



California University of Science and Medicine

University Student Catalog/Handbook
Academic Year 2023-24
(7/1/2023 – 6/30/2024)

Revision 1.0.1



ABOUT THIS STUDENT CATALOG/HANDBOOK

California University of Science and Medicine (CUSM) has established CUSM School of Medicine (CUSM-SOM), which is the eleventh allopathic medical school in the state of California. Prospective students are 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 it 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.

Notice: Students are responsible for being familiar with all the information contained in the *CUSM Student Catalog/Handbook* prior to matriculation. The *CUSM Student Catalog/Handbook* is subject to change as the university embraces continuous quality improvement and evolution of thought. As a prospective student, you are encouraged to review this *CUSM Student Catalog/Handbook* prior to signing an enrollment agreement.

* 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

Section III: CUSM School of Medicine Master of Biomedical Sciences (MBS) Program Student Handbook

Addendum A: CUSM Administration and Faculty Roster

Revisions

Since this *Student Catalog/Handbook* is prepared in advance of the period of time that it covers, changes in programs and regulations may undergo minor revisions. The following list indicates the revision history.

July 7, 2023	Revision 1.0.0
Initial publication.	
August 8, 2023	Revision 1.0.1
Page I-14	The Office of Ombuds section was added.
Page I-15	The Accreditation section was updated to reflect WSCUC accreditation and BPPE exempt status.
Page I-124	The Complaint about the Institution was updated.
Pages I-125 – I-143	The Course Listings section was updated.
Page II-9	The Complaint about the Institution was added.
Pages II-22 – II-23	The Enrollment Agreement Form section was updated. The previously existed Notice to Prospective Degree Program Students of Provisional BPPE Approval section was removed.
Pages II-25 – II-27	References to the BPPE Student Tuition Recovery Fund fee were removed from these pages.
Pages II-42 and II-44	Course numbers in the Transition to Independent Practice (TIP) Phase (Year 4) tables were updated to reflect the correct course numbers.
Pages II-50 – II-53	The Student Textbook Resources section was updated.
Pages II-61 – II-63	The College Faculty/Learning Communities/Advising and Academic Support Services sections were updated.
Pages II-76 – II-79	The Residency Application and Licensure section was updated.
Pages II-124	Course numbers in the Transition to Independent Practice (TIP) Phase (Year 4) tables were updated to reflect the correct course numbers.
Page III-9	The Complaint about the Institution was added.

- Pages III-16 – III-17 The Enrollment Agreement Form section was updated. The previously existed Notice to Prospective Degree Program Students of Provisional BPPE Approval section was removed.
- Pages III-19 – III-21 References to the BPPE Student Tuition Recovery Fund fee were removed from these pages.
- Page III-27 The Academic Calendar section was updated.
- Pages III-28 – III-32 The MBS Program Course Descriptions section was updated.
- Pages III-33 – III-35 The Student Textbook Resources section was updated.
- Page III-42 The Grading System section was updated.
- Pages A-1 – A-50 The CUSM Administration and Faculty Roster section was updated.



California University of Science and Medicine

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Section I: **University Catalog**

Academic Year 2023-24

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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:

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

Diversity Statement

Statement on Diversity, Equity and Inclusion: CUSM expands supports and protections with a commitment to equity, diversity and inclusion for all employment and educational practices, including but not limited to, recruitment of staff and students; admissions, hiring, and training procedures; advancement and retention policies/practice; curriculum/course materials; and the built environment. More specifically, CUSM is committed to diversification of its leadership and community, especially with representation from groups historically excluded from medicine and higher education due to race/ethnicity, gender identity, sexual identity, and socioeconomic status. This commitment stems not only from legal and ethical considerations, but also from a conviction that an institution of higher learning is enriched by the presence of diversity and the practice of inclusive excellence. CUSM actively strives to mitigate the negative impacts of bias and discrimination present within the structures of society and the medical profession, so that teaching, research, and service functions can be optimized to effectuate CUSM's mission.

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, staff, and students are obligated to be responsible participants in the academic activities of the medical school.

History of the University

(This section is under revision as of July 2023 and will be updated later.)

Background and Mission

Healthcare in the United States faces significant challenges, including growing burdens of disease, lack of access to healthcare and a shortage of healthcare professionals. These issues disproportionately affect underserved areas such as the Inland Empire, the name given to the combined populations of San Bernardino and Riverside counties in Southern California. The Inland Empire exhibits significant health disparities when compared to California averages and national benchmarks, including a higher incidence of death as a result of diabetes, coronary heart disease and chronic liver disease, as well as serious psychological distress. This higher rate of disease incidence, however, has not correlated to a higher number of physicians in the area, as the Inland Empire ranks in the lower half of counties in California in number of physicians per capita.

To help overcome these challenges, Prem Reddy, M.D. and others decided to establish CUSM, emphasizing its community-oriented mission and vision. After decades of providing support to educational and healthcare initiatives locally, nationally, and globally, Dr. Reddy founded CUSM to inspire, motivate and empower students to become excellent and caring physicians and leaders. Dr. Reddy, founder of Prime Healthcare Services, Inc. ("PHSI") and Prime Healthcare Foundation, Inc. ("PHF"), believed that the establishment of a medical school could provide a great positive

impact on healthcare, presently and for future generations, by addressing growing health disparities, disease burden, and the regional physician shortage. PHSI is a Delaware corporation and PHF is a Delaware nonprofit, nonstock corporation. Both PHSI and PHF own and operate hospitals across the country with the mission to provide high quality care with compassion, dignity, and respect for every patient. PHF is the sole member of CUSM. PHF has donated \$40 million towards the establishment of CUSM. The Dr. Prem Reddy Family Foundation also has committed \$20 million towards the establishment of CUSM.

CUSM was formed in August 2012 under the name “Eastern California College of Medicine,” which was then amended to “California University of Science and Medicine” in May 2013. Dr. Reddy and other leaders defined as the mission and vision of CUSM to develop and operate a graduate school of medicine to educate future physicians and medical support personnel and conduct medical research in furtherance of the science and art of medicine. CUSM began operations in the spring of 2015 when Robert Suskind, M.D. joined as the School of Medicine’s Founding Dean. Dr. Suskind, who has since retired and currently serves as Dean Emeritus, directed the recruitment of the initial group of faculty and support staff of CUSM. Under the leadership of Dr. Alfred Tenore, the School of Medicine’s Senior Associate Dean of Medical Education from April 2015 to May 2019, the faculty developed an innovative curriculum for the School of Medicine’s M.D. degree program and developed standards and policies for admitting students, hiring faculty, and evaluating the M.D. program. CUSM was accredited by the Liaison Committee on Medical Education (LCME) in 2018 as a private-public partnership, led by Prime Healthcare Foundation, San Bernardino County, City of Colton, and Arrowhead Regional Medical Center (the teaching hospital for CUSM). Following Dr. Tenore’s retirement in May of 2019, Paul Lyons, MD was named Dean and President of CUSM. Some medical schools in the U.S. have post-baccalaureate programs that supplement their M.D. programs. In 2017, CUSM developed its first post-baccalaureate program, the Master’s in Biomedical Sciences program (MBS). The primary goal of the program is to better prepare students for a career in medicine or other healthcare professions, by enhancing students’ academic qualifications to gain acceptance into more advanced healthcare educational programs. In April 2017, CUSM expanded its WASC Senior College and University Commission (“WSCUC”) eligibility to include the MBS program.

CUSM welcomed 36 MBS program students in the summer of 2018. In 2019, the first MBS class graduated at the Claremont Graduate University’s Bridges Auditorium as the new CUSM University campus was under construction and would be finished during the summer of 2020. Approximately 40% of our MBS graduates were accepted into medical schools and most plan to stay at CUSM to pursue a Doctor of Medicine (MD) degree and become part of the second class of medical school students that CUSM will graduate in 2023.

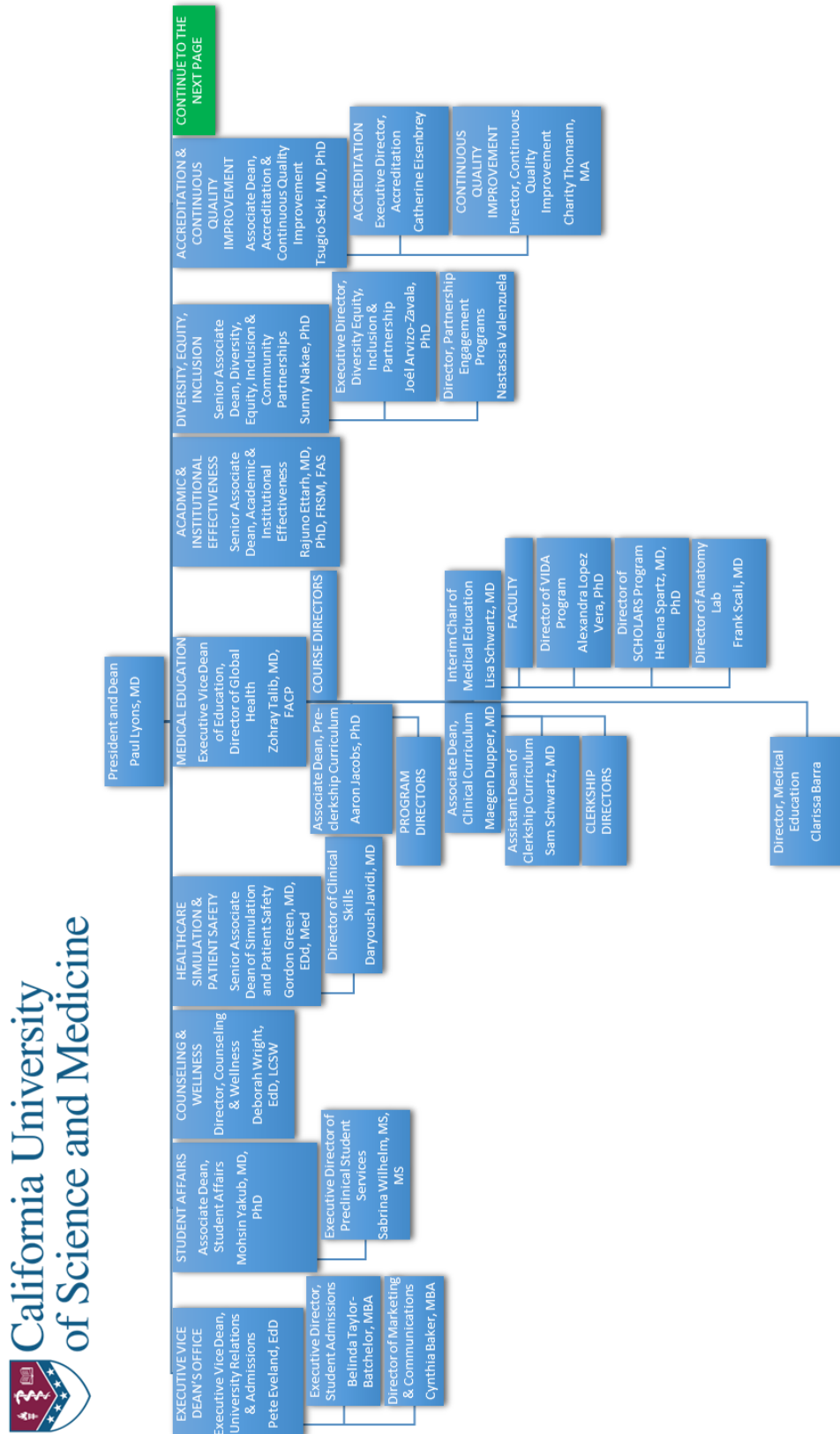
The first cohorts of 64 Doctor of Medicine (M.D.) program students started in July 2018. This inaugural class will be graduating in 2022 at the new CUSM campus, in Colton, CA, which is adjacent to its teaching hospital, the 456-bed Arrowhead Regional Medical Center.

