMCAS). AMCAS is the national organization which provides service to medical school candidates who are applying for the first year of medical school. Applicants can obtain information regarding the CalMed admissions process and requirements in this document and, for the most updated information, at the admissions website at www.calmedu.org. For the AMCAS application process and requirements, visit their website: <https://www.aamc.org/students/applying/amcas/>.
- Step 2:** The CalMed Office of Admissions receives the application packages from AMCAS, reviews them, and selects highly qualified applicants for a secondary application.
- Step 3:** The applicants who are selected for secondary application status are invited to submit the CalMed Secondary Application package, with payment of a \$100 non-refundable application fee. An application fee waiver may be granted based on the applicant's AMCAS Fee Assistance Program status.
- Step 4:** The CalMed admissions committee reviews the AMCAS and Secondary Applications from the pool of applicants and selects highly qualified candidates for an onsite interview.
- Step 5:** The selected candidates are invited for an onsite interview. The day-long interview takes place at the CalMed campus. The candidates are responsible for travel arrangements and expenses. The interview day schedule includes orientation sessions and opportunities for students to ask questions of CalMed faculty and administrators.
- Step 6:** The CalMed admissions committee will review all application materials and interview-day evaluations to classify the candidates as Accepted, Waitlist, and Rejected.
- Step 7:** The acceptance decision will be communicated to the candidates in the form of the CalMed Acceptance Letter. A registration deposit (\$100, refundable until April 30) is due within two (2) weeks of receipt of the Acceptance Letter until April 30. After April 30, a registration deposit (\$100, non-refundable) is due within five (5) business days of receipt of the Acceptance Letter. The receipt of payment confirms acceptance into the program. If payment is not received, the student forfeits his/her place in the program. The accepted candidates will also receive further instruction regarding the CalMed enrollment processes.

Qualified students are admitted in compliance with federal and state non-discrimination laws. CalMed complies with the Rehabilitation Act of 1973 and the Americans with Disability Act, as set forth in the Services for Students with Disabilities Policy detailed in the University Catalog.

Transfer and Award of Academic Credit

In recognition that the educational program leading to the MD degree requires specific knowledge, skills, and abilities, consideration of the transfer of credit is undertaken from medical colleges or medical schools with Liaison Committee on Medical Education (LCME) accreditation only, as

recognized by the US Department of Education. CalMed has not entered into an articulation or transfer agreement with any other college or university.

Policies and Procedures for Transfer and Award of Academic Credits

Transfer from an LCME-Accredited Institution

Transfer of students into the CalMed educational program leading to the MD degree will be permitted in rare circumstances when the class size is below the LCME-approved capacity and only under the aegis of LCME accreditation. i.e., students requesting to transfer into the CalMed MD program must be leaving an LCME-accredited institution in good academic standing. Transfer at the beginning of year 3 is the only option.

Transfer into Year 3: A student wishing to transfer will be assessed by the CalMed admissions committee. The student must fulfill all entrance requirements for matriculation to CalMed, including submitting the required admissions documents, attending an interview, and paying the required fees. In addition, the student must submit additional documents (see Implementation Practices section below) including proof of passing the USMLE Step 1 exam.

Credit from Foreign Institutions

CalMed will not consider transfer credit from a foreign institution of higher education.

Maximum Credit Allowed

Transfer into Year 3: Year 1 and 2 academic credits at the student's home institution may be applied toward the CalMed MD program after the CalMed admissions committee's evaluation and approval. Students may be required to take a clinical skills examination to determine their level of clinical skills training and any need for remediation. The maximum number of transfer credits will not exceed the total credit number of the CalMed Year 1 and Year 2 courses, i.e. 77. See below for details.

Implementation Practices for the Transfer and Awarding of Academic Credit

CalMed has established the following practices for the transfer and award of academic credit. Maximum consideration for the individual student will be the intent, with compassion for individual circumstances compelling the student to seek a transfer to CalMed.

Transcript evaluation by the CalMed admissions committee will be required using the following criteria:

1. The student wishing to transfer to CalMed must request an official transcript of record from the home medical school, with complete application materials appended (MCAT scores, academic grades for undergraduate coursework, original application to medical school or AMCAS materials, etc.). The student must also submit the results of the USMLE Step 1 Exam and a "mini" Medical Student Performance Evaluation (MSPE) from the student's home institution.
2. CalMed will confirm that the student's home medical school is LCME-accredited.

3. The CalMed admissions committee, in consultation with the Associate Dean of Student Affairs and Admissions, will review course descriptions from the home/awarding institution, with a copy of the catalog and/or syllabus and any course outlines or other information necessary to validate that learning outcomes are comparable to CalMed requirements.
4. CalMed must receive written confirmation from the Dean of the medical school from which student is transferring that the student is in good standing academically and has exhibited no tendencies or behaviors which would make her/him unfit for the practice of medicine.
5. A statement from the student explaining reason/s for transfer, i.e. spousal relocation, family considerations, or other circumstances.

Notification of Admissions Decisions

The School of Medicine practices a rolling admissions process whereby students are offered acceptance throughout the interview season. Applicants are typically notified of decisions regarding their applications within three weeks of the review of their submission, though this may vary depending on the number of applications currently being processed. You will receive official notification of decisions by first class mail.

Return of Application Materials

It is the policy of CUSM that materials (this includes transcripts, portfolios, and other items) provided in support of an application are neither returned nor are they forwarded on to a third party.

Enrollment Agreement Form

The CalMed MD Program Student Enrollment Agreement must be signed and received from accepted candidates prior to matriculation. A copy is sent to you as part of the admission's packet. It is also downloadable from the "Forms Section" of the CUSM website.

The 'catalog,' in the context below, includes both the University Catalog and the program-specific Student Handbook sections, i.e., the set of the CUSM Student Catalog/Handbook. As a prospective student, you are encouraged to review this catalog before signing the enrollment agreement. You are also encouraged to review the School Performance Fact Sheet, which must be provided to you prior to signing an enrollment agreement.

Foreign Students: Visa Services Not Provided

Although CUSM may admit international students, CUSM is not approved to issue a certificate of eligibility (I-20) for international students. Therefore, student visa services are not provided. CUSM does not vouch for student status and makes no associated charges.

English Language Proficiency Requirement (instructional language)

All CalMed MD classes are conducted in English. CUSM does not offer any English language service, including English as a second language (ESL) courses. The student must have the ability to read and write English at the level of a graduate of a US college or university as demonstrated by the possession of a college diploma. Applicants who are not graduates of a US college or university are required to take and submit scores from the TOEFL examination. A minimum score of 550 is required on the TOEFL paper examination while a minimum score of 80 is required on the TOEFL iBT.

Financial Information

Please see also the University Catalog section on Student Services for additional details regarding financial aid and tuition refund.

Financial Obligations of Students

In accordance with California University of Science and Medicine (CUSM) School of Medicine (CalMed) policy and California Education Code Sections 94919 - 94922, CUSM shall withhold transcripts, diplomas, and registration privileges from any student or former student who has been provided with written notice that he or she has failed to pay a proper financial obligation due to CUSM. Any item or items withheld shall be released when the student satisfies the financial obligation.

Private Student Loans

CalMed has been approved to participate as a medical education institution with MedInvest International, a private medical education loan vendor. MedInvest offers, to qualified applicants, education loans at competitive interest rates comparable to those offered by federal Title IV programs. Payback options are the same as offered by Title IV funding as well. For further information please review the MedInvest website at www.ihelpselect.com.

Federal Financial Aid Temporarily Unavailable

NOTE: California University of Science and Medicine (CUSM) will NOT be eligible to participate in either the federal (Title IV; Title VII) or state financial aid programs until CUSM obtains Institutional Eligibility.

In order to be eligible to participate in these programs, at first CUSM needs to obtain an “Approval to Operate” from the California Bureau for Private and Postsecondary Education (BPPE), which has been achieved, and “Candidate for Accreditation” status from the WASC Senior College and University Commission (WSCUC). CUSM is in the process of obtaining ‘Candidate for Accreditation’ status from the WSCUC, and upon receiving this status, CUSM will apply for the Institutional Eligibility for these programs.

Until the federal and state financial aid programs become available, the students will be eligible for other financial aid, including private loans and scholarships. The policies described in University Catalog will be enforced for any financial aid programs in which CUSM students participate.

The staff of the Office of Financial Aid will provide comprehensive financial counseling and information to our students. Students who may not have the financial resources to meet the full cost of their education will receive early information on possible sources of financial aid. The office will be responsible for the processing and disbursing all loans to all University students.

The Office of Financial Aid will provide annual one-on-one financial counseling for each student admitted to assist the student in preparing a “Financial Aid Needs Assessment” as well as a “Cost of Attendance Budget,” which will summarize the total educational expenses for each academic year.

Tuition and Fee Schedule

Total planned tuition and fees for in-state and out-of-state medical students

| | 2018-19 |
|--------------|----------|
| In-state | \$55,000 |
| Out-of-state | \$55,000 |

Fees, charges, and expenses (per year):

| | | |
|--------------------------------------|-------------|---|
| Tuition: | \$55,000.00 | Refundable/pro-rated |
| Registration Deposit: | \$200.00 | \$100/semester, non-refundable |
| Student Tuition Recovery Fund (STRF) | \$0.00 | Non-refundable |
| Miscellaneous Fees: | \$3,300.00* | \$1,650/semester, (estimated) non-refundable* cost of student association fee, orientation fee, lab fee, disability insurance premium, and other fees. Laptop or tablet computer will be provided by CalMed and is included in the fees. All required textbooks are to be provided electronically through Vital Source Textbook System. |

Total of Tuition, Deposit, and Fees (per year):\$58,500.00

* Note that these fees may be refundable if a student withdraws within the first seven (7) days of the semester of enrollment and returns all supplied equipment.

Optional insurances (per year):

Health Insurance Premium (optional**): \$0 - \$3,195.82# Estimated cost for student only, depending on student’s age, zip code, household size, and income, may cost higher. May be non-refundable#.

** Note that a proof of health insurance coverage is mandatory. Purchase of health insurance through CUSM is not required if a student is on his/her parent’s insurance plan or has his/her own plan. See the ‘Student Health Insurance’ section at the end of this document for minimal coverage requirements.

Estimated cost for student only. If this option is chosen, payment may be non-refundable. Refer to the refund policy of the insurance company.

Tuition and Fees are Subject to Change without Prior Notice.

The CUSM Board of Trustees reviews tuition and fees at least once annually. CalMed will make every effort to keep student costs to a minimum. Tuition increases are projected at 3-4% annually. All listed fees should be regarded as estimates that are subject to change.

Estimated Total Tuition and Fees for the Entire Program

Total estimated tuition and fees for in-state and out-of-state medical students for the entire four (4) year program are calculated as below, based on an estimated annual tuition and fee increase rate of 4%.

| Year | Tuition | Registration Deposit | Miscellaneous Fees | Optional Health Insurance Premium |
|----------------------|------------------|-----------------------------|---------------------------|--|
| 1 | \$55,000 | \$200 | \$3,300 | \$0 - \$3,196 |
| 2 | \$57,200 | \$200 | \$3,432 | \$0 - \$3,324 |
| 3 | \$59,488 | \$200 | \$3,569 | \$0 - \$3,457 |
| 4 | \$61,868 | \$200 | \$3,712 | \$0 - \$3,595 |
| Program Total | \$233,556 | \$800 | \$14,013 | \$0 - \$13,572 |

Estimated tuition and fees (four-year program total):

| | |
|---|---------------------|
| Estimated Total of Tuition: | \$233,556.00 |
| Estimated Total of Registration Deposits: | \$800.00 |
| Estimated Total of Student Tuition Recovery Fee: | \$0.00 |
| Estimated Total of Miscellaneous Fees: | \$14,013.00 |
| <u>Estimated Total of Tuition, Deposit, and Fees:</u> | <u>\$248,369.00</u> |

Optional insurances (four-year program total):

| | |
|---|-------------------|
| Estimated Total of Health Insurance Premium (optional): | \$0 - \$13,572.00 |
|---|-------------------|

Tuition Payment

Students pay tuition and fees directly to the CUSM. Payment of all tuition and fees is due during each semester break. If full payment is not received by the stated deadline, students will not be allowed to participate in educational activities. Failure of payment by the end of the second week of the semester will result in withdrawal from CUSM.

Students are provided with a comprehensive list of charges. This list identifies the expected cost per semester for the length of the program. Additionally, at the completion of each semester, students are provided with an invoice for the subsequent semester.

Returned Check Fee

CUSM accepts personal checks for payment of tuition and fees. No counter checks, post-dated checks, or checks altered in any way are accepted. A collection fee of \$25 is assessed for any check returned for non-payment including any check in which payment is stopped. The check must be paid within 10 days, or it will be turned over to a collection agency, and the student will be liable for all collection costs and any other related costs.

Payment for Repeated Courses

Any student who is required to repeat a course or perform remedial work will not be charged for the cost of the remediation if arranged through the Student Academic Standards and Promotion Committee.

Books and Fees

Students are provided with all required textbooks for the four (4) year educational program, which will be loaded onto the electronic devices assigned to them at the Orientation week. Students will be able to keep the access to the textbooks after they have graduated from CUSM.

Late Payment of Tuition and Fees

A late payment fee of **\$200** is assessed to students who do not complete payment of tuition and fees by 12:00 noon the last day prior to starting classes. Students who do not complete tuition and fee payment by the end of the second week of the semester will be withdrawn from CUSM.

Student Tuition Recovery Fund

The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California residents or are enrolled in residency programs attending certain schools regulated by the Bureau for Private Postsecondary and Vocational Education.

You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following:

1. The school closed before the course of instruction was completed.
2. The school's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the school.
3. The school's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.
4. There was a material failure to comply with the Act or this Division within 30 days before the school closed or if the material failure began earlier than 30 days prior to closure, the period determined by the Bureau.

5. An inability after diligent efforts to prosecute, prove and collect on a judgment against the institution for a violation of the Act.

However, no claim can be paid to any student without a social security number or a taxpayer identification number.

You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. You are a student in an educational program, who is a California resident, or are enrolled in a residency program, and prepay all or part of your tuition either by cash, guaranteed student loans, or personal loans, and
2. Your total charges are not paid by any third-party payer such as an employer, government program or another payer unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF, and you are not required to pay the STRF assessment if either of the following applies:

1. You are not a California resident, or are not enrolled in a residency program, or
2. Your total charges are paid by a third party, such as an employer, government program or another payer, and you have no separate agreement to repay the third party.

Effective January 1, 2015, the Student Tuition Recovery Fund (STRF) assessment rate is zero (\$0) per \$1,000. Therefore, students are not required to pay the STRF fee, until the time that the State of California sets a new rate.

Process to Cancel Enrollment (Withdraw)

Students will be permitted to withdraw from their enrollment in the CalMed MD program, without any penalty or obligation, within the first seven (7) days of the first semester. After this initial seven (7) days, tuition refunds may be applicable based on the Tuition Refund Policy in the CUSM Catalog.

Withdrawal

To withdraw from the CalMed MD program, the student will be required to mail or deliver a signed and dated copy of a notice of their intent to withdraw to:

University Registrar
Office of Student Affairs and Admissions
California University of Science and Medicine
217 E. Club Dr. Suite A
San Bernardino, CA 92408

NOTE: All withdrawals must be in writing (an email notification is not acceptable). Students will be informed that they do not have the right to withdraw by telephoning the University or by not attending class. Refunds may be applicable based on the Tuition Refund Policy in the CUSM Catalog.

Return of Equipment

Students who withdraw and have received any equipment will be required to return the equipment within 10 days of the date they signed the notice of withdrawal. Failure to return the equipment within this 10-day period will serve as permission for CUSM to withhold from any refunded amount an amount equal to the cost of the equipment. The total amount charged for each item of equipment shall not exceed the equipment's replacement value including the University's overhead.

Tuition Refund Policy

Please see the **University Catalog** for information on the **Tuition Refund/Schedule Policy**.

CalMed General Information

School of Medicine Vision Statement

To develop a socially accountable medical school that:

- Directs its education, research, and service activities towards addressing the priority health concerns and wellbeing of its community
- Inspires, motivates, and empowers students to become excellent and caring physicians, scientists and leaders
- Facilitates a medical education to promising students especially from California's Inland Empire
- Shares freely with the global community its innovative curriculum and advances of best practices in medical education

School of Medicine Mission Statement

To advance the art and science of medicine through innovative medical education, research, and compassionate health care delivery in an inclusive environment that advocates critical thinking, creativity, integrity, and professionalism.

School of Medicine Purpose/Values (C-A-L-M-E-D)

Community-Focused

Committed to educating future physicians who will embrace the responsibility for improving the health and health care needs of underserved communities and be advocates for the elimination of health disparities.

Accountability

Accept individual and collective responsibility to direct education, research, and service activities to address the priority health concerns that span from the local to the global community.

Leadership

Promote effective changes in educational policies and processes in order to develop and train competent physicians who will have leadership roles in all domains of medicine.

Motivation

Inspire, shape, and mold the character of students through dedicated faculty and creative, innovative teaching methods.

Excellence

Achieve consistent outstanding levels of performance which exceed the expectations of our students while upholding the highest standards of ethical behavior, intellectual honesty, and professional conduct.

Diversity

Promote, cultivate, and respect ethnic, intellectual, social, and cultural diversity of students, faculty, and patients in a safe, positive, and nurturing environment.

School of Medicine Campus and Teaching Site Addresses

CUSM/CalMed Temporary Site

California University of Science and Medicine*
217 East Club Center Drive, Suite A
San Bernardino, CA 92408
Web: www.calmedu.org
Phone: (909) 580-9661
Email: info@calmedu.org
NOTE: Please visit our website www.calmedu.org for driving directions.
* Please mark: Attention MD Program

CalMed Year 1 and 2 Service Learning Sites

Al Shifa Clinic
2034 Mallory Street, San Bernardino, CA 92407

Riverside Free Clinic
3504 Mission Inn Avenue, Riverside, CA 92501

Note: New sites within 10 miles of the CUSM/CalMed campus may be added.

CalMed Year 3 and 4 Clerkship Sites

Arrowhead Regional Medical Center (ARMC)
400 North Pepper Avenue
Colton, California 92324

Chino Valley Medical Center (CVMC)
5451 Walnut Avenue, Chino, California 91710

Desert Valley Hospital (DVH)
16850 Bear Valley Road, Victorville, California 92395

Montclair Hospital Medical Center (MHMC)
5000 San Bernardino Street, Montclair, CA 91763

Centinela Hospital Medical Center (CHMC)
555 East Hardy Street, Inglewood, CA 90301

(Note: There will be no required clerkships at this site. Students may take a 4th year elective(s) at this site.)

West Anaheim Medical Center (WAMC)
3033 West Orange Avenue, Anaheim, CA 92804

(Note: There will be no required clerkships at this site. Students may take a 4th year elective(s) at this site.)

Program of Study

Educational Program Description

Program title: MD Program

Degree title: Doctor of Medicine (MD)

Program structure: The MD program at CalMed consists of academic courses of which there are also clinical clerkships, clinical sub-internships, electives, and a research experience as shown in the Four-year Calendar below.

Delivery mode: All instructions are on-campus. There is no distance education.

Total number of credits required to graduate the MD program: 160 semester credits

Program Description

CalMed MD Program at a Glance:

Traditionally, the first two years of MD programs in US medical schools have utilized a discipline-based curriculum (e.g., anatomy, biochemistry, and physiology), while recently, more and more schools are employing a system-based approach (e.g., cardiovascular, endocrine, and gastrointestinal). The MD program at CUSM School of Medicine (CalMed) is a system-based curriculum where the basic science disciplines have been fully integrated with the clinical presentations of each system. The curriculum instruction is based on these Clinical Presentations (CPs). CPs are the basis for patients seeking medical care. Examples of such presentations include “fever,” “vomiting,” and “chest pain.” The CPs are supported by Clinical Reasoning Guides (CRGs) and relevant Clinical Cases (CCs). These CPs provide scaffolding onto which basic and clinical science knowledge are both structured and integrated, and at the same time aid in clinical problem-solving. All of the learning objectives found in the traditional discipline-based basic science curricula are included in the clinical presentation-based curriculum. This use of clinical problem-solving pathways, or algorithmic schemes, has been widely supported in medical education and in the cognitive psychology literature.

Integration is the key to the curriculum of CalMed. Unlike a traditional medical school, which requires students to wait until their third year of study before they are introduced to clinical reasoning, students at CalMed are introduced to the clinical sciences in their first year, by both basic and clinician scientists.

The educational format of the clinical presentation-based curriculum offers students opportunities that allow them to identify their own strengths and weaknesses in the disciplines that comprise the individual courses and curriculum as a whole and allow students to assume responsibility for their own learning through active learning methodologies.

Since the practice of today’s medicine is oriented towards a team approach, CalMed promotes a team-based educational strategy that fosters collaboration, respect, and reciprocal benefits from the views, opinions, and talents offered by members of the team, all aimed at contributing to their scientific and professional education and growth.

The clinical presentation-based curriculum not only stimulates students to analyze problems, locate and retrieve relevant material from computer-based or library resources, generate hypotheses, and solve clinical problems but also sets the foundations for the development of lifelong studying and learning.

In Year 1 and 2, the emphasis of the teaching and learning modes used in all of the system-based courses relies heavily on promoting “active learning” where students take an active role in the educational process rather than being passively taught. This is in sharp contrast to the traditional styles of teaching, where students are expected to sit for hours, listening and, theoretically, absorbing the information presented by the instructor (“the sage on the stage”). In active learning modalities, the instructor’s job is to facilitate learning rather than lecture (“the guide on the side”).

Since active learning has been shown to promote independent, critical and creative thinking, to increase student motivation and performance, and to encourage effective collaboration, CalMed will incorporate active learning strategies into every component of the system-based courses.

The methods that will be used include the “flipped classroom” which is heavily rooted in inquiry-based learning. An emphasis will be placed on “Team-based” (and not “Group-based”) learning which will constitute the foundation not only of learner-centered instructional approaches such as case-based and problem-based learning but also of educational assessment methods involving team-participation (team-Readiness Assurance/Assessment Test or t-RAT).

Educational methods used in each course are all residential with the help of on-line instructional modalities and include voice-over lectures (PowerPoint Slides), flipped-classrooms, i-RATs (individual-Readiness Assurance/Assessment Tests), t-RATs, self-directed reading assignments, journal clubs, virtual microscopy, laboratories, and small-group problem-solving sessions within the context of clinical presentations. The Clinical Skills courses will utilize simulation including standardized patient encounters to allow the students to develop the clinical skills needed to advance to the required clinical clerkships. The Clinical Skills courses will also include a “Service Learning” experience in the local community.

Year 3 and 4 of the curriculum will have the students rotate through a series of clinical clerkships, sub-internships, and electives. During these rotations, the students will be placed in inpatient and outpatient settings working closely with faculty, resident physicians, and other members of the healthcare team. The clinical rotations (clerkships, sub-internships, and electives) allow the students to apply their knowledge of the basic sciences and expand their clinical knowledge and skills through a variety of patient encounters and procedures in the realm of surgery, internal medicine, family medicine, pediatrics, obstetrics and gynecology, psychiatry, emergency medicine, neurology and the subspecialties under these major medical specialties. Key scientific principles will be reinforced during Year 3 and 4 to complete the vertical integration of basic science information. In addition, students will be encouraged to take a four-week basic science or pathology review module in Year 4, depending on the career “path” chosen.

MD Program Learning Outcomes (Objectives)

Learning Skills/Competencies to be acquired with successful program completion

Many medical schools have and are embracing the Accreditation Council for Graduate Medical Education's (ACGME) six (6) core competencies for resident education as the building blocks necessary for shaping the student to become a competent licensed physician.

CalMed, in consonance with many other medical schools, has structured its educational approach to an integrated model in which students demonstrate incremental acquisition and mastery of all competencies as they progress through medical school. The following represents CalMed's MD Program Learning Outcomes in harmony with the six core competencies proposed by the ACGME. The objective of the MD program is for students to achieve the MD Program Learning Outcomes.

1. Medical Knowledge

Students must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Students are expected to apply:

- a. knowledge of molecular, cellular, biochemical, nutritional, and system-level mechanisms that maintain homeostasis and knowledge of the dysregulation of these mechanisms in the prevention, diagnosis, and management of disease
- b. major principles of the basic sciences to explain:
 - i. normal biology
 - ii. the pathobiology of significant diseases
 - iii. the mechanism of action of important technologies used in the prevention, diagnosis, and treatment of disease
- c. the principles of genetic transmission, molecular biology of the human genome, and population genetics in order to:
 - i. obtain and interpret family history and ancestry data
 - ii. infer and calculate risk of disease
 - iii. order genetic tests, to guide therapeutic decision making, and to assess patient risk
 - iv. institute an action plan to mitigate this risk
- d. the principles of the cellular and molecular basis of immune and non-immune host defense mechanisms in health and disease to:
 - i. determine the etiology of disease
 - ii. identify preventive measures
 - iii. predict response to therapeutic interventions
- e. the mechanisms of those processes which are responsible for the maintenance of health and the causation of disease to the prevention, diagnosis, management, and prognosis of important human disorders
- f. principles of the biology of microorganisms in normal physiological and diseased states to:
 - i. explain the etiopathogenesis of disease
 - ii. identify treatment and preventive measures
- g. the principles of pharmacology to evaluate options for safe, rational, and optimally beneficial therapeutic interventions

- h. quantitative and qualitative knowledge and reasoning and informatics tools to diagnostic and therapeutic clinical decision making

2. Patient Care

Students must be able to provide patient care that is compassionate, appropriate, and effective for the promotion of health and the treatment of health-related problems. Students are expected to:

- a. accurately perform and document both complete and focused histories that are based on the pathophysiology of presenting complaints and that address relevant psychosocial and family issues
- b. accurately perform and document both complete and focused physical examinations that are based on the pathophysiology of presenting complaints
- c. prioritize patients' problems, formulate appropriate differential diagnoses and develop appropriate plans for the diagnosis and/or management (including initial appropriate therapy for pain, if applicable)
- d. appropriately select, justify, and interpret clinical tests
- e. perform basic clinical procedures safely and effectively while respecting patients' needs, and concerns
- f. explain the principles of various therapeutic modalities as well as their relative advantages and disadvantages
- g. formulate measures for the care of patients and communities that rely on the interrelations with different healthcare professionals and use available epidemiological principles and data
- h. develop and implement individualized risk reduction plans based on a culturally-sensitive assessment of important medical and social conditions (including interpersonal violence, substance abuse and sexually transmitted diseases)

3. Professionalism

Students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Students are expected to demonstrate:

- a. compassion, integrity, and respect for others
- b. respect for patient privacy and autonomy
- c. responsiveness to patient needs that supersedes self-interest
- d. accountability to patients, society, and the profession
- e. awareness of biases, sensitivity, and responsiveness to diverse populations (patients, colleagues, instructors, staff, self, etc.), including but not limited to diversity in age, sex, culture, race, religion, disabilities, and sexual orientation

4. Interpersonal Communication

Students must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Students are expected to:

- a. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- b. communicate effectively with physicians, other health professionals, and health related agencies

- c. work effectively as a member or leader of a healthcare team or other professional groups
- d. act in a consultative role to other health professionals
- e. maintain comprehensive, timely, accurate, and legible medical records (if applicable)

5. Personal Improvement (Practice-based Learning)

Students must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Students are expected to develop skills and habits to be able to meet the following goals:

- a. identify strengths, deficiencies, and limits in one's knowledge and expertise (self-assessment and reflection)
- b. set learning and improvement goals
- c. identify and perform appropriate learning activities
- d. systematically analyze own practice using quality improvement (QI) methods, and implement changes with the goal of continuous improvement
- e. incorporate "formative" evaluation feedback into daily practice
- f. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems (evidence-based medicine)
- g. use information technology to optimize learning
- h. participate in the education of patients, families, colleagues, residents and other health professionals

6. System improvement (System-based Practice)

Students must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the systems available to provide optimal healthcare. Students are expected to:

- a. work effectively in various healthcare delivery settings and systems relevant to their clinical specialty
- b. coordinate patient care within the healthcare system relevant to their clinical specialty rotation
- c. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate
- d. identify and apply preventive, curative, and palliative measures that appropriately utilize health care resources
- e. advocate for quality patient care and optimal patient care systems
- f. work in inter-professional teams to enhance patient safety and improve patient care quality
- g. participate in identifying system errors and implementing potential system solutions

Detailed Calendar of the Four (4) years of CalMed

Year 1 Required Courses

The first year of the curriculum carries a total of 40 credits and is composed of six system-based courses and two longitudinal courses as shown in the following table:

| Course Code | Course Name | Weeks (Including Exam Week) | Credits |
|-------------|---|-----------------------------|---------|
| CM-5100 | The Scientific Foundations of Medicine (Foundations) | 7 | 6 |
| CM-5200 | The Structural Integrity of the Human Body (Integumentary & Musculoskeletal System) | 7 | 6 |
| CM-5300 | The Sustenance of the Body (Gastro-intestinal System) | 6 | 5 |
| CM-5400 | The Depurative Functions of the Body (Renal System) | 5 | 4 |
| CM-5500 | The Formed Elements of Life (Hematology/ Immunology) | 5 | 4 |
| CM-5600 | The Transport & Delivery of Life's Elements (Cardiovascular-Pulmonary System) | 9 | 8 |
| CM-5700 | Clinical Skills (I) | Year-long | 5 |
| CM-5800 | College Colloquium (I) | Year-long | 3 |

Total credits in 1st year = 41

Year 2 Required Courses

The second year of the curriculum includes five system-based courses and three longitudinal courses for a total of 36 credits, as shown in the following table:

| Course Code | Course Name | Weeks (Including Exam Week) | Credits |
|-------------|--|-----------------------------|---------|
| CM-6100 | The Foundations of Life's Functions (Endocrine System) | 6 | 5 |
| CM-6200 | The Integration of Life's Processes (Neurosciences and Senses) | 10 | 9 |
| CM-6300 | Human Conduct & Behavior (Behavioral Sciences) | 4 | 3 |
| CM-6400 | The Propagation of Life (Reproductive System) | 6 | 5 |
| CM-6500 | The Continuum of Life (Stages of Life) | 7 | 6 |
| CM-6600 | Academic Research Study | Year-long | 2 |
| CM-6700 | Clinical Skills (II) | Year-long | 3 |
| CM-6800 | College Colloquium (II) | Year-long | 3 |

Total credits in 2nd year = 36

* Credits earned from Year 2 electives, which are optional, will be recorded on transcripts and highlighted in the student’s Medical Student Performance Evaluation letter.

Year 3 Required Clerkships

The third year of the curriculum carries a total of 48 credits and is composed of the seven clerkships indicated below:

| Course Code | Course Name | Weeks | Credits |
|----------------|---------------------------|-------|---------|
| GS-7100 | Surgery Clerkship | 8 | 8 |
| IM-7200 | Medicine Clerkship | 8 | 8 |
| CH-7300 | Pediatrics Clerkship | 8 | 8 |
| MH-7400 | Ob/Gyn Clerkship | 8 | 8 |
| FM-7500 | Family Medicine Clerkship | 8 | 8 |
| PS-7600 | Psychiatry Clerkship | 4 | 4 |
| NR-7700 | Neurology Clerkship | 4 | 4 |

Total credits in 3rd year = 48

Year 4

The fourth year of the curriculum, as currently envisioned, allows students to choose one of four paths (i.e. surgical, medical, service, and customized) that reflect future intended goals. Each path is composed of a total of 36 credits (36 weeks) and includes one required clerkship in Emergency Medicine (4 weeks) and one required sub-internship (8 weeks) that can be split into two 4-week segments. The remaining rotations are electives that the student chooses with the assistance of their clinical faculty mentor. Suggested electives for each path are shown in the tables below.

| Surgical Path | | | | |
|--|---|--|--------------|----|
| Course Code | Course Name | Weeks | Credits | |
| EM-8000 (required) | Emergency Medicine Clerkship | 4 | 4 | |
| Sub-Internship (required: e.g., SUR-8400 or OBG-8800) | General Surgery Sub-Internship or Ob/Gyn Sub-Internship | 8 | 8 | |
| Suggested Electives for Surgical Path | SUR-8405 | The Surgical Dissection Experience (Anatomy) | 4 | 4 |
| | PAT-8300 | Surgical Pathology Laboratory | 4 | 4 |
| | RAD-8500 | Radiology/Imaging | 4 | 4 |
| | (Additional 4th year electives) | 3 Electives | 4 weeks each | 12 |
| TOTAL | | 36 | 36 | |

| Medical Path | | | | |
|---|---|--|--------------|----|
| Course Code | Course Name | Weeks | Credits | |
| EM-8000 (required) | Emergency Medicine Clerkship | 4 | 4 | |
| Sub-Internship (required: e.g., MED-8100 or PED-8200) | Internal Medicine Sub-Internship or Pediatrics Sub-Internship | 8 | 8 | |
| Suggested Electives for Medical Path | BSM-8585 | Advances and Updates in the Biomedical Sciences (Basic Science Module) | 4 | 4 |
| | RAD-8500 | Radiology/Imaging | 4 | 4 |
| | MED-8xxx or PED-8xxx | 1 Med/Ped elective corresponding to the chosen sub-internship | 4 | 4 |
| | (Additional 4 th year electives) | 3 Electives | 4 weeks each | 12 |
| TOTAL | | 36 | 36 | |

| Service Path | | | | |
|--|--|--|--------------|----|
| Course Code | Course Name | Weeks | Credits | |
| EM-8000 (required) | Emergency Medicine Clerkship | 4 | 4 | |
| Sub-Internship (required: e.g., MED-8100, PED-8200, or SUR-8400) | Internal Medicine Sub-Internship Pediatrics Sub-Internship or General Surgery Sub-Internship | 8 | 8 | |
| Suggested Electives for Service Path | BSM-8585 | Advances and Updates in the Biomedical Sciences (Basic Science Module) | 4 | 4 |
| | RAD-8500 | Radiology/Imaging | 4 | 4 |
| | (4 th year elective) | 1 Elective corresponding to the chosen service discipline | 4 | 4 |
| | (Additional 4 th year electives) | 3 Electives | 4 weeks each | 12 |
| TOTAL | | 36 | 36 | |

| Customized Path | | | |
|---|--|--------------|-----------|
| Course Code | Course Name | Weeks | Credits |
| EM-8000 (required) | Emergency Medicine Clerkship | 4 | 4 |
| Sub-Internship (required: e.g., MED-8100, PED-8200, SUR-8400, OBG-8800) | Internal Medicine Sub-Internship Pediatrics Sub-Internship General Surgery Sub-Internship or Ob/Gyn Sub-Internship | 8 | 8 |
| (4 th year elective) | 1 Elective corresponding to the chosen discipline | 4 | 4 |
| Additional 4 th year electives | 5 Electives | 4 weeks each | 20 |
| TOTAL | | 36 | 36 |

Total credits to graduate MD program: 161

Number of weeks

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

THIRD YEAR

| | | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

PT-5

PT-6

| Group | ROTATIONS | | | | HOLIDAY | ROTATIONS | | | |
|-------|-----------|---------|---------|-------|---------|-----------|---------|---------|--|
| A | OB/GYN | INT MED | Neuro | Psych | | PED | SURG | Fam Med | |
| B | Fam Med | OB/GYN | INT MED | | Neuro | Psych | PED | SURG | |
| C | SURG | Fam Med | OB/GYN | | INT MED | Neuro | Psych | PED | |
| D | PED | SURG | Fam Med | | OB/GYN | INT MED | Neuro | Psych | |
| E | Neuro | Psych | PED | | Fam Med | OB/GYN | INT MED | | |
| F | INT MED | Neuro | Psych | PED | SURG | Fam Med | OB/GYN | | |

Each Group : 10 students/rotation

| California Requirements in the Core Clinical Courses | |
|--|---------|
| Medicine | 8 weeks |
| Surgery | 8 weeks |
| Pediatrics | 6 weeks |
| OB/GYN | 6 weeks |
| Family Medicine | 4 weeks |
| Psychiatry | 4 weeks |

Neurology

| 3rd Year Curriculum | |
|--|---------|
| Total time/discipline (inpatient & outpatient) | |
| | 8 weeks |
| | 8 weeks |
| | 8 weeks |
| | 8 weeks |
| | 8 weeks |
| | 4 weeks |
| | 4 weeks |

FOURTH YEAR (Tentative organization)

| | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 2020 ← → 2021 | | | | | | | | | | | |
| Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | |

| Each "Block" Rotation is 4 weeks | | | | | | | | | |
|----------------------------------|----------|----------|-----------------|-----|-----------------------------|----------|----------|----------|--------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | PT-7 |
| "a" | "b" | "c" | "d" | "e" | Elective & Interviews | Elective | Elective | Elective | Commencement |
| SE** | SE** | SE** | Surgical Path | | | | | | |
| SE** | SE** | SE** | Medicine Path | | | | | | |
| SE** | SE** | SE** | Service Path | | | | | | |
| Elective | Elective | Elective | Customized Path | | | | | | |

*N.B.: **Emergency Medicine** clerkship is a required rotation to be taken during one of the "Elective" slots

SE: **Suggested Elective for the different paths in order to better prepare the student for his/her future aspirations (see below)

The sequence indicated above is the suggested sequence; however each student can choose his/her own sequence by placing electives anywhere before or after the chosen "path"

PT: 1-7 Progress Test (exam number)

4th Year Specialty Paths (each "specialty path" is composed of five, 4-week components designated "a" through "e")

N.B.: For the Surgical Path, the order of "a," "b" and "c" may be changed

Specialty Path Sequence:

| | | | | |
|-----|-----|-----|-----|-----|
| "a" | "b" | "c" | "d" | "e" |
|-----|-----|-----|-----|-----|

Surgery Path

| | | | | |
|--------------|----------------------|---------------------|---------------------|-------------------------|
| | **Anatomy Laboratory | **Surgical Path Lab | **Radiology/Imaging | Surgical Sub-internship |
| General | 4 | 4 | 4 | 8 |
| Ophthalmic | 4 | 4 | 4 | 8 |
| Orthopedic | 4 | 4 | 4 | 8 |
| Neurosurgery | 4 | 4 | 4 | 8 |
| ENT | 4 | 4 | 4 | 8 |
| Plastic | 4 | 4 | 4 | 8 |
| OB/GYN | 4 | 4 | 4 | OB/GYN Sub-internship |

NB Anatomy lab: is work with cadavers on areas of the body related to specific area of surgery chosen.

NB Anat/Surg Pathology: rotation in surgical pathology lab (gross/microscopic samples) & autopsy service.

Specialty Path Sequence:

| | | | | |
|-----|-----|-----|-----|-----|
| "a" | "b" | "c" | "d" | "e" |
|-----|-----|-----|-----|-----|

Medicine Path

| | | | | |
|----------------------|---|------------------------------|------------------------------------|------------------|
| | 4 weeks | 4 weeks | 8 weeks | 4 weeks |
| Internal Medicine | Monday AM: Anatomy PM: Bioch/Genet Tuesday: AM: Physiology PM: Nutrition Wednesday: AM: Micr/Imm PM: Pathology Thursday: AM: Cardiovas PM: Gastro-Int Friday: AM: Biost/Epid PM: Pharmacol | ** Imaging | Medicine Sub-internship | **Med Spec Elect |
| Family Medicine | | | Medicine Sub-internship | **Fam Med Elect |
| Emergency Medicine | | | Medicine Sub-internship | **Em Med Elect |
| Pediatrics | | | Pediatric Sub-internship | **Ped Spec Elect |
| Dermatology | | | Medicine Sub-internship | **Med Spec Elect |
| Physical Med & Rehab | | | Medicine Sub-internship | **PM&R Elect |
| Psychiatry | | | Medicine Sub-internship | **Psych Elective |
| Neurology | | | Medicine Sub-internship | **Neuro Elective |
| Radiology/Imaging | | | Medicine/Pediatrics/Gen Surg Sub-I | **Imag. Elect |
| Radiation Oncology | Medicine/Pediatrics/Gen Surg Sub-I | **Imag. Elect | **Imag. Elect | |
| Anesthesiology | **Imaging | Medicine/Pediatrics/Gen Surg | **Anest. Elect | |
| Pathology | Medicine/Pediatrics/Gen Surg Sub-I | **Imaging | **Pathol Elect | |

NB : "Advances & Updates in the Biomedical Sciences" : Capsule review of topics of **BS disciplines** most frequently encountered in the practice of medicine. (Note: This elective is given only once in the 4th year (see "Elective handbook" for details).

NB : Rotation in the Department of Radiology, focusing on all forms of imaging studies specific to the sub-internship chosen

Customized Path

(1 sub-internship (8wks) : selection among one of the 4 available in Int Medicine, Pediatrics, Gen Surgery, Ob-Gyn)
Emergency Medicine Clerkship (4 wks)
Electives (24 wks)

NB-1 "sub-internship" portion of the "Path" may be split in two 4-wk segments, one taken locally and one away

NB-2 Electives or the entire 8-week "sub-internship" portion of the "Path" may be taken locally or at another location

Service Learning and Community Service Opportunities

CalMed medical students will participate in the diverse structured service-learning opportunities in local communities around Colton and internationally.

In the Year 1 and 2 curricula, the service-learning experiences will be both a school requirement as an integral component of the Clinical Skills courses as well as “optional” elective experiences. A component of the Clinical Skills courses is a service-learning experience, which will take place in the local community clinics.

As currently designed (subject to change), these experiences will be held on selected weekdays or weekends every few weeks. Medical students will participate in the service-learning activities as part of a group of 4 - 5 students.

Several opportunities to participate in service-learning projects will be available to students as electives during the first two years of medical school. Service projects will be a part of health fairs, indigent-population programs, global health programs, population health programs, and international service learning experiences. CalMed is actively working with local organizations and global health cooperatives to develop partnerships and opportunities for our medical students. Optional elective service-learning opportunities will be available during after-hours, weekends, and summer/winter breaks. These are part of our diversity/community service plan and part of the scholarly/research component of the curriculum.

In the fourth year, students will be strongly encouraged to take elective rotations related to service activities. “Service,” regardless of whether it takes place, locally, nationally, or internationally, rests at the core of the medical profession, and CalMed firmly believes that service learning helps students to fully appreciate and embody the service ethic that underlies their chosen profession. Students will be guided by experienced faculty to select appropriate local and/or international experience in population health, public health, and global health in order to further broaden their horizons and intellectual experiences with reflection on such experiences.

Service-Learning Opportunities

Year 1 and 2 Clinical Skills Course

(The list of available opportunities will be updated soon)

Year 1 and 2 Electives

(The list of available opportunities will be updated soon)

Community Service Opportunities

(The list of available opportunities will be updated soon)

MD Program Course Descriptions

Please see the University Catalog.

Graduation Requirements

The degree of Doctor of Medicine is conferred upon students who satisfactorily complete the following requirements:

1. Students must successfully pass all required courses in the pre-clinical curriculum (Years 1 and 2).
2. Students must successfully pass all of the required third-year clinical clerkships, and fourth-year courses and electives that count toward required weeks of instruction.
3. Students must take, pass, and complete USMLE Step 1, 2 (CK and CS) exams at specific times in their education.
4. Students must complete a total of 161 credits with a passing grade including all required courses prescribed in CalMed's curriculum.
5. Students are expected to demonstrate learning skills/competencies expected by the faculty in medical knowledge, patient care, professionalism, interpersonal communication, personal improvement (practice-based learning), and system improvement (system-based practice).
6. Students must have received approval by the Student Academic Standards and Promotion Committee and confirmation by the Faculty Assembly as having met all of the requirements of the school of medicine concerning academic standing, moral and ethical character, emotional stability, and professional conduct.
7. Students must have completed all of the following administrative requirements:
 - a. Meeting with the associate dean of student affairs and admissions concerning post-graduate plans.
 - b. Exit interview with the Office of Financial Aid if loans were taken out by a student.

Requirements for MD License Eligibility

Students in CalMed will be eligible to take the United States Medical Licensing Examination® (USMLE®), which is a three-step examination for medical licensure in the United States. USMLE is sponsored by the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners® (NBME®). The CalMed graduate who holds credentials from the USMLE may be granted a license by endorsement of the examining board of most states, including California. Additional requirements made by some states are given in a pamphlet that may be obtained from the Federation of State Medical Boards, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039. Most up-to-date information for MD license requirements in California can be obtained from the Medical Board of California at <http://www.mbc.ca.gov/>. Further details are available in the Residency Application and Licensure section.

Opportunities to Contribute to Medical Education

It is important for students to become involved in the decision-making process affecting current and future changes in the medical school curriculum. Any student may become involved by serving on the Curriculum Committee or providing feedback as an individual.

If you are interested in serving on the curriculum committee, please contact the Office of Medical Education. Students who are not serving on a committee are encouraged to share their opinions, concerns, or praise with student representatives on the Curriculum Committee.

If students have suggestions for the course directors during the course, they can write a note, email a message, or speak directly to the course director. Remember to provide constructive feedback (sarcastic, personally offensive comments do not provide helpful input and do not reflect the kind of professional dialogue that is effective in building a collegial relationship and preparing for a future professional career). Considerate, thoughtful comments can bring about positive changes in a course. Online course evaluations are a wonderful opportunity for students to provide information to course directors and the Curriculum Committee on how well a course is meeting the students' expectations, how well it is being taught, and how thorough the content is being presented. Specific suggestions on how to improve the course in subsequent years also provide valuable input for curriculum committee deliberations. End of Course/Clerkship Evaluations and Faculty/Preceptor Evaluations by Students are the main tools for students to provide feedback.

Student Textbook Resources

VitalSource Textbook System

VitalSource Bookshelf is contracted to provide required electronic textbooks to the MD students. The institutional subscription allows each student not only to access the textbooks via VitalSource website but also to download them on two electronic devices (laptop, tablet, or desktop) without any additional charge to ensure easy access. All textbooks have been hyperlinked by subject matter. The software allows easy highlighting, margin notations as well as easy figure/picture capture where allowed. The software subscription includes copyright privileges. Additional electronic textbooks can be purchased by the student on an individual basis.

Learning Resources

The following table shows the required* and recommended books for each of the program's disciplines:

**All required textbooks will be provided as a part of the student fee and available to the students and faculty through VitalSource.*

| Discipline | Required Textbook | Recommended Textbook |
|---------------|---|---|
| Anatomy | Moore KL, Dalley AF, Agur AMR. <i>Clinically Oriented Anatomy</i> . 8 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2017. eISBN: 9781496389428 | Moore KL, Dalley AF, Agur AMR. <i>Essential Clinical Anatomy</i> . 6 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2015. ISBN: 9781451187496 |
| Anatomy Atlas | Netter F. <i>Atlas of Human Anatomy</i> . 7 th ed. Philadelphia, PA: W.B. Saunders; 2017. eISBN: (available March 2018) | Drake RL, Vogl W, Mitchell AWM. <i>Gray's Basic Anatomy</i> . 2 nd ed. Philadelphia, PA: Churchill Livingstone; 2018. ISBN: 9780323474047 |

| Discipline | Required Textbook | Recommended Textbook |
|---|--|--|
| Radiology / Medical Imaging/ Ultrasound | Herring W. <i>Learning Radiology: Recognizing the Basics</i> . 3 rd ed. Philadelphia, PA: W.B. Saunders; 2016. eISBN: 9780323388511 | Schmidt G, Greiner L, Nuernberg D. <i>Differential Diagnosis in Ultrasound Imaging</i> . 2 nd ed. Stuttgart, Germany: Thieme Publishers; 2015. ISBN: 9783131318923 |
| Behavioral Sciences | Black DW, Andreasen NC. <i>Introductory Textbook of Psychiatry</i> . 6 th ed. Lake St. Louis, MO: American Psychiatric Publishing, Inc; 2014. eISBN: 9781585625383 Stahl SM. <i>Stahl's Essential Psychopharmacology</i> . 4 th ed. New York, NY: Cambridge University Press; 2013. eISBN: 9781139833462 | Sadock BJ, Sadock VA, Ruiz, P. <i>Kaplan and Sadock's Concise Textbook of Clinical Psychiatry</i> . 4 th ed. Philadelphia, PA: Wolters Kluwer; 2017. ISBN: 9781496345257 Zimmerman, M. <i>Interview Guide for Evaluating DSM-5 Psychiatric Disorders and the Mental Status Examination</i> . 2 nd ed. East Greenwich, RI: Psych Products Press; 2014. ISBN: 9780963382115 |
| Biochemistry & Molecular Genetics | Jorde LB, Carey JC, Bamshad MJ. <i>Medical Genetics</i> . 5 th ed. Maryland Heights, MO: Mosby; 2016. eISBN: 9780323391993 Lieberman MA, Marks AD, Peet A. <i>Marks' Basic Medical Biochemistry: A Clinical Approach</i> . 4 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2013. eISBN: 9781451173567 | Alberts B, Johnson A, Lewis J, Morgan D, Raff M, Roberts K, Walter P. <i>Molecular Biology of the Cell</i> . 6 th ed. New York, NY: Garland Science; 2014. ISBN: 9780815344322 Campbell MK, Farrell SO, McDougal, OM. <i>Biochemistry</i> . 9 th ed. Stamford, CT: Cengage Learning; 2018. ISBN: 9781305961135 |
| Clinical Skills | Bickley LS. <i>Bates' Guide to Physical Examination and History Taking</i> . 12 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2017. eISBN: 9781496354709 Nicoll D, Lu CM, McPhee SJ. <i>Guide to Diagnostic Tests</i> . 7 th ed. New York, NY: Lange; 2017. eISBN: 9781259640902 | Maxwell RW. <i>Maxwell Quick Medical Reference</i> . 6 th ed. Minneapolis, MN: Maxwell Publishing Co; 2011. ISBN: 0964519143 |
| College Colloquium | (Individual sessions will have required reading assignments.) | Lo B. <i>Resolving Ethical Dilemmas: A Guide for Clinicians</i> . 5 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2013. ISBN: 1451176406 |
| Embryology | Sadler TW. <i>Langman's Medical Embryology</i> . 13 th ed. Philadelphia, PA: Wolters Kluwer Health; 2015. eISBN: 9781496305060 | Moore KL, Persaud TVN, Torchia MG. <i>The Developing Human: Clinically Oriented Embryology (revised)</i> . 10 th ed. Philadelphia, PA: W.B. Saunders; 2015. ISBN: 9780323313384 |
| Hematology | Bunn HF, Aster JC. <i>Pathophysiology of Blood Disorders</i> . 2 nd ed. New York, NY: Lange; 2017. eISBN: 9781259642074 | Harmening DM. <i>Clinical Hematology and Fundamentals of Hemostasis</i> . 5 th ed. Philadelphia, PA: FA Davis; 2009. ISBN: 9780803617322 |

| Discipline | Required Textbook | Recommended Textbook |
|--------------|--|---|
| Histology | Ross MH, Pawlina W. <i>Histology: A Text and Atlas</i> . 7 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2016. eISBN: 9781496309938 | Young B, Woodford P, O'Dowd G. <i>Wheater's Functional Histology: A Text and Colour Atlas</i> . 6 th ed. Philadelphia, PA: W.B. Saunders; 2014. ISBN: 9780702047473 |
| Immunology | Abbas AK, Lichtman AH, Pillai S. <i>Cellular and Molecular Immunology</i> . 8 th ed. Philadelphia, PA: W.B. Saunders; 2015. eISBN: 9780323315906 | Murphy K, Weaver C. <i>Janeway's Immunobiology</i> . 9 th ed. New York, NY: Garland Science; 2017. ISBN: 9780815345053 Parham P. <i>The Immune System</i> . 4 th ed. New York, NY: Garland Science; 2014. ISBN: 9780815344667 |
| Microbiology | Carroll KC, Morse SA, Mietzner TA, Miller S. <i>Jawetz, Melnick and Adelberg's Medical Microbiology</i> . 27 th ed. New York, NY: Lange; 2018. eISBN: 9780071825030 | Bennett JE, Dolin R, Blaser MJ. <i>Mandell's Principles and Practice of Infectious Diseases</i> . 8 th ed. Philadelphia, PA: W.B. Saunders; 2015. ISBN: 9781455748013 Greenwood D, Slack RC, Barer MR, Irving WL. <i>Medical Microbiology</i> . 19 th ed. Philadelphia, PA: Churchill Livingstone; 2019. ISBN: 9780702072000 |
| Pathology | Kumar V, Abbas AK, Aster JC. <i>Robbins and Cotran Pathological Basis of Disease</i> . 9 th ed. Philadelphia, PA: W.B. Saunders; 2015. eISBN: 9780323296359 Klatt EC. <i>Robbins and Cotran Atlas of Pathology</i> . 3 rd ed. Philadelphia, PA: W.B. Saunders; 2015. eISBN: 9781455750344 | Goljan EF. <i>Rapid Review Pathology</i> . 5 th ed. Philadelphia, PA: W.B. Saunders; 2019. ISBN: 9780323476683 |
| Pharmacology | DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey LM, eds. <i>Pharmacotherapy: A Pathophysiologic Approach</i> . 10 th ed. New York, NY: McGraw-Hill Education; 2017. eISBN: 9781259587498 Katzung BG. <i>Basic and Clinical Pharmacology</i> . 14 th ed. New York, NY: Lange; 2017. eISBN: 9781259641169 | Brunton LL, Hilal-Dandan R, Knollmann BC, eds. <i>Goodman and Gilman's: The Pharmacological Basis of Therapeutics</i> . 13 th ed. New York, NY: McGraw-Hill Education; 2018. ISBN: 9781259584732 Olsen J. <i>Clinical Pharmacology Made Ridiculously Simple</i> . 4 th ed. Miami, FL: MedMaster Inc; 2015. ISBN: 9781935660002 |
| Physiology | Hall JE. <i>Guyton and Hall Textbook of Medical Physiology</i> . 13 th ed. Philadelphia, PA: Elsevier; 2015. eISBN: 9780323389587 | Boron WF, Boulpaep EL. <i>Medical Physiology</i> . 3 rd ed. Philadelphia, PA: W.B. Saunders; 2017. ISBN: 9781455743773 Costanzo LS. <i>Physiology</i> . 6 th ed. Philadelphia, PA: W.B. Saunders; 2017. ISBN: 9780323478816 |

| Discipline | Required Textbook | Recommended Textbook |
|---|---|---|
| Global Health, Population and Public Health /Epidemiology | (Individual sessions will have required reading assignments.) | Aschengrau A, Seage GR. <i>Essentials of Epidemiology in Public Health</i> . 3 rd ed. Burlington, MA: Jones & Bartlett Learning; 2014. ISBN: 9781449657338 Gordis L. <i>Epidemiology</i> . 5 th ed. Philadelphia, PA: W.B. Saunders; 2014. ISBN: 9781455737338 Skolnick R. <i>Global Health 101</i> . 3 rd ed. Burlington, MA: Jones & Bartlett Learning; 2016. ISBN: 9781284050547 |
| Surgery | Lawrence PF, ed. <i>Essentials of General Surgery</i> . 5 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2013. eISBN: 9781451176582 | Blackbourne, LH, ed. <i>Surgical Recall</i> . 8 th ed. Philadelphia, PA: Wolters Kluwer; 2018. ISBN: 9781496370815 Brunnicardi FC, Andersen DK, Billiar TR, Dunn DL, Hunter JG, Matthews JB, Pollock RE. <i>Schwartz's Principles of Surgery</i> . 10 th ed. New York, NY: McGraw-Hill Education; 2014. ISBN: 9780071796750 |
| Medicine | Benjamin IJ, Griggs RC, Wing EJ, Fitz JG, eds. <i>Andreoli and Carpenter's Cecil Essentials of Medicine</i> . 9 th ed. Philadelphia, PA: W.B. Saunders; 2016. eISBN: 9780323352178 | Agabegi SS, Agabegi ED, eds. <i>Step-Up to Medicine</i> . 4 th ed. Lippincott Williams & Wilkins; 2016. ISBN: 9781496306142 Kasper DL, Fauci AS, Hauser SL, Longo DL, Jameson JL, Loscalzo J, eds. <i>Harrison's Principles of Internal Medicine</i> . 19 th ed. New York, NY: McGraw-Hill Education, 2015. ISBN: 9780071802154 Maxwell RW. <i>Maxwell Quick Medical Reference</i> . 6 th ed. Minneapolis, MN: Maxwell Publishing Co; 2011. ISBN: 0964519143 Sabatine MS. <i>Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine</i> . 6 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2017. ISBN: 9781496349484 |
| Pediatrics | Hughes HK, Kahl LK, eds. <i>The Harriet Lane Handbook</i> . 21 st ed. Philadelphia, PA: Elsevier; 2018. eISBN: (available Summer 2018) Marcdante KJ, Kliegman RM. <i>Nelson's Essentials of Pediatrics</i> . 8 th ed. Philadelphia, PA: W.B. Saunders; 2018. eISBN: (available April 2018) | Barness LA, Gilbert-Barness E, Fauber D. <i>Handbook of Pediatric Physical and Clinical Diagnosis</i> . 8 th ed. New York, NY: Oxford University Press; 2009. ISBN: 9780195373257 Kliegman RM, Stanton BF, St. Geme JW III, Schor NF, Behrman RE, eds. <i>Nelson Textbook of Pediatrics</i> . 20 th ed. Philadelphia, PA: W.B. Saunders; 2016. ISBN: 9781455775668 |

| Discipline | Required Textbook | Recommended Textbook |
|---------------------|--|---|
| Ob/Gyn | Callahan TL, Caughey AB. <i>Blueprints: Obstetrics & Gynecology</i> . 7 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2018. eISBN: 9781975106614 Hacker NF, Gambone JC, Hobel CJ. <i>Hacker & Moore's Essentials of Obstetrics and Gynecology</i> . 6 th ed. Philadelphia, PA: Elsevier; 2016. eISBN: 9780323321266 | Beckmann CR, Ling FW, Herbert WN, et al; and American College of Obstetricians and Gynecologists. <i>Obstetrics & Gynecology</i> . 7 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2014. ISBN: 9781451144314 Cunningham FG, Leveno KJ, Bloom SL, et al. <i>Williams Obstetrics</i> . 25 th ed. New York, NY: McGraw-Hill Education; 2018. ISBN: 9781259644320 |
| Reproductive System | Hacker NF, Gambone JC, Hobel CJ. <i>Hacker & Moore's Essentials of Obstetrics and Gynecology</i> . 6 th ed. Philadelphia, PA: Elsevier; 2016. eISBN: 9780323321266 Heffner LJ, Schust DJ. <i>The Reproductive System at a Glance</i> . 4 th ed. Chichester, West Sussex, UK: John Wiley & Sons Ltd; 2014. eISBN: 9781118795804 | Jones RE, Lopez KH. <i>Human Reproductive Biology</i> . 4 th ed. London, UK: Academic Press; 9780123821843. ISBN: 9780123821843 |
| Family Medicine | Rakel RE, Rakel DP, eds. <i>Rakel Textbook of Family Medicine</i> . 9 th ed. Philadelphia, PA: W.B. Saunders; 2015. eISBN: 9780323428422 | Knutson D. <i>Family Medicine PreTest Self-Assessment and Review</i> . 2 nd ed. New York, NY: McGraw-Hill Education; 2012. ISBN: 9780071760522 Lipsky MS, King MS. <i>Blueprints: Family Medicine</i> . 3 rd ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2011. ISBN: 9781451104639 |
| Psychiatry | Sadock BJ, Sadock VA, Ruiz, P. <i>Kaplan and Sadock's Concise Textbook of Clinical Psychiatry</i> . 4 th ed. Philadelphia, PA: Wolters Kluwer; 2017. eISBN: 9781496367457 | American Psychiatric Association. <i>Diagnostic and Statistical Manual of Mental Disorders</i> . 5 th ed. Washington, DC: American Psychiatric Association; 2013. ISBN: 9780523232010 Ganti L, Kaufman MS, Blitzstein SM. <i>First Aid for the Psychiatry Clerkship</i> . 4 th ed. New York, NY: McGraw-Hill Education; 2016. ISBN: 9780071841740 Sadock BJ, Sadock VA, Ruiz P. <i>Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry</i> . 11 th ed. Philadelphia, PA: Wolters Kluwer; 2015. ISBN: 9781609139711 |
| Emergency Medicine | Toy EC, Simon BC, Takenaka KY, et al. <i>Case Files. Emergency Medicine</i> . 4 th ed. New York, NY: McGraw-Hill Education; 2018. eISBN: 9781259640834 | Cydulka RK, Fitch MT, Joing SA, Wang VJ, Cline DM, MA OJ. <i>Tintinalli's Emergency Medicine Manual</i> . 8 th ed. New York, NY: McGraw-Hill Education; 2018. ISBN: 9780071837026 |

| Discipline | Required Textbook | Recommended Textbook |
|--------------|--|---|
| Neurology | Simon RP, Aminoff MJ, Greenberg DA. <i>Clinical Neurology</i> . 10 th ed. New York, NY: Lange; 2018. eISBN: 9781259861734 | Louis ED, Mayer SA, Rowland LP, eds. <i>Merritt's Neurology</i> . 13 th ed. Philadelphia, PA: Wolters Kluwer; 2016. ISBN: 9781451193367 Westover MB, Choi DeCroos E, Awad K, Bianchi MT, eds. <i>Pocket Neurology</i> . 2 nd ed. Philadelphia, PA: Wolters Kluwer; 2016. ISBN: 9781496305534 |
| Neuroscience | Kandel ER, Schwartz JH, Jessell TM, Siegelbaum SA, Hudspeth AJ, eds. <i>Principles of Neural Science</i> . 5 th ed. New York, NY: McGraw-Hill Education; 2013. eISBN: 9780071810012 Snell, RS. <i>Clinical Neuroanatomy</i> . 7 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2010 eISBN: 9781469802619 | Blumenfeld H. <i>Neuroanatomy Through Clinical Cases</i> . 2 nd ed. New York, NY: Sinauer Associates; 2010. ISBN: 9780878930586 Goldberg S. <i>Clinical Neuroanatomy Made Ridiculously Simple</i> . 5 th ed. Miami, FL: MedMaster Inc; 2014. ISBN: 9781935660194 Louis ED, Mayer SA, Rowland LP, eds. <i>Merritt's Neurology</i> . 13 th ed. Philadelphia, PA: Wolters Kluwer; 2016. ISBN: 9781451193367 |

Additional Educational Resources

The following list contains a brief description of the resources, software, and web services used in the CalMed MD program curriculum:

1. Lecture capture and voice-over video presentation creations as well as delivery software for various formats (mobile, desktop)
2. Virtual patients: On-line patient simulation program
3. Learning Management System (courses)
4. Curriculum Management System (searchable keywords in curriculum)
5. Electronic assessment management software for questionnaires and examinations
6. Audience response system: Classroom system to allow students to respond to live queries from the faculty
7. High definition audiovisual equipment, computers, and tablets: equipment in classrooms, laboratories, and libraries that aid in the delivery of lectures
8. Virtual: anatomy and human dissection system
9. Plastinated specimens
10. Virtual/glass slide image bank for histology/pathology
11. Simulation mannequins and trainers

Discipline Specific On-line & Multimedia Resources

Anatomy

1. Online Human Dissector Guide

2. Online Virtual Histology Lab (example):
http://histologyguide.org/Slide_Viewers/MHS_268_Pancreas/Slide01.html
3. Online Radiology: <http://radiopaedia.org/articles/duodenum>
4. 4D Anatomy Web-based Dissection of the Human Body: <http://4Danatomy.com>
5. Acland's DVD Atlas of Human Anatomy
6. Zygotebody: www.zygotebody.com (free lite version)

Pathology

1. Robbins & Cotran Pathologic Basis of Disease: Interactive Case Studies-Online:
<http://coursewareobjects.elsevier.com/objects/elr/Kumar/pathology/casestudies/indexoc.html>
2. The Internet Pathology Laboratory for Medical Education Hosted by the University of Utah Eccles Health Sciences Library: <http://library.med.utah.edu/WebPath/webpath.html>
3. American Society of Hematology:
 - a. ASH Teaching Cases: <https://www.ashacademy.org/Product/TeachingCasesList>
 - b. ASH Image Bank: <http://imagebank.hematology.org/>

Student Services

Student Affairs Mission Statement

The mission of the CalMed Office of Student Affairs and Admissions is to support and enrich the students' educational ambitions by fostering their academic, professional, and personal growth. The office partners with students, faculty, and staff to enhance the interpersonal, social, cultural, intellectual, and educational experiences of CalMed students by providing a host of personal, referral, and academic services. The Student Affairs program also includes the Office of the Registrar and the Office of Financial Aid. They also provide academic support services, counseling and wellness programs as well as are responsible for writing the Medical Student Performance Evaluation Letters and preparing students for residency application and selection.