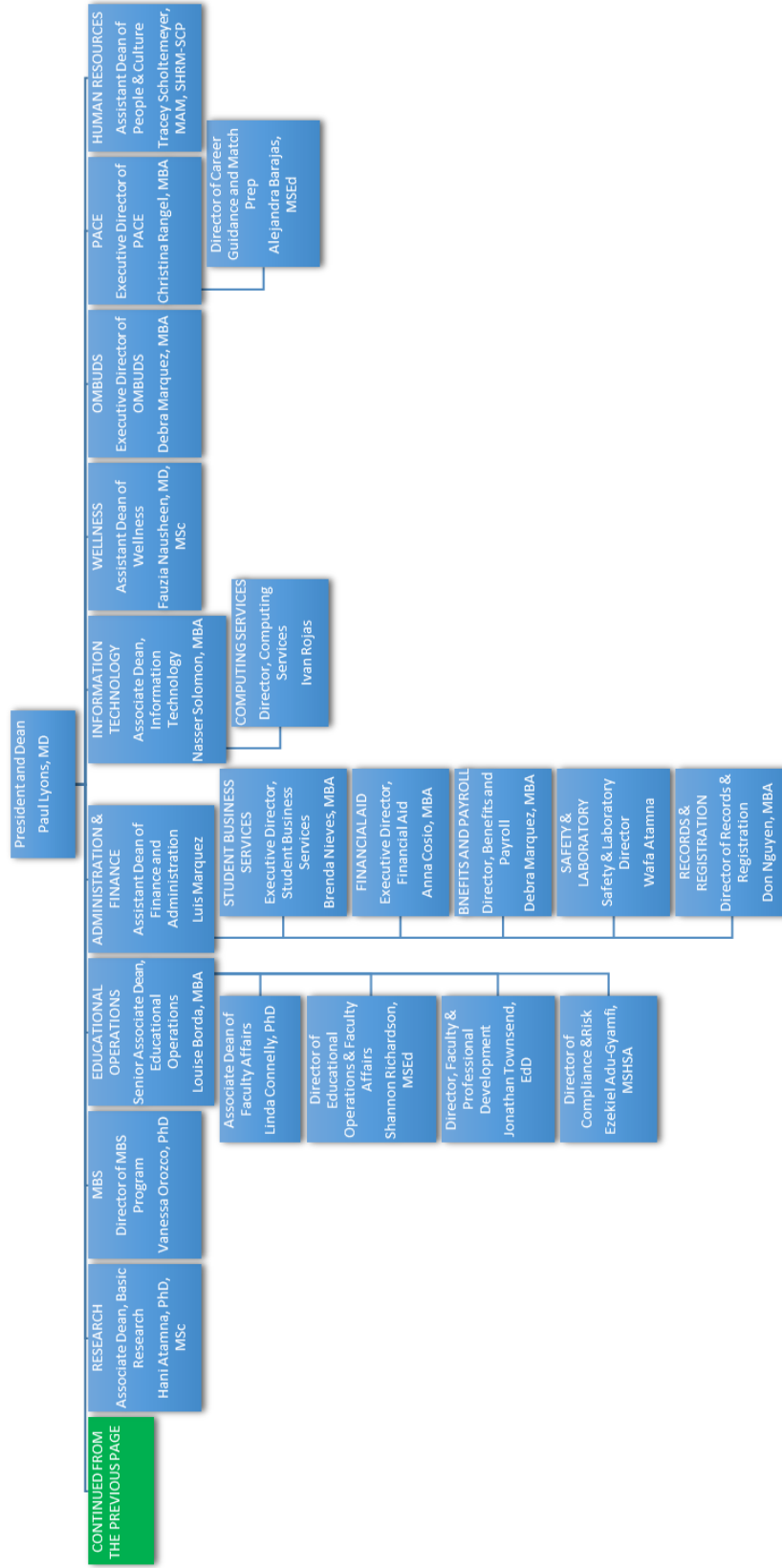
In March 2020, the COVID-19 pandemic affected CUSM to switch gears and begin a virtual approach to learning. CUSM focused exclusively to ensure the safety of our students, staff, and faculty while fulfilling clinical education, and research mission. Leaders quickly developed a comprehensive plan for all core functions including education, student affairs, research, clinical care, and administrative functions. Due to the smooth transition, CUSM graduated the 2nd MBS class on May 22, 2020,

through a successful virtual graduation ceremony, assuring that each student is safe and sound. Several of the MBS students advanced into the CUSM M.D. Class of 2024.

The third-year M.D. students from the charter class started training in the clinical setting to learn in the frontline setting in the summer of 2020. Equipment, training, and testing have been invested to help ensure that students are safe and protected as they advance in their education during the COVID-19 pandemic. First and second-year students have resumed limited in-person instruction for critical hands-on training in safe, secure small group settings during the fall of 2020. This also included appropriate social distancing and personal protective equipment. In July of 2020, CUSM moved into its new 85,000 square foot state of the art medical school building, adjacent to Arrowhead Regional Medical Center.

CUSM Organizational Structure





Campus Address

CUSM/CUSM-SOM Main Campus

California University of Science and Medicine*

1501 Violet Street, Colton, CA 92324

Web: www.cusm.org

Phone: (909) 580-9661

Email: info@cusm.org

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

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

Board of Trustees

Prem Reddy, MD, FACC, 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

Kavitha Reddy Bhatia, MD, MMM, FAAP - Vice Chair of the Board

- Associate Professor in the Department of Medical Education in the CUSM School of Medicine.
- Pediatrician and Fellow of the American Academy of Pediatrics; practiced pediatrics for 10 years in Southern California
- Graduate of UCLA School of Medicine with Honors and Letters of Distinction in Doctoring and Master 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
- President and Chair of the Board of Directors of the Prime Healthcare Foundation, a 501(c)3 public charity; Chief Medical Officer of Strategy, Prime Healthcare, one of the nation's largest health systems, with 46 hospitals in 14 states
- Recognized among the nation's physician leaders earning "100 CMOs to Know" in Becker's Hospital Review in 2020 and "Top Pediatrician" by Top Women in Medicine; recognized among Los Angeles Business Journal's "Top Women Leaders in Healthcare" in 2020 and "Top Doctor" and a "Woman of Influence" in 2021

Patricia Easton, PhD – Member

- Claremont Graduate University Executive Vice President and Provost

- As a professor and researcher, Dr. Easton specializes in the history of modern philosophy. Teaches courses and seminars in early modern philosophy as well as transdisciplinary courses
- BA in Psychology and Philosophy from Glendon College, York University, and MA and PhD in Philosophy from the University of Western Ontario
- Recipient of numerous awards from the Getty Foundation, the CGS/Ford Foundation, and the Mellon Foundation, among others. Easton also directed and edited The Descartes Web Site that features 17th-century French and English editions of Descartes' The Passions of the Soul
- Researches the role of mechanization in developments in medicine and psychology in early modern science

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

Leonard Hernandez, MLIS - Member

- San Bernardino County Chief Executive Officer
- Served as County CEO since 2020; oversees an organization of 42 departments and agencies, more than 25,000 employees, and an annual budget of more than \$7.4B, serving nearly 2.2 million residents
- Served as County Chief Operating Officer and Deputy Executive Officer, overseeing the County Library, Registrar of Voters, The County Museum, County Regional Parks, County Airports and Agriculture/Weights and Measures
- Bachelor's degree in History from California State University, Fullerton and a master's degree in Library and Information Science from Clarion University

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)

Jarrold McNaughton - Member

- Chief Executive Officer of Inland Empire Health Plan, one of the 10 largest Medicaid health plans and the largest not-for-profit Medicare-Medicaid Plan in the U.S.
- Partners with providers, hospitals, and hundreds of community partners to deliver quality care to more than 1.2 million members.
- Served as President of Kettering Medical Center and Executive Vice President of Kettering Health Network in Southwest Ohio which includes eight hospitals, nine emergency departments, many outpatient clinics, and over 11,000 employees
- Served as Vice President at San Joaquin Community Hospital, now Adventist Health Bakersfield, CA
- Assistant Clinical Professor at Loma Linda University and board member for several educational and non-profit agencies
- Fellow of the American College of Healthcare Executives

Dawne Rowe - Member

- Third District Supervisor, San Bernardino County Board of Supervisors
- Appointed to the Board of Supervisors in December 2018. Reelected in March of 2020 and began her first four-year term in December 2020
- In January 2023, selected by colleagues to serve as chair of the board of supervisors for a two-year term
- Served on the Yucca Valley Town Council from 2010 – 2014

Office of Ombuds

Created in 2023, the Office of Ombuds is a resource designated for neutral or impartial dispute resolution with its major function to provide confidential and informal assistance to constituents of the California University of Science and Medicine (CUSM) community, which includes students, staff, faculty, administrators, parents, and visitors.

The Ombuds person serves as a designated neutral 3rd party and is neither an advocate for any individual nor the organization, but rather is an advocate for fairness, who acts as a source of information and referral, and aids in answering individual's questions, and assists in the resolution of concerns and critical situations. In considering any given instance or concern, the point of view of all parties that might be involved are taken into account. This office supplements, but does not replace, the University's existing resources for formal conflict resolution.

Not sure where to go for help? Contact the Ombuds who can provide resources and information.

<https://calmeduorg.sharepoint.com/teams/OfficeofOmbuds>

Debra Marquez, Executive Director, Office of the Ombuds
1501 Violet Street, Colton CA - Room 389

ACCREDITATION

Status of Accreditation by the Western Association of Schools and Colleges

California University of Science and Medicine is accredited by the WASC Senior College and University Commission (WSCUC), 1080 Marina Village Parkway, Suite 500, Alameda, CA 94501, 510.748.9001.

Status of Accreditation by the Liaison Committee on Medical Education

The CUSM-SOM 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 (CUSM-SOM) to receive Preliminary Accreditation in February 2018. This approval allows CUSM-SOM 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

CUSM-SOM is undergoing accreditation review by the LCME. During this review 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 around 1.5 years after provisional accreditation. 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/CUSM-SOM Building

The permanent campus of California University of Science and Medicine (CUSM) is located in Colton, California, adjacent to Arrowhead Regional Medical Center (ARMC). The medical school building includes a >85,000 ft² state-of-the-art facility, which houses the following spaces.

Educational Space

Educational space in the CUSM School of Medicine (CUSM-SOM) building includes two lecture halls (Learning Studios), with a seating capacity of >130 students that can be used for lecture and small group sessions. For the purpose of group study sessions, there are 12 small college classrooms, each with a capacity of 12 students.

Clinical Skills/Simulation Center

The medical school houses a clinical skills and simulation center that is specifically designed to provide dedicated space for learning communication skills, physical examination skills, practical procedures, and practice working as a team. The clinical examination, objective structured clinical examinations (OSCEs), is also administered here. The facility includes 15 examining rooms that are outfitted to duplicate a regular physical examination room. The rooms are equipped to record the student's performance in learning and practicing clinical skills for future reference and review.

The facility has space for medical student encounters with simulated patients known as "standardized patients" who act as patients with specific complaints depending on the scenario provided. They are a recognized part of medical education and are recruited from the community and trained by simulation center faculty. The clinical skills/simulation facility includes 3 briefing rooms for students to meet with the faculty before and after training sessions for instruction and feedback. Four simulation rooms are provided with high- and medium-fidelity simulators simulating different clinical scenarios.

Cadaver and Histology Laboratories

Hands-on teaching and learning of anatomy, histology, radiographic and ultrasonographic imaging, pathology, physiology, immunology, and microbiology takes place in the anatomy laboratories. Dissection-based learning of anatomy takes place in the cadaver labs which has a capacity for 65 students while learning in the other structural-based disciplines takes place in the histology lab which has a capacity for 72 students. The cadaver lab includes an arrangement of 10 dissecting tables around an island and is associated with a preparation room, a refrigerated cold-storage facility for 20 cadavers, a storage room and storage cabinets within the lab. An emergency shower and four eye-wash stations are also located within the lab. Each dissecting table is equipped with state-of-the-art touchscreen monitors as well as online applications and resources for guided and self-directed laboratory sessions. The histology lab is configured in 6 rows of 12 seats and is associated with 2 storage rooms, extensive storage cabinets, and an office for a facility manager.

Biomedical Research Facility

The biomedical science research facility at CUSM consists of:

- More than 3,250 ft² of lab space.
- More than 400 ft² staff/student desk area for students and staff located adjacent to the lab.
- The research facility can accommodate up to 12 principal investigators (PIs) and their research personnel and students.
- Tissue culture facility equipped with top-of-the-line instruments include biosafety hoods, CO₂ incubators, hypoxia chamber, centrifuges, cell counting coulter counter, cryogenic-storage, and microscopes.
- Common research equipment including cold storage, fume hood, water purification system for deionized and ultrapure water, high speed centrifuges, ice maker, shakers, incubators, water baths, gel electrophoresis systems, and analytical balances as well as small basic lab equipment.
- Instruments specifically chosen to enhance research projects in cell biology, molecular biology, protein and nucleic acid chemistry, and biomedical research in general.
- Research support personnel including Laboratory Director, grant writing service through Hanover Research, Grant Manager, Research Administrator, and IT support as well as access to Information Commons.
- Research Office that oversees the research at CUSM-SOM with the support from the Research Committee, Institutional Biosafety Committee (IBC), and the Institutional Review Board (IRB).

Administration Space

The administrative suite is comprised of 65 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, bookshelves, file cabinet drawers, and a computer (PC or Macintosh) with three monitors.

The administrative area also provides 52 cubicles for staff working on site, a reception desk, general storeroom, breakroom, work room, restrooms, and conference room.

Information Commons (Library)

Mission and values

The Information Commons reframes traditional library services within a digital environment to support teaching and learning activities on campus. Actively connecting users with dynamic biomedical information and resources, the Information Commons provides access, encourages discovery and promotes new knowledge to empower and inform our local health care leaders' decisions toward improving patient outcomes.

The Information Commons is located on the first floor of the CUSM education building offering individual and group study seating areas. Wireless connectivity, computer workstations, and a printer are provided.

Services include but are not limited to 24/7/365 reference chat service, research assistance and subject guide advisory, copyright coaching, in-depth research consultation (by appointment), and interlibrary loan through academic partnerships with OCLC WorldShare™ Interlibrary Loan. The CUSM Information Commons is an active member of the National Network of Libraries of Medicine (NNLM), the Association of Academic Health Sciences Libraries (AAHSL), and the Statewide California Electronic Library Consortium (SCELC).

CUSM Information Commons (Library) Facilities

- CUSM has recently increased the size of its Information Commons (library) to 7500 ft² and moved it to the first floor. This replaced the 2500 ft² library on the second floor and represents a substantial increase in study space.
- There have been seven new college rooms added to the second floor for small group meetings and study space for students.
- Computer workstations with access to CUSM portal, internet, and online resources
- Additional seating for individual and small group study
- Wireless connectivity and printing service

Student Study and Storage Space

Student study spaces of various configurations, including the Information Commons, are available after class hours to accommodate students' study needs. Each Learning Community or "College" has an assigned classroom for programmed activities which can also be used for studying after class hours (a total of 12 College classrooms, with seating for at least 12 students per room).

Added study spaces are located outside of the Information Commons:

- 3 large Lecture Halls
- 3 Debriefing Rooms in the Clinical Skills and Simulation Center
- Lounge areas in the lobby area of each floor

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

Computer Hardware and Software

Classroom Presentations: Large classrooms for MD program are equipped with wall mounted 80" displays and projector(s). Instructors 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 have a standard podium mounted gooseneck microphone to be used if needed.