Student Orientation

CalMed students are required to attend orientation during the first week of the Academic Year 1 and 3. The on-site orientation consists of presentations, videos, and meetings that introduce students to CalMed's educational environment, including the clinical clerkship program in the Year 3 orientation, and to the institutional, state, and federal requirements to successfully complete the academic year. In addition to outlining CalMed's program expectations, curriculum, and facility, the students will be introduced to safety procedures, policies, and other requirements specific to their academic class in the medical program.

Although no specific orientation event is held in Years 2 and 4, students will be required to take necessary on-line orientation/training programs and submit required forms at the beginning of the year.

The list below contains the type of orientation topics that will be discussed or completed in each year, either in person or on-line.

Year 1:

1. FERPA and HIPAA training.
2. White coat order form.
3. White coat ceremony information form.
4. Transcripts; final, official transcripts if not completed.
5. Mandatory immunizations form for Year 1 medical students.
6. Mandatory physical examination form for Year 1 medical students.
7. Health and safety agreement for Year 1 medical students.
8. Disability insurance and health insurance.
9. Authorization regarding criminal background checks, drug abuse testing, and education records for Year 1 medical students.
10. Background checks; required of all entering medical students.
11. Open your "CUSM" student account.
12. Occupational safety and health administration (OSHA) tutorials.
13. Bio-sketch to help learning community advisor get to know the student.

14. CUSM photo/video release form
15. Munroe Multicultural Attitude Scale Questionnaire (MASQUE) survey.
16. Harassment tutorial.
17. Year 1 medical student survey.
18. Financial aid award package.
19. California residency form and documents (for tuition purposes).
20. Introduction to Clinical Skills

Year 2:

1. FERPA and HIPAA training
2. Mandatory immunizations form for Year 2 medical students.
3. Authorization form regarding criminal background checks and drug abuse testing.
4. Health and safety agreement for Year 2 medical students.
5. Occupational Safety and Health Administration (OSHA) tutorials.
6. Photo/video release form.
7. Munroe Multicultural Attitude Scale Questionnaire (MASQUE) survey.
8. Financial aid award package completion.
9. Health insurance: annual health insurance verification form.
10. Disability insurance for medical students.
11. Complete careers in medicine (CiM) assignments.
12. Authorization form regarding CERTIPHI and level 2 background checks

Year 3:

1. FERPA and HIPAA training
2. Hospital-specific forms.
3. Submit cell phone number.
4. N95 healthcare particulate respirator fit testing.
5. Criminal background check and drug testing.
6. Authorization form regarding criminal background checks and drug abuse testing.
7. Mandatory tuberculosis screening form for Year 3 medical students.
8. Mandatory physical examination verification form for Year 3 medical students.
9. Health and safety agreement.
10. Risk management and patient safety training
11. Occupational Safety and Health Administration (OSHA) tutorials.
12. Munroe Multicultural Attitude Scale Questionnaire (MASQUE) survey.
13. Financial aid award package completion.
14. Health insurance: annual health insurance verification form.
15. Disability insurance for medical students.

Year 4:

1. FERPA and HIPAA training
2. Criminal background check and drug testing.
3. Authorization form regarding criminal background checks and drug abuse testing.
4. Financial aid award package completion.
5. Mandatory tuberculosis screening form for Year 4 medical students.
6. Mandatory physical examination verification form for Year 4 medical students.

7. Health and safety agreement.
8. Hospital-specific forms.
9. Risk management and patient safety training.
10. Occupational Safety and Health Administration (OSHA) tutorials.
11. Munroe Multicultural Attitude Scale Questionnaire (MASQUE) survey.
12. Disability insurance for a medical student.

Teaching and Learning Options; Academic Advising for Students

The goals of the CalMed academic advising system are:

1. Early identification of students who need academic help.
2. Identification of the areas in which the students need help (e.g., time management, learning modalities, test taking, laboratory procedures, stress reduction).
3. Identification of the most appropriate methods for assisting students in academic difficulty.

College Mentors/Learning Communities/Advising

Upon matriculation, students will be assigned to small-group learning communities (“Colleges”). Each College will have two College Mentors during Year 1 and 2, typically one from the faculty members of the first two years’ curriculum with clinical experience (MD) and the other with research experience (Ph.D. basic scientist). In addition, in Year 2, a clerkship director will be assigned to each College to foster smooth transition into Year 3 and 4, where the clerkship directors will be their College Mentors.

The College Mentors will monitor the academic progress of their assigned students and will play a valuable role in helping students proactively identify and address any evolving academic problems. They will be available to discuss academic issues, such as group skills and processes, curricular matters, study strategies, academic performance, and professionalism. The College Mentors may also refer students to professionals to address difficulties.

Students will be required to meet with their College Mentors at least once a semester to discuss academic performance and other matters of concern. College Mentors will have access to advisees’ academic records. The student will have a required initial meeting with the College Mentor during orientation. Other required meetings will occur within each course and academic period.

Clinical Advisor (Clinical College Mentors)

An assigned clerkship director (Clinical College Mentor) will guide students throughout the clinical phase of the curriculum. Additionally, the advisors will help students with medical specialty selection, choice of elective experiences, and preparation for the residency selection process. Students will have mandatory meetings with their Clinical Advisor in Year 3 and 4. Students may change their Clinical Advisors to be more congruous with their future educational and professional aspirations, upon request, to the Associate Dean of Student Affairs and Admissions. The details of clinical years’ advising system will be explained at the Year 3 Orientation.

Academic Support Services

The Associate Dean of Student Affairs and Admissions, in addition to others, will monitor students' academic progress routinely and will meet with the individuals who are concerned with their academic progress, identified from performance data, or referred by faculty or students as potentially needing assistance. The rigorous medical curriculum is often more than a student expects and may call for new test-taking strategies, study strategies, and better time management. For many students, it may be the first time that they experience an academic failure. The student affairs office will offer both advising and referral services in the following areas:

1. Test-taking and study skills
2. Time management
3. Access to various discipline-specific study guides
4. Tutoring services
5. USMLE preparation
6. Referral to psychological learning specialists for diagnostic services (i.e., learning disabilities, intellectual disorders, specific learning disorder, ADHD, etc.).

The Office of Student Affairs and Admissions will also have a dedicated staff member, Director of Life/Academic Skills and Wellness, who has no role in making assessment or advancement decisions of medical students. Students will have an option to contact this counselor to obtain academic counseling, and the counselor will, as needed, refer the students to an appropriate internal or external specialist who has no relationship in making assessment or advancement decisions for the student.

As described above, students will be part of the learning community led by College Mentors, with whom they are to meet on a regular basis. In addition, course faculty will be instructed to have scheduled office hours, and students will be encouraged to utilize these hours. Furthermore, faculty members will be directed to make his/her best effort to arrange a one-on-one meeting when requested by a student. These early interactions should promote an environment in which students seek out additional academic advisors and mentors from among the faculty. The interactions will be the foundation of a collegial mindset in which students become colleagues in a very short period of time.

Additionally, CalMed students are to be eligible for individual assistance and tutoring through the Office of Student Affairs and Admissions.

As part of the Year 1 and 3 orientations and throughout the curriculum, CalMed will provide students with sessions designed to deal with the stress of attending medical school, time management, and study skills.

If the College Mentor (or any other faculty) believes that personal or professional help is required for a student, the student will be referred to the Office of Student Affairs and Admissions for additional recommendations and referral sources.

Student Assistance Program (SAP)

CUSM offers a Student Assistance Plan (SAP) that provides not only confidential personal counselors available at a call away but additional resources and information on the following:

- Academic stress and pressure
- Body image and eating disorders
- Child care services
- Depression, grief, and general mental health
- Divorce, custody, probation, and other legal matters
- Finances - credit card and student loan debt
- Life coaching
- Personal relationships - family, friends, dating
- Substance abuse and other addictions

Please see the University Catalog for details.

Library

The CUSM library provides students with access to medical reference books and other learning resources including online biomedical textbooks, journals, and databases. In addition, the CUSM library offers access to public computers, printers/copiers/scanners, and study space. Please find details of the library facilities in the University Catalog, which includes access to the library facilities at Arrowhead Regional Medical Center (ARMC).

Student Use of Computers

Personal Computers

CalMed aims to be a mindful steward of the financial resources of the school and of the students, by seeking out the most cost-effective methods available.

CalMed MD program will offer schedules, learning materials, evaluation opportunities, and assessments electronically. CalMed MD program will not be printing materials for student use, thus following national trends in electronic curriculum, budget considerations, and reducing paper output. Based on the electronic nature of the program, medical students will be given a personal laptop/tabtop during Year 1 orientation.

- Students will be required to use a laptop/tabtop during all scheduled assessments in the program, as assessments are delivered through web-based programs.
- Outside of the assessments, the students will use a laptop/tabtop to access educational resources during formal curriculum hours.
- Schedules, learning materials, and grades will be available via a web-based learning management system.
- Students will be required to fulfill their evaluation obligations available via the learning management system and the curriculum management system.
- Students will be required to submit assignments electronically.

Certain activities of the MD program will take advantage of mobile applications available on both Android and Apple app stores. The Office of Student Affairs and Admissions and the IT websites contain up-to-date information about devices and software.

While enrolled in a CalMed MD program, student computers and other multimedia devices are to be used purely for educational purposes. If the computers are lost, damaged, or misused, the student will be responsible for replacing the computer. The IT department will be responsible for the initial setup and will make sure that these devices are configured to the CUSM security standards.

Campus/Library Computers

Desktop computer stations will be placed strategically throughout the CUSM campus and library for use by students. Students may use the campus/library computers to complete program assignments or to perform research for program related projects.

Printer usage will be charged through prepaid cards, which may be loaded using the website provided by the vendor. Students will receive an initial copy card for their use and will be charged to replace it if damaged/lost. Copy machines will be available in the library for student use, and access will be controlled by the same prepaid cards.

Students will not be able to save their personal files on the campus/library computers because files will be erased automatically after logging out. Students, however, may save their work on personal flash drives.

Computer Usage

When using personal computers assigned by CUSM and campus/library computers, students will be required to abide by the policies and regulations of the CUSM IT department. Students will not install unauthorized or unlicensed software, access inappropriate materials, or tamper with computer security systems. These acts will be deemed as a violation of University policy. Students who misuse their computers will be considered to have committed an act of unprofessional behavior and academic misconduct and a complaint may be reported to the school's administrative dean for student affairs.

Career Advising

CalMed will advise students on graduate medical education opportunities for those who are entering residency programs using the National Residency Matching Program®. In addition, CalMed students will be advised about their suitability to different medical specialties (e.g., family medicine, surgery, internal medicine, pediatrics, etc.) and subspecialties and other non-clinical careers such as research, medical education, and entrepreneurship.

The CalMed Office of Student Affairs and Admissions will provide services and assistance to successful program graduates in representing their qualifications for appropriate and applicable professional positions following their graduation.

Further details are available in the Residency Application and Licensure section.

Potential Occupations

California Code of Regulations Section 74112 requires CalMed to list job classification codes for the occupations that its graduates may be employed in after graduation, using the United States Department of Labor's Standard Occupational Classification six-digit codes.

CalMed MD program is designed to prepare students to become practicing physicians, surgeons, or biomedical researchers. For the purpose of the Standard Occupational Classification, Residents, Fellows, and Interns are considered as physicians in their fields. Therefore, CalMed expects its MD program graduates to find employment in the following occupations as classified in the Standard Occupational Classification codes:

- 19-1021 Biochemists and Biophysicists
- 19-1041 Epidemiologists
- 29-1211 Anesthesiologists
- 29-1213 Dermatologists
- 29-1215 Family Medicine Physicians
- 29-1217 Neurologists
- 29-1221 Pediatricians, General
- 29-1223 Psychiatrists
- 29-1229 Physicians, All Other
- 29-1242 Orthopedic Surgeons, Except Pediatric
- 29-1243 Pediatric Surgeons
- 19-1022 Microbiologists
- 19-1042 Medical Scientists, Except Epidemiologists
- 29-1212 Cardiologists
- 29-1214 Emergency Medicine Physicians
- 29-1216 General Internal Medicine Physicians
- 29-1218 Obstetricians and Gynecologists
- 29-1222 Physicians, Pathologists
- 29-1224 Radiologists
- 29-1241 Ophthalmologists, Except Pediatric
- 29-1249 Surgeons, All Other

Student Health

Student Health Insurance

Health insurance is available to all students and their dependents. The University requires that student health insurance coverage is continuous from the date of enrollment through graduation, regardless of whether the academic schedule includes classroom instruction or participation in clinical rotations.

Personal insurance must meet the minimum program requirements of the student health insurance plan selected by the University. The process to request to use a student's personal insurance coverage rather than purchasing the student health insurance plan selected by the University (i.e., waiver) can be found on the University website at www.calmedu.org in the 'Students' section. Waivers are required every year regardless if one is already on file from the previous year. Students, who do not meet the required deadlines, will be responsible for the full cost of the premium. The University does not provide student health insurance coverage. Rather, we work with a third-party broker.

If students decide not to take the health insurance offered by the University, they may purchase other coverage or provide evidence of existing coverage that meets the following minimum requirements:

- Major medical coverage of at least \$500,000 / policy year
- Maximum \$5,000 annual deductible
- Maximum 80/20 in-network and 60/40 out-of-network coinsurance
- Prescription coverage
- A provider network in the CUSM area for primary care, specialty, hospital, and diagnostic care
- Mental health coverage
- Coverage for the entire academic year, including summer and holidays
- Coverage for annual exam
- US based health plan
- Coverage for accidental exposure to environmental and biological hazards
- Coverage for immunizations

Students who lose their coverage must contact the Office of Student Affairs and Admissions before the termination date and submit a termination letter within 31 days in order to prevent a lapse in coverage. Failure to notify Student Affairs could result in suspension from clinical participation and possible termination from the program.

Students, who return to a program for remediation purposes and after more than 31 days of enrollment, must also comply with the student health insurance requirements and maintain comparable health insurance coverage.

Medical Student Access to Healthcare Services

Medical Student Healthcare Policy

The School of Medicine is committed to ensuring that all medical students have access to appropriate health care services. Students may be excused from classes or clinical duties in order to access needed health care services on a reasonable basis by working through the Office of Student Affairs and Admissions. Faculty members who provide medical care for students must not be involved in supervision, academic assessment, or decisions about advancement/promotion of those students.

CUSM requires students to provide proof of health insurance coverage. The Office of Student Affairs and Admissions will provide assistance on health insurance purchase (also made available to spouses and dependents). However, purchase of health insurance through CUSM is not required if a student is on his/her parent's insurance plan or has his/her own plan. Insurance must provide coverage at any educational site, including visiting electives.

Medical students must comply with all immunization and health requirements as determined by CalMed.

CalMed policy ensures that all medical students have rapid access to evaluation, testing, and any needed prophylactic treatment after exposure to blood/body fluids, regardless of the training site.

Students receive education about environmental and occupational hazards and are informed of procedures for handling such exposures (see below).

CalMed provides mandatory disability insurance for all medical students with no additional fee.

See the 'Student Health' section above for the minimum health insurance requirements and further details.

Medical Student Healthcare

Health Care Access

A list of area emergency rooms, urgent care centers, healthcare providers, including mental health specialists, will be provided by the Office of Student Affairs and Admissions and may be accessed on the Student Affairs website.

In addition, the School of Medicine provides access to an on-site nurse practitioner and licensed mental health provider during normal business hours.

Health Insurance

Medical students are required to maintain health insurance for the duration of their time in CalMed curriculum. Please see the Student Affairs website for a complete list of minimum health insurance requirements; link to the University's health insurance provider; and Student Assistance Plan. Students are permitted to use their own health insurance provider so long as

their plan meets CUSM's minimum requirements. Spouses and children are eligible for coverage with the university's student health insurance plan.

Health Care Information Delivery

The School of Medicine provides information to medical students about the availability of health services, including psychiatric/psychological services, at orientation sessions, and on the CalMed website.

Psychiatric Services

For non-emergent psychiatric services, students should see CalMed's Director of Life/Academic Skills and Wellness or obtain a list of area mental healthcare providers from their insurance provider. Students may also access the counseling services provided through the Student Assistance Plan that provides up to 6 free sessions per academic year. Whenever possible, care must be taken to seek treatment from a provider not affiliated with the School of Medicine so as to avoid a potential future conflict of interest issue in case the provider is placed in a position to evaluate the student.

Impairment

When a medical student demonstrates evidence of possible impairment, a rapid assessment is made to determine whether the student should be referred for emergency evaluation. This decision is typically made by the Associate Dean of Student Affairs and Admissions, and/or the designated emergency consultant from ARMC Psychiatry.

Faculty Provider Restrictions

Faculty physicians who treat medical students must not supervise or assess those students in any course or clerkship or in any portion of a course or clerkship. When staff members in the Office of Student Affairs and Admissions are aware of students who receive health care services at ARMC, every effort is made to inform Course and Clerkship Directors and course coordinators of potential conflicts without disclosing the nature of the conflict.

Students are informed at Year 1 and 3 orientations and through the CalMed website of the policy governing health care treatment by a faculty member. Students are encouraged to bring any concerns to the attention of the Office of Student Affairs and Admissions and Course or Clerkship Directors.

Faculty members who treat medical students and who serve on the Student Academic Standards and Promotion (SASaP) Committee must not participate in decisions regarding the advancement or promotion of those students and must recuse themselves from a vote on any student for whom they have provided medical, psychological/psychiatric care, or with whom they have any other conflict of interest. SASaP Committee members are reminded of this at the beginning of each SASaP Committee meeting.

Students may request to work with a faculty member who has previously been their health care provider if it may provide a unique training opportunity. Such requests will be considered on a case by case basis by the Associate Dean of Student Affairs and Admissions and the Senior Associate Dean of Medical Education.

Faculty members are asked to self-identify conflicts of interest, including current or previous health care treatment when evaluating students so that the Senior Associate Dean of Medical Education can determine the necessary steps to take within the realm of this policy and procedure.

Student Medical Clearance

All medical students must participate in ARMC's medical clearance program and must comply with health requirements for physical examinations, laboratory studies, immunizations, and other health-related requirements as determined by ARMC and the University. Students are expected to maintain medical clearance at all times. Compliance is monitored by the school and ARMC at least annually and is determined by ARMC's web-based medical clearance program. Students are informed via website and email of health requirements and deadlines. Matriculating students not achieving medical clearance by the announced deadline may be prevented from having patient contact, prevented from attending class or participating in orientation, or may have their acceptance to medical school withdrawn after consultation with the Associate Dean of Student Affairs and Admissions. Currently-enrolled students who fail to comply with the health requirements may be administratively withdrawn from school and placed on involuntary leave of absence until they come into compliance.

Occupational and Environmental Hazards

Students receive training about exposure to occupational and environmental hazards (Universal Precautions) at appropriate times throughout the medical education curriculum, led by an Infectious Disease specialist. Hospital-specific information is provided to all students as they begin their clinical rotations. Students are surveyed annually about their familiarity with the process related to occupational exposure or injury, and additional education is provided if necessary.

Liability/Malpractice Coverage for Medical Students

CUSM School of Medicine's (CalMed's) medical students have liability coverage from the time they are enrolled until graduation. Enrollment begins at the time an admitted applicant submits the registration deposit and satisfies the HIPAA training and immunization requirements. Students who are engaged in approved educational activities or in an expanded schedule in which approved educational activities, such as in-depth research or international health opportunities which do not require registration for credit, may also be covered, depending on the situation. Once the student receives the MD degree, he/she is no longer enrolled and thus no longer has CalMed liability coverage.

Examples of when medical students are covered by the CalMed's liability coverage are as follows:

- Registered in coursework for credit and paying CUSM tuition. [This includes registration for credit in approved coursework away from the CalMed at another approved educational institution when credit is granted by, and tuition is paid to, CUSM. This does not include coursework taken to complete another degree at another educational institution for which credit is granted and tuition paid to that institution.]

- Participating in approved CalMed non-credit medical educational programs such as approved volunteer activities endorsed by the CalMed, its departments, or affiliated institutions.
- Involvement in a research project with CUSM faculty. Examples include summer research projects with stipends such as through the Howard Hughes Medical Institute, Doris Duke Fellowship, Betty Ford Clinic, and National Institute of Diabetes and Digestive and Kidney Diseases.
- Participation with College Mentor or other approved CalMed clinical faculty members in career exploration, clinical skills remediation, or retooling programs for students who need additional clinical experience or for students during the transition period after being approved to return from a leave of absence before reentering the medical school curriculum.

School of Medicine Wellness Program

The School of Medicine recognizes the intense nature of the medical school curriculum and the importance of ensuring that students adjust to the demands of the medical school environment. It is not uncommon for medical students to experience fatigue, low mood, sleeplessness, anxiety, etc. Therefore, it is important that the skills, knowledge, and attitudes necessary for a long-term successful work-life balance have their foundation in the student's medical school years.

The School of Medicine's Wellness Program is designed to support the student both mentally and physically, through programming designed to facilitate students' ability to maintain good physical fitness and mental health. The following programs are currently available or under consideration for development. Student input will be solicited as to programming preferences and implemented accordingly, once school begins.

1. Membership discounts to Fitness Center(s)
2. Hiking; jogging; walking "Meetups"
3. Yoga Classes on campus
4. Nutritional Boot Camp for Peak Mind/Body Performance
5. Mindfulness training on campus
6. Guided imagery and deep breathing exercises
7. Cognitive Behavioral Training: Stress Without Distress
8. Staying focused on the solution, not the problem
9. Maintaining life/work balance
10. Check-ins with College Mentor
11. Personal counseling with the Director of Life/Academic Skills and Wellness as needed
12. Referral to Student Assistance Program (SAP) resources for additional counseling and evaluation as appropriate
13. Academic counseling with the Director of Life/Academic Skills and Wellness
14. Free tutoring resources as needed
15. Referral to psychological testing provider to rule out specific learning disabilities; ADHD; etc.
16. Concerned Student Program: Students letting others know if they have a concern regarding another student's well-being
17. Aid for Impaired Medical Students Program: Help for students with alcohol and drug abuse

Fitness Facilities

In addition to the on-site recreation area, there are several fitness facilities within proximity to the CUSM/CalMed temporary site and permanent campus. Please see the list of those facilities under the Wellness Program on the Student Affairs website. The permanent medical school building will have a fitness room for student use.

Residency Application and Licensure

Overview of Residency Selection and Application Process

Information regarding the residency selection and application process is available to students throughout their time in medical school and is facilitated by the structured Careers in Medicine (CiM) Program provided by the Office of Student Affairs and Admissions and the AAMC. During Year 3, focused programs are provided to prepare students for selecting and applying to residency programs.

Residency Selection Forum

The career advisement program by the Office of Student Affairs and Admissions starts in Year 1 and continues throughout the program. Beginning Year 3, focused residency advisement will be provided. The program will present important issues to the class related to applying to residency programs. A panel of faculty members from a number of departments will provide specialty-related sessions in their discipline.

Electronic Residency Application Service (ERAS)

Electronic Residency Application Service (ERAS®) is a service that transmits the MyERAS application and supporting documentation from applicants and their Designated Dean's Office to program directors. ERAS consists of MyERAS® for applicants, Dean's Office Workstation (DWS) for the ERAS Fellowship Documents Office (EFDO), Program Director's Workstation (PDWS) for training programs and the ERAS Letter of Recommendation Portal (LoRP) for LoR Authors. For more information, please see the following:

<https://students-residents.aamc.org/attending-medical-school/how-apply-residency-positions/applying-residencies-eras/>

National Matching Programs for Securing a Residency

There are several national matching programs through which senior medical students secure a residency. All students register for the National Resident Matching Program (NRMP) through the Office of Student Affairs and Admissions. In addition, some may also register in one of four other matching programs. These include the San Francisco Match, Urology Match, Military Match, and Canadian Match. Students obtain information and register for these programs on their own, i.e. not through the Office of Student Affairs and Admissions. Students participating in any of these other matching programs still need to be registered in the NRMP to secure preliminary programs, to finalize an advanced specialty match in some cases, or to be able to try to match to a second choice specialty if unmatched in the advanced specialty or military matches. For more information, please see the following:

1. National Resident Matching Program: www.nrmp.org
2. San Francisco Match: www.sfmatch.org
3. Urology Match: www.urologymatch.com

4. Military Match: www.militarygme.org
5. Canadian Match: www.carms.org

Applications, Recommendation Letters, and Other Credentials

NOTE: Most specialties and the military use the Electronic Residency Application Service (ERAS); ophthalmology and plastic surgery use the San Francisco Match (www.sfmarch.org); and urology uses their own application service (www.urologymatch.com).

In general, students need to provide the following information and credentials as part of the residency application process (note: please see the AAMC's Careers in Medicine website, <https://www.aamc.org/cim/>, for examples of the following):

Curriculum Vitae (CV)

Many students develop a curriculum vitae or resume whether or not it is requested by the residency program. It is a good exercise for organizing basic information, educational background, and major accomplishments. The Office of Student Affairs and Admissions, as well as the Careers in Medicine website, provide helpful resources to help you write a CV.

Personal Statement

This document conveys the student's passion and commitment to the discipline, and may also identify what s/he is looking for in a residency program. The student should be the sole author of the personal statement. Incorporating prewritten statements of others or taken from commercially prepared documents and misrepresenting your academic or professional qualifications or achievements in personal statements or curriculum vitae are considered breaches of academic integrity.

Faculty and Department Recommendation Letter

Students request these letters from faculty with whom they have worked; one letter must be from an attending in the specialty in which the student is applying. Some programs require a letter of support from the department chairs. Letters from residents typically may not be substituted for a required faculty letter.

Medical Student Performance Evaluation (MSPE)

The Medical Student Performance Evaluation Letter is an important document sent to residency programs by the School on behalf of the student as part of the residency application process. It is a narrative transcript of the student's performance in medical school and as such, is a letter of evaluation, not recommendation. The preparation of this document is overseen by the Office of Student Affairs and Admissions. It provides an overall assessment of your medical school performance, including quotations from evaluations, including required clerkships, and clinical electives for which evaluations have been received prior to the Office of Student Affairs and Admissions' MSPE completion deadline. It also includes AQA election if applicable, information on the status of completion of the USMLE graduation requirements, and highlights of your activities and contributions to the School and community. Students can review their MSPE for accuracy before it is released to program directors.

Official CalMed Transcript

The CalMed transcript will include all grades received through the end of summer term.

USMLE Transcript

Residency programs require an official transcript of the student’s performance from the National Board of Medical Examiners (NBME) on USMLE Step 1, Step 2-CK, and Step 2-CS. The request to the NBME is managed by you through ERAS.

Residency Program Interview

All programs require an interview. This is the student’s opportunity to learn more about the residency program, the environment of the training site, and the city or town in which the program is located. It also provides an important opportunity for the residency program director and current residents and staff to see if the student is a good fit for their program.

Overview of Positions in Residencies

Examples of various types of residencies are diagrammed in the figure below. The length of each bar is the period of years of training required for certification by the various Specialty Boards. These are unofficial assignments derived from published materials and are offered only for information. You should consult the current Graduate Medical Education Directory (also known as the “Green Book”) for the official requirements.

| 1 | 2 | 3 | 4 | 5 | 6-7 |
|---|------------------------|----------------|----------------|----------------|-----|
| Family Medicine | | | | | |
| Emergency Medicine | | | | | |
| Pediatrics | | | Subspecialties | | |
| Internal Medicine | | | Subspecialties | | |
| Obstetrics/Gynecology | | | | Subspecialties | |
| Pathology | | | | | |
| General Surgery | | Subspecialties | | | |
| Neurological Surgery | | | | | |
| Orthopedic Surgery | | | | | |
| Otolaryngology | | | | | |
| | | | Urology | | |
| Transitional or Preliminary Medicine or Preliminary Surgery | Anesthesiology | | | | |
| | Dermatology | | | | |
| | Neurology | | | | |
| | Nuclear Medicine | | | | |
| | Ophthalmology | | | | |
| | Physical Medicine | | | | |
| | Psychiatry | | | | |
| | Radiology – Diagnostic | | | | |
| Radiology – Oncology | | | | | |

Note: In addition to the above, there are a number of combined specialty programs that begin in the first year. Examples of these are medicine/pediatrics, medicine/psychiatry, pediatrics/psychiatry/child psychiatry, psychiatry/family practice. Others can be found in the Graduate Medical Education Directory of approved residency programs. You may also access the online resource: AMA-FREIDA. Any questions related to residency selection and the application process should be directed to the Office of Student Affairs and Admissions.

Licensure and Specialty Board Certification

In order to practice medicine, physicians must be licensed by the state(s) in which they are seeing patients. While most states require very similar information, some have more stringent requirements regarding curricular credits in certain areas, acceptable levels of scores on licensing examinations, and reports on personal and professional conduct. All states require successful completion of all parts of the licensure examination and at least one year of postgraduate (residency) training. (See Federation of State Medical Boards <http://www.fsmb.org>).

The School of Medicine's academic program is structured to provide an education that meets faculty's expected standards for the attainment of the Doctor of Medicine degree from this institution. Questions about state licensing requirements or procedures should be directed to the licensing board of the state in which there is an interest in practicing.

Each of the major specialties has certification requirements for physicians who wish to achieve board certification in their specialty area. General information on board certification requirements is available in the AMA Graduate Medical Education Directory; more specific information can be obtained from the individual specialty boards.

Researching Residency Programs:

<https://www.aamc.org/cim/residency/programs/researchingprograms/>

Academic and Clinical Policies

The Office of Medical Education

The Office of Medical Education (OME) is responsible for the oversight of the medical education program, faculty development and affairs, library services, and instructional technology. The OME collaborates with the School of Medicine faculty to manage the program via the Curriculum Committee and its subcommittees.

Interactions of students with the OME occur on a daily basis through their own active participation in the scheduled curricular activities, assessments of their behaviors, knowledge, and skills, and evaluations of the performance of the faculty and of the program. Students may elect to contribute to curriculum management through participation on the Curriculum Committee.

The OME website has the most current descriptions of the scope of its activities and of the links to the Curriculum Committee and its subcommittees, library services, and instructional technology.

Graduation Requirements

To graduate, students will be required to successfully complete the educational program leading to the MD degree. In addition, all financial obligations to CalMed must be fulfilled before the diploma and transcripts are awarded to graduates. Find the detailed list of the graduation requirements in the “Program of Study” section.

Attendance Policy

Purpose/Aim

To clarify and establish responsibility and procedures for defining and informing students about attendance policy for all courses and the mechanism to address absences.

Definitions

1. **Absence:** A student’s failure to be present in any classroom or clinical activity during a regularly scheduled period. Absences may be planned or due to an emergency.
2. **Planned Absence:** A planned absence occurs when a student schedules, in advance, to be away from a course or clerkship activity. These absences may be considered “excused” absences.
3. **Emergency Absence:** An unplanned absence is unscheduled, and may occur as a result of an emergency or unexpected situation requiring immediate action, and for which there is no time for the student to secure an excused absence with the instructor or another responsible party. Students must secure permission to be absent after the event. The unplanned absence is then considered to be an “excused” absence. Failure on the part of the student to follow up appropriately will result in an “unexcused” absence.

Policy Explanation

The attendance policy provides a mechanism for the student to notify CalMed faculty in a timely manner when s/he has a valid reason to be absent from any curricular activities. This policy relies on the student's honesty and integrity in all communications regarding an absence from any curricular activity, whether planned or unplanned.

The attendance policy incorporates two important components:

1. **Academic Performance**

Class attendance is a key determinant of academic performance and is therefore required. Research on class attendance has established that students with high attendance achieve higher academic performance in both coursework and examinations than students with poor attendance (Subramaniam BS et.al, 2013). A recent paper (Nyamapfene A. 2010) has also shown that class attendance is highly correlated with academic performance, despite the availability of online lecture notes.

2. **Professional Behavior**

All CalMed students must meet standards of professionalism and personal responsibility expected of all physicians in training. Particularly, physicians in training must hold themselves to the same levels of professionalism expected of practicing physicians when they are required to be absent from their duties.

Student attendance and active participation in both the classroom and clinical activities is an important component that all students must fulfill before they may be granted the MD degree.

CalMed requires all students to attend and actively participate in all aspects of its curriculum including coursework, whether taught in the classroom or via electronic media, as well as attend and actively participate in all clinical training including clerkships and clinical rotations. These attendance requirements are in effect for the entire four (4) year CalMed curriculum.

Attendance in Year 1 and 2 Courses

Student attendance is mandatory for all "active learning" sessions and activities in which team accountability is required, i.e., clinical presentations, small group/team-based and/or problem-based learning sessions, laboratory activities, and flipped classroom discussion sessions with their associated i-RATs and t-RATs. Since all of the system-based courses are completely structured as "active learning" courses, attendance is mandatory for all courses of the first two academic years. Any student who misses more than 10% of any of the courses within the first two (2) years will be referred to the Associate Dean of Student Affairs and Admissions for consultation.

Attendance in Year 3 and 4 Clerkships

Experiential learning is essential to gain the knowledge and skills needed to successfully complete the clinical years. Students must, therefore, maintain consistent participation and attendance throughout the third and fourth years. No student shall have more than two (2)

unplanned, unexcused days in any four (4)-week block or three (3) days in any eight (8)-week block in Year 3 and 4. Any absences, whether planned or unplanned and up to these limits, may have make-up work assigned at the discretion of the Clerkship Director.

Any absences, whether planned or unplanned and beyond these limits, will require time to be made up before a passing score is given for the clerkship. Any student missing more than seven (7) days total, and for any reason, of any rotation, will be referred to the Associate Dean of Student Affairs and Admissions for consultation and remediation.

Absence Procedure

CalMed has classified absences into two categories: (1) Un-planned (emergency or unexcused) absences, and (2) Planned (previously excused) absences.

1. Un-Planned Absences

- a. Emergency (see below “Procedure for Requesting/Obtaining Excused Absence”)
 - i. Medical and family emergencies
- b. Unexcused (see below for reporting requirement)
 - i. Student absences that are unrelated to emergency situations

2. Planned (Previously Excused) Absences

- a. Health related issues (medical, dental, or other health services related appointments)
- b. Attendance at special/important family events (e.g., weddings, graduations, funerals, or other)
- c. Religious obligations
- d. Public service (e.g., jury duty)
- e. Military service
- f. Attendance at scientific, educational, or national student organization conferences

Procedure for Requesting/Obtaining Excused Absences and Reporting Unexcused Absence

In the event of **an un-planned absence**, the student must notify the Course/Clerkship Director or designee in person, by telephone or email within 24 hours of the unexpected absence. Upon their return, the student must complete an “Absence Notification Form” and submit the form to the Course/Clerkship Director. On return, the student must meet with the Course/Clerkship Director or designee to arrange for the timely completion of all requirements of the missed course, clerkship, and/or rotation including making up all assignments, group projects, clinical duties, and call.

N.B.: All students who miss required activities due to illness, must obtain a written medical note from a licensed healthcare provider (see **N.B.2** below for exception). A student with contagious diseases may be required to submit a written clearance from the healthcare provider before s/he can resume educational activities.

N.B.2: The requirement of medical note from a healthcare provider is waived if the absence is for a single day and for up to three (3) isolated occurrences per academic year. However, in lieu of a healthcare provider’s note, the student has to report to the Office of Student Affairs and Admissions, explain the reason for his/her absence and obtain a pro forma excuse to be turned over to the appropriate faculty/Course Director along with the Absence Notification Form. Any student who resorts to this form of absence

for more than three (3) days in an academic year, must submit a written medical note for all subsequently missed days.

In the event of **a planned absence**, the student must notify the Course/Clerkship Director or designee in person, by telephone, or email of the planned absence no later than seven (7) days prior to the planned absence. The student must meet with the Course/Clerkship Director or designee, preferably prior to the planned absence, but no later than 24 hours after return to arrange for the timely completion of all requirements of the missed course, clerkship, and/or rotation including making up all assignments, group projects, clinical duties, and call.

Procedure When Accumulated Absence Exceeds Set Limits

Should the number of unplanned or planned absences exceed the amounts as set forth above in this policy, the student must meet with the Associate Dean of Student Affairs and Admissions within seven (7) days of the absences in question for consultation and remediation. The Associate Dean of Student Affairs and Admissions will evaluate the appropriateness of the student absences and may take the following actions:

1. Approve the absences as appropriate and work with the student and Course/Clerkship Director or designee to ensure that all requirements of the missed course, clerkship, and/or rotation are completed in a timely manner.
2. Deny a portion or the entire period of the absence. Such denial may result in:
 - a. Lowering of course, clerkship, or rotation grade
 - b. Requirement that the course, clerkship, or rotation be repeated
 - c. Official censure in the student's academic record
 - d. Notation of the lapse of professional responsibility in the student's Medical Student Performance Evaluation/Dean's Letter

The Associate Dean of Student Affairs and Admissions will provide the student with his/her decision regarding the approval or denial of the absences in question and the action to be taken in regard to the absences within seven (7) days of meeting with the student. Within seven (7) days of receipt of the Associate Dean of Student Affairs and Admission's decision, the student may:

1. Accept the decision.
2. Submit a written appeal to the Senior Associate Dean of Medical Education, who will form an ad hoc Appeals Council consisting of him/herself and two faculty members not involved with any missed course, clerkship, and/or rotation.

The Appeals Council will convene within 10 days of receiving the student's written appeal. The student may appear before the Appeals Council to present information that the student believes is relevant to the deliberations of the Appeals Council. The Appeals Council will inform the student of their decision within seven (7) days of convening. Any decision of the Appeals Councils will be final.

Important Limitations to Excused Absences

The curriculum contains many categories of unique sessions that are not feasible to recreate (i-RATs, t-RATs, Clinical Case presentations, journal clubs, voice-over PowerPoint lecture-discussion sessions, etc.). The Course/Clerkship Director makes the ultimate decision regarding support and approval of swapping and/or rescheduling.

1. If in the view of the Course/Clerkship Director, the student's absences adversely affect his/her education or the education of others in the group, the Course/Clerkship

Director will submit a “Concern Notification” to the Office of Student Affairs and Admissions. The student will then meet with the Associate Dean of Student Affairs and Admissions to address the issue(s). If the issues cannot be resolved or they recur, the student will be referred to the Student Academic Standards and Promotion Committee to discuss his/her progress and continuation in medical school.

2. It should be noted that regardless of the category of absence, the student remains responsible for completing all requirements of the course, clerkship, and/or rotation including making up all assignments, group projects, clinical duties, and call. If a student’s absence is classified by the responsible faculty as an “Unexcused” absence, a serious breach of professional responsibility will be deemed to have occurred, and the breach will be reported to the Associate Dean of Student Affairs and Admissions for further action. Such actions may include:
 - a. Lowering of course, clerkship, or rotation grade
 - b. Requirement that the course, clerkship, or rotation be repeated
 - c. Official indication in the student’s academic record
 - d. Notation of the lapse of professional responsibility in the student’s Dean’s letter attesting to the “Medical Student Performance Evaluation.”
3. A student will be subject to withdrawal from CalMed if the student (a) repeatedly violates CalMed Attendance Policy, (b) is absent from assigned curricular responsibilities for more than 30 days without having been placed on an official leave of absence or not showing evidence of extreme extenuating circumstances.

References

1. Nyamapfene A. Does class attendance still matter? Engg Educ. 2010; 5:1–9
2. Subramaniam BS, S Hande, and R Komattil. Attendance and Achievement in Medicine: Investigating the Impact of Attendance Policies on Academic Performance of Medical Students. Ann Med Health Sci Res. 2013 Apr-Jun; 3(2): 202–5

Grading Policy

A candidate for the Doctor of Medicine degree at CalMed must be certified by the faculty to exhibit the requisite knowledge, skills, and attitudes as well as possess personal qualifications and attributes deemed necessary to complete the prescribed course of study. However, CalMed has an obligation not only to its students but also above all to society to make sure that the physicians being prepared are of the highest scientific, skilled, and moral caliber to perform the duties of the medical profession. Student work in the required courses/clerkships for the MD degree is reported in terms of the grading system described in this section.

Pass and Fail Standards

Students can only earn one grade for a course following completion of the requirements for the course/clerkship. Students cannot be re-assessed, or elect to be re-assessed, following completion of a course/clerkship if they obtain a final passing grade in the course/clerkship.

Passing grade: The passing final grade for all courses and clerkships is 70%. A student must achieve a final grade of 70% or higher to pass.

Failing grade: Students who do not achieve a final grade of 70% or higher in a course/clerkship will be required to remediate the course/clerkship. These students will receive an “R” grade for the course/clerkship until the performance in the course/clerkship is successfully remediated. A student who is not able to successfully remediate performance in a course/clerkship will receive a “Fail” grade. All passing, failing and remediated grades will be reported to the registrar for recording in the student’s transcript of academic performance.

Grading System

Student work in the required courses/clerkships for the MD degree is reported in terms of the grading system indicated in the table below. In order to ensure that final grades are available within 6 weeks of the end of a course/clerkship, the CalMed grading policy requires that the course/clerkship director must assign the final grade within 28 days of the end of the course/clerkship or the remediation assessment.

| Numerical Threshold | Performance Rating |
|---------------------|------------------------------------|
| 90 – 100 | Excellent |
| 80 – < 90 | Good |
| 70 – < 80 | Pass |
| < 70 | Fail |
| I | Incomplete |
| IP | In progress |
| R | Provisional, requiring remediation |
| RG | Remediated grade |
| W | Withdrawn |

Policy on Remediation and Deferred Assessments

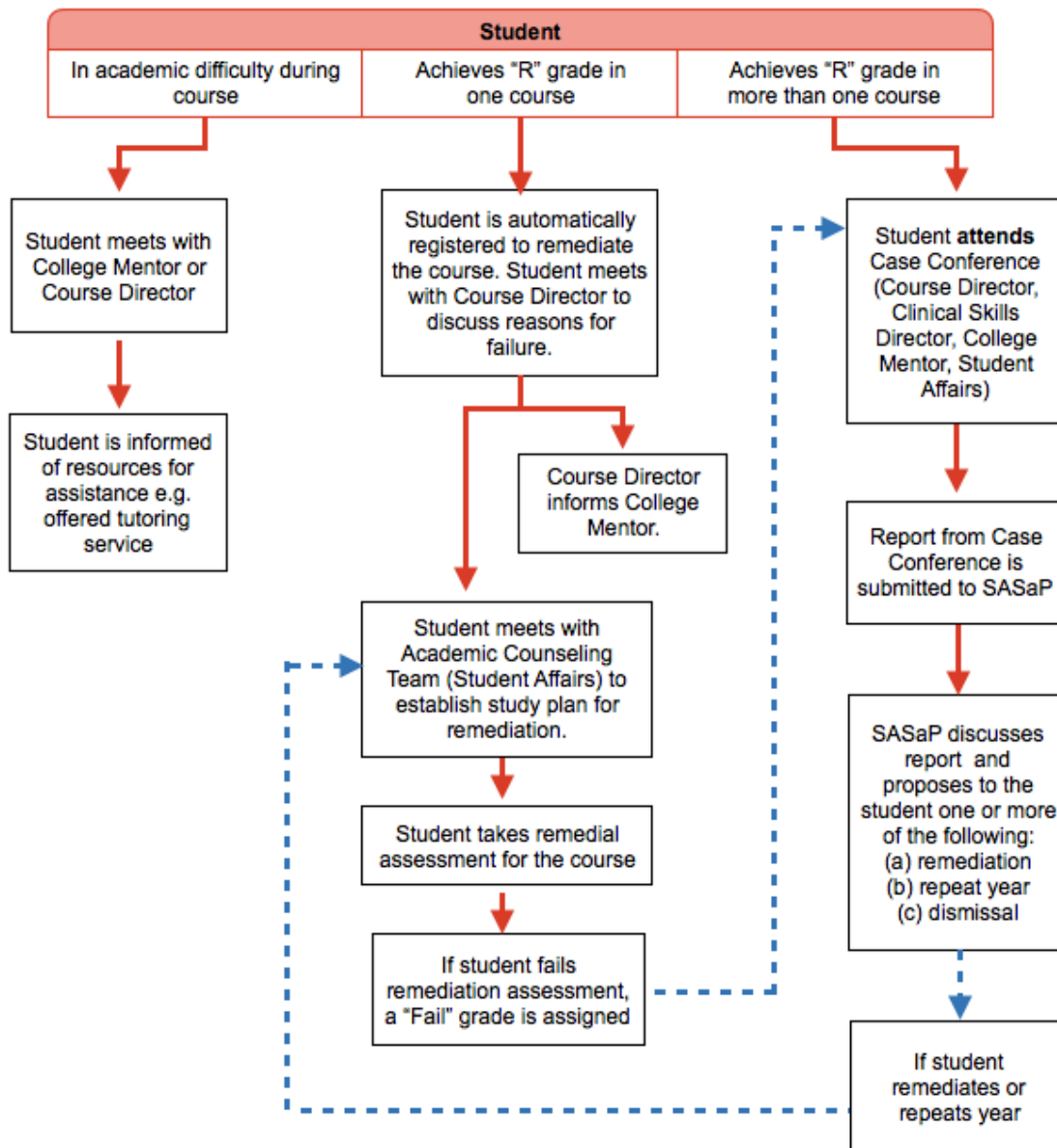
The curriculum has been structured in such a way as to give students every possible opportunity to learn and succeed, and to reduce the likelihood of having to remediate. However, due to unforeseen circumstances, the need to remediate may occur. In such instances, the following procedures for remediation will apply to students who do not achieve a passing grade in a summative assessment in this course.

1. If a student does not achieve the passing requirements of a course, e.g. achieves less than 70% in the final grade, a grade of R (provisional, requiring remediation) is reported to the student and recorded in the official transcript. The student must remedy the grade of the course and will be automatically registered to remediate by re-assessment. The student’s College Mentor will be informed by the course director.
2. The student must meet with the course director to discuss reasons for the poor performance, following which the student must meet with an Academic Counseling Team (ACT) set up by the Office of Student Affairs. Together with the student, the ACT will establish a study plan for the student to help prepare for remediation.

3. Emphasis will be placed on support measures to prevent the student from falling behind in on-going work, and allow learning in other courses to help serve as additional aid in preparing for remediation assessments. Remediation assessments in a course will be offered during the remediation week at the end of the academic year. The latest date by which remediation for courses in Year 1 & 2 must be completed is July 15 for first year students and June 1 for second year students. Second remediation attempts will be dealt with on an individual basis.
4. In order to achieve a successful remediation of an “R” grade in one or more system-based courses in the year, students must achieve a passing grade in the appropriate remediation examinations at the end of the academic year. A passing grade in the All-Systems OSPE that covers all the material studied during the laboratory sessions in the year will remediate laboratory skills grades in system-based courses in that year.
5. If a student achieves more than 70% in a remediation assessment, the grade of “R” is replaced with “RG” (remediated grade). The passing grade together with a remediation prefix (e.g. RG 75%) is reported for the course to the registrar and recorded on the student’s official transcript.
6. If a student achieves less than 70% in a remediation assessment, a grade of “Fail” is reported for the course to the registrar and recorded on the student’s official transcript.
7. A student cannot carry forward a “Fail” grade from one academic year to the following academic year.
8. In order to initiate the potential replacement of a “Fail” grade, the student must first attend an Interventional Case Conference (ICC) meeting set up by the Office of Student Affairs with the course director, clinical skills director, College Mentor, associate dean of student affairs, and a representative of the Assessment and Evaluation Committee. A report from the ICC containing an analysis of the student’s difficulties and the resulting advised offered will be submitted to the Student Academic Standards and Promotion (SASaP) Committee.
9. To remediate an “R” grade in College Colloquium, a student must achieve a passing mark in the College Colloquium MCQ remediation examination to pass the course.
10. To remediate an “R” grade in Clinical Skills, a student must achieve a passing mark in the Clinical Skills OSCE remediation exam to pass the course.
11. A student who achieves an “R” grade in more than one course must attend a Case Conference, and will be evaluated by the Student Academic Standards and Promotion Committee which, after due consideration, will report to the student one of the following options:
 - a) remediation of the courses
 - b) repeat of the full academic year
 - c) dismissal

The student can appeal any of the above decisions.

12. Students in the second year will only be allowed to take the USMLE Step 1 examination when they have successfully completed and passed all courses in the first two years (including remediation exams).



Deferred (Make-Up) Assessments

Students who are excused by the Office of Student Affairs from taking assessments during a course or clerkship will take a deferred examination. The date of the deferred assessment will be determined by the course/clerkship director in consultation with the Office of Assessment. Transcripts of students who take a deferred assessment will show only the final course grade without any preceding prefix (as is the case with remediated assessments).

Grade Notification and Reporting as well as Grade Appeal Procedure

Please see the CalMed Student Assessment Handbook.

Policy on Academic Progress

Although CalMed is not immediately participating in federal financial aid programs, federal regulations (CFR 668 – Student Assistance General Provisions, Sections 668.32(f), 668.16(e), and 668.34) require that all students receiving financial assistance from federal Title IV funds maintain satisfactory academic progress according to both qualitative and quantitative measures. The following policy presents the standards adopted by CalMed.

At CalMed, Student Satisfactory Academic Progress (SSAP) will be used to define successful completion of coursework to maintain eligibility for student financial aid. Federal regulations require the University to establish, publish and apply standards to monitor student's progress toward completion of the degree program. If a student fails to meet these standards, the student will be placed on financial aid warning or suspension. Students who receive financial aid must achieve academic performance that meets the SSAP standards below.

Student Satisfactory Academic Progress (SSAP)

Each student at CalMed is required to complete successfully all of the required courses, clerkships, examinations, and Academic Research Study in order to graduate with the MD degree. CalMed measures academic progress according to the Grading Policy. Specifically, all required courses in each academic year must be completed with a passing grade as defined in the Grading Policy for progression to the subsequent year. At the end of Year 2, all students must also pass the USMLE Step 1 exam for progression to Year 3. In the final year(s), students must complete all required courses, clerkships, and approved activities with a minimum passing grade to satisfy a part of the Graduation Requirements (See the Graduation Requirements section).

Once CUSM becomes eligible to receive federal financial aid, students will be able to receive financial aid for a maximum timeframe of 150 percent of the published degree credits required to complete your program. For example, if a degree program requires 30 credits, students are eligible for aid up to 45 attempted credits.

Each semester, student's cumulative completed credits percentage is determined to ensure that the student has completed at least 67 percent of all credits attempted. The total credits the student has attempted to date (including any course in which the student was enrolled past the drop/add period) will be compared to the total credits the student actually earned.

Monitoring of SSAP

The progress of each student is monitored carefully, and SSAP is reviewed at the conclusion of each semester. Students notified of "at risk" status will be placed on a "financial aid warning period." When available, federal financial aid can be disbursed to the student during the warning period.

During the annual review by the Student Academic Standards and Promotion Committee, progression to the next academic year is granted based on a review of all grades. This includes withdrawals, incompletes, and unsatisfactory grades. Any student who has not achieved a minimum satisfactory grade in all core courses/clerkships may not progress to the next year.

CalMed's Student Academic Standards and Promotion Committee, in consultation with the Registrar, will notify all students who have not met the standards for SSAP. The written notification

will indicate the nature of the deficiency, methods that may be available for correcting the deficiency, and any consequences that have resulted or may result, such as academic probation, withdrawal, etc. A student who fails to meet one or more of the standards for SSAP (qualitative and/or timeframe) is, if applicable, ineligible for financial aid beginning with the term immediately following the term in which the SSAP requirements were not met, pending results of the appeal process described below.

Maximum Time Frame

The normal time frame for completion of required coursework for the MD degree is four academic years. However, due to academic difficulties (or other reasons, such as a Leave of Absence), a student may require additional time. In such situations, an academic plan may be established for the student that departs from the norm and which may require the repetition of all or a part of a year of study (i.e., subsequent to incomplete or unsatisfactory course work or an approved leave). In order to demonstrate Student Satisfactory Academic Progress (SSAP), students must complete the first two years of the curriculum by the end of the third year after initial enrollment; the remaining requirements of the curriculum must be completed by the end of the fifth year after initial enrollment. The maximum time permitted to complete the CalMed MD program course work, excluding Leave of Absence (LOA), is 6 years.

In addition, if a student experiences personal difficulty or participates in scholarly enrichment activities, the student may take up to 2 years of LOA outside of the six (6) year maximum. The detailed policy is described in the LOA Policy section below. However, under no circumstances will a student be allowed to take more than 8 years from the time of matriculation to complete the requirements for the MD degree.

Financial Aid Probation

If a student has not met the standards for Student Satisfactory Academic Progress (SSAP) during the “financial aid warning period,” s/he will be notified in writing by the Office of Financial Aid that s/he is ineligible to receive federal financial aid beginning with the term immediately following the term in which the standards were not met.

Appeal of Financial Aid Probation

If a student has lost federal financial aid eligibility, but is permitted by the Student Academic Standards and Promotion (SASaP) Committee to remain enrolled in the MD program, s/he may appeal to the Office of Financial Aid to have federal financial aid eligibility reinstated.

The appeal must be made in writing and submitted to the Office of Financial Aid within 10 business days of the notification of ineligibility.

Eligibility for federal financial aid will be restored if the student subsequently meets the SSAP standards and advance to the next year of study.

The student’s appeal should include:

1. Brief statement outlining the reason for appeal

2. Steps the student will take to ensure future academic success
3. Certification from SASaP Committee that documentation exists and is on file regarding mitigating circumstances that prevented the student from meeting the SSAP standards (e.g., death in the family, illness or injury, or other personal circumstances)

What happens after a student submits an appeal?

The Office of Financial Aid will review the appeal and render a decision within 10 business days of its receipt. The student will be notified of the decision in writing.

If the appeal is approved:

1. The student will be placed on financial aid probation.
2. The student will collaborate with the Associate Dean of Student Affairs and Admissions and Senior Associate Dean of Medical Education to develop an academic plan that, if followed, will help you meet all SSAP standards by a specific point in time.
3. The student will be eligible to receive federal financial aid during the timeframe stated in the academic plan.

If the student does not meet all SSAP standards by the end of the probationary period:

1. The student will be suspended from federal financial aid eligibility
2. The student may be reinstated for federal financial aid eligibility when the student completes sufficient coursework to meet SSAP standards.

Enforcement

The Offices of Student Affairs and Admissions, the Registrar, and Financial Aid are responsible for monitoring and enforcing SSAP.

Leave of Absence (LOA) Policy

A student may be granted a personal or medical leave of absence (LOA) for a variety of reasons, among which:

1. Personal and/or medical issues
2. Scholarly enrichment activities
3. Active military duty
4. Family Medical Leave Act (FMLA)

At the discretion of the Student Academic Standards and Promotion Committee of CalMed, LOA may be granted for up to one continuous year for students in good academic standing. Upon approval from the Student Academic Standards and Promotion Committee, the students may take another LOA of up to one continuous year. However, students cannot take more than two LOAs at CalMed. The second LOA may be taken immediately following the first LOA.

The “Leave of Absence Request Form” is available from the Registrar’s office. Students need to submit a completed form to the Student Academic Standards and Promotion Committee through the student affairs office at least 3 months prior to the desired LOA start date for consideration. The period of LOA for which the student has been approved may be excluded from the maximum time frame in which an individual student will be expected to complete the program. However, under no circumstances will a student be allowed to take more than 8 years from the time of matriculation to complete the requirements for the MD degree, including LOA.

Students must clear with financial services and financial aid before receiving approval for a LOA. For financial aid recipients, federal guidelines consider a student on LOA as having withdrawn from the medical school. Because students on LOA are not considered to be working toward their degree, the grace (deferral) period for loan repayment may lapse during the leave. For loans with the typical six or nine-month grace period, repayment will start after six or nine months of leave, respectively, and continue through the rest of the leave. For such students, loan repayment will begin immediately after graduation, rather than six or nine months into the first postgraduate year.

At the time of re-entry, the student must submit a written request at least 6 months prior to the desired re-entry date. A LOA guarantees re-enrollment upon the student’s return. The student must reapply for financial aid upon his/her return. Students will be charged at the current tuition rate upon re-entry into CalMed.

Mandatory Leave of Absence

It is the purview of the Student Academic Standards and Promotion (SASaP) Committee to require a student to take a mandatory Leave of Absence under certain circumstances (for example, mental health and drug abuse). The SASaP Committee’s decision may be appealed to the Dean of the School of Medicine whose decision is final. The student will not be permitted to attend class during the appeal process.

Mandatory Leave of Absence Appeal Process

If the student chooses to appeal the SASaP Committee’s mandatory Leave of Absence, they must submit the rationale for their appeal in writing to the Dean within 10 business days of the SASaP Committee’s decision. The Dean may or may not choose to meet with the student. The Dean will render a decision within 10 business days of receipt of the student’s written appeal. The Dean’s decision is final.

Academic Probation, Suspension, and Appeal Policies

Academic Probation

A student may be placed on academic probation if, in the judgment of the Student Academic Standards and Promotion Committee, his or her progress is unsatisfactory in any area related to graduation requirements.

Students are placed on **academic probation** when they are in danger of suspension or dismissal. A student may be placed on academic probation if the student:

1. Receives a grade of R (remediation) in 1 or more courses, clerkships, electives, or mandatory exercises;
2. Has been cited for unethical or unprofessional behavior (except for sexual misconduct matters, for which refer to the Policy on Sexual Misconduct); or
3. Does not pass USMLE Step 1 or 2 exams in a timely manner

Removal from Probation

The Student Academic Standards and Promotion Committee may remove a student from academic probation after the student has, to the satisfaction of the committee, remediated the problem that led to probation. The assignments to probationary status will not appear in the student's Medical Student Performance Evaluation (MSPE) letter.

Academic Suspension

A student will be automatically suspended, (i.e., precluded from participation in academic activities) for offenses considered grievous:

1. Has been cited by the Student Academic Standards and Promotion Committee for serious unethical or unprofessional behavior (except for sexual misconduct matters, for which refer to the Policy on Sexual Misconduct); or
2. Poses an imminent risk of danger to self, others, or the institution as determined by the Associate Dean of Student Affairs and Admissions or his/her designee.

Appeal of Probation and Suspension

A student has 10 business days from notification of probation/suspension to submit a written appeal to the Dean of the medical school. The Dean will review the case and will make a decision, which is final. The suspension for students who pose a threat to themselves or the community begins immediately.

Dismissal from the School of Medicine

A student may be dismissed from the medical school if s/he does not meet the standards for graduation or satisfactory academic progress established by CalMed. A student failing three or more courses in a given year will be dismissed from the School of Medicine. If the student appeals the dismissal they will be allowed to continue in the curriculum until such time as the appeal process has been exhausted. The exception to this rule is the student who has been dismissed for egregious issues of unethical, illegal, or immoral conduct; that individual will be suspended until such time that the appeals process has been exhausted.

Students are expected to make satisfactory progress in all areas of their medical school coursework and are expected to maintain the highest standards of personal conduct and professional behavior. If the student's overall record does not meet the expected level of performance, the Student Academic Standards and Promotion Committee may recommend dismissal (except for sexual misconduct matters, for which refer to the Policy on Sexual Misconduct). A dismissal recommendation may be made at any time during the student's medical school enrollment. For a grievous offense, the student does not need to have been placed on probation prior to being recommended for dismissal.

Dismissal Appeals Process

If the Student Academic Standards and Promotion Committee recommends dismissal, the student has the right to request a meeting with them to review his/her pending dismissal. The request for appeal must be made in writing to the Associate Dean of Student Affairs and Admissions within 10 business days after the decision for dismissal has been served to the student in writing.

In preparation for the dismissal appeal, the student must submit to the student affairs office, at least one week prior to the scheduled hearing, the following:

1. A written statement addressing the issues of concern that were raised in the Committee's dismissal letter sent to the student.
2. Any letter or relevant documentation that the student may have requested in support of his/her case, along with a list of the names and qualifications of the individuals submitting the letters.
3. If applicable, the name of a medical school faculty member who may act as the student's advocate, and who has been requested by the student to accompany him/her at the Student Academic Standards and Promotion Committee dismissal review meeting.

N.B.: The letters and statement should be addressed to the Chair of the Student Academic Standards and Promotion Committee.

As part of the dismissal appeal, the student may present his/her petition and have a question and answer period with the Committee members. The student may be accompanied by a member of the medical school faculty who will act as his/her advocate*. If present, the faculty advocate may also share information and respond to questions. If the decision of the Committee is to sustain the dismissal and the student does not withdraw from CalMed, the student may appeal the dismissal decision by the Student Academic Standards and Promotion Committee to the School of Medicine's Appeals Committee, which does not have any members who also serve on the Student Academic Standards and Promotion Committee. The Appeals Committee will review the recommendation of the Student Academic Standards and Promotion Committee, any new information provided by the student, and confirm that the student has received their rights of due process. If the Appeals Committee sustains the decision of the Student Academic Standards and Promotion Committee to dismiss the student, the Committee's dismissal recommendation will be forwarded to the Chair of the Department of Medical Education for a review of the dismissal and then to the Dean of the medical school for a final decision. The dean may or may not choose to meet with the student.

***N.B.:** The presence or appearance of a student's legal counsel is not permitted because a formal hearing and appeal are not part of the academic review process.

During the appeal review process, the student is usually permitted to continue in the educational program pending a final dismissal decision or a decision by the student to withdraw from the medical school, except if there are issues related to egregious issues of unethical, illegal, or immoral conduct. In this case, the Senior Associate Dean of Medical Education, Associate Dean of Student Affairs and Admissions, appropriate Assistant/Associate Dean of Curriculum, and/or Student Academic Standards and Promotion Committee have the right to determine the appropriateness of the student continuing in coursework during the dismissal review process and may recommend the student be prohibited from attending class or performing clinical work.

If the dismissal recommendation is rescinded, the Student Academic Standards and Promotion Committee will determine the appropriate academic program and curricular schedule for the student's continuance in the medical school program. The Committee may place the student on probation for an extended period of time and elect to provide advance information to the course or clerkship directors.

If the dismissal is confirmed by the Dean, the decision is final and effective immediately. If the student has been the recipient of financial aid, s/he must meet with the Director of Financial Aid for a mandatory federally-required exit interview.

Working Together on Course Assignments

In many courses, students will be encouraged to work together on questions covering broad topics or on various projects. It is expected, however, that each student will write his/her own response based on the group's effort. In other words, it would not be proper to write one response and copy that one response to the paper that is turned in by each individual student.

Policy on Credit Hours

CalMed credit hour calculation follows WSCUC's Credit Hour Policy, where *"a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than (1) One hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or (2) At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution, including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours."*

Since the courses and clerkships in CalMed MD program do not run through the whole semester, CalMed utilizes the calculation for (2) above, where '15 weeks x (1 + 2) hours = 45 hours of work = 1 semester credit hour.' The details of calculations for five types of courses and clinical clerkships in the curriculum are shown below.