The lecterns are equipped with a Windows computer using wireless keyboard and mouse. It also has additional inputs to allow laptops or mobile devices to project onto the screens via HDMI. Faculty are 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 are made available to the students soon after the class has ended via Canvas link. Videos are available in various resolutions for mobile devices or laptops. Additionally, any recorded presentations are 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 are accomplished by using a secure authentication mechanism known as the WPA2-Enterprise grade wireless network. This security method protects the username and password. In a wireless environment, it also protects the data with network encryption. Classrooms accommodate multiple devices and higher density user scenarios by incorporating the needed access points by location. The Instructional and Information Technology Services (IITS) provides instructions on how to connect to wireless as students need to use their CUSM credentials to login.

Online Textbooks

Online textbook services are contracted to provide required electronic textbooks to CUSM students. All of the e-textbooks have been hyperlinked.

IITS Resources

Students are provided with access to Office 365 tools – Microsoft Word, Excel, PowerPoint, Outlook and others along with online storage. Students use their CUSM Net ID to single sign-on to various tools like ExamSoft (Exam Management System), Canvas (Learning Management System), online library resources (UpToDate, AccessMedicine, etc.). They have a separate login for MedHub which is the Curriculum Management System along with their clerkship program scheduler for their clerkships.

MD Students have two classrooms assigned to them where they have dedicated WiFi access points for all of their digital needs. The podium technology available to faculty in each room includes a desktop computer, ability to connect their laptop, a digital camera projector, two high end 120" projector screens and four 80" LED displays around the classroom. Wireless microphones and cameras for virtual meetings have been added.

Students access the IITS Help Desk team for technical support from 8am-5pm in person on the 3rd floor or can also email to put in a ticket for support.

Additional Educational Resources

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

- Learning Management System.
- Curriculum Management System.
- Audio-visual capture and editing software for creation and delivery of online content.
- Electronic assessment delivery and management software.
- Student response system (web and app-based).
- Audiovisual equipment in classrooms, labs, college rooms and meeting rooms.
- Virtual: anatomy software and videos to accompany each laboratory.
- Cadavers: unembalmed donors for surgical anatomy training.
- Prosections: professionally plastinated/preserved donor specimens with full donor library.
- Virtual/glass slide image bank for histology/pathology.
- High- and medium-fidelity mannequins, task trainers, and ultrasound.
- SimCapture interface to record patient encounters and Objective Structured Clinical Examination (OSCE) for review by students and faculty.

STUDENT SERVICES

Student Affairs Mission Statement

The mission of the CUSM-SOM Office of Student Affairs 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, embracing and promoting diversity, equity, and inclusion of CUSM-SOM students by providing a host of personal, referral, and academic services.

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 managing the application for loans and distribution of scholarships funds, federal financial aid programs, and private loans. The Office of Financial Aid provides general advice on financial aid resources, questions about aid awarded, and assistance with understanding the impact of indebtedness. School email address is 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://students-residents.aamc.org/financial-aid>.

Private Student Loans

Private educational loans are available from commercial lenders at competitive rates. Your current bank or credit union may serve as a good source for student loans. For the most current information, please contact the Office of Financial Aid.

Federal Financial Aid

Students may apply for Federal Financial Aid by submitting a Free Application for Federal Student Aid (FAFSA) through StudentAid.gov. Students are eligible for other financial funding including private loans and scholarships.

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

The Office of Financial Aid provides 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 summarizes 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 does 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 and the status of institutional approval to participate in these programs.

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 are 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 relies solely on the basis of financial need and availability of funds initially.

CUSM offers a limited number of 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 provides 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 summarizes the total educational expenses for each academic year. 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 CUSM-SOM Office of Financial Aid determines each interested student's eligibility for federal, institutional, and outside scholarships and grants. The office acts as the clearinghouse for all tuition charges, fees, credits, and debits placed on the student's account.

CUSM-SOM is searching for other funding sources and working towards creating a scholarship fund for disadvantaged students.

CUSM-SOM makes every effort to limit the cost of tuition increases.

Financial Aid Important Information

1. The federal school code for the Free Application for Federal Student Aid (FAFSA) for CUSM is G42908.
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 the application is available which is October 1st. Late filers or an incomplete application can delay loan processing and could result in ineligibility.

CUSM has obtained the eligibility to participate in federal and state financial aid programs:

1. To apply for financial aid at CUSM, the student must complete the Free Application for Federal Student Aid <https://studentaid.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 determines 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]" 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 available which is October 1st each year.
5. To be considered for CUSM scholarships, the FAFSA must be submitted no later than 30 days before the start date.
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 is published in each program's student handbook.
2. Be a US citizen or 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 is 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, 1501 Violet Street, Colton, CA 92324
Hours: Mon. - Fri. 9 a.m. - 5 p.m.
Tel: 909-490-4571

Tuition Refund Schedule/Policy

CUSM follows the State of California's Bureau for Private Postsecondary Education (BPPE) refund policy, in which the student has the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. In CUSM, the first class session takes place on the first day of the first semester. Therefore, 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. In this case, the late payment fee will also be waived/refunded.

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 Student Catalog/Handbook. The Effective Withdrawal Date is the actual date that the student meets and completes all of the requirements of the CUSM withdrawal policy, which include:

1. Submitting a written notice of withdrawal to the Registrar
2. Returning all University equipment and property to the Registrar

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

Institutional and Title IV Refund Policies

Non-Title IV Drop Calculation

1. Students who have completed 60% or less of any semester could be eligible for a pro-rata refund less any private loans, or non-refundable fees. The pro-rata charge 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. If a student is eligible for a refund, the refund will be made within 45 days of the Effective Withdrawal Date (EWD). If the student has received a private loan, the student is entitled to a refund of money not paid from private loans.

Title IV Drop Calculation

1. An FSA drop calculation is completed to determine if the student has earned or unearned portions of Title IV funds as of the EWD. This is based on the amount of time the student spent in attendance up through the 60% point in each payment period. A pro rata schedule is used (based on number of days student attended divided by the number of days in the semester) to determine the amount of Title IV funds the student has earned at the time of withdrawal. After the 60% point in the payment period, a student has earned 100% of the Title IV funds he or she was scheduled to receive during the period.
2. If a student is eligible for a refund, the refund will be made within 14 days of the EWD. If the student has received federal student financial aid funds, the funds will be returned as such: Unsubsidized loan, then GradPlus loan, etc.
3. Once a student has ceases enrollment at CUSM any unearned or pre-disbursed Title IV funds will be returned to the proper Title IV fund source within 14 days.
4. A student may be eligible for post withdrawal disbursement if they drop and are still in the verification process.

If the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds. In this case, a drop calculation will be performed to determine return of 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 does 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 is not 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 Office of Student Affairs, specifically, the Executive Director of Preclinical Student Services. This office provides academic support services to students with temporary or permanent disabilities. Both prospective and current CUSM students are encouraged to contact this office early in their educational program. This office also provides information on policies and processes necessary to grant accommodations.

Students requiring accommodations must first contact the Executive Director of Preclinical Student Services. In order to provide accommodations promptly, the student must notify the Executive Director at least 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 must be included. This documentation must not be more than four-years-old. If it is, the student will be required to obtain a current evaluation and recommendation. The Director of Academic Skills and Career Advising determines eligibility and appropriate services based on the documentation submitted. This information is conveyed to the Office of Assessment, who work 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 must 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 must 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) is 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. Contact via email the Executive Director of Preclinical Student Services at StudentAffairs@cusm.org or via phone (909) 490-5928 with request
2. Submit documentation to office of ASCA to be reviewed*†
3. Submit Letter of Acceptance of Academic Accommodations
4. Complete Accommodated Exam Request Form

5. Office of Assessment will be notified and will coordinate accommodations and informs faculty with a need to know
6. Confirm accommodations date, time, and location
 - * 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.
 - † 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 24/7/365 help with not only confidential personal counselors available by phone, face to face, or virtual appointment. Some of the areas covered in session include, but not limited to, the following:

- Academic stress and pressure
- Body image and eating disorders
- Childcare 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 at:

1-800-633-3353. 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 that you obtain access to the most appropriate provider for your needs. For more information, please visit: <https://www.mygroup.com/portal/student/>.

Tutoring Services

Peer tutoring at California University of Science and Medicine comes at no cost to students attending the University. Tutoring assistance can be utilized in many academic subjects at the University. The purpose of our tutoring services is to enhance our students' academic success through collaborative supportive peer tutoring sessions.

All tutors must be in good academic standing and with no professional conduct issues. Tutors must possess good communication skills, a positive outlook, patience, and the ability to work independently.

All Peer Tutors desire to:

- Provide individual attention and assistance for students experiencing academic difficulty in a class or those who just want to improve.
- Empower students to become independent learners by helping them develop study skills such as note-taking, time management, and test-taking skills.
- Encourage students to take responsibility for their own education.
- Help and support all students. This includes those with academic accommodations, non-traditional aged students, and others.
- Assist professors by providing individual attention for students who may need it.

For more information on Peer Tutoring, please see the corresponding site content of Canvas.

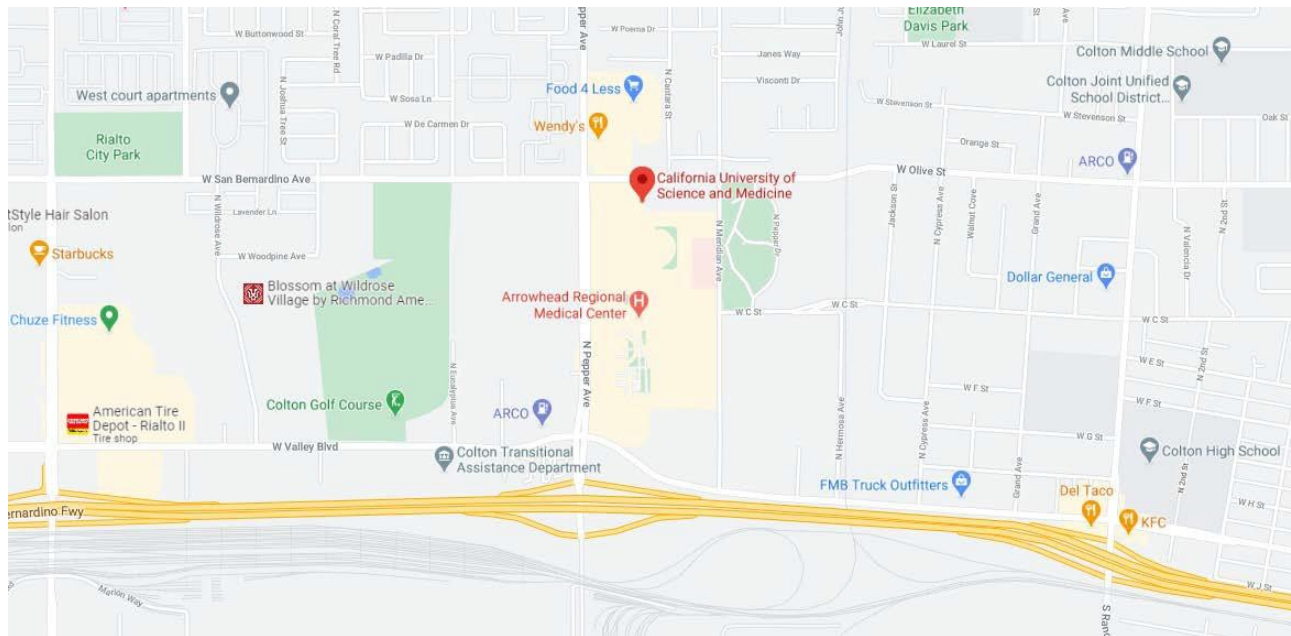
Student Housing

(This section is under revision as of July 2023 and will be updated later.)

CUSM does not provide student housing at this time. There are several rental properties (20+ apartment complexes) available near our university located at 1501 Violet Street, Colton, CA 92324. Rent for one- and two-bedroom apartments in the CUSM area generally range between \$1,388 to \$2,069 a month. The average rent of one- and two-bedroom apartment is \$1,645 and 1,780 respectively. We regret that CUSM is unable to assist students in obtaining housing and assumes no responsibility to find or assist students in obtaining housing. Sites such as rent.com may be helpful to you for a search of current properties available for rent. Students also utilize class Facebook pages to find roommates when needed. Students are also encouraged to check with local law enforcement agencies for information on areas where high levels of crime occur.

Student Housing Resources Guide

Housing in the community surrounding CUSM offers many rental opportunities in varying price ranges. The following resources can help you with your search for accommodations, roommates and/or advertising.



Cities within 20 miles

- Beaumont
- Colton
- Fontana
- Highland
- Jurupa Valley
- Loma Linda
- Moreno Valley
- Ontario
- Rancho Cucamonga
- Redlands
- Rialto
- Riverside
- San Bernardino

Rental Sites

- Apartmentfinder.com
- Apartmentlist.com
- Apartments.com
- Forrent.com
- Hotpads.com
- Livelovely.com
- Padmapper.com
- Realtor.com
- Rent.com
- Rentals.com
- Rentcafe.com
- Rentdigs.com
- Trulia.com
- Zillow.com
- Zumper.com

Roommate Finder Sites

- Kangaroom.com
- Roomgo.net
- Roomies
- Roomates.com
- Roomster.com
- Studentrent.com

Rent trends in the Inland Empire

The average size for an Inland Empire, CA apartment is 862 square feet, but this number varies greatly depending on apartment type. Studio apartments are the smallest and most affordable, 1-bedroom apartments are closer to the average, while 2-bedroom apartments and 3-bedroom apartments offer a more generous square footage. The average rent for 1- and 2-bedroom apartments in nearby cities are listed below.