I. Eleven systems-based courses (CM-5100 – CM-5600 and CM-6100 – CM-6500)

Eleven systems-based courses in Year 1 and 2 follow the same scheduled format and include the following contact and "out-of-class" student work hours/week:

- a) 7 h/week of "Lecture Discussion Sessions" ("Flipped classroom sessions")
- b) 6 h/week of individual- and team-readiness assurance tests (i-RATs and t-RATs) and discussion of answers (N.B. Preparation time is included in above activity, i.e., preparation for Lecture Discussion Sessions)
- c) 1 Journal Club (2-hour session every third week, approx. 40 min/week)
- d) 4 h of laboratory
- e) 4 h of Small Group Sessions 1 and 2 (short case version of problem-based learning)

i.e., approximately 22 contact h. CalMed expects students to spend at least 24 h of out-of-class student work for those sessions that require study time, thus $22 + 24 = 46$ h/week.
Total = (46 h/week = 1 credit/week)

Therefore, each week of a course activity in the systems-based courses corresponds to 1.0 Credit.

II. Clinical Skills (CM-5700 and CM-6700)

Clinical Skills courses contain two types of sessions: Skills Laboratory and Service Learning sessions. The Service Learning sessions do not require out-of-class student work, thus the credits are calculated as follows:

a) Clinical Skills-I:

Orientation to Clinical Skills sessions: 5 sessions (18 h) + at least 27 h out-of-class student work = 45 h

Skills Laboratory sessions: 30 sessions (60 h) + at least 120 h out-of-class student work = 180 h

Service Learning sessions: 6 sessions (30 h) + no out-of-class student work = 30 h

Overall total = $45 + 180 + 30 = 255$ h (= 5 Credits)

b) Clinical Skills-II:

Skills Laboratory sessions: 25 sessions (50 h) + at least 100 h out-of-class student work = 150 h

Service Learning sessions: 4 sessions (20 h) + no out-of-class student work = 20 h

Overall total = $150 + 20 = 170$ h (= 3 Credits)

III. College Colloquium (CM-5800 and CM-6800)

College Colloquium courses require more out of class student work hours and credits are calculated as follows:

a) College Colloquium-1: 23 sessions (46 h) + at least 126.5 h out-of-class student work = 172.5 h (= 3 Credits)

b) College Colloquium-2: 19 sessions (38 h) + at least 104.5 h out-of-class student work = 142.5 h (= 3 Credits)

IV. Academic Research Study (CM-6600)

Academic Research Study is calculated as follows:

a) At least 90 hours of supervised research work in research laboratory, clinical, community, and/or other settings over one academic year corresponds to 2.0 Credits.

V. Year 3 and 4 clerkships, sub-internships, and electives (GS-7100 – OBG-8800)

Year 3 and 4 clerkships, sub-internships, and electives are calculated as follows:

a) One week (average 40 hours) of Year 3 and 4 clerkships and sub-internship activities + at least 5 hours of out-of-clerkship student work corresponds to 1.0 Credit.

Work Hours for Education Program

In the pre-clerkship component of the program, the educational program is scheduled for Monday to Friday, from 8:00 am to 5:00 pm. The schedule includes time reserved for formal scheduled activities and for independent study time. The schedules of the learning management system will list all activities. On occasion, students may need to use additional days or times to accommodate the schedule of staff at affiliated clinical sites in order to fulfill specific requirements of the longitudinal courses.

In the clerkship component of the program, medical students will be required to attend activities at clinical sites that involve patient care and skills training. Although there is a policy defining duty hours, students will need to demonstrate flexibility in schedules outside a Monday-Friday and 8-5 framework.

Policy on Academic Workload for Pre-Clerkship Courses

1. LCME Standard

8.8 MONITORING STUDENT TIME

The medical school faculty committee responsible for the medical curriculum and the program's administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during clerkships.

2. PURPOSE

The purpose of this policy is the following:

- a) to outline the limitations on academic workload in order to allow students to maximize the educational benefits derived from the academic activities while minimizing possible fatigue which may affect wellbeing and impair their ability to learn.
- b) to ensure that students have sufficient protected time to engage in independent learning
- c) to establish the amount of time that medical students spend in scheduled, unscheduled and required educational activities
- d) to ensure that contact hours are counted in a consistent manner across courses in the pre-clerkship phase of the medical curriculum.

3. DEFINITIONS

Scheduled learning Activities

Scheduled learning Activities are learning activities that occur at a time specified in a course syllabus. Such activities may include small and large group activities, laboratories, student presentations, examinations, and any other required instruction as indicated in a course syllabus.

- **Contact Hour:** Contact hour represents 60 minutes of "scheduled learning activity" (class/instructional activity) or formal assessment given to students. "It does not include

time that students spend in assigned work outside of class” (LCME) such as homework, or activities that are assigned to students in preparation for a class.

Unscheduled learning Activities

Unscheduled learning Activities are learning activities that take place outside of regularly scheduled class time, occur at the student’s own schedule, and do not count towards hours of instruction (i.e. “contact hours”). Such activities may include viewing a pre-recorded presentation or video, completing homework assignments, preparing presentations and collaborating with other students.

- **Independent learning:** Instructor/mentor guided learning activities to be performed by the learner outside of the formal educational setting (e.g. pre-class preparation for flipped class-room sessions, TBL, PBL, clinical activities, research project(s), case discussions—synonymous with independent study, homework) (*MedBiquitos-AAMC*).
- **Self-directed Learning (self study):** Students take the initiative for their own learning by diagnosing needs, formulating goals, identifying resources, implementing appropriate activities, and evaluating outcomes (*MedBiquitos-AAMC*).

4. POLICY STATEMENT

- The amount of contact time spent in scheduled, faculty-led educational activities should not exceed 25 hours per week, averaged over the entire year, for each course in the pre-clerkship curriculum.
- Students should be expected to spend not less than 15 hours/week for unscheduled required activities, averaged for each course over the entire year.
- This policy is also intended to safeguard the number of hours of sleep (7 – 9 hrs) recommended by the National Sleep Foundation,* that students need in order to promote health, performance and safety**

5. SCOPE AND APPLICABILITY

This policy applies to students in the MD program and is related to all scheduled and unscheduled educational activities and assessments in the pre-clerkship curriculum that are required for obtaining the medical degree at California University of Science and Medicine (CalMed-SOM). Course Directors are responsible for counting contact hours and reporting these to the Curriculum Committee.

6. GUIDELINES

Scheduled activities which are counted towards workload contact hours include the following examples:

- Small and large group sessions (clinical presentations, flipped classroom discussion sessions)
- Laboratories
- Community service experiences
- IPE sessions
- Clinical Skills sessions
- Examinations (examinations, quizzes, OSCEs)

Scheduled activities which are not counted in student workload include the following examples:

- Orientation, class meetings, non-faculty supervised meetings
- NBME informational sessions, and optional review sessions
- CME activity (Hospital case presentations and clinical seminars)
- Medically-related appointments (e.g. Immunizations, flu shots, PPD testing, etc)
- Excused absences

7. PROCEDURES

Responsibility/Monitoring

Course Directors and faculty must comply with this policy in creating scheduled student activities. At least annually, the curriculum committee, through the year 1 and 2 curriculum sub-committee, will monitor the student academic workload (scheduled and unscheduled) for all required courses to assure that learning is not compromised by an excessively dense educational schedule.

References

- * Matricciani L, Pod Hons B, Nurs M. et al. Past, present, and future: trends in sleep duration and implications for public health. J Nat Sleep Foundation. Published online: August 25, 2017 (<http://dx.doi.org/10.1016/j.sleh.2017.07.006>)
- ** (Note: recommended sleep durations based on a rigorous, systematic review of the world scientific literature relating sleep duration to health, performance and safety)

Clinical Duty Hours Policy (Year 3 and 4)

The Medical Student Clinical Duty Hours Policy will be reviewed with Clerkship Directors and supervising physicians before the advent of clinical training for students. These policies will be clearly outlined in the clerkship handbook, posted on the website for clinical trainees. In addition, the policies will be reviewed with students at the Year 3 Orientation.

Compliance & Monitoring

This policy will be monitored for compliance by the Office of Medical Education, Clerkship Directors, Associate Dean of Clinical Affairs, and the Associate Dean of Clerkship Curriculum. If it is found that a student has worked beyond the allowable time frame as described above, the Senior Associate Dean of Medical Education will meet with the specific Clerkship Director to assure policy compliance.

Work hour violations will be reported to the Office of Medical Education at the end of each clerkship evaluation period by anyone, including the student, who can verify the violations. Any form of retaliatory action against anyone who reports infractions of this policy is strictly prohibited.

Policy on Fitness for Clinical Contact

The opportunity to participate in direct patient care carries with it the responsibility to ensure that patients are not placed at risk due to a student's mental illness, physical illness, or impairment from drugs or alcohol. It is the responsibility of faculty, residents, medical students, and School of

Medicine staff members who know of or observe student behavior that has the potential to place a patient at risk (i.e., unprofessional behavior), to immediately report the concern to the course/clerkship director and the Office of Student Affairs and Admissions. The Medical Director for the institution or practice site where the student is or will be rotating will be contacted by the Associate Dean of Student Affairs and Admissions or the Senior Associate Dean of Medical Education and informed of the situation concerning the student.

If a student is believed to have a condition that may affect his/her ability to interact safely with patients, s/he may be removed from the clinical setting until such time that the issue is effectively resolved. There is a process for the reporting of concerns and for reviewing the situation in which those observing or working with the student became aware of the medical student's possible impairment due to mental illness, physical illness, or drugs and/or alcohol through the Office of Student Affairs and Admissions (i.e., "Honor Code Violation/Professionalism Concern Report").

The Associate Dean of Student Affairs and Admissions will meet with the student and those involved in observing the student's behavior as necessary, to assess the situation. If not already submitted, all faculty and staff who observed the student's behavior of concern, or otherwise have pertinent information concerning the behavior, will be asked to provide a written statement that details their observations to the Associate Dean of Student Affairs and Admissions. If in the Associate Dean's best judgment, the student may pose a risk to patient care or safety or to students, faculty, or others, the student will be withdrawn from the courses, clinical setting, and/or extracurricular program in which s/he is enrolled and may be placed on suspension or medical leave of absence until referral and evaluation has been completed. If it is found that the student poses no risk to patient care or safety or to others in the educational community, s/he will be permitted to return to the curriculum and medical school setting. If the medical care provider finds that the student may pose a risk to patient care or safety, s/he will recommend and oversee a course of evaluation and treatment, and make the decision on whether to endorse the student to return and if so, when.

The student will be advised of his/her right to due process, should the student wish to challenge the appropriateness of being removed from patient contact or the educational setting. The student's request for a review will be presented to the Student Academic Standards and Promotion Committee according to the Committee's guidelines for managing student reviews. Should a student wish to challenge the suspension, they will be required to follow the suspension appeal policy (see page **Error! Bookmark not defined.**).

Policy and Protocol for Exposure to Infectious Disease and Environmental Hazards

Purpose

To ensure that students are educated regarding the infection and environmental hazards in medical education and learn the protocol should they get exposed to infectious and environmental hazards. This document also describes the policy on implications of infectious and/or environmental disease or disability on medical student educational activities.

Policy on the infectious and environmental hazards in medical education

Because all students at CalMed are at risk for exposure to infectious and environmental hazards, the medical students must complete the training for infectious and environmental hazards at the

time of matriculation and periodically throughout the MD program. In the event of exposure to infectious and environmental hazards, the medical student must report the exposure incident immediately to the supervising faculty as well as the Office of Student Affairs and Admissions and obtain immediate medical intervention through an available medical provider. The financial responsibility for post-exposure evaluation and prophylaxis will be covered by the facility where the exposure occurred and the student's mandatory health insurance. Students will be responsible for paying any health insurance deductibles and co-pays associated with post-exposure evaluation and prophylaxis.

Protocol for Exposure to Infections and Environmental Hazards in Year 1 and 2

School of Medicine and Visiting Students:

1. In case of student exposure to an infectious disease or environmental hazard, the student:
 - a. Must immediately notify the Course Director, supervising faculty member, or immediate supervisor that exposure to an infectious or environmental hazard has occurred. The supervisor should assess the situation and direct the student appropriately.
 - b. Both the supervisor and student must notify the Office of Student Affairs and Admissions within 24 hours and an "incident report" should be documented in the student's record.
2. The student should proceed immediately to the appropriate office or individual based on the clinical settings listed below, as directed by their supervisor:
 - a. During regular business hours:
 - i. Contact College Mentor, course director, or research supervisor.
 - ii. Follow up with designated individual for exposure prophylaxis and monitoring.
 - b. During night, weekend hours and holidays:
 - i. Report exposure to research supervisor, supervising faculty, or immediate supervisor for his/her advice on obtaining treatment.
 - ii. Call 911 and seek assistance from emergency services if the supervisor is not immediately available.

Protocol for Exposure to Infectious and Environmental Hazards in Year 3 and 4

School of Medicine and Visiting Students:

1. In case of student exposure to an infectious disease or environmental hazard, the student:
 - a. Must immediately notify the supervising faculty member or Clerkship Director that exposure to an infectious or environmental hazard has occurred. The supervisor should assess the situation and direct the student appropriately.
 - b. Both the supervisor and student must notify the Office of Student Affairs and Admissions within 24 hours and an "incident report" should be documented in the student's record.
2. The student should proceed immediately to the appropriate office or individual based on the clinical settings listed below, as directed by their supervisor:
 - a. Hospital setting during regular business hours:
 - i. Contact clerkship, elective, or clinical supervisor.
 - ii. Inform the supervising attending physician and resident/fellow.
 - iii. Report to Infection Control Officer/Occupational Health.

- iv. Follow up with designated individual for exposure prophylaxis and monitoring.
- b. Hospital setting during night, weekend hours and holidays:
 - i. Report exposure to the supervising attending physician and resident/fellow and seek advice on obtaining treatment.
 - ii. Report to Infection Control Officer/Occupational Health.
 - iii. Seek assistance from clinic or facility emergency room physicians if directed.
- c. Other settings during regular hours:
 - i. Report exposure to the supervising attending physician and resident/fellow and follow their advice on obtaining treatment.
 - ii. If the above individuals are unavailable, proceed to the nearest emergency room for post-exposure evaluation and possible prophylaxis.
- d. Other settings during night and weekend hours and holidays:
 - i. Report exposure to the supervising attending physician and resident/fellow and follow their advice on obtaining treatment.
 - ii. If the above individuals are unavailable, proceed to the nearest emergency room for post-exposure evaluation and possible prophylaxis

Infectious Disease Screening and Follow-up Protocol

The evaluating healthcare providers at the above locations will evaluate the risk that an exposure to an infectious hazard poses to the student, make prophylactic recommendations, and recommend indicated follow-up. In each case, the Office of Student Affairs and Admissions must be notified within 24 hours of the incident.

Hepatitis B Exposure Protocol

Variables that will influence the decision to provide post-exposure prophylaxis for hepatitis B in students exposed to blood or body fluids include:

1. The status of the source patient
2. The nature of the exposure
3. The immunity status of the student.

If the exposed student is known to be immune to hepatitis B, no hepatitis B prophylaxis for the exposed student or testing for hepatitis B of the source patient is required.

If the exposed student is unsure of his or her status, laboratory testing should be performed to assess both the source patient and student's serologic status.

If the student is not immune and the patient is positive for hepatitis B, then the student should receive immune globulin and hepatitis B vaccine series. Follow-up testing should be performed at six months to verify the student's hepatitis B status.

Source patients should also be tested for hepatitis C. Exposed students should receive follow-up testing for this virus as outlined by the Centers for Disease Control and Prevention (CDC).

HIV Exposure Protocol

Variables that will influence the decision to provide post-exposure prophylaxis for HIV in students exposed to blood or body fluids include:

1. The status of the source patient
2. The nature of the exposure
3. Whenever possible laboratory testing should be performed to assess both the source patient and student's serologic status prior to beginning post-exposure prophylaxis.
4. If HIV post-exposure prophylaxis is indicated, the student will be given the most current antiretroviral medication(s) as recommended by the most current CDC guidelines
5. The student should undergo follow-up HIV testing at 6 weeks, 3 months, 6 months, and 12 months.
6. Additional testing for hepatitis B and C should be done as outlined in the hepatitis B protocol above.

Policy on Training for Exposure to Blood-Borne or Air-Borne Pathogens

Training sessions on infectious risks and environmental risks including blood-borne pathogens, universal precautions (see below), body fluids, contaminated sharps, basic radiation safety, fire, and electronic shock risk will be presented during the Year 1 and Year 3 student orientation. During the orientation sessions, all School of Medicine students will also receive basic training on the use of personal protective equipment, and specific steps to take should exposure to an infectious or environmental hazard occur. Visiting students will receive training on infectious risks and environmental risks during their School of Medicine orientation prior to starting clinical duties. School of Medicine students as well as visiting students will also receive additional training in infectious and environmental hazard risks during orientation at each clinical facility.

All School of Medicine students are also required to take the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen (BBP) training every year. This training is available on-line. School of Medicine students are expected to complete the on-line course and quiz prior to the start of classes for the academic year. A score of $\geq 70\%$ on the quiz is required for certification. Visiting students are expected to complete the on-line Bloodborne Pathogen (BBP) course and quiz prior to the start of any clinical rotations. A score of $\geq 70\%$ on the quiz is required for certification.

Moreover, School of Medicine students will receive additional training regarding the risk of infectious hazards including body fluids during Basic Life Support Training as a component of training in safe laboratory/clinical practices. Additional training will occur during the clinical skills sessions in the first two years.

Policy on the implications of infectious and/or environmental disease on medical student educational activities

The School of Medicine is responsible for balancing the educational, safety, and privacy needs of its students who may be immunocompromised or suffering from infectious diseases. CalMed also has an obligation to protect the health and safety of the patients. If a student is immunocompromised or suffering from an infectious disease, the Associate Dean of Student Affairs

and Admissions will work with Clerkship Directors to modify student's clinical responsibilities to best protect the student and the patients that they treat, while at the same time ensuring that the affected students receive an educational experience that is equivalent to that of other students.

Policy on Universal Precautions

Universal precautions are an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and other bloodborne pathogens (Table: Universal Precautions below). Universal precautions apply to blood and to other body fluids containing visible blood. Occupational transmission of HIV, HBV, and HCV to healthcare workers by blood is documented. Blood is the single most important source of HIV, HBV, HCV and other bloodborne pathogens in the occupational setting. Infection control efforts for HIV, HBV, HCV and other bloodborne pathogens must focus on preventing exposures to blood as well as on delivery of HBV immunization.

Universal precautions apply to highly infectious material such as blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluids, amniotic fluid, pleural fluid, pericardial fluid, peritoneal fluid, and other body fluids.

Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood. The risk of transmission of HIV, HCV, and HBV from these fluids and materials is extremely low. Universal precautions do not apply to human breast milk. However, gloves may be worn by students and health care workers when exposures to breast milk are frequent (e.g. in breast milk banking). HIV has been isolated, and surface antigen of HBV (HBsAg) has been demonstrated in some of these fluids; however, epidemiologic studies in the healthcare and community setting have not implicated these fluids or materials in the transmission of HIV, HCV and HBV infections. Some of the above fluids and excretions represent a potential source of nosocomial and community-acquired infections with other pathogens, and recommendations for preventing the transmission of non-bloodborne pathogens have been published.

Universal Precautions Protocol

1. Use barrier protection to prevent skin and mucous membrane contact with blood or other body fluids.
2. Wear gloves to prevent contact with blood, infectious material, or other potentially contaminated surfaces or items (procedures include phlebotomy, finger or heel sticks on infants and children, dressing changes, suturing, examination of denuded or disrupted skin, immunizations or injections, any surgical procedure, and pelvic gynecologic exam).
3. Wear face protection if blood or body fluid droplets may be generated during procedures
4. Wear protective clothing if blood or body fluids may be splashed during a procedure.
5. Wash hands and skin immediately and thoroughly if contaminated with blood or body fluids.
6. Wash hands immediately after gloves are removed.
7. Use care when using sharp instruments and needles. Place used sharps in labeled puncture resistant containers.

8. If you have sustained exposure to a puncture wound (e.g., needle stick injury), immediately flush the exposed area with clean water, saline, or sterile irrigates and/or wash with soap and water and notify your supervisor and the Office of Student Affairs and Admissions.

Needle Stick Injuries

Studies indicate that needle stick injuries are often associated with the following activities that students **must avoid**:

1. Recapping needles.
2. Transferring a body fluid between containers.
3. Failing to properly dispose of used needles in sharps containers.

Recommendations for prevention

1. Avoid the use of needles where safe and effective alternatives are available.
2. Use devices with safety features provided by the school/hospital.
3. Avoid recapping needles.
4. Plan safe handling and disposal before beginning any procedure using needles.
5. Dispose of used needle devices promptly in appropriate sharps disposal containers.
6. Report all needlestick and other sharps-related injuries promptly to ensure that you receive appropriate follow-up care.
7. Share your experiences about hazards from needles in your work environment.
8. Participate in bloodborne pathogen training and follow recommended infection prevention practices, including hepatitis B vaccination.

Education and Training

One of the prime objectives of this policy is to encourage those in the medical school community to educate themselves about HIV/AIDS, tuberculosis, HBV, HCV and other infectious materials and environmental hazards. Education is the best protection against fear, prejudice, and infection.

Students are required to follow appropriate infection control procedures including body substance precautions, where there is a risk of parenteral, mucous membrane, or cutaneous exposure to blood, body fluids, or aerosolized secretions from any patient, irrespective of the perceived risk of a bloodborne or airborne pathogen.

Current epidemiological data indicate that individuals infected with HIV and other bloodborne pathogens present no risk of transmitting infection when participating in educational activities or in the patient care environment when standard infection control practices are used.

Policy on Students with Active Hepatitis B, Hepatitis C, or Human Immunodeficiency Virus Infection

Summary

Medical students with active hepatitis B virus (HBV), hepatitis C virus (HCV), or human immunodeficiency virus (HIV) infection, who do not perform exposure-prone procedures but who practice non- or minimally invasive procedures (Category II) will not be subject to any restrictions

on their activities or study. These students do not need to achieve low or undetectable levels of circulating viral burden or have a regular review and oversight by Expert Review Panel in the Office of Student Affairs and Admissions. However, these students must undergo follow-up routinely by an appropriate personal physician who has expertise in the management of her or his infection, who test the student twice per year to determine a viral burden, and who is allowed by the student to communicate with the Expert Review Panel about the student's clinical status.

General Recommendations for students with HBV, HCV, and/or HIV infections

1. Based on current national guidelines, HBV, HCV, or HIV-infected students in each year of the curriculum should be allowed to pursue medical education in the same manner as all other students with minimal modifications as outlined below (Tables 1 and 2 below).
2. Effort must be made to respect the student's confidentiality to the greatest extent possible.
3. The infected student may perform recommended procedures using Universal Precautions.
4. If the student has an intact skin, free of cuts and lacerations, s/he may perform an examination of body orifices (oral, rectal, vaginal) wearing gloves as per universal precautions.
5. If the student has cuts and lacerations, old or new, and is unable to cover with an appropriate protective barrier(s), s/he will not examine or have any direct contact with the patient.
6. A decision as to whether the student should perform a procedure, which in itself is not exposure-prone, should take into consideration the risk of complications arising, which might necessitate the performance of an exposure-prone procedure.
7. The Office of Student Affairs and Admissions will encourage the student to seek expert medical advice and maintain appropriate medical care for his/her personal medical conditions.
8. Career counseling will be provided concerning career choices and future practice settings.

HBV and HCV Policy

The Associate Dean of Student Affairs and Admissions and the Associate Dean of Clinical Affairs are responsible for the related compliance issues and institutional policies. This information will also be shared with supervising faculty physicians only when and where there is a possibility of performing Category I procedures (as determined by the Associate Dean of Clinical Affairs and/or Clerkship Director), most especially on the Surgery and Ob/Gyn Clerkships or any clerkship where surgical, obstetrical, gynecological, or any other Category I procedure may be performed. The appropriate Clerkship Director will be apprised of the student's issues since the Clerkship Director must direct and monitor the student in the clinical realm.

In conjunction with the Clerkship Director, the Associate Dean of Clinical Affairs should assign the student, to the extent that is possible, to a designated faculty member for Surgery and Ob/Gyn clerkships in order to reasonably protect the student's privacy and to facilitate monitoring of the student's clinical experiences.

Institutions, where the student will be assigned, may need to know specific information about the student's health status including laboratory reports according to specific policies they may have in place. The Associate Dean of Clinical Affairs should determine what these requirements are for the institution(s) to which the student will rotate. It would be ideal for the student to rotate at the

institution(s) that follow current Centers for Disease Control and Prevention (CDC) recommendations.

Institutions that ask for immunization and titer results should receive the student’s test results as long as the student provides written consent. The 2012 CDC recommendations (Morbidity and Mortality Weekly Report, 61(3):1-12, 2012) state that institutional monitoring of student laboratory status with respect to the infection is unnecessary if the student, institution, and school are following the recommendations to prevent student-to-patient transmission.

The student’s non-participation in restricted procedures must not be held against the student for grading and evaluation purposes. The Director for the affected clerkships will be informed of the student’s status and its procedure prohibitions. The student’s observation of prohibited procedures (Table 2) will serve as credit for that clerkship competency.

HIV Policy

CalMed recognizes the serious nature of the public health problems of acquired immune deficiency syndrome (AIDS) and its impact on the campus community. Current medical information indicates that students or employees with any form of HIV/AIDS infection do not pose a health risk to other students or employees in an academic setting. Persons with HIV/AIDS are considered as having a disability, and the legal rights of these individuals must be protected. Therefore, CalMed’s policy is to take action against cases of discrimination or harassment based on a person’s actual or suspected HIV status.

CalMed will exercise full, reasonable care to protect the health and safety of faculty, staff, and students. This policy is consistent with – and acts in conjunction with – applicable federal, state, and local laws, including the Americans with Disabilities Act (ADA) and the Occupational Health and Safety Administration (OSHA) standards as well as University policies relating to harassment, discrimination, workplace accommodation, and related University services.

Students and employees with HIV/AIDS infection will not be denied or restricted access to any common area of the University. Students with the infection will be assessed for the HIV load, and the level of risk will be determined as outlined by CDC/Society for Healthcare Epidemiology of America (SHEA) (Tables 1 and 2 below).

If an individual reveals HIV/AIDS status to their Dean/Program Director or supervisor, this information will be accepted as strictly confidential. No person, group, agency, insurer, employer, or institution will be provided with medical information of any kind, including information relative to HIV/AIDS infection, without the prior written consent of the individual unless otherwise mandated by law.

Table 1: Summary of Recommendations for Managing Medical Students Infected with HBV, HCV, and HIV indicated by current SHEA Guidelines and CDC Recommendations.

| Virus, Circulating Viral Burden | Categories of Clinical Activities* | Recommendations | Testing |
|---------------------------------|------------------------------------|-------------------|----------------|
| HBV | | | |
| <10 ⁴ GE/ml | Categories I, II, and III | No Restrictions** | Twice per year |
| ≥10 ⁴ GE/ml | Categories I and II | No Restrictions** | § |

| | | | |
|--------------------------|---------------------------|--------------------------|----------------|
| ≥10 ⁴ GE/ml | Category III | Restricted [#] | § |
| HCV | | | |
| <10 ⁴ GE/ml | Categories I, II and III | No Restrictions** | Twice per year |
| ≥10 ⁴ GE/ml | Categories I and II | No Restrictions** | § |
| ≥10 ⁴ GE/ml | Category III | Restricted [#] | § |
| HIV | | | |
| <5x10 ² GE/ml | Categories I, II, and III | No Restrictions | Twice per year |
| ≥5x10 ² GE/ml | Categories I and II | No Restrictions | § |
| ≥5x10 ² GE/ml | Category III | Restricted ^{##} | § |

* See Table 2 below for the categorization of clinical activities.

** No restrictions recommended, so long as the infected student are NOT expected to perform the Category III clinical activities. Note that students are NOT expected to perform the Category III clinical activities. In a rare occasion that a student is expected to perform the Category III clinical activities, Office of Student Affairs and Admissions will contact the student in advance to ensure that the student obtains permission from an Expert Review Panel in the Office of Student Affairs and Admissions. The Expert Review Panel will obtain the student's most recent circulating viral burden from the student's personal physician prior to the decision.

These procedures permissible only when the viral burden is <10⁴ GE/mL.

These procedures permissible only when the viral burden is <5x10² GE/mL.

§ As determined by an expert

GE Genome Equivalent

Table 2: Categorization of Healthcare-Associated Procedures According to Level of Risk for Bloodborne Pathogen Transmission

| |
|---|
| Category I: Procedures with de minimal risk of bloodborne virus transmission |
| Regular history-taking and/or physical or dental examinations, including gloved oral examination with a mirror and/or tongue depressor and/or dental explorer and periodontal probe |
| Routine dental preventive procedures (e.g., application of sealants or topical fluoride or administration of prophylaxis ^a), diagnostic procedures, orthodontic procedures, prosthetic procedures (e.g., denture fabrication), cosmetic procedures (e.g., bleaching) not requiring local anesthesia |
| Routine rectal or vaginal examination |
| Minor surface suturing |
| Elective peripheral phlebotomy ^b |
| Lower gastrointestinal tract endoscopic examinations and procedures, such as sigmoidoscopy and colonoscopy |
| Hands-off supervision during surgical procedures and computer-aided remote or robotic surgical procedures |
| Psychiatric evaluations |
| Category II: Procedures for which bloodborne virus transmission is theoretically possible but unlikely |
| Locally anesthetized ophthalmologic surgery |
| Locally anesthetized operative, prosthetic, and endodontic dental procedures |
| Periodontal scaling and root planing |
| Minor oral surgical procedures (e.g., simple tooth extraction [i.e., not requiring excess force], soft tissue flap or sectioning, minor soft tissue biopsy, or incision and drainage of an accessible abscess) |

| |
|--|
| Minor local procedures (e.g., skin excision, abscess drainage, biopsy, and use of laser) under local anesthesia (often under bloodless conditions) |
| Percutaneous cardiac procedures (e.g., angiography and catheterization) |
| Percutaneous and other minor orthopedic procedures |
| Subcutaneous pacemaker implantation |
| Bronchoscopy |
| Insertion and maintenance of epidural and spinal anesthesia lines |
| Minor gynecological procedures (e.g., dilatation and curettage, suction abortion, colposcopy, insertion, and removal of contraceptive devices and implants, and collection of ova) |
| Male urological procedures (excluding transabdominal intrapelvic procedures) |
| Upper gastrointestinal tract endoscopic procedures |
| Minor vascular procedures (e.g., embolectomy and vein stripping) |
| Amputations, including major limbs (e.g., hemipelvectomy and amputation of legs or arms) and minor amputations (e.g., amputations of fingers, toes, hands, or feet) |
| Breast augmentation or reduction |
| Minimum-exposure plastic surgical procedures (e.g., liposuction, minor skin resection for reshaping, facelift, brow lift, blepharoplasty, and otoplasty) |
| Total and subtotal thyroidectomy and/or biopsy |
| Endoscopic ear, nose, and throat surgery and simple ear and nasal procedures (e.g., stapedectomy or stapedotomy, and insertion of tympanostomy tubes) |
| Ophthalmic surgery |
| Assistance with an uncomplicated vaginal delivery ^e |
| Laparoscopic procedures |
| Thoracoscopic procedures ^f |
| Nasal endoscopic procedures ^g |
| Routine arthroscopic procedures ^h |
| Plastic surgery ⁱ |
| Insertion of, maintenance of, and drug administration into arterial and central venous lines |
| Endotracheal intubation and use of laryngeal mask |
| Obtainment and use of venous and arterial access devices that occur under complete antiseptic technique, using universal precautions, “no-sharp” technique, and newly gloved hands |
| Category III: Procedures for which there is a definite risk of bloodborne virus transmission or that have been classified previously as “exposure-prone.” |
| General surgery, including nephrectomy, small bowel resection, cholecystectomy, subtotal thyroidectomy other elective open abdominal surgery |
| General oral surgery, including surgical extractions ^j , hard and soft tissue biopsy (if more extensive and/or having difficult access for suturing), apicoectomy, root amputation, gingivectomy, periodontal curettage, mucogingival and osseous surgery, alveoplasty or alveoectomy, and endosseous implant surgery |
| Cardiothoracic surgery, including valve replacement, coronary artery bypass grafting, other bypass surgery, heart transplantation, repair of congenital heart defects, thymectomy, and open-lung biopsy |
| Open extensive head and neck surgery involving bones, including oncological procedures |
| Neurosurgery, including craniotomy, other intracranial procedures, and open-spine surgery |
| Nonelective procedures performed in the emergency department, including open resuscitation efforts, deep suturing to arrest hemorrhage, and internal cardiac massage |

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|---|
| Obstetrical/gynecological surgery, including cesarean delivery, hysterectomy, forceps delivery, episiotomy, cone biopsy, and ovarian cyst removal, and other transvaginal obstetrical and gynecological procedures involving hand-guided sharps |
| Orthopedic procedures, including total knee arthroplasty, total hip arthroplasty, major joint replacement surgery, open spine surgery, and open pelvic surgery |
| Extensive plastic surgery, including extensive cosmetic procedures (e.g., abdominoplasty and thoracoplasty) |
| Transplantation surgery (except skin and corneal transplantation) |
| Trauma surgery, including open head injuries, facial and jaw fracture reductions, extensive soft-tissue trauma, and ophthalmic trauma |
| Interactions with patients in situations during which the risk of the patient biting the physician is significant; for example, interactions with violent patients or patients experiencing an epileptic seizure |
| Any open surgical procedure with a duration of more than 3 hours, probably necessitating glove change |

- ^a Does not include subgingival scaling with hand instrumentation.
- ^b If done emergently (e.g., during acute trauma or resuscitation efforts), peripheral phlebotomy is classified as Category III.
- ^c If there is no risk present of biting or of otherwise violent patients.
- ^d Use of an ultrasonic device for scaling and root planing would greatly reduce or eliminate the risk of percutaneous injury to the provider. If significant physical force with hand instrumentation is anticipated to be necessary, scaling and root planing and other Class II procedures could be reasonably classified as Category III.
- ^e Making and suturing an episiotomy is classified as Category III.
- ^f If unexpected circumstances require moving to an open procedure (e.g., laparotomy or thoracotomy), some of these procedures will be classified as Category III.
- ^g If moving to an open procedure is required, these procedures will be classified as Category III.
- ^h If opening a joint is indicated and/or use of power instruments (e.g., drills) is necessary, this procedure is classified as Category III.
- ⁱ A procedure involving bones, major vasculature, and/or deep body cavities will be classified as Category III.
- ^j Removal of an erupted or nonerupted tooth requiring elevation of a mucoperiosteal flap, removal of bone, or sectioning of the tooth and suturing if needed.