**Via
Rentometer.com**

1- bedroom apartments in San Bernardino rent for \$1,189 a month on average
2- bedroom apartments in San Bernardino rent for \$1,372 a month on average

1- bedroom apartments in Redlands rent for \$1,609 a month on average
2- bedroom apartments in San Bernardino rent for \$2,099 a month on average

1- bedroom apartments in Loma Linda rent for \$1,434 a month on average
2- bedroom apartments in Loma Linda rent for \$1,709 a month on average

Via rentjungle.com

Apartment Complexes within 10 miles of CUSM

1333 Canyon Apartment Homes
1333 Reche Canyon Road Colton, CA 92324
909-370-2841
<https://www.1333canyon.com/>

Ascot Park Apartments
1422 9th Street
San Bernardino, CA 92410909-884-5575
<http://www.ascotparkapartment.com/>

Berkdale Apartments
1234 West Blaine StreetRiverside, CA 92507
951-686-0160
<https://www.berkdaleapartments.com/>

The Glen Apartments (Fully-Furnished***)
1831 W. Northpark Blvd. San Bernardino, CA 92407909-453-4097
<https://www.livetheglen.com/apartments/available>

Quailpointe Apartments
1651 Riverside Avenue
Rialto, CA 92376
909-219-9095
<https://www.apartments.com/quailpointe-apartments-rialto-ca/tklgjdb/>

Sierra Vista Apartment Homes
10558 Mountain View AvenueRedlands, CA 92373
909-796-8507
<http://www.sierravistaapts.net/>

The District @ Grand Terrace Apartment Homes

1316 South Meadow Lane

Colton, CA 92324

909-327-2775

<https://www.districtatgrandterrace.com/>

University Palms

25356 Cole Street Loma Linda, CA 92354442-222-8088

<https://www.upalms.com/>

Rental Listings within 10 miles of CUSM

<https://www.apartmentfinder.com/California/San-Bernardino-Apartments/Loma-Vista-Apartments> <https://www.forrent.com/ca/highland/raintree-apartments/2jf4rmc>
<https://hotpads.com/10960-campus-st-loma-linda-ca-92354-ttuabt/6/pad?lat=34.0474&lon=-117.2487&price=850-1600&z=14>
<https://livelovely.com/properties/1245-north-mount-vernon-avenue-colton-ca-92324?lid=33346601>
<https://www.realtor.com/realestateandhomes-detail/2770-Atlanta-Ave-Riverside-CA-92507-M15071-99386#photo4>
<https://www.realtor.com/realestateandhomes-detail/160-N-Linden-Ave-Rialto-CA-92376-M29989-75638#photo9>
<https://www.rent.com/california/san-bernardino-apartments/greentree-gardens-4-23395771>
<https://rentals.com/California/Colton/lv149923476/>
<https://www.rentcafe.com/apartments/ca/san-bernardino/siena-apartments/default.aspx>
<https://www.zumper.com/apartment-buildings/p49342/las-brisas-apartments-colton-ca>
<https://www.udr.com/inland-empire-apartments/rancho-cucamonga/verano-at-rancho-cucamonga-town-square/apartments-pricing/>

Parking and Public Transportation

Parking is 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 in good academic standing.

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 bylaws as well as applicable University policies and procedures. If there is a conflict between the RSO's bylaws and the University's policies and procedures, the latter shall have precedence. Each RSO is accountable for the actions of members representing the organization.

RSO officers and representatives are individually responsible for ensuring all active members meet University and organization requirements.

Organizations which restrict membership based on race, color, religion, age, sex, gender, national origin, handicap, sexual orientation, status as Disabled Veteran, or Vietnam era veteran, shall not be allowed registered student organization status nor permitted to meet on the CUSM campus or use its resources.

New Student Organization Registration Process

- Step 1: Meet with the Associate Dean of Student Affairs (ADSA) to go over the requirements and expectations for new organizations.
- Step 2: Poll the students to find the amount of interest in the proposed group. There must be 8 or more interested students to continue.
- Step 3: Call a meeting with interested students and complete the bylaws. The template is provided by the ADSA. Upon completion, return the bylaws draft to the ADSA for review. If the RSO receives final approval of bylaws by the ADSA, it is now considered a CUSM RSO. Any further proposed revisions of the bylaws must be approved by the ADSA.

Organization Registration Requirements

The following requirements must be met for organizations to register through Student Affairs:

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 with the assistance of a faculty advisor (Faculty advisors do not have approval role in utilizing RSO funds. You MUST receive approval from ADSA before purchasing any items with the RSO funds).
3. Funds shall not be used to supply meals for group meetings. If approved per ADSA, the organization is allowed 40% of funds for meals.
4. RSO membership is limited to students currently enrolled and in good academic standing.
5. Naming RSO: The following guidelines shall be followed for creation of a name:
 - The use of California University of Science and Medicine or CUSM in the name is not permitted, except in the manners described below.
 - 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.

6. Student groups may not register with the Office of Student Affairs if they intend to sell, distribute, market, or advertise goods or services on behalf of any off-campus commercial entity or affiliate.
7. All RSO's are required to submit an "End Of the Year" report with their use of RSO funds spent throughout the year. There will be no rollover of the funds. All organizations will start from zero every fiscal year (July 1st).

Responsibilities of Registered Student Organizations

1. Registered student organizations (RSOs) are responsible for conducting their affairs in a manner consistent with applicable University rules and regulations. RSOs will be held accountable for any action/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 are responsible for knowing and following CUSM rules, regulations, and policies.
4. The RSO board shall promptly notify Student Affairs of any changes in the organization's office or representatives, addresses, or constitution. Failure to notify the Office of Student Affairs of such changes will affect the degree of service that can be provided to the RSO.
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 may not be used for private/commercial purposes such as sales, advertising, or promotional activities unless they serve an educational purpose. Therefore, student groups may not register with the OSA if they intend to sell, distribute, market, or advertise goods or services on behalf of any off-campus commercial entity or affiliate.
7. All RSOs must complete a mid-point check (located on Canvas/RSO), by December 15th and complete an End of Year Annual Report (form located on Canvas/RSO) by May 24th detailing their activities and expenses for the current academic year.

Risk and Liability

Some registered student organizations (RSOs) 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. Please discuss with the Business Office to determine the type of insurance and aid in purchasing.

Activities taking place on campus are evaluated on a case-by-case basis. RSOs may need to buy liability insurance if it is decided that a campus event involves some degree of risk or liability.

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 Business Office is required.

2. The Business Office reviews 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 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 needed to create or renew an email/web account.

Registered Users (RUs)

1. The Registered Users (RUs) are currently registered students 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 registered users' information.
3. The RUs agree to handle the proper use of the account according to CUSM Information Technology Policies.
4. The RUs are notified via email with all the 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 can contact the Office of Student Affairs or CUSM IITS about 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 policies. By setting up 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 to involve University faculty or staff as

advisers to their organizations. Registered student organizations are also encouraged to affiliate with related departments. Students must, however, always control the organization.

Policy on Registered Student Organization Finances

As a matter of course, as new Registered Student Organizations (RSOs) are approved, they receive up to \$1,000 dollars to fund various projects that contribute to the professional development of the membership, are service-oriented, or are related to procedurally connected activities (such as suturing, etc.). The recurrence of these funds is not guaranteed, and the school reserves the right to decrease the amount of funding as believed appropriate. RSOs are strongly encouraged to create a budget at the beginning of the academic year to ensure they have enough funds to carry out the group's professional development goals.

RSOs are allowed to use up to 40% of their yearly funds to aid for meals if approved per the Associate Dean of Student Affairs. These funds must not be used for members' general meetings; these events must be open to the whole student body. Funds are not allowed to be spent on alcohol; or anything that could not be reasonably be justified by an average person as contributing to the professional development of the membership in the context of the mission of the RSOs. Non-single use items bought for procedurally connected activities are still the property of CUSM and must be available for other group members in the later years. RSO funds are not to be used for purchasing CUSM paraphernalia, t-shirts, food, travel, or lodging. Conference registration may be considered with ADSA approval.

End-of-year reporting requirement

Prior to the end of each academic year, it is the responsibility of the RSO's Treasurer to give an end-of-year report to the Office of Student Affairs that gives an accounting of the following:

1. Number of meetings held.
2. Names of active members.
3. Activities and services supplied.
4. Expense report that shows how the funds were spent.

The leftover funds remaining will not rollover to the following fiscal year.

Budget Guidelines

To remain active, Registered Student Organizations (RSOs) must meet a minimum of twice a semester. By the second meeting, the RSO must get a budget approved by the voting members of the RSO. The budget needs to be balanced. RSOs are not allowed to have a negative.

All events must support the mission of the RSO. An RSO must provide the details of the events envisioned as well as the budget information for those activities.

Events must be initiated, led, and implemented by the RSO officers in consultation with the Office of Student Affairs and RSO advisor. Events must be targeted towards CUSM students. The sponsoring RSO must demonstrate enough resources to successfully plan and run the event prior to its occurrence.

Decision-Making Procedures

Major decisions, defined as those involving the expenditures of two hundred dollars (\$200) or more of the Registered Student Organizations (RSO)'s budget, correspondence with groups or significant individuals (invited guests) outside CUSM, planning for special or large-scale events, or a decision equivalent in magnitude or scope to the previous examples, all require group decision making procedures.

All meetings where major decisions are made shall be announced one week prior to discussion and voting. All votes on major decisions require a quorum which is defined as 50% of all voting members. Major decisions are published to all RSO members, the advisor, and OSA within one week of approval.

Travel policies

Registered Student Organizations (RSOs) may choose to travel domestically or internationally as part of their RSO's activities. The Office of Student Affairs will advise the RSO on best practices to ensure the safety and well-being of all participants. The travel will require prior approval by the RSO President, Treasurer, Advisor and Associate Dean of Student Affairs.

Registered Student Organizations: Requests to Create a 501c3 Non-Profit Organization

1. Each request will be reviewed on a case-by-case basis.
2. If a club submits a plan that their activity is recurrent and sizable, then CUSM will approve that club for establishing a 501c3 and a corresponding bank account, given:
 - a. The 501c3 could not carry the name of CUSM.
 - b. CUSM has no legal connection in any form to the club.
 - c. The bank account would be completely independent of CUSM.
 - d. CUSM could transfer some or all of the \$1,000 to the account if deemed necessary by the Office of Student Affairs.
 - e. The club would submit activity reports to the Office of Student Affairs on monies spent.
3. The organization can use their \$1,000 towards legal fees to set up the 501c3.
4. CUSM would sign an affiliation agreement to collaborate with the new entity, like any other external institution.
5. CUSM will help the RSO, by sharing information on its platforms, in fundraising, but it would be as "CUSM students raising funds for ..."

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 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 by the RSO's leadership.
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 procedures.
8. If the activity involves working with a charitable organization, a letter of acceptance or acknowledgment of the activity is required from the charity.

There are several ways to raise funds on campus including:

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 to support the mission of the RSO by selling goods or services to members of the campus community.
4. Raise funds by having event/program 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. Admission fee for student programs/events (benefit dinner, talent competition, etc.).
5. Pre-packaged items (candy, gum).
6. Resale of items (silent auction, "Garage" sale, etc.) donated to the organization.

Approval Process for Fundraisers

1. **RSO Officer:** Meet with the Associate Dean of Student Affairs at least thirty days in advance before the fundraiser to review the fundraising proposal along with relevant University policies and procedures.
2. If approved, a copy of the signed permit must be at the site of the sale or fundraising activity.
3. **RSO Officer:** After the activity is completed, meet with the ADSA, and submit a written report with any necessary documentation.

RSO Charitable Fundraisers

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

Food Sales at RSO Events

The sale of food not commercially prepared and wrapped requires clearance from OSA. RSOs planning to sell items are responsible for obtaining the appropriate city and state businesses 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).

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.

Distribution of Handbills, Leaflets, and Similar Materials

Please see the related policy in the CAMPUS POLICIES section below.

Expenses and Reimbursement

Registered Student Organizations (RSOs) may use their funding to create programs that address an academic need at CUSM. All programming must support the mission of the RSO.

RSOs must designate one person to be the officer responsible for budgeting, finance, and reimbursements, and to manage all RSO expenses, for example, the Treasurer. The RSO should designate another officer to be second signature or back up for the first officer, for example, President.

Students must never incur expenses without clear confirmation that the expense is reimbursable and compliant with CUSM financial procedures.

Students planning an event expected to total more than \$200 are required to meet with the Office of Student Affairs (OSA). This can provide OSA with some guidance if the RSO might need assistance with the event.

There are several ways the RSO can pay from its budget:

1. Internal payments.

2. External payment to a vendor via the Business Office. The RSO facilitates the transaction by providing the approval for the expense and vendor information to the OSA.
3. Reimbursement for out-of-pocket expenses from itemized receipts. Contact StudentAffairs@cusm.org and fill out the Expense Reimbursement Form.

Payment to External Vendors:

RSO may use outside vendors to pay for goods or services. RSO can contact the Finance department for assistance with vendor information. There are two ways to pay an external vendor:

1. Vendors bill CUSM directly for supplies and services provided. The RSO will work with the Finance Department to obtain the necessary documents to process a check. The Finance Department will need all appropriate documents to process a check. Missing one or more documents can slow the process down.
2. CUSM's preference is to pay with check for all vendors. If a vendor only accepts a credit card, RSO will work with the Finance Department to process payment. RSO will need to obtain invoices to make payments with credit card. Once the service/goods are received, provide the Finance Department with the original receipt.

Reimbursement process

To be reimbursed for out-of-pocket expenses from receipts, the officer responsible for budgeting, finance, and reimbursements must be set up as a vendor in CUSM's accounting system. For the first time, the officer is asked to provide his/her phone number and address on the reimbursement form.