References:

CDC: Undated CDC recommendations for the management of Hepatitis B virus-infected health-care providers and students. Morbidity and Mortality Weekly Report, July 6, 2012, Vol. 61; 1-12.

A statement issued on March 5, 2013, by the U.S. Department of Justice (DOJ) regarding Hepatitis B discrimination (<http://www.justice.gov/opa/pr/2013/March/13-crt-271.html>).

SHEA Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus. *Infection Control and Hospital Epidemiology*, March 2010, Vol. 31, No. 3; 203-232

Travel Prophylaxis Policy

If you are planning to travel abroad it is essential that you schedule a pre-travel appointment with Assistant/Associate Dean of Global Health 8 - 12 weeks prior to departure. Several vaccines are given as a series and can take several weeks to complete. Most students travel during academic breaks or during sponsored trips which increases demand during peak seasons. Planning now will allow you to get the best advice and avoid waiting lists and potential vaccine shortages (please refer to the Student Electives Handbook).

Please be advised that some countries may require vaccines for entry. Other destinations may not require any pre-travel planning.

The Centers for Disease Control and Prevention (CDC) provides country-specific information about required or recommended vaccines and medications. For medications or immunizations unavailable from a local pharmacy or family physician (such as anti-malarial tablets or a Yellow Fever vaccine), travelers may need to visit a county health department or a hospital/clinic that specializes in travel medicine.

Deciding on recommended immunizations (or prophylactic medications)

Whether or not to obtain travel immunizations or prophylactic medications is a personal decision that should be made in consultation with a medical professional and in consideration of one's medical history, destination, planned activities abroad, potential for exposure and possible side effects. Some prophylactic medications for Malaria, for example, interact poorly with certain prescription medications, so it's critical to discuss these issues with a travel health professional.

Travelers can save "time, money and discomfort" by reviewing the CDC recommendations in light of their itinerary, exposure and activities, and then if applicable, schedule an appointment with a licensed travel health professional.

Travel Health Advice

The traveler is responsible for researching both required and recommended immunizations and medication for all overseas destinations. The best resource for this information is the country-specific pages available from the CDC Travelers' Health page.

After Your Trip

If you are taking anti-malaria medication, continue it for the specified time. Depending on the medication(s) you are taking, this may include up to 4 weeks of therapy after leaving the malaria endemic area.

After you return, if you experience any health problems, see your personal physician, noting destinations you have visited. Some symptoms could be indicative of something you have contracted while abroad or in transit.

Travel related illness can occur weeks to months after you return. You should make a post travel appointment to see your travel health care provider if:

- You were told to have a tuberculosis skin test three months after you return.
- You were told to have schistosomiasis screening, or you think you had an exposure to fresh water in a high-risk area.
- You have spent 3 months or more in rural areas of the developing world.
- You were told you had or were suspected of having malaria.
- You were treated or hospitalized for any medical illness.
- You have any health concerns.

When you see your provider for follow-up, remember to tell him/her where you have traveled and your activities.

Electives Diversification Policy

Overview

Although “electives” are offered throughout the medical school curriculum, students will have the greatest opportunity to take them during the fourth year. “Electives” are an important and mandatory component of the MD program; however, a central question still facing medical students and their career advisors is whether elective time in the fourth year should be dedicated to improving career-specific competencies and thereby increasing the likelihood of matching in a residency program, or completing broad medical training?

Liaison Committee on Medical Education’s (LCME’s) Element 6.5 addresses “Elective Opportunities” and specifically asks to describe the policies or practices that will require or encourage medical students to use electives to pursue a broad range of interests in addition to their chosen specialty. Such a statement underlines the importance that LCME gives to the use of electives to broaden the training horizons of medical students. However, it should be recalled that one of the parameters used in assessing the quality of the school and the medical education that a student receives, is the student’s post-graduate placement in a residency program. Therefore, in order to advise students regarding the choices for their electives and, at the same time, making sure that the school acts in the best interest of the student and of the institution, it becomes imperative to know the views of residency directors on this, potentially, delicate problem, both for the student’s future and the Institution’s reputation.

Residency program directors have given mixed responses when surveyed on this subject, with some advocating an increased number of career-specific electives to be better prepared for residency while others are recommending broader experiences.¹

¹ Lyss-Lerman P, Teherani A, Aagaard E, Loeser H, Cooke M, Harper GM. What training is needed in the fourth year of medical school? Views of residency program directors. *Acad Med.* 2009;84:823–828

The student opinion on this subject comes from a recent study² that surveyed the fourth-year medical students from 20 US MD-granting medical schools. The survey looked at the student perspective and found that they seemed more driven by residency selection and preparation, in contrast to respondents from prior surveys. One explanation offered for this discrepancy was that students graduating today find it more challenging to match at a residency program than it was when previous surveys were conducted, and therefore their attention is primarily directed to achieving this goal.

With these two contrasting viewpoints, it is difficult for a medical school to come to an evidence-based decision as to how it should respond. CalMed recognizes that medical students desire to be well prepared for residency but it also aligns itself with LCME's views on "electives" because it truly believes that its mission is also to complete the student's development by helping them acquire a broad range of interests, which today is considered by many educators to be essential for a career in medicine. CalMed's focus is placed on advising students to develop individualized educational and career goals and to provide resources to help students meet these goals.

Purpose

1. Provide the primary means for students to personalize or add flexibility to their medical education
2. Permit medical students to gain exposure to and deepen their understanding of medical specialties reflecting their career interests" as well as
3. Provide opportunities for medical students to pursue individual academic interests

Clinical Electives provide opportunities for medical students to explore medical domains in a more in-depth fashion than may be permitted in the core clerkship. Medical electives allow students to develop their own specific interests and expertise, sample disciplines for possible career choices and postgraduate training programs as well as broaden their educational horizons.

Scope

This policy applies to all medical students enrolled at the California University of Science and Medicine, School of Medicine (CalMed).

Definitions

a. Elective:

A structured learning experience in a field of medicine or related fields, approved by the faculty, which, although is specifically required as part of the basic medical school curriculum, the student has the liberty to choose among a list of available offers.

b. Selective:

A structured learning experience chosen from a group of approved specialty and subspecialty rotations. Selective rotations offer students a choice of a subspecialty experience from a list of options that meet training requirements.

² Benson N, Stickle TR, Raszka WVJr. Going "Fourth" from medical school: Fourth-Year medical students' perspectives on the fourth year of medical school. *Acad Med.* 2015;90:1386–1393

Responsibility

a. Institution:

A successful elective program must provide quality guidance and consistent oversight to students in the selection and the institutional approval of their preferred elective experiences

b. Student:

Medical students, working in concert with the Office of Student Affairs and Admissions, must organize their own placements.

Elective Diversification

- a. Medical students are **strongly encouraged** to diversify their preferences of electives by choosing at least one from each of the following three categories:
 1. Career oriented clinical disciplines: focused experiences in the intended specialty
 2. Non-career oriented clinical disciplines: learning experiences in disciplines not directly related to the intended specialty
 3. Service oriented disciplines: structured service learning experiences in the field of Global Health/Public Health with emphasis on locally, nationally or internationally resource challenged settings

Directives/Requirements

- a. During Years 1 and 2 opportunities for electives will be available during the summer break. A compilation of available electives will be found in the Elective Brochure.
- b. During Year 4, a sub-internship is required according to the proposed "Path" chosen by the student, among the following (see also point "c"):
 1. Surgical Path (select one of the following):
 - General surgery sub-internship
 - Obstetrics & gynecology sub-internship
 2. Medical Path (select one of the following):
 - Internal medicine sub-internship
 - Pediatrics sub-internship
 3. Service Path (select one of the following):
 - General surgery sub-internship
 - Internal medicine sub-internship
 - Pediatrics sub-internship
 4. Customized Path (select one of the following):
 - Internal medicine sub-internship
 - Pediatrics Sub-internship
 - General surgery sub-internship
 - Obstetrics & gynecology sub-internship

- c. CalMed has defined paths (programs of linked elective and selective courses) with the intent of optimizing preparation for a particular specialty.
1. The Year 4 electives/selectives depend on the choice of one of four paths indicated above (see point “b”).
 2. The following grouping will guide students in their selection of Year 4 “path” and/or courses.
 - Surgical Path
 - Sub-internship “Selectives” (must choose from one of the following)
 - ◊ 8 weeks – General surgery sub-internship
 - ◊ 8 weeks – Obstetrics & gynecology sub-internship
 - Suggested “Electives” (all of the following)
 - ◊ 4 weeks – The Surgical Dissection Experience (anatomy)
 - ◊ 4 weeks – Surgical Pathology Laboratory
 - ◊ 4 weeks – Radiology rotation
 - Free “Electives”
 - ◊ 12 weeks – Student’s choice
 - Medical Path
 - Sub-internship “Selectives” (must choose from one of the following)
 - ◊ 8 weeks – Internal medicine sub-internship
 - ◊ 8 weeks – Pediatrics sub-internship
 - Suggested “Electives” (all of the following)
 - ◊ 4 weeks – Advances and Updates in the Biomedical Sciences (Basic Science Module)
 - ◊ 4 weeks – Radiology rotation
 - ◊ 4 weeks – elective in “career oriented clinical discipline” (medicine/pediatrics elective corresponding to the chosen sub-internship)
 - Free “Electives”
 - ◊ 12 weeks – Student’s choice
 - Service Path
 - Sub-internship “Selectives” (must choose from one of the following)
 - ◊ 8 weeks – General Surgery sub-internship
 - ◊ 8 weeks – Internal medicine sub-internship
 - ◊ 8 weeks – Pediatrics sub-internship
 - Suggested “Electives” (all of the following)
 - ◊ 4 weeks – Advances and Updates in the Biomedical Sciences (Basic Science Module)
 - ◊ 4 weeks – Radiology rotation
 - ◊ 4 weeks – elective in “career oriented clinical discipline” (elective corresponding to the chosen service discipline)
 - Free “Electives”
 - ◊ 12 weeks – Student’s choice
 - Customized Path
 - Sub-internship “Selectives” (must choose from one of the following)
 - ◊ 8 weeks – Internal medicine sub-internship

- ◇ 8 weeks – General surgery sub-internship
 - ◇ 8 weeks – Obstetrics and gynecology sub-internship
 - ◇ 8 weeks – Pediatrics sub-internship
 - Suggested “Electives”
 - ◇ 4 weeks – elective in “career oriented clinical discipline” (elective corresponding to the chosen discipline)
 - Free “Electives”
 - ◇ 20 weeks – Student’s choice
- d. At least 16 elective credits (including the 4 weeks of Emergency Medicine) must be a “CalMed elective” (an elective which is conducted by CalMed, either on-campus or at off-campus departmentally-sponsored sites).
 - e. A maximum of 12 credits may be taken as “away” electives (excluding an International elective, see point “f” below) upon approval of the Associate Dean of Student Affairs and Admissions and the Senior Associate Dean of Medical Education. The approval will be communicated to the Registrar for the record.
 - f. An international elective is an additional 4 credit rotation that may be taken as an “away” elective after obtaining approval from the Assistant/Associate Dean of Global Health. The approval will be communicated to the Registrar for the record.
 - g. Students on academic probation or with academic deficiencies are limited to taking only CalMed rotations until the probation or deficiencies are removed.
 - h. Each elective includes a list of prerequisites, if any, for registration. If a student has not met the prerequisites, but the director of the elective believes the qualifications of the student warrant an exception, the director may waive the prerequisites by providing to the Registrar written notice of the waiver.
 - i. Student registration for each elective is determined through the established process with the Office of the Registrar. Waiting lists are maintained for electives that have filled to capacity, and such lists determine priority for positions that become available. The number of students accepted in any period is defined in advance by the course director. That number may not be exceeded to accommodate an individual student unless the increase becomes permanent. Waiting lists have priority in case there are changes in capacity.

Evaluation of Electives and Grading

- a. A course and faculty evaluation form will be given to students at the time of enrollment or at the beginning of the elective. The data that the student provides will be helpful to other students and may be their only source of such information. Student anonymity will be maintained. Feedback forms are maintained in the Office of Student Affairs and Admissions for student review.
- b. An evaluation form will be sent to the faculty director of each CalMed elective course and to preceptors responsible for students taking “away” electives. Students are responsible for informing non-CalMed elective preceptors of the necessity to complete and return the forms to the Office of the Registrar as soon as the elective ends. A “passing” grade must be achieved in all elective courses in order to satisfy graduation requirements.

Visiting Student Application Service (VSAS)

What is VSAS?

The Visiting Student Application Service (VSAS) is an Association of American Medical Colleges (AAMC) web-based application designed to streamline the application process for senior "away" electives at U.S. medical institutions. This service requires students submit just one online application for all institutions, effectively reducing paperwork, miscommunication and time for students and staff.

What are the Benefits?

Institutions use VSAS to electronically receive and process senior away elective applications from applicants. Applicants from U.S. LCME-accredited medical schools and participating Commission on Osteopathic College Accreditation (COCA)-accredited American Association of Colleges of Osteopathic Medicine (AACOM) member medical schools are eligible to apply through VSAS.

Benefits include:

1. Reduced paperwork
2. Centralized online application materials, including electronic documentation
3. Flexible and customizable workflows
4. Tracking of elective enrollments
5. Online searchable elective catalog
6. Reporting tools

How Does VSAS Work?

A general guide can be found on the VSAS website (www.aamc.org/vsas). Briefly, the following application processing steps are available through VSAS:

1. Publish and manage available electives
2. Determine if applicants meet institutional requirements
3. Schedule or deny elective requests
4. Notify applicants of host decision
5. Track applicant responses

Policy on Mid-Course and Mid-Clerkship Feedback

All required courses and clerkships must provide students with formal formative feedback no later than the mid-point of the course or clerkship. Documentation that the feedback was given and the nature of the feedback must be entered into our web-based evaluation system by the Course Director, Clerkship Director, or clinical faculty member no later than one week after it was given.

Policy on Timely Submission of Final Grades

The Course/Clerkship Director must assign the final grade within 28 days of the end of the course/clerkship or the remediation exam and submit the results to the Registrar.

Policy on Participation of Non-Faculty Instructors in Medical Student Education

All instructors who do not hold a CalMed faculty appointment (e.g. residents, graduate students and post-doctoral fellows), must receive instruction in teaching and assessment methodologies as well as in the goals and objectives of the medical education program and courses/clerkships they will be involved in before they may participate in teaching or assessing CalMed medical students.

Policy on Medical Student Supervision while on Clerkships or Service Learning

A. Supervision During Clerkships

1. Clerkship Directors and the Associate Dean of Clerkship Curriculum are primarily responsible for disseminating standards for student and patient safety during clerkship rotations.
2. Students must be informed of the expectations (professional behaviors, curricular objectives and goals) for their participation and supervision in patient care. Department chairs, clinical and academic faculty, residents, and the GME office at ARMC and other affiliated facilities, must also be informed of these standards.
3. The Associate Dean of Clerkship Curriculum working with staff in the Department of Medical Education is responsible for assigning students to designated clinical faculty for clerkship experiences and for ensuring that faculty and students are notified of these assignments.
 - a. Qualified clinical faculty and residents under their supervision must be present at ARMC and all other affiliated clinical sites and available for supervision (i.e. direct supervision or indirect supervision with direct supervision immediately available) of medical students on duty for patient care activities always.
 - b. Students on duty must have rapid and reliable systems for contacting their supervising faculty and residents.
 - c. Direct supervision is defined as being physically present with the student to personally observe and supervise the student. Not all student activities on rotation will require “direct supervision”. Clerkship Directors and the Associate Dean of Clerkship Curriculum will provide supervising clinical faculty, residents and students with a list of general and rotation specific clinical activities, approved by the Curriculum Committee, that students can perform and the level of supervision that is required for these activities. This information will be outlined in the clinical clerkship handbook specific to each rotation.
 - d. Clerkship Directors and the Associate Dean of Clerkship Curriculum will inform students of limitations and legal consequences of professional misconduct (e.g. unacceptable behavior, inability to prescribe medication, enter orders or perform procedures without appropriate supervision).

B. Supervision During Service Learning

1. The supervision policy will be the same as that for clerkships, except that the Associate Dean of Clinical Skills and Simulation will have primary responsibility for oversight, including

dissemination of standards and assignments, and determination of the level of supervision required for clinical activities.

Policy on Narrative Evaluation of Medical Student Performance

All courses and clerkships will include a narrative component addressing student performance. Whenever possible this component should address non-cognitive skills and competencies that are difficult to assess quantitatively such as professionalism, communication skills, and practice-based learning.

Educational Materials

Intellectual Property

All lectures, presentations and associated educational materials utilized in any CUSM curriculum component are the intellectual property of CUSM. This material may not be copied, videotaped or recorded without the written consent of the CUSM administration. Students may download recordings of lectures for educational purposes only using password access granted from the medical school.

Class Discussion/Lecture Capture

Technology for large classroom lecture capture of multiple concurrent video feeds will be implemented. The same technology will also allow faculty to pre-record instructional sessions via a desktop recording station. All this content can be managed through a central application.

Transportation Policy

Students are responsible for the provision of their own reliable means of transportation to travel to and from their rotation sites. Students are solely liable for any and all incidents that occur during their travel to and from their rotation site. Students are required to carry automobile liability insurance for their vehicle that meets at least the minimum coverage requirements for the state in which the vehicle is registered. Students must carry proof of such insurance coverage in their vehicle at all times when traveling to and from rotation sites. Students understand, agree, and acknowledge that the University is not responsible for any and all incidents that occur during their travel to and from rotation sites. Students must agree to comply with the University transportation policy.

Immunization Requirements, Criminal Background Checks, and Drug Testing

Immunization Requirements

Purpose

Acceptance and continued enrollment for all students at CUSM is contingent on providing satisfactory proof of immunizations prior to matriculation and throughout the educational activities at CUSM.

Procedure

All CUSM students are required to meet immunization requirements set by the State of California and additional requirements established by CUSM. These requirements are based in part on current recommendations derived from the Centers for Disease Control and Prevention immunization rules for healthcare specialists and the California Department of Public Health.

Students must submit copies of all immunization records upon acceptance of admission to the program. Proof of immunization for the following communicable diseases is required for all CUSM students:

Measles, Mumps, and Rubella (MMR)

California Department of Public Health requires California College and University students to be immune to measles, mumps, and rubella. CUSM requires all students to demonstrate proof of immunity to measles, mumps, and rubella. Any student who is not shown to be immune by titer (e.g. negative, inconclusive or equivocal) will require a booster immunization. Neither documentation of being “immune” without actual lab reports nor a clinical history of the disease is sufficient proof of immunity.

Varicella (Chickenpox)

CUSM requires each student to demonstrate proof of positive titer indicating immunity to chicken pox, prior to matriculation. Students with negative titers will require 2 doses of vaccine at least 4 weeks apart with a follow-up titer. Clinical history of the disease is not sufficient proof of immunity.

Tetanus, Diphtheria, and Pertussis (Tdap)

Students must have documentation of a recent Tdap vaccination regardless of the date of the last Td injection. If the student has received Tdap vaccine greater than 2 years ago, CUSM recommends a new booster with Tdap vaccine to confer additional protection against pertussis.

Meningitis

The California Department of Public Health requires all California College and University students to have 1 dose of meningococcal vaccine on or after their sixteenth birthday (recommended for people age 21 and younger), and CUSM requires proof of the immunization. CUSM provides

information about meningococcal meningitis in the pre-matriculation information packet in lieu of Health and Safety Code, Sections 120392-120399.

Hepatitis

CUSM requires proof of 3 doses of hepatitis B (HepB) vaccine as well as evidence of immunity by serologic titer from every student.* CUSM requires first-year students who have not had the 3-dose series of HepB vaccine or who do not have serologic evidence of immunity to begin the 3-injection series upon matriculation at CUSM. The student will need to get an anti-HepB serologic test demonstrating a positive titer 1–2 months after the third dose.

- * CUSM admits qualified students with active hepatitis B virus (HBV), hepatitis C virus (HCV), or human immunodeficiency virus (HIV) infection. However, the students have a routine follow-up requirement by an appropriate personal physician.

As per the Centers for Disease Control and Prevention’s guideline for infection control in healthcare personnel, the following additional vaccines and screening are required.

Flu (Influenza)

CUSM requires every student to provide proof of an annual influenza vaccine unless medically contraindicated.

Tuberculosis (Tuberculin skin test; PPD)

CUSM requires students to provide proof that one of the accompanying tests has been performed within the 6-month period preceding the student's matriculation at CUSM:

- Tuberculosis blood (IGRA) test (Preferred)
- A two-step tuberculosis skin test (PPD)

Students who test negative for TB at the time of matriculation will require annual testing while in the CUSM program.

If the student already has a positive test result at the time of matriculation, s/he will be required to answer a TB screening questionnaire and submit an x-ray report interpreted by a radiologist and may need to produce evidence of past treatment for tuberculosis.

Extra testing may be required should the student be exposed to tuberculosis during his/her course of study.

Hypersensitivity and/or Allergy to Immunizations or Antibody Segments

In the event that a student is hypersensitive and/or allergic to any of the immunizations or antibody segments, s/he must provide written documentation from the treating physician.

Criminal Background Check

Applicants to the MD program must provide consent to the following background checks, which are required before the matriculating year: National, state, and county criminal background checks. Details as to how to facilitate completion of these requirements are sent in the student's matriculation packet.

Background Check Requirements for Participation at Clinical Training Sites

- Applicants who enroll in CalMed may have limitations on some curricular experiences (e.g., participating in clinical rotations at certain training sites) as a result of their citizenship and/or background check status. **This could impact the student's ability to graduate from the program.**
- In order for a student to participate in clinical training at Arrowhead Regional Medical Center (ARMC), our main clinical training site, each student MUST meet ARMC's background check requirements for students, as follows:
 - Prior to student(s) starting their training at ARMC, all students who will be on ARMC premises must complete a background check in accordance with applicable State caregiver background check law and ARMC policy. The results of the background check must contain clearance for at least the past seven (7) years and must include at least the following:
 - All names
 - All counties (San Bernardino county, California required)
 - Social Security Number
 - Sex Offender Database
 - Office of Inspector General (OIG/GSA)
 - Only student(s) with a PASS grade are accepted for training at ARMC. Unacceptable hits include:
 - Murder
 - Sexual offenses/misconduct
 - Physical abuse
 - Misdemeanor or felony fraud
 - Misdemeanor or felony theft
 - Misdemeanor involving weapons/violence/cruelty
 - Felony assault
 - Felony involving weapons/violence
 - Felony possession and furnishing (without rehabilitation certificate)
 - All pending charges
 - Multiple charges—two or more of the same or different nature
 - Multiple charges involving driving under the influence (DUI)—two or more on the same date or multiple dates
 - Recent DUI charge—those which have occurred within the last 24 months
 - Dismissed charges for which the people have presented a reasonable argument to the court against dismissal.

Drug Testing

Drug testing is required prior to matriculation. Additional drug testing may be necessary, with cause, or when required by affiliated institutions, during the course of the student's enrollment.

Medical Students Role in the Accreditation Process

US allopathic Schools of Medicine are accredited by the Liaison Committee on Medical Education (LCME). Periodically, the LCME sends site teams to conduct on-campus reviews lasting 3 to 4 days as part of the accreditation/reaccreditation process. Students play a significant role, as detailed below, in providing helpful information regarding their experiences with the curriculum, faculty, staff, and administration.

Students conduct an independent student analysis (ISA) of the institution in parallel to the self-study that medical schools complete as part of their accreditation preparations. The survey team that reviews a program will meet with students selected from all class years and will tour educational facilities with assistance from student guides. The survey team will collect various data from students, which include student opinion taken from the ISA, from the AAMC Medical School Graduation Questionnaire, and from students it meets on-site when making its determinations about the program's strengths, weaknesses, and opportunities for improvement.

Two of the nineteen members of the LCME are medical students in their final year of study. Students also play a prominent role in the development and revision of accreditation standards, frequently by way of comments received from national medical student organizations.

Medical Student Participation in LCME Survey Visits

Does the LCME meet with students? Is any student invited to attend meetings to talk with the LCME?

The survey team evaluating a medical education program will meet with a group of first-year and second-year students over lunch on the Monday of the survey visit, and with a similar group of third-year and fourth-year students over lunch on the Tuesday of the survey visit. The program and its students will determine which students meet with the surveyors. Students also guide the survey team on inspection tours of the school's educational facilities.

What type of student feedback is most useful to the LCME?

The best student feedback is analytical, candid, and constructive. That is, it should accurately identify all relevant problems but do so in a way that also indicates how students think the medical education program can improve. Students should indicate both a program's particular strengths and its particular challenges. A survey team will be more impressed by student feedback that is consistent across all information sources and is supported by appropriate documentation. If the results of the student questionnaire survey are contradicted by the students who meet with the team, for example, the team will not know which source is more credible.



California University of Science and Medicine

California University of Science and Medicine Student Handbook/Catalog

Addendum A:

CUSM Administration and Faculty Roster

As of March 29, 2018

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Note to CUSM Faculty

In order to update your information on this roster, please send a request to Mr. Matthew Stegeman at StegemanM@calmedu.org with your current CV.

University Administration



Dev A. GnanaDev, MD

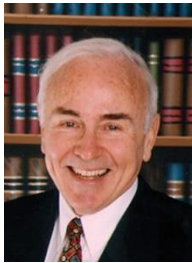
President

MD, Kurnool Medical College, India, 1972

MD, Certified by ECFMG

Board Certified: Surgery, Licensed Physician in California

Practitioner of Medicine since 1982



Robert Suskind, MD

Vice President of Medical Affairs

MD, University of Pennsylvania School of Medicine, Pennsylvania, 1963

Practitioner of Medicine since and an Educator since 1963

Moe Aboufares, MBA, CPA

Chief Operating Officer

Assistant Chief Financial Officer

MBA, Columbia University of Pennsylvania School of Medicine, Pennsylvania, 2009

Experience in Business Consultation and Management since 2000

Nasser Salomon, MBA

Chief Information Officer

MBA, University of Redlands, California, 2006

Experience in Information Technology since 1989

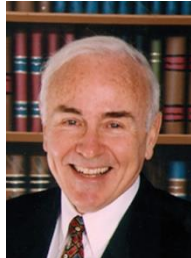
Mike Heather, CPA

Chief Financial Officer

Experience in Accounting, Auditing, Tax, and Finance since 1980

School of Medicine Administration and Faculty

Founding Dean



Robert Suskind, MD

Founding Dean

Professor of Pediatrics, International Health, and Medical Education

MD, University of Pennsylvania School of Medicine, Pennsylvania – 1963

Practitioner of Medicine since and an Educator since 1963

Administrative Deans

Alfred Tenore, MD

Senior Associate Dean of Medical Education

MD, University of Naples Faculty of Medicine & Surgery, Italy, 1970
Experience in Field of Medicine/Education since 1971

Moe Aboufares, MBA

Associate Dean of Finance and Administration

MBA, Columbia University; New York City, New York, 2009
MBA, London Business School; London, England, 2009
BBA, American University of Beirut; Beirut, Lebanon 1999
BS, American University of Beirut; Beirut, Lebanon, 1996
Experience in Business Consultation and Management since 2000

Lony Castro, MD, FACOG,

Associate Dean of Clerkship Curriculum

MD, University of California San Francisco, California, 1980
BA, University of California San Diego, California, 1976
Experience in Field of Medicine since 1981

Rajunor Ettarh, MD, PhD, FRSM, FAS

Associate Dean of Pre-Clerkship Curriculum and Assessment
Director of Anatomy

MD, University of Calabar, Nigeria, 1985
PhD Queen's University, Belfast, 1995
Experience in Field of Education since 1989

Peter Eveland, EdD, MS, BA

Associate Dean of Student Affairs and Admissions

PhD, University of Cincinnati, Ohio, 1995
MEd, Counseling, University of Dayton, Ohio, 1992
BA, Psychology, Wilmington College, Ohio, 1991
Experience in Field of Medicine/Education since 1992

Nasser Salomon, MBA

Associate Dean of Information Technology

MBA, University of Redlands; Redlands, California, 2008
BS, University of Redlands; Redlands, California, 2003
Experience in Information Technology since 1989

Tsugio Seki, MD, PhD

Associate Dean of Accreditation and Continuous Quality Improvement

MD, Okayama University, Okayama, Japan, 1994
PhD, Okayama University, Okayama, Japan, 1998
Experience in Field of Medicine/Education since 1994

| | |
|---|--|
| [To be named] Associate Dean of Clinical Affairs and Graduate Medical Education at Affiliates | [Information pending] Degree – School -Location – Date (List ALL) <i>Experience in Field of Medicine/Education since NNNN</i> |
| [To be named] Associate Dean of Clinical Skills and Simulation | [Information pending] Degree – School -Location – Date (List ALL) <i>Experience in Field of Medicine/Education since NNNN</i> |
| [To be named] Associate Dean of Faculty Affairs and Cultural Diversity | [Information pending] Degree – School -Location – Date (List ALL) <i>Experience in Field of Medicine/Education since NNNN</i> |
| [To be named] Associate Dean of Global Health & Community Engagement | [Information pending] Degree – School -Location – Date (List ALL) <i>Experience in Field of Medicine/Education since NNNN</i> |
| [To be named] Associate Dean of Graduate Medical Education at ARMC | [Information pending] Degree – School -Location – Date (List ALL) <i>Experience in Field of Medicine/Education since NNNN</i> |
| Hani Atamna, PhD, MSc Assistant Dean of Basic Research | PhD, Hebrew University of Jerusalem, Israel, 1997 MSc, Hebrew University of Jerusalem, Israel, 1992 <i>Experience in Field of Education since 2008</i> |
| Dhammika Atapattu, MD, PhD Assistant Dean of Global Health | PhD, Microbiology and Immunology, University of Wisconsin, 2006 MD, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka, 1999 BSc, MS, University of Peradeniya, Sri Lanka, 1984 <i>Experience in Field of Medicine/Education since 1994</i> |
| Fauzia Nausheen, MD, FCPS, MSc Assistant Dean of Faculty and Student Affairs for Wellness | Bachelor of Medicine (MD Equivalent) and Bachelor of Surgery, Punjab University, Pakistan, 1988 MSc, University of Western Ontario Canada, Canada, 2007 <i>Experience in Field of Medicine/Education since 1988</i> |
| Mohsin Yakub, MD, PhD Assistant Dean of Admissions | PhD, Aga Khan University Karachi, Pakistan, 2011 Bachelor of Medicine and Surgery (MBBS); Karachi University, Pakistan, 1998 <i>Experience in Field of Medicine/Education since 1998</i> |

Department Chairs

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| Rodney Borger, MD Emergency Medicine | MD, Loma Linda University School of Medicine, California, 1993 BS, UC Irvine, California, 1989 <i>Experience in Field of Medicine since 1994</i> |
| Mark E. Comunale, MD Anesthesiology | MD, Tufts University School of Medicine; Boston, Massachusetts, 1985 BA, Boston University; Boston, Massachusetts, 1980 <i>Experience in Field of Medicine since 1986</i> |
| Thuan Dang, MD Medical Imaging | MD, Loma Linda University School of Medicine; Loma Linda, California, 1988 BS, Loma Linda University School of Allied Health; Loma Linda, California, 1980 <i>Experience in Field of Medicine since 1988</i> |
| Bruce Gipe, MD Internal Medicine | MD, Loma Linda University School of Medicine; Loma Linda, California, 1979 BA, Point Loma College; San Diego, California, 1976 <i>Experience in Field of Medicine since 1980</i> |
| Keith Gordon, MD Behavioral Health | Hahnemann Medical College, Philadelphia, PA, 1983 <i>Experience in Field of Medicine since 1983</i> |
| David Lanum, MD Family Medicine | MD, University of Washington, Seattle, Washington 1995 BS, Seattle Pacific University, Seattle, Washington 1988 <i>Experience in Field of Medicine since 1998</i> |
| Carolyn Leach, MD Laboratory Medicine | MD, Wayne State University; Detroit, Michigan, 1985 BS, University of Michigan; Ann-Arbor, Michigan, 1981 <i>Experience in Field of Medicine/Education since 1985</i> |
| James Matiko, MD Orthopedics | MD, Loma Linda University School of Medicine; Loma Linda, California, 1977 BS, Walla Walla College; College Place, Washington, 1972 <i>Experience in Field of Medicine/Education since 1978</i> |
| Javed Siddiqi, MD Surgery/Neurosurgery | MD, University of Western Ontario, Canada, 1991 DPhil, Oxford University, England, 1987 HBSc, University of Western Ontario, Canada, 1983 <i>Experience in Field of Medicine since 1999</i> |
| Alfred Tenore, MD Medical Education | MD, University of Naples Faculty of Medicine & Surgery, Italy, 1970 <i>Experience in Field of Medicine/Education since 1970</i> |
| Guillermo Valenzuela, MD Women's Health Services | MD, Universidad Católica de Chile; Chile, 1974 <i>Experience in Field of Medicine/Education since 1975</i> |
| Webster A. Wong, MD Pediatrics | MD, Saint Louis University; St. Louis, Missouri, 1992 MBA, University of California Irvine; Irvine, California, 1999 <i>Experience in Field of Medicine/Education since 1992</i> |

MD Program Pre-Clerkship Faculty

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| <p>Francis Achike, MD, PhD, MEd Professor of Pharmacology, Anesthesiology, and Medical Education</p> | <p>PhD, University of Hong Kong, 1991 MD, University of Ife, Nigeria, 1979 BSc, University of Ife, Nigeria, 1976 <i>Experience in Field of Medicine/Education since 1982</i></p> |
| <p>Mukesh Agarwal, MD, FCAP Professor of Pathology and Medical Education</p> | <p>MBBS, University of Bombay, India, 1979 <i>Experience in Field of Medicine/Education since 1988</i></p> |
| <p>Hani Atamna, PhD, MSc Professor of Biochemistry, Neuroscience, and Medical Education</p> | <p>PhD, Hebrew University of Jerusalem, Israel, 1997 MSc, Hebrew University of Jerusalem, Israel, 1992 <i>Experience in Field of Education since 2008</i></p> |
| <p>Dhammika Atapattu, MD, PhD Professor of Microbiology, Immunology, Infectious Diseases, and Medical Education</p> | <p>PhD, Microbiology and Immunology, University of Wisconsin, 2006 MD, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka, 1999 BSc, MS, University of Peradeniya, Sri Lanka, 1984 <i>Experience in Field of Medicine/Education since 1994</i></p> |
| <p>Lony Castro, MD, FACOG, Professor of Obstetrics, Gynecology, and Medical Education</p> | <p>MD, University of California San Francisco, California, 1980 BA, University of California San Diego, California, 1976 <i>Experience in Field of Medicine since 1981</i></p> |
| <p>John Cusick, PhD Associate Professor of Microbiology, Immunology, Biochemistry, and Medical Education</p> | <p>PhD, University of Colorado School of Medicine, 2000 BA, Biochemistry, UC Berkeley, California, 1991 <i>Experience in Field of Medicine/Education since 1994</i></p> |
| <p>Curtis DeFriez, MD, MS Professor of Pharmacology, Anatomy, Anesthesiology, and Medical Education</p> | <p>MD, University of Utah School of Medicine; Salt Lake City, Utah, 1983 MS, University of Utah School of Medicine, Department of Neurobiology and Anatomy; Salt Lake City, Utah, 2008 <i>Experience in Field of Medicine/Education since 1983</i></p> |
| <p>Joseph Dhabbi, MD, PhD Professor of Biochemistry, Genomics, and Medical Education</p> | <p>PhD, University of California, Riverside, California, 1998 MD, School of Medicine, Tunis, Tunisia, 1983 <i>Experience in Field of Medicine/Education since 1983</i></p> |
| <p>Rajunor Ettarh, MD, PhD, FRSM, FAS Professor of Anatomy and Medical Education</p> | <p>MD, University of Calabar, Nigeria, 1985 PhD Queen's University, Belfast, 1995 <i>Experience in Field of Education since 1989</i></p> |
| <p>Peter Eveland, EdD, MS, BA Professor of Medical Education</p> | <p>PhD, University of Cincinnati, Ohio, 1995 MEd, Counseling, University of Dayton, Ohio, 1992 BA, Psychology, Wilmington College, Ohio, 1991 <i>Experience in Field of Medicine/Education since 1992</i></p> |
| <p>Sherif Hassan, MD, PhD Associate Professor of Anatomy, Neuroanatomy, and Medical Education</p> | <p>MB BCH (MD Equivalent), Cairo University, Egypt, 1990 PhD Basic Medical Science, Cairo University, Egypt, 2004 MSc Clinical Pathology, Cairo University, Egypt, 1995 MSc Basic Medical Science, Cairo University, Egypt, 2000 <i>Experience in Field of Medicine/Education since 1993</i></p> |

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| <p>Fauzia Nausheen, MD, FCPS, MSc Associate Professor of Anatomy and Medical Education</p> | <p>Bachelor of Medicine (MD Equivalent) and Bachelor of Surgery, Punjab University, Pakistan, 1988 MSc, University of Western Ontario Canada, Canada, 2007 <i>Experience in Field of Medicine/Education since 1988</i></p> |
| <p>Iman Ridda, MD, PhD, MPH Associate Professor of Public Health, Epidemiology, Statistics, and Medical Education</p> | <p>Bachelor of Medicine (MD Equivalent) Baghdad University, Iraq, 1991 Bachelor of Health Science (Traditional Chinese Medicine), University of Technology, Sydney, Australia 2004 MPH, University of Sydney, Sydney, Australia, 2006 PhD, University of Sydney, Australia, 2009 <i>Experience in Field of Medicine/Education since 1991</i></p> |
| <p>Tsugio Seki, MD, PhD Associate Professor of Physiology and Medical Education</p> | <p>MD, Okayama University, Okayama, Japan, 1994 PhD, Okayama University, Okayama, Japan, 1998 <i>Experience in Field of Medicine/Education since 1994</i></p> |
| <p>Helena Spartz, MD, PhD, FCAP Assistant Professor of Pathology and Medical Education Director of Curriculum Mapping</p> | <p>PhD (combined degree program), Indiana University School of Medicine, 2005 MD, (combined degree program), Indiana University School of Medicine, 2007 <i>Experience in Field of Medicine/Education since 2007</i></p> |
| <p>Robert Suskind, MD Professor of Pediatrics, Global Health, and Medical Education</p> | <p>MD, University of Pennsylvania School of Medicine; Philadelphia, Pennsylvania, 1963 <i>Experience in Field of Medicine/Education since 1963</i></p> |
| <p>Alfred Tenore, MD Professor of Pediatrics and Medical Education</p> | <p>MD, University of Naples Faculty of Medicine & Surgery, Italy, 1970 <i>Experience in Field of Medicine/Education since 1970</i></p> |
| <p>Mohsin Yakub, MD, PhD Associate Professor of Physiology, Nutrition, and Medical Education</p> | <p>PhD, Aga Khan University Karachi, Pakistan, 2011 Bachelor of Medicine and Surgery (MBBS); Karachi University, Pakistan, 1998 <i>Experience in Field of Medicine/Education since 1998</i></p> |

MD Program Clerkship and Service Learning Faculty

Arrowhead Regional Medical Center – Family Medicine

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| Ruben Avagimov, MD Assistant Professor of Clinical Family Medicine | MD, Azerbaijan N. Narimanova Medical Institute, Baku Azerbaijan, 1985 <i>Experience in Field of Medicine/Education since 1985</i> |
| Febbis Balinos, MD Assistant Professor of Clinical Family Medicine | MD, University of the Philippines; Manila, Philippines, 2001 BS, University of the Philippines; Los Banos, Philippines, 1994 <i>Experience in Field of Medicine/Education since 2001</i> |
| Heather H. Bohn, DO Assistant Professor of Clinical Family Medicine | DO, Lake Erie College of Osteopathic Medicine; Erie, Pennsylvania, 2009 MFA, Cranbrook Academy of Art, Bloomfield Hills, Michigan <i>Experience in Field of Medicine since 2012</i> |
| Joachim M. Brown, DO Assistant Professor of Clinical Family Medicine | DO, Western University, College of Osteopathic Medicine of the Pacific; Pomona, California, 2004 MSc, Western University, College of Allied Health Professions; Pomona, California, 2006 BS, University of California, Davis, 1999 <i>Experience in Field of Medicine/Education since 2008</i> |
| Luis M. Chaname, DO Assistant Professor of Clinical Family Medicine | DO, Western University, College of Osteopathic Medicine of the Pacific, 1996 BS, AS, Loma Linda University; Loma Linda, California, 1992 <i>Experience in Field of Medicine/Education since 1996</i> |
| Rosa M. Cortes, MD Assistant Professor of Clinical Family Medicine | [Information pending] Degree – School -Location – Date (List ALL) <i>Experience in Field of Medicine/Education since NNNN</i> |
| James T. Evans, MD Associate Professor of Clinical Family Medicine | MD, University of California, San Diego, School of Medicine; La Jolla, California, 1989 BSc, University of California, Irvine; Irvine, California, 1985 <i>Experience in Field of Medicine/Education since 1989</i> |
| Anushree Gupta, MD Assistant Professor of Clinical Family Medicine | MD, Texas Tech University Health Sciences Center; Lubbock, Texas, 2011 BSc, Texas Tech University; Lubbock, Texas, 2007 <i>Experience in Field of Medicine since 2011</i> |
| Pooja Gupta, DO Assistant Professor of Clinical Family Medicine | DO, Western University of Health Sciences; Pomona, California, 2011 MSc, University of California Riverside; California, 1997 BSc, University of California Los Angeles, California, 1996 <i>Experience in Field of Medicine since 2004</i> |
| Eugene Ho, MD Assistant Professor of Clinical Family Medicine | MD, Ohio State College of Medicine; Columbus, Ohio, 2009 BSc, University of California Irvine; California, 2002 <i>Experience in Field of Medicine since 2008</i> |

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| Edward Keiderling, MD Assistant Professor of Clinical Family Medicine | MD, Creighton University School of Medicine; Omaha, Nebraska, 1982 BA, University of Connecticut, 1976 <i>Experience in Field of Medicine/Education since 1982</i> |
| David A. Lanum, MD Professor of Clinical Family Medicine | MD, University of Washington; Seattle, Washington, 1995 BSc, Seattle Pacific University, Seattle, Washington, 1988 <i>Experience in Field of Medicine/Education since 2002</i> |
| Zeenath Masood, MD Assistant Professor of Clinical Family Medicine | MD, Medical University of South Carolina; Charleston, South Carolina, 2011 BSc, College of Charleston, 2004 <i>Experience in Field of Medicine/Education since 2011</i> |
| Martha L. Melendez, MD Associate Professor of Clinical Family Medicine | MD, University of California, Davis, School of Medicine, 1996 BS, University of California, San Diego, 1992 <i>Experience in Field of Medicine/Education since 1998</i> |
| Nancy C. Moore, DO Assistant Professor of Clinical Family Medicine | DO, New York College of Osteopathic Medicine, New York, 2004 BA, Franklin and Marshall College, 1996 <i>Experience in Field of Medicine/Education since 2000</i> |
| Siraj M. Mowjood, DO Assistant Professor of Clinical Family Medicine | DO, Western University of Health Sciences; Pomona, California, 2008 MS, Public Health, Health Education and Promotion, Loma Linda University; Loma Linda, California, 2004 BSC, University of California, Los Angeles, 2002 <i>Experience in Field of Medicine/Education since 2008</i> |
| Nguyen-Phuong D. Pham, MD Assistant Professor of Clinical Family Medicine | MD, American University of the Caribbean, Netherlands Antilles, 2004 BSc, California State University, Long Beach, California, 1997 <i>Experience in Field of Medicine/Education since 1997</i> |
| Niren A. Raval, DO Associate Professor of Clinical Family Medicine | DO, Western University of Health Sciences; Pomona, California, 1994 BS, University of California, Riverside, 1989 <i>Experience in Field of Medicine/Education since 1996</i> |
| Elizabeth M. Richards, MD Professor of Clinical Family Medicine | MD, University of California Los Angeles, School of Medicine, California, 1977 BA, Pomona College, 1972 <i>Experience in Field of Medicine/Education since 1978</i> |
| Mark L. Shiu, DO, MPH Assistant Professor of Clinical Family Medicine | DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific, Pomona, California, 2003 MPH, University of California, Los Angeles, Los Angeles, California, 2000 <i>Experience in Field of Medicine/Education since 2003</i> |
| Deborah E. Small, MD Associate Professor of Clinical Family Medicine | MD, St. George's University, Grenada, West Indies, 1996 University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania, 1991 BS, Oakwood College, Huntsville, Alabama, 1987 <i>Experience in Field of Medicine/Education since 1997</i> |
| Rory A. Smith, MD Assistant Professor of Clinical Family Medicine | MD, UCIMED School of Medicine; Costa Rica, 2008 BA, Gonzaga University; Spokane, Washington, 2000 <i>Experience in Field of Medicine/Education since 2009</i> |

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| Michael A. Tomkins, DO Assistant Professor of Clinical Family Medicine | DO, Western University College of Health Sciences, Pomona California, 2012 BS, Tufts University, Medford, Massachusetts, 2004 <i>Experience in Field of Medicine/Education since 2012</i> |
| Juan Velasquez, MD Assistant Professor of Clinical Family Medicine | MD, University of California, Davis, 1996 MS, Public Health, University of California, Berkeley, 1991 BA, Stanford University, Palo Alto, California, 1989 <i>Experience in Field of Medicine/Education since 1996</i> |
| Aimee M. Vercio, MD Assistant Professor of Clinical Family Medicine | MD, Loma Linda University School of Medicine, Loma Linda, California, 2004 BS, Southern Adventist University, Collegedale, Tennessee, 2000 <i>Experience in Field of Medicine/Education since 2000</i> |

Arrowhead Regional Medical Center – Internal Medicine

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| Rubina Aqeel, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Fatimah Jinnah Medical College; Lahore, Pakistan, 1980 <i>Experience in Field of Medicine/Education since 1980</i> |
| Sarkis Arabian, DO Assistant Professor of Clinical Internal Medicine | [Information pending] Degree – School -Location – Date (List ALL) <i>Experience in Field of Medicine/Education since NNNN</i> |
| Suvesh Chandio, MD Professor of Clinical Internal Medicine | MD, All India Institute of Medical Sciences, New Delhi, 1974 <i>Experience in Field of Medicine/Education since 1974</i> |
| Debra D. Craig, MD Associate Professor of Clinical Internal Medicine | MD, Loma Linda University; Loma Linda, California, 1982 BS, Union College; Lincoln, Nebraska, 1978 <i>Experience in Field of Medicine since 1982</i> |
| James C. Ericson, MD Assistant Professor of Clinical Internal Medicine | MD, New York Medical College, New York, 2000 BSc, University of California Santa Barbara, 1987 <i>Experience in Field of Medicine/Education since 2003</i> |
| Farbod Farmand, DO Assistant Professor of Clinical Internal Medicine | [Information pending] Degree – School -Location – Date (List ALL) <i>Experience in Field of Medicine/Education since NNNN</i> |
| Bruce T. Gipe, MD Professor of Clinical Internal Medicine | MD, Loma Linda University School of Medicine; Loma Linda, California, 1979 BA, Point Loma College; San Diego, California, 1976 <i>Experience in Field of Medicine since 1980</i> |
| Mufadda Hassan, MD Assistant Professor of Clinical Medicine/ Pulmonary Medicine | [Information pending] Degree – School -Location – Date (List ALL) <i>Experience in Field of Medicine/Education since NNNN</i> |
| Tam T. Huynh, MD Assistant Professor of Clinical Internal Medicine | MD, Ross University School of Medicine; Edison, New Jersey, 2004 BSc, University of California, Riverside, 1997 <i>Experience in Field of Medicine/Education since 2004</i> |

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| Zeid Kayali, MD Associate Professor of Clinical Internal Medicine | MD, Aleppo University School of Medicine; Aleppo, Syria, 1995 MBA, Graziadio School of Business and Management Pepperdine University, Malibu, California, 2008 <i>Experience in Field of Medicine/Education since 1995</i> |
| M-Shahid A. Khan, MD Assistant Professor of Clinical Internal Medicine | [Information pending] Degree – School -Location – Date (List ALL) <i>Experience in Field of Medicine/Education since NNNN</i> |
| Linna Kho, MD Assistant Professor of Clinical Internal Medicine | [Information pending] Degree – School -Location – Date (List ALL) <i>Experience in Field of Medicine/Education since NNNN</i> |
| Edwin H. Krick, MD Professor of Clinical Internal Medicine | MD, Loma Linda University; Loma Linda University, California, 1961 BA, Atlantic Union College; South Lancaster, Massachusetts, 1957 <i>Experience in Field of Medicine/Education since 1962</i> |
| Pooja Mahajan, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Government Medical College; Amritsar, India, 2003 <i>Experience in Field of Medicine/Education since 2003</i> |
| Son T. Nguyen, MD Assistant Professor of Clinical Internal Medicine | MD, American University of the Caribbean School of Medicine, 2010 BSc, University of California, Irvine, 2005 <i>Experience in Field of Medicine/Education since 2005</i> |
| Kambiz Raoufi, MD Assistant Professor of Clinical Internal Medicine | [Information pending] Degree – School -Location – Date (List ALL) <i>Experience in Field of Medicine/Education since NNNN</i> |
| Siamak Saadat, MD Assistant Professor of Clinical Internal Medicine | MD, Ross University School of Medicine, Dominica, 2008 BSc, University of California Davis, 2003 <i>Experience in Field of Medicine/Education since 2008</i> |
| Jeffrey L. Sugarman, MD Professor of Clinical Internal Medicine | MD, Univeristy of California, San Diego, California, 1996 PhD, University of California, San Diego, California, 1995 BA, University of California, Berkeley, California, 1987 <i>Experience in Field of Medicine/Education since 1996</i> |
| Azra Syed, MD Assistant Professor of Clinical Internal Medicine | [Information pending] Degree – School -Location – Date (List ALL) <i>Experience in Field of Medicine/Education since NNNN</i> |
| Dan B. Vo, DO Assistant Professor of Clinical Internal Medicine | DO, Touro University, California College of Osteopathic Medicine; Vallejo, California, 2009 University of California San Diego; San Diego, California, 2002 <i>Experience in Field of Medicine/Education since 2009</i> |

Arrowhead Regional Medical Center – Neurology

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| Judy Chang, MD Associate Professor of Clinical Neurology | MD, <i>Experience in Field of Medicine/Education since 2005</i> |
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| Rosemary S. Chequer, MD Assistant Professor of Clinical Neurology | MD, Federal University of Para; PA, Brazil, 1972 BSc, Instituto de Educacao Conselheiro Rodrigues Alves-Guaratinguetta; SP, Brazil, 1967 <i>Experience in Field of Medicine/Education since 1973</i> |
| Tyler C. Cheung, MD Assistant Professor of Clinical Neurology | MD, Tufts University School of Medicine; Boston, Massachusetts, 2005 BS, Yale University; New Haven, Connecticut, 2001 <i>Experience in Field of Medicine/Education since 2005</i> |
| Rony Dekermenjian, MD Assistant Professor of Clinical Neurology | MD, St. George's University School of Medicine; Granada, West Indies, 2008 BSc, University of California, Los Angeles; Los Angeles, California, 2004 <i>Experience in Field of Medicine/Education since 2009</i> |
| Yafa Minazad, DO Assistant Professor of Clinical Neurology | DO, Western University of Health Sciences; Pomona, California, 2000 BA, University of California, Los Angeles; Los Angeles, California, 1996 <i>Experience in Field of Medicine/Education since 2001</i> |
| Arbi G. Ohanian, MD Assistant Professor of Clinical Neurology | MD, University of Southern California, Keck School of Medicine; Los Angeles, California, 2003 MS, Finch University of Health Sciences, The Chicago Medical School; Chicago, Illinois, 1999 <i>Experience in Field of Medicine/Education since 2004</i> |

Arrowhead Regional Medical Center – Obstetrics/Gynecology

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| Dennis M. Carden, DO Associate Professor of Clinical Obstetrics and Gynecology | DO, Kansas City College of Osteopathic Medicine; Kansas City, Missouri, 1976 BSc, Wayne State University College of Engineering; Detroit, Missouri, 1971 <i>Experience in Field of Medicine/Education since 1977</i> |
| Guillermo J. Giron, MD Assistant Professor of Clinical Obstetrics and Gynecology | MD, Universidad Evangelica de El Salvador; San Salvador, El Salvador, 1998 <i>Experience in Field of Medicine/Education since 1999</i> |
| John Lyons, MD Professor of Clinical Obstetrics and Gynecology | MD, Autonomous University of Guadalajara; Jalisco, Mexico, 1978 <i>Experience in Field of Medicine/Education since 1979</i> |
| Kristina A. Roloff, DO Assistant Professor of Clinical Obstetrics and Gynecology | DO, Western University of Health Sciences; Pomona, California, 2006 MSc, University of British Columbia; Vancouver, BC, Canada, 2001 MS, Public Health, University of California, Los Angeles; Los Angeles, California, 2015 <i>Experience in Field of Medicine/Education since 2005</i> |
| Clarence P. Sinkhorn, MD Professor of Clinical Obstetrics and Gynecology | MD, University of Illinois School of Medicine; Chicago, Illinois, 1978 BSc, University of Illinois; Urbana, Illinois, 1974 <i>Experience in Field of Medicine/Education since 1978</i> |

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| Guillermo J. Valenzuela, MD Professor of Clinical Obstetrics and Gynecology | MD, Universidad Católica de Chile; Chile, 1974 <i>Experience in Field of Medicine/Education since 1975</i> |
| Shirley P. Wong, DO Associate Professor of Clinical Obstetrics and Gynecology | DO, Western University of Health Sciences; Pomona, California, 2001 BSc, California State University at Long Beach, Long Beach, California, 1997 <i>Experience in Field of Medicine/Education since 2001</i> |

Arrowhead Regional Medical Center – Orthopedics

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|---|---|
| Peter Elsisy, MD Assistant Professor of Clinical Orthopedics | MD, David Geffen School of Medicine, University of California Los Angeles, 2005 BSc, University of California, Riverside, 2002 <i>Experience in Field of Medicine/Education since 2006</i> |
| Paul D. Burton, DO Assistant Professor of Clinical Orthopedics | DO, University of Health Sciences, College of Osteopathic Medicine; Kansas City, Missouri, 1986 BS, State University of New York; Buffalo, New York, 1980 <i>Experience in Field of Medicine/Education since 1986</i> |
| Ronny Ghazal, MD Assistant Professor of Clinical Orthopedics | MD, Loma Linda University School of Medicine; Loma Linda, California, 1987 BSc, Pacific Union College, 1983 <i>Experience in Field of Medicine/Education since 1989</i> |
| Barry S. Grames, MD Assistant Professor of Clinical Orthopedics | MD, Loma Linda University School of Medicine; Loma Linda, California, 1990 BS, Loma Linda University; Riverside, California, 1985 <i>Experience in Field of Medicine/Education since 1990</i> |
| Zachary S. Hadley, MD Assistant Professor of Clinical Orthopedics | MD, Loma Linda University School of Medicine; Loma Linda, California, 2006 BSc, Pacific Union College, 2002 <i>Experience in Field of Medicine/Education since 2007</i> |
| Gail E. Hopkins II, MD Assistant Professor of Clinical Orthopedics | MD, University of Alabama, School of Medicine; Birmingham, Alabama, 1997 BSc, Pepperdine University; Malibu, California, 1993 <i>Experience in Field of Medicine/Education since 1997</i> |
| Kenneth H. Jahng, MD, MPH Assistant Professor of Clinical Orthopedics | MD, Loma Linda University School of Medicine; Loma Linda, California, 2009 BS, Pacific Union College; Angwin, California, 2004 <i>Experience in Field of Medicine/Education since 2010</i> |
| Connor R. LaRose, MD Assistant Professor of Clinical Orthopedics | MD, University of Cincinnati School of Medicine; Cincinnati, Ohio, 2005 BA, University of Notre Dame; Notre Dame, Indiana, 2001 <i>Experience in Field of Medicine/Education since 2006</i> |
| Sang V. Le, MD Assistant Professor of Clinical Orthopedics | MD, University of Illinois College of Medicine; Peoria Illinois, 2006 MS, Psychology, University of California, Los Angeles, 2002 BS, University of California Los Angeles, 2001 <i>Experience in Field of Medicine/Education since 2007</i> |

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| James D. Matiko, MD Professor of Clinical Orthopedics | MD, Loma Linda University School of Medicine; Loma Linda, California, 1977 BS, Walla Walla College; College Place, Washington, 1972 <i>Experience in Field of Medicine/Education since 1977</i> |
| Clifford Merkel, MD Assistant Professor of Clinical Orthopedics | MD, Loma Linda University School of Medicine; Loma Linda, California, 1980 <i>Experience in Field of Medicine/Education since 1981</i> |
| M.K. Mudge, MD Professor of Clinical Orthopedics | MD, University of Birmingham; Birmingham, England, 1970 BS, Greenville College; Greenville, Illinois, 1956 <i>Experience in Field of Medicine/Education since 1972</i> |
| James Shook, MD Professor of Clinical Orthopedics | MD, Loma Linda University School of Medicine; Loma Linda, California, 1977 BA, Point Loma Nazarene College; San Diego, California, 1974 <i>Experience in Field of Medicine/Education since 1978</i> |
| John W. Skubic, MD Assistant Professor of Clinical Orthopedics | MD, University of California Los Angeles, School of Medicine; Los Angeles, California, 1983 BSc, University of California Riverside; Riverside, California, 1980 <i>Experience in Field of Medicine/Education since 1984</i> |
| John C. Steinmann, DO Assistant Professor of Clinical Orthopedics | MD, College of Osteopathic Medicine of the Pacific; Pomona, California, 1986 BSc, University of Redlands; Redlands, California <i>Experience in Field of Medicine/Education since 1987</i> |
| Andrew S. Wong, MD Assistant Professor of Clinical Orthopedics | MD, University of Michigan; Anne Arbor, Michigan, 2003 BA, University of Michigan; Anne Arbor, Michigan, 1999 <i>Experience in Field of Medicine/Education since 2004</i> |

Arrowhead Regional Medical Center – Pediatrics

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| Anita D. Barringham, MD Assistant Professor of Clinical Pediatrics | MD, Loma Linda University School of Medicine; Loma Linda, California, 2001 BS, La Sierra University, College of Arts and Sciences; Riverside, California, 1997 <i>Experience in Field of Medicine/Education since 2001</i> |
| Marissa T. Caluya, MD Assistant Professor of Clinical Pediatrics | MD, University of the Philippines; Manila, Philippines, 1990 BS, University of the Philippines; Manila, Philippines, 1983 <i>Experience in Field of Medicine/Education since 1994</i> |
| Robin D. Clark, MD Professor of Clinical Pediatrics | MD, University of Arizona College of Medicine; Tucson, Arizona, 1978 AB, Smith College; Northampton, Massachusetts, 1975 <i>Experience in Field of Medicine/Education since 1978</i> |
| Danela S. Sedantes-Escueta, MD Assistant Professor of Clinical Pediatrics | MD, University of the East Ramon Magsaysay Memorial Medical Center; Quezon City, Philippines, 1986 BA, University of the Philippines at Diliman; Quezon City, Philippines, 1982 <i>Experience in Field of Medicine/Education since 1987</i> |

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| Naghmana Farrukh, MD Assistant Professor of Clinical Pediatrics | MD Equivalent, Sind Medical College, University of Karachi, Pakistan, 1987 <i>Experience in Field of Medicine/Education since 1988</i> |
| Hernani Q. Soberano, MD Assistant Professor of Clinical Pediatrics | MD, University of Santo Tomas; Manila, Philippines, 1980 BS, University of Santo Tomas; Manila, Philippines, 1976 <i>Experience in Field of Medicine/Education since 1981</i> |
| Webster A. Wong, MD Professor of Clinical Pediatrics | MD, Saint Louis University; St. Louis, Missouri, 1992 MBA, University of California Irvine; Irvine, California, 1999 <i>Experience in Field of Medicine/Education since 1992</i> |

Arrowhead Regional Medical Center – Psychiatry

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| Thomas Bai, MD Assistant Professor of Clinical Psychiatry | MD, Shanghai Second Medical University; Shanghai, China, 1982 <i>Experience in Field of Medicine/Education since 1983</i> |
| Challakere Kedarnath, MD Associate Professor of Clinical Psychiatry | MD, University of Oklahoma Health Sciences Center; Oklahoma City, OK, 1987 BA, University of Texas at Austin; Austin, Texas, 1983 <i>Experience in Field of Medicine/Education since 1987</i> |
| Keith L. Gordon, MD Professor of Clinical Psychiatry | [Information pending] MD, Hahnemann Medical College; Philadelphia, Pennsylvania, NNNN BA, La Salle University; Philadelphia, Pennsylvania, NNNN <i>Experience in Field of Medicine/Education since NNNN</i> |
| Lany C. Lawrence, MD Assistant Professor of Clinical Psychiatry | MD, Hahnemann Medical College; Philadelphia, Pennsylvania, 1974 BA, Rutgers University; Newark, New Jersey, 1969 <i>Experience in Field of Medicine/Education since 1974</i> |
| Johannes C. Ndlela, MD, MPH Associate Professor of Clinical Psychiatry | MD (Equivalent), University of Natal Medical School; Durban, South Africa, 1964 MS, Public Health, Loma Linda University; Loma Linda, California, 1981 <i>Experience in Field of Medicine/Education since 1964</i> |
| Doan Q. Nguyen, MD Assistant Professor of Clinical Psychiatry | [Information pending] Degree – School -Location – Date (List ALL) <i>Experience in Field of Medicine/Education since NNNN</i> |
| Mailan D. Pham, MD Assistant Professor of Clinical Psychiatry | MD, Loma Linda University School of Medicine; Loma Linda, California, 2009 BS, Pacific Union College; Angwin, California, 2004 <i>Experience in Field of Medicine/Education since 2010</i> |
| Phuoc Q. Tran, MD Assistant Professor of Clinical Psychiatry | MD, Tulane University, School of Public Health and Tropical Medicine, 1996 MS Public Health, Tulane University School of Public Health, 1996 <i>Experience in Field of Medicine/Education since 1996</i> |