Once a purchase is made, submit to the Finance Department:

1. Reimbursement Request Form – make sure to include an explanation for the expense(s). Who, what, where when and why the expense(s) occurred. Itemized receipts are required.

Examples of Generally Allowable Expenses for RSOs include:

- Media services expenses and fees.
- Modest travel expense for guest speakers.
- Dues or fees for professional organizations for the RSO. Individual memberships must get prior approval from the Associate Dean of Student Affairs.
- Conference fees for the RSO memberships. This must have prior approval from the Associate Dean of Student Affairs.
- Non-single use items purchased for procedurally connected activities remain the property of CUSM and must be available for other group members in the subsequent years.

Examples of Generally Disallowed Expenses:

- Catering.
- Meals.
- Alcohol.
- Computer equipment and software, unless approved by the Information and Instructional Technology Service (IITS) department prior to purchase.

- Expenses without original or itemized receipts.
- Extraordinary transportation or accommodation expenses for speakers (no car or limousine rental, hotel phone charges, first class or overseas accommodations or flights).
- Gift cards and gift certificates. Gifts for guest speakers over \$25.
- Honoraria or speaker fees. Invited speakers are not paid a fee.
- Individual movies, theater, or sporting event tickets.
- Personal expenditures on behalf of one or more members of the RSO or outside parties.
- Transportation, meals, and lodging for political candidates or work on behalf of a political candidate.
- Anything that could not be reasonably justified by an average person as contributing to the professional development of the membership in the context of the mission of the RSOs.

Guest Speaker Expenses

While CUSM encourages the RSOs to invite guest speakers to their events, RSO may not pay honoraria or speaker fee. On occasion, speakers may be reimbursed for travel. Due to tax implications, RSOs are prohibited from giving gift cards and any gifts totaling more than \$25. Please check with the Finance Department and/or Office of Student Affairs before inviting a speaker.

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.

Registered student organizations whose members participate in hazing activities are 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.

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 guarantee that the educational objectives of the University are not obscured, the President, in cases attended by extreme emotional feelings, 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 are reviewed by the Associate Dean of Student Affairs for CUSM. If issues of campus safety arise from the appearance of a guest speaker, the event may be cancelled at the President's discretion.

CONDUCT AND DISCIPLINE

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

Alleged violations of this Handbook by an RSO are adjudicated primarily by the Office of Student Affairs (OSA), or in the case of individual students; the matter is referred to the Student Academic Standards and Promotion (SASaP) Committee or Student Honor Council at the discretion of the ADSA.

In attempting to resolve any infractions, the primary intent of the accountability process is to educate members of the RSO, while holding the members accountable for any violations allegedly committed. Furthermore, it is the desire of the OSA 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 OSA 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 is 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. RSOs must submit their Annual End of Year Report to the OSA before the end of the academic year to maintain good standing. Those who don't will be in danger of being placed on probation or lose their standing as an RSO.

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 OSA. 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 a violation may result in the loss of some or all privileges such as the use of facilities, use of office space, etc. As a condition of probation, an RSO may be required to comply with 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 Finance.
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/Removal: 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.

The ADSA may, for egregious violation of University or SOM policies, remove an RSO from being able to function within the CUSM community. An organization which has had its registration suspended may apply for reinstatement after the term of suspension is completed. Petitions for reinstatement are to be submitted to the OSA.

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.

How to Replace a Lost or Damaged Access ID Badge

1. If you need to replace your ID badge, come at your convenience to the Front Desk of the University to obtain a Badge Replacement Form.
2. Before submitting your form, please see the Student Business Services Coordinator to pay a fee of \$20.00.
 - a. Methods of Payment
 - i. Check – Made payable to California University of Science and Medicine
 - ii. Cash
3. Once you submit your request to the front desk, the Instructional and Information Technology Services Office will notify you via e-mail when your ID is ready for pick-up at the Security Desk on the first floor.

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. All room scheduling requests must be sent to Medical Education Coordinator Lauren Blakenship at blankenshipl@cusm.org.

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 instructions to request the use of a student's personal insurance coverage rather than purchasing the student health insurance plan selected by the University (i.e., waiver) are provided during the matriculation/orientation process. Waivers are required every year regardless of if one is already on file from the previous year. The waiver submission deadline is July 15th, for students to submit their waiver requests if they choose to use personal insurance coverage instead of purchasing the

university's health insurance plan. The coverage confirmation deadline is July 30th, by which students must provide evidence of existing coverage that meets the minimum requirements described below. 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, CUSM works 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. A comprehensive list of nearby hospitals with emergency departments, urgent care centers, mental health facilities, sexual assault services, substance abuse resources, and National Hotline Numbers is accessible to students on Canvas.
- 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 before the termination date and submit a termination letter to the student affairs (studentaffairs@cusm.org) 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 described above.

Wellness and Fitness Facilities

The CUSM/CUSM-SOM building contains a fitness and wellness center, which is available to students 24/7. This on-campus facility offers a variety of equipment including (treadmill, bicycle, rowing, elliptical, and stepper). In addition, there are several fitness facilities within close proximity to the campus.

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 encourages 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 is implemented. The same technology also allows 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 providing their own reliable means of transportation to travel to and from their educational sites. During their travel to and from educational sites, students bear sole liability for any incidents that may occur. To comply with this policy, students must adhere to the following guidelines:

- **Automobile liability insurance:** Students must carry automobile liability insurance for their vehicles, meeting at least the minimum coverage requirements of the state in which the vehicle is registered.
- **Proof of insurance:** Students are required to carry proof of insurance coverage in their vehicle at all times while traveling to and from rotation sites.
- **University non-liability:** Students understand, agree, and acknowledge that the University bears no responsibility for any incidents that occur during their travel to and from educational sites. Therefore, students assume full liability for their own transportation-related matters.

By agreeing to comply with the University transportation policy, students accept these conditions and acknowledge their responsibility to ensure their own transportation arrangements and insurance coverage.

Career Counseling

CUSM does not provide a specific job placement service. The CUSM-SOM Office of Student Affairs, specifically the Executive Director of Preclinical Student Services, provides services and assistance to successful program graduates in representing their qualifications for appropriate and applicable professional positions until graduation.

STUDENT ACADEMIC RECORDS POLICIES

Custodian of Records

Name: Don Nguyen, MBA, Director of Records and Registration

Email Address: Registrar@cusm.org

Physical Address: 1501 Violet Street, Colton, CA 92324

City: Colton

State: California

Zip: 92324

Telephone Number: 909-580-9661

Location of Records

California University of Science and Medicine (CUSM)

Physical Address: 1501 Violet Street, Colton, CA 92324

Telephone Number: 909-580-9661

Student Records

CUSM student records include all records created and received to support the educational, research and administrative activities of the university. They may be paper originals or copies or electronic files. Records generated as an electronic mail (as an e-mail or attachments) are retained as either paper copies or stored on electronic media with appropriate storage.

CUSM uses RADIX as one of their Document Management System. RADIX is a hosted storage system. which allows us to capture and store and manage student information. RADIX has a partnership with our EMPOWER Student Information System, where information is integrated. RADIX is compliant with FERPA, HIPAA, IRS, DOE, DOS, and more.

Student Educational Records

CUSM maintains 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 have a permanent, confidential student record.

Academic File

Academic data elements:

College Faculty name; Faculty Advisor 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:

A student file must be maintained for each student who enrolls, whether or not the student completes the program.

Admissions Files (records that are relevant to student's qualifications for admission):

- Application form
- Supplemental forms
- Bachelor's degree transcript
- Acceptance letters
- Medical College Admission Test scores
- Student Performance Fact Sheet, as applicable

Academic File (Registrar):

- Complete transcript of grades at CUSM
- Course, clerkship, elective, and other evaluations
- National board scores
- Shelf scores
- Internal correspondence relating to academic matters, including student request emails for enrollment verification, unofficial transcripts, jury duty postponement requests, and other student request via email or letter
- Student personal information
- Copies of enrollment documents signed by the student
- Records of dates of enrollment, withdrawal, leave of absence, and graduation

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. An exception will be made to the matter of unfulfilled financial obligations where the official transcript will be processed in accordance with the California Assembly Bill, AB-1313.

All financial obligations must be satisfied before a student can register for another term and continue their studies and/or research. Students with holds are not 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. Electronic transcripts and verifications are PDF documents produced by the Registrar's office. The documents are secured with a digital certificate/signature that ensures authenticity and security. As soon as CUSM-SOM fulfills your order, the document is released to the recipient electronically via Parchment Services. The recipient is notified by e-mail to download the electronic PDF document from our secure website.

Paper transcripts and enrollment/degree verifications are fulfilled within 1-3 business days by CUSM Student Affairs staff and delivered via the US Postal Service unless otherwise requested. CUSM will **not** release an official transcript without your written consent and signature. Note: Official transcripts will not be distributed by fax.

This site employs the highest levels of security and encryption and complies with all requirements of FERPA (Family Educational Rights and Privacy Act).

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 are maintained in the online electronic student information system (EMPOWER) and institutional data warehouse hosted on the Microsoft Azure Cloud system. Hard copies of the records are placed in fire-resistant cabinets in a secure area of the Office of Student Affairs that has been constructed to follow the requirements of the accrediting agencies, such as LCME and WASC. Electronic backup of all academic records occurs in an off-site location.

Student Academic Schedules, Grades, and Verification Requests

The Registrar's Office is responsible for the registration of students and the management of their academic schedules and grades. All requests for verifications of enrollment, verification of academic standing, transcript, USMLE applications; and graduated student requests are processed

through this office. Request forms are available at the Registrar's Office or on the Canvas Student Portal.

Registration Process

CUSM-SOM has opted to have the Registrar's Office batch register students in the required courses each semester for the MD and MBS programs. Batch registration is the most efficient and organized way to register and enroll a large group of students into courses. No registration on the student's part is required. The goal of this process is to ensure that all students are registered in all classes and tuition is posted 30 days prior to the class start. Although students in our programs do not register themselves for classes, they should still consult the EMPOWER SIS to confirm the accuracy of their registration.

Final Enrollment Requirements

Course registration alone does not guarantee enrollment; nor does course registration alone guarantee the right to participate in a class. Registration is complete once all requirements are met.

- **New students** must meet the matriculation requirements as stated on the new student checklist.
- **Continuing students** must address registration holds (e.g., missing transcripts, missing or out-of-date immunizations, financial hold, billing hold, incomplete mandatory trainings). Students with registration holds will be notified by the appropriate department.

Withdrawal or Leave of Absence

If a student does not intend to register, please contact the Office of the Registrar to complete the appropriate form and process to document your leave of absence or withdrawal.

Application for Graduation

Each student must complete a Graduation Application form during his/her final semester with the Registrar's Office. The degree of Doctor of Medicine is conferred by the Registrar upon students who satisfactorily complete the following requirements listed

Student Health Information

The following student health information is 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, the Dean of the student's school, and the Office of the Registrar. The information kept in this file is 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 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 are 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

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

Student federal financial aid program records are maintained as provided by federal law within the Office of Financial Aid. Data is used in the manner prescribed by federal, state, and local laws and that follows strict University policies regarding privacy and data handling. Specifically, the student financial record is 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 are kept in the fire-resistant cabinets in a secure area of the financial aid office.

Student Record Retention

It is the policy of California University of Science and Medicine to adhere to the Family Educational Rights and Privacy Act (also known as FERPA or the Buckley Amendment). Students' directory and education records fall under the purview of FERPA. Educational records include those records which contain information directly related to a student and which are maintained as official working files by the University.

In accordance with the Association of American Medical Colleges (AAMC) Guidelines for Maintaining Active and Permanent Individual Student Records, CUSM-SOM student educational records are to be retained for an indefinite or a specific period of time depending on the nature of the subset of documents.

- Guidelines for Maintaining Active and Permanent Individual Student Records in the Registrar's Office AAMC Group on Student Affairs Committee on Student Records (2015) <https://www.aamc.org/system/files/c/2/448950-guidelinesformaintainingactiveandpermanent.pdf>

Retention of Transcripts and Diplomas

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 are 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 Leadership Council has approved 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. Executive Vice Dean of Education
3. Administrative dean for assessment (MD program only)
4. Administrative dean for student affairs
5. Director of Academic Skills and Career Advising
6. Administrative staff members who manage and process individual student schedules, exams, surveys, evaluations, and grades
7. Faculty Advisors (only their advisees)
8. Registrar for the School of Medicine and their administrative staff members who create and update student grade reports, including transcripts and Medical Student Performance Evaluation (MSPE)
9. University Registrar (when appointed)
10. Program Director of the MBS Program (MBS program only)
11. Assistant Director of Data Management and Administration
12. Administrative staff members who have accreditation and regulatory compliance needs to handle student information
13. Senior Executive Director PACE
14. Director of Career Guidance and Match Preparation PACE

Occasional Need to Know

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

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

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.
- 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.

CUSM reserves 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 is available to the University community in the aggregate.

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

Student's Review of Educational Records and Files

A student may 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 permits 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 the information contained in his/her educational records. If 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 in the student's non-academic records, the Associate Dean of Student Affairs, in consultation with the Registrar, will review the request and either approve or deny it based on the evidence.

If the request is related to the student's academic records, the Office of Assessment forms 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, Appeals Committee, or the ad hoc committee formed by the Office of Assessment, they may submit an

appeal to the Dean of the student's school. The Dean reviews the request and supporting materials and makes 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 is 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 Executive Vice Dean of Education, the Associate Dean of Student Affairs, the Office of the Registrar, administrative dean for assessment, and the academic counseling and support offices. These people 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 are 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 gives 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 keeps 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.

EQUITY, INCLUSION, DIVERSITY AND PARTNERSHIP

Ethics, Equity, Professionalism, and Mistreatment (EPPM) Policy

For more information on EPPM, please review the [full policy](#) and the information page to submit an [EPPM concern form](#).

PURPOSE OBJECTIVE:

To establish a policy and procedure for handling situations of ethics, equity, professionalism, and mistreatment.

DEFINITIONS:

Ethics – moral principles that govern behavior or the conducting of an activity
Equity – the quality of being fair and impartial, the absence of oppression
Professionalism – the competencies and skills expected of colleagues with a common context
Mistreatment – ill-treatment, the action or fact of being treated poorly, unjustly, or unfairly

SCOPE:

Faculty, staff, and students

POLICY:

CUSM is an institution committed to antiracism, equity practice, and dismantling oppression to advance equity, inclusion, and diversity. Individuals joining our community are expected to continually engage in individual and collective efforts to achieve our mission, a large part of which is health equity. To that end, CUSM has policies, processes, and growth opportunities for which all community members are responsible to know, engage, and steward in order to cultivate and safeguard a culture of inclusive excellence. Our university culture of equity and inclusive excellence is one of our most valuable assets that allows us to maximize our individual and collective potential to reach our goals. At CUSM we recognize that racism and other forms of oppression are often inherited by way of tradition, structurally reinforced through dominant cultural norms, unconsciously validated, and unintentional. As a community, we affirm that we all benefit from learning and engagement, even when uncomfortable, in order to advance equity. We also recognize that only through intention, commitment, resources, and accountability will we be able to continually foster equity and inclusive excellence.

Lifelong Colleague Principle

The Lifelong Colleague 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 interactions in the CUSM community and throughout their careers.

The Lifelong Colleague Principle and the CUSM-SOM Code of Ethics guide decisions and behaviors of students, faculty and staff. The Lifelong Colleague Principle and Code of Ethics allows everyone to flourish within an environment of trust, integrity, inclusion, and mutual respect.

CUSM Code of Ethics & Professionalism

Professional values and behaviors are critical to the education and work environment at CUSM, and to the practice of medicine. 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, community partnership sites, and also in non-educational settings. The behaviors and guidelines outlined in the code of ethics apply both on- and off-campus.

CUSM has established the following core areas for behavior:

Honesty and Integrity

Act with honesty and truthfulness. Demonstrate integrity and firm adherence to moral principles and academic values 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 1) cheating; 2) plagiarism; 3) falsely claiming authorship of written material; 4) falsely claiming credit for research not performed; 5) falsely claiming participation on a team project; 6) any form of academic dishonesty; 7) personal dishonesty in dealings with colleagues; 8) stealing property, including intellectual property; 9) copyright infringement.

Trustworthiness

Demonstrate dependability to carry out responsibilities. Follow through on commitments and agreements. Maintain confidentiality and exercise discretion before sharing information.

Professional Behavior

Behave in accordance with CUSM's values toward faculty, staff, students, community partners, patients, and other health professionals in all settings, including but not limited to the classroom, laboratory, online (social media, virtual settings, etc.), clinical settings, social settings, and community spaces. Demonstrate regard for persons in authority in the classroom, laboratory, community, and clinical settings. Exhibit appropriate behavior and decorum when representing CUSM in extracurricular activities and professional meetings. Relate to colleagues, patients, families, and community partners in a caring and compassionate manner.

Empathy, Understanding, and Cultural Humility

Demonstrate conscientious interpersonal interaction and foster inclusion with respect to culture, race, religion, ethnic identity, biological sex, gender identity, gender expression, ability, immigration status, language ability, socioeconomic status, sexual identity, age, and health status. Demonstrate regard for differing values and abilities among colleagues, healthcare team members, patients, families, and community partners. Demonstrate an ability to listen and respect someone else's feelings or experiences by imagining what it would be like to be in their situation. Report, disrupt, address, and correct behavior that threatens CUSM's

culture and climate of empathy, belonging, inclusion, and equity. Commit to antiracism and equity practice through continuous learning, engagement, action, and personal growth.

Communication

Communicate effectively with faculty, staff, students, patients, families, healthcare team members, and community partners. Demonstrate due diligence for constructive, respectful communication and conflict resolution. Formulate written communications with professional content and tone. Ensure the confidentiality of communications that contain personal information.

Punctuality & Time Management

Demonstrate punctuality in academic and professional environments. Adhere to established times for classes, laboratories, professional experiences, and meetings. Comply with established oral and written deadlines. Respond to requests (written, oral, email, and telephone) in a timely fashion. Demonstrate accountability for decisions and responsibility for completing tasks and assignments on time.

Conflict and Compliance

Demonstrate and continually develop effective skills for crucial conversations and conflict resolution. Formulate constructive, respectful feedback when asked to evaluate a course, performance, colleague, or program. Be open to receiving constructive criticism. Compromise when possible and be open to new ideas. Recognize instances when values and motivation are in conflict with others and proceed in a manner that is consistent with the Lifelong Colleague Principle. Recognize and seek guidance from a colleague or supervisor if you perceive a conflict of values or motivations that may involve illegal, unethical, or unprofessional behavior. Identify and communicate to proper authorities any activity that is dangerous to the welfare of a patient, colleague, or the institution. Comply with federal, state, university, school, and institutional laws and policies. Abide by conflict-of-interest guidelines set forth by CUSM. Avoid relationships or activities that might impair, or even appear to impair the ability to make objective and equitable decisions. Do not use university property, information, resources, or associations for personal gain.

Guidelines for Dress and Appearance

Abide by CUSM's dress and appearance guidelines. Demonstrate respect to self and others through grooming and appearance.

Equity

Diversity at CUSM refers to the backgrounds, identities, experiences, and skills that distinguish community members from each other. Differences enrich our institution and are to be respected and valued in an environment of mutual respect, joy, and empathy. Valuing diversity means: continuous learning about identities and communities outside your own, abiding in discomfort or ambiguity to engage in conversations about racism, privilege, oppression, sexism, homophobia, xenophobia, transphobia, ableism, ageism, and other forms of discrimination. Address and intervene in instances of behavior that does not actively demonstrate respect for diversity.

Equity at CUSM refers to every member of the community's right to thrive by representing their whole self in education, work, and community spaces. In contrast to equality, which means everyone receives the same thing, equity means that each person receives what they need to be fully supported in professional performance and growth.

Equity Impact Audits & Policy Review

Policies, procedures, and outcomes at CUSM will be reviewed regularly and systematically through a process of 1) community-wide engagement and review, 2) community comments/hearing, 3) and equity impact audits. Faculty, staff, and students shall be privy to policies that govern rules and regulations at CUSM. Whenever possible, data will be shared to facilitate transparency and the evaluation of outcomes in pursuit of equity. Faculty, staff, and students are expected to facilitate, cooperate, engage, and support the equity impact audits and policy reviews.

Mistreatment

A climate of mutual respect in the teaching, working and learning environment is a core attribute of CUSM's professionalism requirements. Patient safety and excellence in healthcare outcomes are best achieved in a climate free of mistreatment and abuse. CUSM is committed to fostering the development of professional and collegial attitudes by all members of the medical school community, including medical students, resident physicians, faculty, staff, volunteers and community partners who participate in teaching, education, research, service, and patient care.

Teaching, learning, and working should take place in an environment of mutual respect based upon transparent deliverables, learning objectives and milestones, professionalism, and 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 environment where all are enabled and encouraged to achieve their full potential.

Mistreatment may be defined as "treatment of a person that is either emotionally or physically damaging; or is from someone with power over the recipient or target; or is not required or not desirable for education or employment; or could be reasonably expected to cause damage or distress."

This includes verbal (swearing, humiliation, name calling), emotional (neglect, exclusion, hostile gestures or affect), sexual (physical or verbal advances, inappropriate language or humor), and physical harassment or assault (threats, harm, shoving, intimidating or threatening physical posturing). To determine if something is mistreatment, faculty, staff, and students should consider if the activity or action is damaging, unnecessary, undesirable, ongoing, or could reasonably be expected to cause damage or distress.

Examples of mistreatment and unacceptable behavior or situations under this policy include but are not limited to:

- Physical contact, including any physical mistreatment or assaults such as hitting, slapping, kicking, shoving, throwing objects or threats of the same nature
- Verbal abuse (insults, harsh language, threats, swearing, yelling, berating, name calling)

- Comments, gestures, social media posts, and jokes that threaten inclusion and/or belonging
- Acts or expressions of racism, sexism, homophobia, xenophobia, transphobia, religious intolerance, ableism, ageism, or other forms of discrimination
- Visual harassment (display of derogatory, vulgar, offensive, or inappropriate cartoons, drawings, posters, social media posts, etc.)
- Inappropriate or unprofessional conduct that is unwarranted and reasonably interpreted to be demeaning or offensive
- Being required to perform tasks intended to humiliate, demean, control, or intimidate
- Unreasonable requests to perform personal services outside the scope of education or work duties
- Assigning tasks intended to punish and demean rather than to evaluate or improve performance
- Purposeful neglect or exclusion from learning or professional opportunities as means of punishment or retaliation
- Sexual assault, sexual harassment, stalking or other acts of sexual violence
- Disregard for safety
- Retaliation for reporting of behavior(s) outlined in the EEPM policy

CUSM also fully ascribes to the AMA: Teacher-Learner Relationship In Medical Education policy.

CUSM is an antiracist institution that actively dismantles oppression in all forms. As such, we have dedicated sufficient resources and infrastructure to ensure a process for this policy. CUSM will cultivate an environment where everyone can raise and resolve issues in the spirit of care and keeping for self and community, and without fear of intimidation or retaliation. CUSM is committed to responding to EEPM concerns in a prompt, sensitive, confidential, and objective manner with a focus on skill-building, learning, and improvement. The EEPM process ensures fairness and due process for all parties. We further require all faculty, staff, and students to engage in ongoing education, training, enrichment, and growth opportunities on an annual basis.

ACADEMIC POLICIES

Academic Program Review Policy

PURPOSE OBJECTIVE:

The Academic Program Review is designed to advance the educational mission of each academic program of the University by assessing and improving student learning outcomes and student success. The emphasis of this data-driven process is forward planning, informed by analysis of recent trends, with the program identifying through the review process the necessary processes necessary to maintain excellence while correcting deficiencies. [WSCUC CFR 2.3]

SCOPE:

All academic programs within the University are subject to program review at least once every five years in accordance with the guidelines of CUSM's Program Review Guidebook*.

The university's program review process is aligned with the following Criteria for Review (CFRs) from the 2013 Handbook of Accreditation (Standards 2 and 4) that address program review and place it within the larger context of the need for the university's ongoing, comprehensive quality assurance and improvement system:

CFR 2.7

All programs offered by the institution are subject to systematic program review. The program review process includes, but is not limited to, analyses of student achievement of the program's learning outcomes; retention and graduation rates; and, where appropriate, results of licensing examination and placement, and evidence from external constituencies such as employers and professional organizations.

CFR 4.1

The institution employs a deliberate set of quality-assurance processes in both academic and non-academic areas, including new curriculum and program approval processes, periodic program review, assessment of student learning, and other forms of ongoing evaluation. These processes include: collecting, analyzing, and interpreting data; tracking learning results over time; using comparative data from external sources; and improving structures, services, processes, curricula, pedagogy, and learning results.

CFR 4.3

Leadership at all levels, including faculty, staff, and administration, is committed to improvement based on the results of inquiry, evidence, and evaluation. Assessment of teaching, learning, and the campus environment—in support of academic and co-curricular objectives—is undertaken, used for improvement, and incorporated into institutional planning processes.

CFR 4.4

The institution, with significant faculty involvement, engages in ongoing inquiry into the processes of teaching and learning, and the conditions and practices that ensure that the standards of performance established by the institution are being achieved. The faculty and other educators take responsibility for evaluating the effectiveness of teaching and learning processes and use the results for improvement of student learning and success. The findings from such inquiries are applied to the design and improvement of curricula, pedagogy, and assessment methodology.

CFR 4.6

The institution periodically engages its multiple constituencies, including the governing board, faculty, staff, and others, in institutional reflection and planning processes that are based on the examination of data and evidence. These processes assess the institution’s strategic position, articulate priorities, examine the alignment of its purposes, core functions, and resources, and define the future direction of the institution.

POLICY:

California University of Science and Medicine (CUSM) shall conduct regular ongoing cyclical review of all of its academic programs at least once every five years.

PROCEDURE:

Please refer to the Program Review Guidebook, which outlines the detailed procedure to be followed for CUSM’s program review process.