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| Quy Tran, MD Assistant Professor of Clinical Psychiatry | MD, Hue Medical School, University of Hue; Vietnam, 1978 Premedical Studies, Faculty of Sciences, University of Hue; Vietnam, 1973 <i>Experience in Field of Medicine/Education since 1978</i> |
| Khushro B. Unwalla, MD Associate Professor of Clinical Psychiatry | MD, Kasturba Medical College; Mangalore, India, 1977 Premedical and Preclinical Studies, University of Mysore; Manipal, India, 1973 <i>Experience in Field of Medicine/Education since 1973</i> |

Arrowhead Regional Medical Center – Radiology

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| Munther E. Alqaisi, MD Professor of Clinical Radiology | MD, University of Utah School of Medicine; Salt Lake City, Utah, 1995 BA, University of Utah; Salt Lake City, Utah, 1991 <i>Experience in Field of Medicine/Education since 1995</i> |
| Carolyn J. Barnes, MD Assistant Professor of Clinical Radiology | MD, Loma Linda University Medical School; Loma Linda, California, 2009 BSc, Point Loma Nazarene University; San Diego, California, 2005 <i>Experience in Field of Medicine/Education since 2010</i> |
| Chul Chae, MD Assistant Professor of Clinical Radiology | MD, Finch University of Health Sciences, The Chicago Medical School; North Chicago, Illinois 1998 BSc, University of California at Los Angeles; Los Angeles, California, 1998 <i>Experience in Field of Medicine/Education since 1998</i> |
| Thuan T. Dang, MD Professor of Clinical Radiology | MD, Loma Linda University School of Medicine; Loma Linda, California, 1984 BS, Loma Linda University School of Allied Health; Loma Linda, California, 1980 <i>Experience in Field of Medicine/Education since 1984</i> |
| Youhanna M. Gad, MD Assistant Professor of Clinical Radiology | MD, University of Alexandria; Alexandria, Egypt, 2003 <i>Experience in Field of Medicine/Education since 2003</i> |
| Michael D. Gentry, MD Assistant Professor of Clinical Radiology | MD, University of California Los Angeles School of Medicine, 1999 BA, Stanford University; Stanford, California, 1995 <i>Experience in Field of Medicine/Education since 2001</i> |
| Tung Huynh, MD Associate Professor of Clinical Radiology | MD, University of California Los Angeles School of Medicine; Los Angeles, California, 1993 BSc, University of California Irvine; Irvine, California, 1989 <i>Experience in Field of Medicine/Education since 1993</i> |
| Shahid Latif, MD Assistant Professor of Clinical Radiology | MD, University of Punjab Nishtar Medical College, Pakistan, 1981 BS, Government College, 1974 <i>Experience in Field of Medicine/Education since 1981</i> |
| Ha Le, MD Assistant Clinical Professor of Radiology and Medical Imaging | MD, University of California San Diego School of Medicine; La Jolla, California, 1993 BS, California State University; Long Beach, California, 1984 <i>Experience in Field of Medicine/Education since 1995</i> |

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| Peter M. Malek, MD Assistant Professor of Clinical Radiology | MD, University of Southern California Keck School of Medicine; Los Angeles, California, 2006 BSc, University of Southern California; Los Angeles, California, 2002 <i>Experience in Field of Medicine/Education since 2006</i> |
| Omar Saleh, MD Assistant Professor of Clinical Radiology | MD, University of Mississippi Medical Center; Jackson, Mississippi, 2004-2007 BA, University of Texas; Austin, Texas, 2002 <i>Experience in Field of Medicine/Education since 2008</i> |
| Chandler Shyu, MD Assistant Professor of Clinical Radiology | MD, University of Rochester School of Medicine; Rochester, New York, 2002 BSc, BA, University of California Los Angeles; Los Angeles, California, 1998 <i>Experience in Field of Medicine/Education since 2002</i> |
| John S. Sohn, MD Assistant Professor of Clinical Radiology | MD, Temple University School of Medicine; Philadelphia, Pennsylvania, 2000 BSc, University of California Los Angeles; Los Angeles, California, 1996 <i>Experience in Field of Medicine/Education since 2000</i> |
| Arrowhead Regional Medical Center – Surgery | |
| Troy J. Andreasen, MD Associate Professor of Clinical Surgery | MD, University of Utah School of Medicine; Salt Lake City, Utah, 1995 BA, University of Utah; Salt Lake City, Utah, 1991 <i>Experience in Field of Medicine/Education since 2001</i> |
| Yancey B. Beamer, MD Professor of Clinical Surgery | MD, Duke University School of Medicine; Durham, North Carolina, 1963 BS, Guilford College; Guilford, North Carolina, 1959 <i>Experience in Field of Medicine/Education since 1964</i> |
| Della C. Bennett, MD Associate Professor of Clinical Surgery | MD, Pennsylvania State University College of Medicine; Hershey, Pennsylvania, 2000 BA, Dartmouth College; Hanover, New Hampshire, 1996 <i>Experience in Field of Medicine/Education since 2000</i> |
| Christopher C. Choi, MD, DDS Assistant Professor of Clinical Surgery | MD, SUNY Stony Brook University School of Medicine; Stony Brook, NY, 2009 DDS, Columbia University, College of Dental Medicine; New York, New York, 2006 BS, Columbia University, Columbia College; New York, New York, 2001 <i>Experience in Field of Medicine/Education since 2009</i> |
| John T. Culhane, MD Associate Professor of Clinical Surgery | MD, University of Illinois; Chicago, Illinois, 1999 BA, University of Chicago; Chicago, Illinois, 1988 <i>Experience in Field of Medicine/Education since 1999</i> |
| Joseph Davis, DO Professor of Clinical Surgery | DO, Texas College of Osteopathic Medicine; Fort Worth, Texas, 1982 MA in Chemistry, University of Texas; Austin, Texas, 1975 BA, University of Texas; Austin, Texas, 1971 <i>Experience in Field of Medicine/Education since 1982</i> |

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| Jeffrey A. Elo, DDS Professor of Clinical Surgery | DDS, Indiana University School of Dentistry; Indianapolis, Indiana, 2002 BA, Indiana University; Indianapolis, Indiana, 1997 <i>Experience in Field of Medicine/Education since 2002</i> |
| Dev A. GnanaDev, MD Professor of Surgery | MD, Kurnool Medical College, India, 1972 MD, Certified by ECFMG <i>Experience in Field of Medicine/Education since 1972</i> |
| Alan S. Herford, MD, DDS Professor of Surgery | MD, University of Texas at Dallas, Southwestern Medical School; Dallas, Texas, 1997 DDS, Loma Linda University School of Dentistry; Loma Linda, California, 1994 <i>Experience in Field of Medicine/Education since 1998</i> |
| Farabi M. Hussain, MD Associate Professor of Clinical Surgery | MD, Loma Linda University School of Medicine; Loma Linda, California, 1994 BSc, La Sierra Campus, Loma Linda University; Loma Linda, California, 1989 <i>Experience in Field of Medicine/Education since 1994</i> |
| Shokry N. Lawandy, DO Assistant Professor of Clinical Surgery | DO, Touro University of Osteopathic Medicine; Vallejo, California, 2007 BSc, University of California Irvine; Irvine, California, 2000 <i>Experience in Field of Medicine/Education since 2007</i> |
| Tommy Lee, MD Associate Professor of Clinical Surgery | MD, Queen's University School of Medicine; Kingston, Canada, 2000 BSc, University of Toronto; Toronto, Canada, 1996 <i>Experience in Field of Medicine/Education since 1996</i> |
| Daniel E. Miulli, DO Associate Professor of Surgery | DO, Midwestern University, Chicago College of Osteopathic Medicine; Chicago, Illinois, 1989 MSc, University of Illinois at Chicago; Chicago, Illinois, 1984 BSc, University of Illinois at Chicago; Chicago, Illinois, 1981 <i>Experience in Field of Medicine/Education since 1990</i> |
| Milton R. Retamozo, MD Professor of Clinical Surgery | MD, Texas Tech University; Lubbock, Texas, 2000 BA, Southwestern Adventist University; Keene, Texas, 1995 <i>Experience in Field of Medicine/Education since 2001</i> |
| Javed Siddiqi, MD Professor of Surgery | MD, University of Western Ontario; London, Ontario, 1991 DPhil, Oxford University; Oxford, England, 1987 HBSc, University of Western Ontario; London, Ontario, 1983 <i>Experience in Field of Medicine/Education since 1992</i> |
| Kris j. Storkersen, MD Associate Professor of Clinical Surgery | MD, University of California at Davis, School of Medicine; Sacramento, California. 1989 BSc, University of California at Davis; Davis, California, 1984 <i>Experience in Field of Medicine/Education since 1991</i> |
| Jayini S. Thakker, MD, DDS Associate Professor of Clinical Surgery | MD, University of Florida, College of Medicine; Gainesville, Florida, 2011 DDS, University of California at San Francisco; San Francisco, California, 2007 BSc, University of California at Los Angeles; Los Angeles, California <i>Experience in Field of Medicine/Education since 2011</i> |

David T. Wong, MD
Professor of Clinical Surgery

MD, Loma Linda University, School of Medicine; Loma Linda, California, 1993
BA, La Sierra University, School of Business and Management; Riverside, California, 1989
BS, La Sierra University, School of Arts and Sciences; Riverside, California, 1989
Experience in Field of Medicine/Education since 1993

Shokei Yamada, MD
Professor of Surgery

MD, Jikei University; Tokyo, Japan, 1949
PhD, Jikei University; Tokyo, Japan, 1954
BS, Jikei University; Tokyo, Japan, 1945
Experience in Field of Medicine/Education since 1950

Chaparral Medical Center – Family Medicine

Molly Hanson, MD
Assistant Professor of Clinical Family Medicine

MD, MBBS, University of Malaya; Kuala Lumpur, Malaysia, 1979
Experience in Field of Medicine/Education since 1979

Mary Kasem, MD
Assistant Professor of Clinical Family Medicine

MD, University of Southern California, School of Medicine; Los Angeles, California, 1998
BA, California State University; Northridge, California, 1994
Experience in Field of Medicine/Education since 1995

Nallely Flores Lazcano, MD
Assistant Professor of Clinical Family Medicine

MD, Universidad Autonoma del Estado de Morelos; Mexico, 2002
Experience in Field of Medicine/Education since 2003

Alya Torna, MD
Assistant Professor of Clinical Family Medicine

MD, Azerbaijan State Medical Institute; Narimanova, Baku, Azerbaijan, 1987
Experience in Field of Medicine/Education since 1993

Chaparral Medical Center – Internal Medicine

Ramanna Merla, MD
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MBBS, Guntur Medical College, N.T.R University of Health Sciences; Guntur Andhra Pradesh, India, 2001
MS Public Health, Wichita State University; Wichita, Kansas, 2004
Experience in Field of Medicine/Education since 2004

Lisa Raptis, MD
Assistant Professor of Clinical Emergency Medicine

MD, St. George's University School of Medicine; Grenada, West Indies, 2005
BSc, University of California, Los Angeles; Los Angeles, California, 2000
Experience in Field of Medicine/Education since 2005

Tobin Panicker, MD
Assistant Professor of Internal Medicine

MD, Ross University School of Medicine; Dominica, West Indies, 2007
BS, University of California Berkeley; Berkeley, California, 2003
Experience in Field of Medicine/Education since 2007

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| Jhonatan Espinoza, MD Assistant Professor of Internal Medicine | MD, San Martin De Porres University; Lima, Peru, 2010 <i>Experience in Field of Medicine/Education since 2012</i> |
| Khader Abounasr, MD Assistant Professor of Clinical Internal Medicine | MD, Creighton University School of Medicine; Omaha, Nebraska, 2004 BSc, Creighton University; Omaha, Nebraska, 2000 <i>Experience in Field of Medicine/Education since 2004</i> |
| Krishi Chanduri, MD Assistant Professor of Clinical Internal Medicine | MD, Rosalind Franklin University; Chicago, Illinois, 2007 MS, Rosalind Franklin University; Chicago, Illinois, 2003 BA, University of California, Berkeley; Berkeley, California, 2000 <i>Experience in Field of Medicine/Education since 2007</i> |
| Swarna Chanduri, MD Assistant Professor of Internal Medicine | MBBS (MD Equivalent), Osmania University; India, 1977 <i>Experience in Field of Medicine/Education since 1980</i> |
| Preeti Chaudhary, MD Assistant Professor of Clinical Internal Medicine | MD, University of Delhi Medical School; New Delhi, India, 2007 <i>Experience in Field of Medicine/Education since 2008</i> |
| Harvey Cohen, MD Assistant Professor of Clinical Internal Medicine | MD, Free University of Brussels, Faculty of Medicine; Brussels, Belgium, 1976 BS, Brooklyn College, The City University of New York; NYC, New York, 1970 <i>Experience in Field of Medicine/Education since 1977</i> |
| Raptis Derrick, MD Assistant Professor of Clinical Internal Medicine | MD, St. George's University School of Medicine; Grenada, West Indies, 2005 BS, University of Rochester; Rochester, New York, 1999 <i>Experience in Field of Medicine/Education since 2005</i> |
| William Discepolo, MD Assistant Professor of Clinical Internal Medicine | University of California, Davis, School of Medicine; Sacramento, California, 2002 BS, Boston College; Chestnut Hill, Massachusetts, 1992 <i>Experience in Field of Medicine/Education since 2002</i> |
| Nadir Eltahir, MD Assistant Professor of Clinical Internal Medicine | MD, University of Khartoum Medical School; Khartoum, Sudan, 1983 Pre-Medical Education, College of Science, University of Khartoum; Sudan, 1978 <i>Experience in Field of Medicine/Education since 1984</i> |
| Puneet Ghayal, MD Assistant Professor of Clinical Internal Medicine | MD, Albert Einstein College of Medicine; Bronx, New York, 2008 BS, Tufts University; Medford, Massachusetts, 2004 <i>Experience in Field of Medicine/Education since 2008</i> |
| Yashar Ghomri, DO Assistant Professor of Clinical Internal Medicine | DO, Midwestern University, Chicago College of Osteopathic Medicine, 2010 BS, University of Cincinnati; Cincinnati, Ohio, 2003 <i>Experience in Field of Medicine/Education since 2010</i> |
| Chris Harper, MD Assistant Professor of Clinical Internal Medicine | MD, University of Poznan Medical Sciences; Poznan Poland, 2007 BS, San Diego State University; San Diego, California, 2001 <i>Experience in Field of Medicine/Education since 2009</i> |

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| Zay Yar Htay, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Institute of Medicine I; Yangyon, Myanmar, 2004 <i>Experience in Field of Medicine/Education since 2004</i> |
| Swe Swe Htike, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Institute of Medicine I; Yangyon, Myanmar, 2004 <i>Experience in Field of Medicine/Education since 2004</i> |
| Prasad Jeereddi, MD Associate Professor of Clinical Internal Medicine | MBBS (MD Equivalent), S.V Medical Center; Tirupati, India, 1969 <i>Experience in Field of Medicine/Education since 1969</i> |
| Praveena Jeereddi, MD Assistant Professor of Clinical Internal Medicine | MD, American University of the Caribbean; Montserrat, British West Indies, 1998 BA, University of California, San Diego; San Diego, California, 1994 <i>Experience in Field of Medicine/Education since 1998</i> |
| Fahad Khan, MD Assistant Professor of Clinical Internal Medicine | MD, Ross University School of Medicine; Portsmouth, Dominica, 2010 BGS, University of Kansas; Lawrence, Kansas, 2005 <i>Experience in Field of Medicine/Education since 2010</i> |
| Heather Davis-Kingston, MD Assistant Professor of Clinical Internal Medicine | MD, University of Southern California, Keck School of Medicine; Los Angeles, California, 1998 BS, University of Southern California; Los Angeles, California, 1993 <i>Experience in Field of Medicine/Education since 1998</i> |
| Ewa Konca, MD Assistant Professor of Clinical Internal Medicine | MD, Medical Academy; Warsaw, Poland, 1993 <i>Experience in Field of Medicine/Education since 1993</i> |
| Hetal Makwana, MD Assistant Professor of Clinical Internal Medicine | MD, Baroda Medical College; Baroda, Gujarat, India, 2007 <i>Experience in Field of Medicine/Education since 2007</i> |
| Rishu Marwaha, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Lady Hardinge Medical College, New Delhi, India, 1999 <i>Experience in Field of Medicine/Education since 2000</i> |
| Shauna McGinnis, DO Assistant Professor of Clinical Internal Medicine | DO, Lincoln Memorial University, Debusk College of Osteopathic Medicine; Harrogate, Tennessee, 2011 BS, University of California, Riverside; Riverside, California, 2006 <i>Experience in Field of Medicine/Education since 2011</i> |
| Nischita Merla, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Guntur Medical College, N.T.R University of Health Sciences; Guntur Andhra Pradesh, India, 2001 MS Public Health, Wichita State University; Wichita, Kansas, 2004 <i>Experience in Field of Medicine/Education since 2001</i> |
| Muthusamy Muthiah, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Thanjavur Medical College, University of Madras, India, 1983 BS, Madurai University; Madurai, India, 1977 <i>Experience in Field of Medicine/Education since 1983</i> |
| Gaurav Parikh, MD Assistant Professor of Clinical Internal Medicine | MMBS (MD Equivalent), Maharaja Sayajirao University Medical College; Baroda, Gujarat, India, 2001 <i>Experience in Field of Medicine/Education since 2001</i> |

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| Roshni Patrick, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Sri Ramachandra Medical College; Chennai, India, 2010 <i>Experience in Field of Medicine/Education since 2010</i> |
| Geeta Patwa, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Baroda Medical College, University of Baroda; Baroda, India, 1971 MS, University of Baroda; Baroda, India, 1971 <i>Experience in Field of Medicine/Education since 1971</i> |
| Rita Pradhan, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Dow Medical College, Karachi University; Karachi, Pakistan, 1990 AB, Amrit Science College, Tribhuvan University; Kirtipur, Nepal, 1981 <i>Experience in Field of Medicine/Education since 1990</i> |
| Ramakrishnan Prasun, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Bangalore Medical College and Research Institute; Bangalore, India, 2005 <i>Experience in Field of Medicine/Education since 2005</i> |
| Jayapal Reddy, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Jawaharlal Nehru Medical School; Karnataka, India, 1989 BS, St. Joseph's College; Bangalore, India, 1983 <i>Experience in Field of Medicine/Education since 1989</i> |
| David Robles, MD Assistant Professor of Clinical Internal Medicine | MD, University of Southern California, Keck School of Medicine; Los Angeles, California, 2004 BSc, University of Colorado Health Sciences; Denver, Colorado, 1998 <i>Experience in Field of Medicine/Education since 2004</i> |
| Gurbinder Sadana, MD Associate Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Gauhati Medical College; Gauhati, Assam, India, 1969 <i>Experience in Field of Medicine/Education since 1969</i> |
| Gary Sandhu, MD Assistant Professor of Clinical Internal Medicine | MD, St. George's University School of Medicine; Grenada, West Indies, 2003 BS, University of California, Los Angeles; Los Angeles, California, 1999 <i>Experience in Field of Medicine/Education since 2003</i> |
| Sharanjit Kaur Singh, MD Assistant Professor of Clinical Internal Medicine | MD, International Medical University; Kuala Lumpur, Malaysia, 2005 <i>Experience in Field of Medicine/Education since 2005</i> |
| Rakesh Sinha, MD Assistant Professor of Clinical Internal Medicine | MD, The Vallabhbhai Patel Chest Institute, University of Delhi; Delhi, India, 2001 MBBS (MD Equivalent), Maulana Azad Medical College, University of Delhi; Delhi, India, 1995 <i>Experience in Field of Medicine/Education since 2001</i> |
| Rama Thumati, MD Associate Professor of Clinical Internal Medicine | MBBS (MD Equivalent), S.V. Medical School; Tirupati, India, 1971 <i>Experience in Field of Medicine/Education since 1971</i> |
| Nyein Tint, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), University of Medicine I; Yangon, Myanmar, 2009 <i>Experience in Field of Medicine/Education since 2009</i> |
| Deepa Tom, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Kottayam Medical College, Mahatma Gandhi University; Kerala, India, 2002 <i>Experience in Field of Medicine/Education since 2002</i> |

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| Girish Tummuru, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Siddhartha Medical College; Vijayawada, India, 2002 <i>Experience in Field of Medicine/Education since 2002</i> |
| Lay Tun, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Institute of Medicine I, Myanmar, 1985 <i>Experience in Field of Medicine/Education since 1985</i> |
| Nitanth Vangala, MD Assistant Professor of Clinical Internal Medicine | MD, Wayne St. School of medicine; Detroit, Michigan, 2005 BA, University of California, Los Angeles; Los Angeles, 2001 <i>Experience in Field of Medicine/Education since 2005</i> |
| Uzma Waraich, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Punjab Medical College; Faisalabad, Pakistan, 2002 <i>Experience in Field of Medicine/Education since 2002</i> |

Chaparral Medical Center – Surgery

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| Johanna Basa, MD Instructor of Clinical Surgery | MD, Drexel University College of Medicine; Philadelphia, Pennsylvania, 2009 BS, University of California, Irvine; Irvine, California, 2004 <i>Experience in Field of Medicine/Education since 2009</i> |
| Albert Chong, MD Assistant Professor of Clinical Surgery | MD, University of Southern California, Keck School of Medicine; Los Angeles, California, 2000 BA, Stanford University; Palo Alto, California, 1996 <i>Experience in Field of Medicine/Education since 2000</i> |
| Guangqiang Gao, MD Assistant Professor of Surgery | MD, The Second Military University; Shanghai, China, 1986 PhD, Peking Union Medical College; Beijing, China, 1998 MS, The Second Military University; Shanghai, China, 1991 <i>Experience in Field of Medicine/Education since 1986</i> |
| Neeraj Gupta, MD Assistant Professor of Clinical Surgery | MD, Northwestern University Medical School; Chicago, Illinois, 1999 BA, Northwestern University; Chicago, Illinois, 1995 <i>Experience in Field of Medicine/Education since 1999</i> |
| Sarika Jain, MD Associate Professor of Clinical Surgery | MBBS (MD Equivalent), Maulana Azad Medical College University of Delhi; New Delhi, India, 1985 MS, Maulana Azad Medical College, University of Delhi; New Delhi, India, 1989 <i>Experience in Field of Medicine/Education since 1986</i> |
| Daniel Lee, MD Assistant Professor of Surgery | MD, Drexel University College of Medicine; Philadelphia, Pennsylvania, 2003 BA, University of Pennsylvania; Philadelphia, Pennsylvania, 1998 <i>Experience in Field of Medicine/Education since 2003</i> |
| Gregory Lercel, MD Assistant Professor of Clinical Surgery | MD, George Washington University Medical School; Washington, Dc, 2000 BSc, University of California, San Diego; La Jolla, California, 1994 <i>Experience in Field of Medicine/Education since 2000</i> |

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| Ali Mesiwala, MD Associate Professor of Surgery | MD, University of California, San Francisco; San Francisco, California, 1997 BSc, Johns Hopkins University; Baltimore, Maryland, 1993 <i>Experience in Field of Medicine/Education since 1997</i> |
| Siva Mullangi, MD Assistant Professor of Clinical Surgery | MBBS (MD Equivalent), Sri Venkateswara Medical College; Tirupati, India, 1984 <i>Experience in Field of Medicine/Education since 1984</i> |
| Srinath Samudrala, MD Associate Professor of Clinical Surgery | MD, University of California, Los Angeles, School of Medicine; Los Angeles, California, 1989 BSc, University of California, Riverside; Riverside, California, 1986 <i>Experience in Field of Medicine/Education since 1989</i> |

Desert Regional Medical Center

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| Emilio Tayag, MD Assistant Professor of Clinical Neurology | MD, University of the East Ramon Magsaysay Memorial Medical Center; Quezon City, Philippines, 1990 BS, Ateneo de Manila University; Quezon City, Philippines, 1986 <i>Experience in Field of Medicine/Education since 1992</i> |
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Desert Valley Hospital

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| Siva Arunasalem, MD Associate Professor of Cardiology | MD, Emory University School of Medicine; Atlanta, Georgia, 1987 BS, University of Nebraska, Lincoln; Lincoln, Nebraska, 1982 <i>Experience in Field of Medicine/Education since 1987</i> |
| Geetha Reddy, MD Assistant Professor of Clinical Family Medicine | MBBS (MD Equivalent), Sri Venkateswara Medical College, Sri Venkateswara University; Tirupati, India, 1984 <i>Experience in Field of Medicine/Education since 1984</i> |
| Charbel Aoun, MD Assistant Professor of Clinical Internal Medicine | MD, Universita Degli Studi; Chieti, Italy, 1991 <i>Experience in Field of Medicine/Education since 1991</i> |
| Jose Luis Savio Noronha, MD Associate Professor of Clinical Internal Medicine | MBBS (MD Equivalent), University of Bombay; Bombay, India, 1989 Goa Medical College; Panaji, Goa, India, 1989 <i>Experience in Field of Medicine/Education since 1989</i> |
| Leroy Pascal, MD Assistant Professor of Clinical Internal Medicine | MD, Loma Linda University School of Medicine; Loma Linda, California, 1991 BSc, Pacific Union College; Angwin, California, 1987 <i>Experience in Field of Medicine/Education since 1991</i> |
| Sumitha Rajkumar, MD Assistant Professor of Clinical Internal Medicine | MBBS (MD Equivalent), Coimbatore Medical College; India, 1994 <i>Experience in Field of Medicine/Education since 1994</i> |
| Victor Sabo, MD Assistant Professor of Clinical Internal Medicine | MD, University of Guadalajara; Guadalajara, Jalisco, Mexico, 1983 BS, Pacific Union College; Angwin, California, 1977 <i>Experience in Field of Medicine/Education since 1983</i> |

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| Suman Thakker, MD Associate Professor of Clinical Internal Medicine | MD, The Grant Medical College, University of Bombay; Maharashtra, India, 1972 BS, The Wilson College, University of Bombay, Maharashtra, India, 1966 <i>Experience in Field of Medicine/Education since 1972</i> |
| Ai-jen Wang, MD Assistant Professor of Clinical Internal Medicine | MBBS, Institute of Medicine I Yangon, University of Yangon; Myanmar, 1998 MD, Medical Board of Taipei, Department of Health; Taipei, Taiwan, 2002 <i>Experience in Field of Medicine/Education since 1998</i> |
| Yvonne Saldanha Noronha, MD Assistant Professor of Clinical Pathology | MBBS (MD Equivalent), Goa University; Bambolim, Goa, India, 1997 <i>Experience in Field of Medicine/Education since 1997</i> |
| Peter Fischl, MD Assistant Professor of Clinical Surgery | MD, University of Guadalajara; Guadalajara, Jalisco, Mexico, 1977 BA, University of California, Los Angeles; Los Angeles, California, 1972 <i>Experience in Field of Medicine/Education since 1977</i> |
| Victor Moneke, DO Assistant Professor of Clinical Obstetrics/Gynecology | MD, Medical School College of Medicine, University of Ibadan; Nigeria, 1980 Pre-Medical Study, International School, University of Ibadan; Nigeria <i>Experience in Field of Medicine/Education since 1980</i> |
| Maryam Zand, DO Assistant Professor of Clinical Obstetrics/Gynecology | DO, University of Health Sciences, College of Osteopathic Medicine; Kansas City, Missouri, 1992 BSc, University of California, Irvine; Irvine, California, 1983 <i>Experience in Field of Medicine/Education since 1992</i> |

San Bernardino County Department of Behavioral Health – Psychiatry

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| George Christison, MD Professor of Clinical Psychiatry | MD, University of California, San Diego, School of Medicine; La Jolla, California, 1982 BA, University of California, San Diego; San Diego, California, 1978 <i>Experience in Field of Medicine/Education since 1983</i> |
| Hanu Damerla, MD Assistant Professor of Clinical Psychiatry | MD, Gandhi Medical College; Hyderabad, India, 1992 <i>Experience in Field of Medicine/Education since 1993</i> |
| Calvin Flowers, MD Assistant Professor of Clinical Psychiatry | MD, Loma Linda University, School of Public Health; Loma Linda California, 1992 MS Public Health, Loma Linda University, School of Public Health; Loma Linda, California, 1988 <i>Experience in Field of Medicine/Education since 1993</i> |
| Teresa Frausto, MD Assistant Professor of Clinical Psychiatry | MD, University of Illinois College of Medicine; Chicago, Illinois, 1991 <i>Experience in Field of Medicine/Education since 1991</i> |
| Nerissa Galang-Feather, MD Assistant Professor of Clinical Psychiatry | MD, University of Philippines College of Medicine; Manila, Philippines, 1981 <i>Experience in Field of Medicine/Education since 1982</i> |

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| Zoheir Kassem, MD Assistant Professor of Clinical Psychiatry | MD, Ain Shams University Faculty of Medicine; Cairo, Egypt, 1975 <i>Experience in Field of Medicine/Education since 1977</i> |
| Derick Ly, DO Assistant Professor of Clinical Psychiatry | DO, Touro University College of Osteopathic Medicine; New York City, New York, 2010 DO, Western University of Health Sciences; Pomona, California, 2012 <i>Experience in Field of Medicine/Education since 2013</i> |
| J. Craig Moffat, MD Assistant Professor of Clinical Psychiatry | MD, University of Utah School of Medicine; Salt Lake City, Utah, 2010 MSc, Brigham Young University; Provo, Utah, 2006 BS, Brigham Young University; Provo, Utah, 2004 <i>Experience in Field of Medicine/Education since 2010</i> |
| Jared Nelson, DO Assistant Professor of Clinical Psychiatry | DO, Touro University College of Osteopathic Medicine; New York City, 2010 BS, Brigham Young University; Provo, Utah, 2004 <i>Experience in Field of Medicine/Education since 2011</i> |
| Erik Petersen, MD Assistant Professor of Clinical Psychiatry | MD, Medical College of Virginia, VCU Medical Center; Richmond, Virginia, 2003 BS, Brigham Young University; Provo, UT, 1999 <i>Experience in Field of Medicine/Education since 2003</i> |
| Christopher Schreur, MD Assistant Professor of Clinical Psychiatry | MD, Loma Linda University School of Medicine; Loma Linda, California, 2008 BA, Dordt College; Sioux Center, Iowa, 2003 <i>Experience in Field of Medicine/Education since 2008</i> |
| Donnell Wigfall, DO Assistant Professor of Clinical Psychiatry | DO, Western University of Health Sciences, College of Osteopathic Medicine; Pomona, California, 2007 BS, University of California, San Diego; La Jolla, California, 1997 <i>Experience in Field of Medicine/Education since 2007</i> |

West Anaheim Medical Center

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| Asaad Hakim, MD Associate Professor of Clinical Internal Medicine | MD, Damascus University School of Medicine; Damascus, Syria, 1982 Post Graduate Studies, George Washington University; Washington DC, 1984 <i>Experience in Field of Medicine/Education since 1984</i> |
| Khaled Chan, MD Assistant Professor of Clinical Internal Medicine | MD, Damascus University School of Medicine; Damascus, Syria, 1991 <i>Experience in Field of Medicine/Education since 1995</i> |
| Hassan Alkhoul, MD Assistant Professor of Clinical Internal Medicine | MD, Damascus University School of Medicine; Damascus, Syria, 1982 BS, Damascus University; Damascus, Syria, 1978 <i>Experience in Field of Medicine/Education since 1984</i> |