Process #	Task	Responsibility
1	University Leadership identifies the program to be reviewed and advises Faculty Assembly/FEC to establish a Program Review Committee for that purpose.	University Leadership
2	Faculty Assembly/FEC establishes a Program Review Committee (PRC; see WSCUC Program Review Resource Guide. p 8). The committee should be independent and therefore not include persons that will be involved in preparing the self-study report.	Faculty assembly/FEC
3	External reviewers (1 or 2) are identified by Program Head. The latter contacts external reviewers for their availability and obtains their CVs.	Program Head
4	Program Head meets with offices responsible for Assessment Data to determine the data needed for the self-study. These offices provide the Program Head with a program review data packet that contains relevant data for the self-study.	Offices responsible for Assessment Data/Program Head
5	Program faculty conduct a self-study using the approved guidelines from WSCUC (summary of guidelines attached as an appendix).	Program Head & Program faculty
6	After completing the self-study, Program Head submits the report to internal consultants for review. Corrections to the report are made in consultation with Program Head.	Program Head

7	Once the self-study is reviewed and finalized, the visit from external reviewers is organized. The external review typically occurs a month or two after a program or department submits its self-study report. The university will typically bring in one or two reviewers for one-two days.	Program Head & Program faculty
8	External reviewers read the self-study report (and all relevant documentation) and prepare a written report with recommendations for improvement.	External Reviewers
9	PRC examines the reports from external reviewers and writes a final "Findings and Recommendations" report that is submitted to the Program Head and University Leadership.	PRC
10	The final product of the program review is a Memorandum of Understanding which places the "Findings and Recommendations" in the context of resource availability and allocation.	Program Head, University Leadership
11	A formal "Improvement Plan and Follow-up Plans" are established for tracking progress. Program Head reports regularly to University Leadership on the progress made in addressing the recommendations.	Program Head, University Leadership

Essential Elements of Self Study (based on WASC Resource Guide for Good Practice)

Essential Element	Description
1. Introduction	<p>1a. Program's mission is a general explanation of why your program exists and what it hopes to achieve in the future. It articulates the program's essential nature, its values and its work.</p> <p>1b, Program's goals are general statements of what your program wants to achieve.</p> <p>1c. Program's outcomes are the specific results that should be observed if the goals are being met.</p>
2. Program evidence about Quality & Viability	<p>2a. Evidence that addresses questions about program quality</p> <p>2b. Evidence that addresses issues of program viability and sustainability</p>
<p>2a. Evidence that addresses questions about program quality</p> <p>Program Quality includes</p> <p>2a.i. Students</p> <p>2a.ii. The curriculum and Learning environment</p> <p>2a.iii. Student Learning and Success</p> <p>2a.iv. Faculty</p>	<p>2a.i. Students – What is the profile of students in the program and how does the profile relate to or enhance the mission and goals of the program</p> <p>2a.ii. The Curriculum and Learning Environment – How current is the program curriculum? Does it offer sufficient breadth and depth of learning for this particular degree? How well does it align with learning outcomes? Are the courses well sequenced and reliably available in sequence? Has the program been reviewed by external stakeholders, such as practitioners in the field, or compared with other similar programs? Evidence in this category might include</p> <ul style="list-style-type: none"> • A curriculum flow chart and description of how the curriculum addresses the learning outcomes of the program (curriculum map) • A comparison of the program's curriculum with curricula at selected other institutions and with disciplinary/professional standards • Measures of teaching effectiveness (e.g., course evaluations, peer evaluations of teaching, faculty scholarship on issues of teaching and learning, formative discussions of pedagogy among faculty)

	<ul style="list-style-type: none"> • A description of other learning experiences that are relevant to program goals (e.g., internships, research experiences, study abroad or other international experiences, community-based learning, etc.), as well as how many students participate in those experiences • A narrative that describes how the faculty’s pedagogy responds to various learning modalities and student learning preferences. <p>2a.iii. Student Learning and Success – Are students achieving the desired learning outcomes for the program? Are they achieving those outcomes at the expected level of learning, and how is the expected level determined? Are they being retained and graduating in a timely fashion? Are they prepared for advanced study or the world of work? Evidence in this category might include:</p> <ul style="list-style-type: none"> o Annual results of direct and indirect assessments of student learning in the program (could be combination of quantitative and qualitative measures), including the degree to which students achieve the program’s desired standards o Ongoing efforts by the department to “close the loop” by responding to assessment results o Student retention and graduation rate trends (disaggregated by different demographic categories) o Placement of graduates into graduate schools <p>2a.iv. Faculty – What are the qualifications and achievements of the faculty in the program in relation to the program mission and goals? How do faculty members’ background, expertise, research and other professional work contribute to the quality of the program? Evidence in this category might include:</p> <ul style="list-style-type: none"> • Proportion of faculty with terminal degree • Institutions from which faculty earned terminal degrees • List of faculty specialties within discipline (and how those specialties align with the program curriculum) • Teaching quality (e.g., peer evaluations, faculty self-review) WASC Resource Guide – Program Review (Updated October 2015) • Record of scholarship for each faculty member <ul style="list-style-type: none"> o Faculty participation in development opportunities related to teaching, learning and/or assessment • External funding awarded to faculty • Record of professional practice for each faculty member • Service for each faculty member • Distribution of faculty across ranks (or years at institution) • Diversity of faculty • Awards and recognitions for post-doctoral experiences • Job placements • Graduating student satisfaction surveys (and/or alumni satisfaction surveys) • Employer critiques of student performance or employer survey satisfaction results
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	<ul style="list-style-type: none"> • Disciplinary ratings of the program o Student/Alumni achievements (e.g., community service, research and publications, awards and recognition, professional accomplishments, etc.)
<p>2b. Evidence that addresses issues of Viability and Sustainability includes</p> <p>2b.i. Demand for the program</p> <p>2b.ii. Allocation of Resources</p>	<p>2b.i: Demand for the program</p> <ul style="list-style-type: none"> • What are the trends in numbers of student applications, admits, and enrollments reflected over a 5-8 year period? • What is happening within the profession, local community or society generally that identifies an anticipated need for this program in the future (including market research)? <p>2b.ii: Allocation of Resources</p> <ul style="list-style-type: none"> • Faculty – Are there sufficient numbers of faculty to maintain program quality? Do program faculty have the support they need to do their work? <ul style="list-style-type: none"> ✓ Number of full-time faculty (ratio of full-time faculty to part-time faculty) ✓ Student-faculty ratio ✓ Faculty workload ✓ Faculty review and evaluation processes ✓ Mentoring processes/program ✓ Professional development opportunities/resources (including travel and research funds) ✓ Sufficient time for course development, research, etc. • Student support <ul style="list-style-type: none"> ✓ Academic and career advising programs and resources ✓ Tutoring, supplemental instruction, and T.A. training ✓ Basic skill remediation ✓ Support for connecting general learning requirements to discipline requirements ✓ Orientation and transition programs ✓ Financial support (scholarships, fellowships, teaching assistantships, etc.) ✓ Support for engagement in the campus community. ✓ Support for non-cognitive variables of success, including emotional, psychological, and physical interventions if necessary ✓ Support for research or for engagement in the community beyond campus, such as fieldwork or internships • Information and technology resources <ul style="list-style-type: none"> ✓ Library print and electronic holdings in the teaching and research areas of the program ✓ Information literacy outcomes for graduates ☐ Technology resources available to support the pedagogy and research in the program ✓ Technology resources available to support students’ needs • Facilities <ul style="list-style-type: none"> ✓ Classroom space

	<ul style="list-style-type: none"> ✓ Instructional laboratories ✓ Research laboratories ✓ Office space ✓ Student study spaces ✓ Access to classrooms suited for instructional technology ✓ Access to classrooms designed for alternative learning styles/universal design • Staff <ul style="list-style-type: none"> ✓ Clerical and technical staff FTE supporting program/departmental operations • Financial resources <ul style="list-style-type: none"> ✓ Operational budget (revenues and expenditures) and trends over a 3-5 year period
<p>3. Summary Reflection</p>	<p>This portion of the self-study report typically interprets the significance of the findings in the above analysis of program evidence. Its purpose is to determine a program’s strengths, weaknesses, and opportunities for improvement. It is helpful to have questions that guide the interpretation of the findings, such as:</p> <ul style="list-style-type: none"> • Are the curriculum, practices, processes, and resources properly aligned with the goals of the program? • Are department/program goals aligned with the goals of the constituents that the program serves? • Is the level of program quality aligned with the college/university’s acceptable level of program quality? Aligned with the constituents’ acceptable level of quality? • Are program goals being achieved? • Are student learning outcomes being achieved at the expected level?
<p>4. Future Goals and Planning for Improvement</p>	<p>Self-study reports conclude with a section devoted to future planning and improvement. Findings from all prior sections of the report serve as a foundation for building an evidence-based plan for strengthening the program. This section might address such questions as:</p> <ul style="list-style-type: none"> • What are the program’s goals for the next few years? WASC Resource Guide – Program Review (Updated October 2015) Page 5 • In order to achieve these goals: <ul style="list-style-type: none"> ✓ How will the program specifically address any weaknesses identified in the self-study? ✓ How will the program build on existing strengths? ✓ What internal improvements are possible with existing resources (through reallocation)? ✓ What improvements can only be addressed through additional resources? ✓ Where can the formation of collaborations improve program quality?

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, that establish 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. These obligations extend to team members, patients, the institution, the healthcare system, and the community.
3. Establish a system to identify, address, and rectify instances of 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 predicts 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 fundamental to the educational process at CUSM, the scientific environment, and the practice of medicine. All students, faculty, and staff at CUSM are expected to consistently demonstrate high standards and values of professionalism in all academic and educational settings, including in classrooms, laboratories, clinical sites, and non-educational environments. 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.
- 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 respect 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.

13. Confidentiality

- a. Maintain the confidentiality of patient information.
- b. Do not discuss patient care in public areas such as elevators, hallways, cafeterias, tuck shop, and lounges.
- c. Do extra care and protect medical record and notes.

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 results in disciplinary action, which may include dismissal from the academic program.

Student Honor Council

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.

The CUSM Student Honor Council serves several purposes:

1. Responsible for maintaining and interpreting the Student Honor Code.
2. Dedicated to providing a safe and confidential setting for students to discuss their conflicts or concerns and reach a shared resolution.
3. Helps to resolve conflicts between students.
4. Role remains strictly advisory.

The responsibilities of the Honor Council to the academic community includes:

1. To educate students and assist in maintaining awareness of the Honor Code.
2. To provide a safe forum for hearing student concerns related to the Honor Code, student mistreatment, academic dishonesty, substance abuse/alcoholism, breach of social networking standards (web 2.0), and interpersonal conflict.

3. Investigate allegations of academic or professional misconduct and report their findings to the Associate Dean of Student Affairs.

There will be two students elected from the Year 1 MD program and two students from the MBS program annually. Students appointed to serve on the Honor Council are appointed until the completion of their academic program, subject to the limitations of the Honor Council's bylaws.

Those who desire to serve on the Student Honor Council must be of sound character, fair-minded, of good reputation amongst their peers, and in good academic standing. A student may self-nominate or be nominated by their peers. The nomination will be sent to the Associate Dean of Student Affairs, who will confirm with the nominee their interest in serving and ask them to submit a statement of interest as to why they want to serve and what they believe they have to offer as a potential member of the Council.

Standards of Conduct for the Teacher-Learner Relationship

CUSM follows the American Medical Association (AMA)'s recommendation, in their 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 can 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 unflinching honesty.

CUSM is committed to investigating all cases of mistreatment in a prompt, sensitive, confidential, and objective manner. Mistreatment is 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, discomfoting 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, such as asking students about their 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
- Treating students unfairly based on characteristics such as race, ethnicity, religion, gender, disability, or socioeconomic status
- Engaging in repeated negative actions, including physical, verbal, or online harassment, targeting a specific student or group of students
- Systematically ignoring, isolating, or excluding students from educational opportunities, social interactions, or participation in activities
- Exploiting one's position of authority to manipulate or control students for personal gain or to assert dominance
- Using subjective criteria or biases in assessing student performance, unfairly favoring or penalizing certain individuals or groups

- Unequal allocation of resources, including access to technology, educational materials, facilities, or extracurricular opportunities, which can disadvantage certain students or perpetuate disparities
- Imposing excessive academic demands, unreasonable workload, or creating a high-stress environment that negatively impacts students' well-being and learning outcomes
- Withholding information, not providing clear guidelines or expectations, or failing to communicate important decisions that affect students' educational experiences
- Taking adverse actions against students who come forward to report mistreatment, bullying, or discriminatory behavior

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 behavior.

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 serves as a cornerstone of science and healthcare, holding scientists and physicians to a high standard of performance. At CUSM, professionalism is a crucial competency that students must demonstrate through appropriate knowledge, skills, and attitudes as aspiring medical or healthcare professionals. Professional behaviors are observed both within the school environment, including courses and clerkships, and in external settings.

Student enrollment at CUSM entails a level of personal honor and integrity that ensures the delivery of quality healthcare. Upholding personal integrity not only demands honesty but also necessitates reporting any violations of the Professionalism Policy and Code of Ethics. Students are obligated to report conditions or situations that may lead to violations of these doctrines. It is crucial for students to maintain high ethical standards of behavior, including but not limited to patient confidentiality, academic integrity, personal conduct, and habits that facilitate their ability to fulfill professional obligations as medical students. Additionally, students are expected to adhere to guidelines regarding appropriate boundaries in professional relationships.

By upholding these values and principles, CUSM students contribute to a positive learning environment and demonstrate their commitment to the highest standards of professionalism in healthcare.

Rules of Classroom Behavior

1. Arrive on time for class.
2. If you arrive late, enter the classroom quietly and find a seat without causing disruption to the ongoing session.
3. Refrain from engaging in conversations with your classmates while the lecturer is speaking, as it can distract others and disrupt the flow of the class.
4. Ensure that your cell phone is turned off or set to silent mode during class. If you are expecting an urgent call, please inform the instructor in advance and keep your phone use to a minimum, stepping outside the classroom if necessary.
5. Avoid reading newspapers, answering emails, or texting on your phone during class. Such activities divert your attention from the lecture and may disrupt the learning environment.
6. Stay attentive and avoid sleeping during class. It is important to actively engage in the learning process and show respect for the instructor and fellow classmates.
7. Remain in your seat during Q&A sessions, allowing the instructor and other students to address their questions or contribute to the discussion without unnecessary movement or disturbances. When asking questions, do so in a respectful and courteous manner, allowing the instructor and other students to respond appropriately.

Guidelines on Dress and Appearance

1. Please refer to the Dress Code Policy in the Campus Policies section of this catalog for comprehensive guidelines on appropriate attire and grooming standards.
2. Students are required to visibly wear their photo identification badge at all times while on campus. This helps in ensuring campus security and identification of individuals within the academic community.
3. In laboratory settings, it is important to adhere to Occupational Safety and Health Administration (OSHA) regulations. Therefore, for the purpose of safety, closed-toe shoes must be worn at all times in laboratories. Open-toed shoes are not permitted in these areas to minimize the risk of potential injuries or exposure to hazardous substances.

Guidelines on Dress and Appearance at Anatomy Laboratory

Please find details in the Anatomy Laboratory Safety Manual.

Guidelines on Dress and Appearance at Clinical Setting (MD Program)

1. In any instance of interacting with patients or standardized patients including service learning, clinical skills, and clerkships, students must wear clean white clinic coats bearing their nametag.
2. Students must wear their photo identification badge at all times while on the campus and any clinical site-issued identification badge should be worn while at that site.
3. Students must follow any attire requirement for medical students or physicians at their assigned patient care site.
4. It is important for students to maintain personal hygiene and cleanliness while in the clinical setting. This includes regular handwashing, wearing appropriate personal protective equipment (PPE) when necessary, and following infection control protocols to ensure patient safety.

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, Instagram, Snapchat, YouTube, and Twitter, are an important means of communication in today's world. However, students and residents who use these websites and applications must be aware of the critical importance of maintaining privacy settings to ensure that only trustworthy "friends" have access to their websites/applications. It is crucial to understand that posting certain information is illegal, and violation of existing statutes and administrative regulations may lead to criminal and civil liability, including fines and imprisonment. Offenders may also face adverse academic actions, ranging from a letter of reprimand to probation or 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.
8. Students may not post the clinical unit information or personal experience in their professional role as a learner at clinical sites. Removing the clinical site name alone does not constitute proper de-identification, as it may still allow friends or readers to recognize the clinical unit based on the content of the post.

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 must 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 undesigned 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 and use the "pause-before-posting" approach 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, including patient care areas. The use of mobile devices may be permissible, provided that it does not compromise the respect and professionalism expected towards colleagues, faculty, the medical team, and patients. When engaging in lectures, conferences, or participating in patient care activities in hospitals and clinics, students must adhere to the following guidelines:

- Turn all electronic devices, including cell phones, to silent or vibrate mode to minimize disruption and maintain a quiet environment conducive to patient care.

- Refrain from engaging in text messaging, checking personal email, making personal phone calls, or using the internet for non-patient care or non-educational activities during designated patient care periods.
- Prioritize patient care responsibilities and educational activities over personal mobile device use. Personal use should not interfere with the delivery of quality care, attentiveness, or participation in educational experiences.
- Seek permission from supervising faculty or healthcare providers before using mobile devices for patient-related tasks, such as accessing medical references or educational resources, as per institutional guidelines and policies.
- Respect patient privacy and confidentiality at all times when using mobile devices. Avoid discussing or sharing sensitive patient information through mobile technology platforms, including social media or messaging applications.
- Adhere to institutional policies regarding the use of mobile devices and technology in patient care areas. Familiarize yourself with any specific restrictions or guidelines provided by the clinical site or healthcare facility.

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 guide all decisions and behaviors of students, faculty, and staff. The Colleagues for a Lifetime principle and Code of Ethics allows 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 begins 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 play a significant part in exemplifying both positive and negative role models which the student incorporates 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.

By actively addressing unprofessional behaviors and commending exemplary conduct, CUSM fosters a culture of professionalism and ensures that students are equipped with the necessary skills to navigate their future careers as compassionate and competent healthcare professionals.

Dishonesty in Academic Matters and Other Unprofessional Behavior

Plagiarism

It is essential for students to have a clear understanding of the guidelines for writing papers and giving proper attribution before starting a project. This includes establishing a system for documenting the sources of information during the development of the paper's framework.

When conducting any research project, it is crucial to follow guidelines for acknowledging the work of others. Various manuals on research paper writing are available, and students are encouraged to identify the appropriate manual for their specific project. Plagiarism, in particular, deserves special attention, as its definition is broad. It includes not only word-for-word copying without proper attribution but also the improper summarization of others' work or the use of others' ideas without acknowledgment.

For reference, here is a partial excerpt from Wesleyan University's Blue Book, providing a definition of plagiarism by Harold C. Martin, Richard M. Ohmann, and James H. Wheatly. CUSM adopts this definition when assessing potential cases of plagiarism in student work:

“Plagiarism can take many forms: from outright and blatant deceit, such as copying another's writing without appropriate citation, to more subtle instances such as the patching together of random jottings from various sources without proper identification, or the paraphrasing of someone else's work without acknowledgment. Each of these instances represents a violation of academic integrity.” (Excerpt from “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.

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. The Associate Dean of Student Affairs 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 you should 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. 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.
3. The person filing the report completes and sends an **“Honor Code Violation/Professionalism Concern Report”** to the Associate Dean of Student Affairs. This form, which can be found on the CUSM Canvas student resources pages, 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 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 will then communicate the outcome to the person who reported the incident. In addition, the Associate Dean of Student Affairs may provide written documentation regarding the incident to the Student Academic Standards and Promotion Committee as warranted.
 - 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 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. The Committee will inform the appropriate course/clerkship director, if applicable, and the Associate Dean of Student Affairs 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 (such as nonconsensual sexual contact and/or nonconsensual sexual penetration).*
12. Sexual harassment (such as quid pro quo (i.e., “this for that”), hostile work environment, dating violence, domestic violence, and/or stalking).*
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 harassment and sexual misconduct matters, please see the TITLE IX SEXUAL HARASSMENT & SEXUAL MISCONDUCT POLICY AND PROCEDURES <https://www.cusm.org/title-ix/about-title-ix.php>

Resolving Mistreatment Issues

Students who experience mistreatment or observe others experiencing mistreatment are encouraged to address the issue immediately. Students have the option of dealing with other types of mistreatment informally or formally.

Please note: Mistreatment due to sexual harassment or sexual misconduct will be resolved as described within the TITLE IX SEXUAL HARASSMENT & SEXUAL MISCONDUCT POLICY AND PROCEDURES at <https://www.cusm.org/title-ix/about-title-ix.php>.

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.

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.

1. 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.

Dr. Mohsin Yakub yakubm@cusm.org 909-954-0390	Dr. Zohray Talib talibz@cusm.org 909-490-5931
Dr. Lisa Schwartz schwartzl@cusm.org	Dr. Maegen Dupper dupperm@cusm.org 909-566-2654

2. Submit a Formal report to the Student Academic Standards and Promotion Committee through the Associate Dean of Student Affairs.
3. Submit an Anonymous Report to the Student Academic Standards and Promotion Committee through the Associate Dean of Student Affairs.

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(s).

1. 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.
 - b. 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 CUSM administrator or faculty member that has been contacted is available to help the student think through his/her concerns.
 - c. If given permission from the student, the complaint will be fully investigated, and measures will be taken to reach an appropriate resolution.

Note: Except in cases of an anonymous complaint, students will be provided with clear and timely feedback concerning the status and resolution of their complaint.

Check through Faculty and Teaching Evaluations

At the end of each course in the pre-clerkship curriculum and clinical rotation during the clerkship phase, students are asked to evaluate each faculty and resident whether the instructor treated the student with respect. The Associate Dean for Student Affairs reports faculty or residents who receive low scores (1 or 2) on a scale of 4. These reports are also sent to the course/clerkship director. To protect the confidentiality, students' names are not associated with teaching evaluations.

These low scores are also brought to the attention of the course/clerkship director to provide feedback to individual residents and faculty and to determine whether these instructors are the appropriate individuals to be interacting with medical students.

Annual Data and Summary Reports

1. The Associate Dean of Student Affairs 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.

Annually, campus security reports will be created and submitted to the Department of Education within the constraints of The Jeanne Clery Disclosure of Campus Security Police and Campus Crime Statistics Act ("Clery Act"). This is a federal law that requires federally funded campuses to report certain crimes through unidentifiable information. For more information visit CUSM's Title IX website (<https://www.cusm.org/title-ix/clery-annual-report.php>).

Retaliation

CUSM strictly forbid retaliation against any community member who reports, in good faith, any instances of mistreatment or conduct that does not comply with or appears not to comply with this policy, local regulations, and/or federal and state laws. 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.

Dr. Mohsin Yakub yakubm@cusm.org 909-954-0390	Dr. Zohray Talib talibz@cusm.org 909-490-5931
Dr. Lisa Schwartz schwartzl@cusm.org	Dr. Maegen Dupper dupperm@cusm.org 909-566-2654

Note: Those reporting inappropriate behavior have the right to remain anonymous and to use confidential mechanisms to disclose non-compliant activity without fear of retaliation.

CAMPUS POLICIES

CUSM Policies website

CUSM approved policies are posted on the CUSM Policies website at <https://www.cusm.org/policies/>. Some of the approved policies on the website are applicable to students, which may include, but not limited to:

General Policies

- 1.02 [Conflict of Interest Policy](#)
- 1.03 [Title IX Sexual Misconduct and Harassment Policy](#) (a copy is in this Catalog)
- 1.04 [Diversity, Discrimination, Harassment Prevention Policy](#)
- 1.05 [Ethics, Equity, Professionalism, and Mistreatment Policy](#) (a copy is in this Catalog)
- 1.06 [Protected Health Information Privacy Policy](#)
- 1.07 [Privacy of Personal Information Policy](#)
- 1.08 [Responsible Use Policy](#)
- 1.09 [Code of Ethics Policy](#)
- 1.10 [COVID 19 General Policy](#)
- 1.11 [Case Management Accountability Conduct and Culture \(CMAAC\) Policy](#)
- 1.12 [Alcohol and Drug-Free Policy](#) (a copy is in this Catalog)

Academic Policies

- 2.01 [Learning Environment Touch and Physical Environment \(TPE\) Policy](#)

Research Policies

- 4.01 [Biological Safety Policy](#)
- 4.02 [Human Subject Research Policy](#)
- 4.04 [Research Misconduct Policy](#)

Campus Policies

- 5.04 [Visitors Policy](#)
- 5.06 [Jeanne Clery Act Policy](#)
- 5.08 [Donated Human Bodies Policy](#)

Personnel Policies

- 6.68 [Dress Code Policy](#) (a copy is in this Catalog)

If students become a CUSM employee, e.g., tutor, teaching assistant, etc., additional employee-oriented policies on the same website may be applicable. Students are encouraged to look through the CUSM Policies website for additional applicable 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 their 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 are provided a temporary identification badge, and the person they are here to see is contacted. Except in emergencies, if the faculty, staff member, or student is in class, the visitor is asked to wait until a break or the end of class.

Visitors with reservations are permitted to access the CUSM information Commons during the public hours as listed above. Advance reservations are required. Visitors have access to Wi-Fi connection through a visitor account. There are parking spaces available for visitors along with students.

Visitors are required to show photo identification to the security personnel. Any complaints involving university visitors are 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 (in the School of Medicine, Associate Dean of 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, they 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.

Dress Code Policy

PURPOSE OBJECTIVE:

To establish guidelines for attire for California University of Science and Medicine (CUSM).

SCOPE:

This policy applies to all employees, faculty, staff, and students hereafter referred to as community members.

POLICY:

It is important for all members of the campus community to affirm a professional, respectful environment by being appropriately attired.

Grooming

Community members are expected to attend to personal hygiene. Appearance should communicate respect and decorum consistent with a professional work and learning environment.

Clothing

Clothing should cover the body from shoulders to mid-thigh. Community members should take care to ensure that clothing is suited for work or learning tasks and maintains appropriate coverage of the body. When specific clothing is required for an activity or task, CUSM will communicate the requirement in advance. Undergarments should not be visible. Clothing and accessories should be clean and free from rips, tears, offensive language, and offensive imagery/graphics. Community members should exercise conscientiousness and courtesy for others with regard to body fragrances. Accessories should be reasonable so as not to interfere with work and learning on campus. Reasonable accommodations will be made where required.

Clinical Environments*

Community member guidelines for clothing and grooming must be followed at all encounters with patients, standardized or real.

Scrubs must be clean, in good repair, appropriate in fit, and changed daily. All scrubs shall be professional in appearance. Scrub suits are permitted only in select direct patient care areas.

Footwear with a closed toe and a closed heel should be worn. Shoes are to be clean, comfortable, non-slip/non-marking sole, and in good condition.

*CUSM's policy is expected to be compatible and aligned with the policies of affiliates and clinical partners. In the instance that policies do not align or have greater specificity, community members are expected to adhere to the dress and attire policies at affiliates/partners.

Business Casual

CUSM may designate days or occasions for business casual attire. Community members should exercise judgment as to whether business casual, when permitted, is appropriate for the duties and environment to which they are assigned.

Business casual attire guidelines:

- Tops with collars, crewneck or V-neck, blouses, and polo shirts are recommended.

- Bottoms may be slacks, skirts, trousers, or jeans without holes, frayed edges, etc.
- Footwear: Casual slip-on or tie shoes, dress sandals, and clean athletic shoes.

CUSM is confident that community members will use their best judgement regarding attire and appearance for learning and work. In the event that dress guidelines are not met, supervising authorities should have a private conversation with the community member to address it. Mutually agreed upon solutions that minimize lost work and education time should be sought by all parties. In extreme cases where attire is not compatible with a work or learning activity, community members may be asked to change clothing. Continued disregard of dress guidelines may be cause for disciplinary action. Any community member who is unsure of appropriate attire should check with their supervisor.

Information Commons Policies

The Information Commons (Info Commons) reframes traditional library services within a digital environment, offering the CUSM community vibrant learning experiences. Actively connecting users with dynamic biomedical information and resources, the Info Commons provides access, encourages discovery, and promotes new knowledge to empower and inform our local health care leaders' decisions toward improving patient outcomes. To advance the mission of the Info Commons and promote a healthy learning environment, please observe the following policies.

Info Commons Access Hours for the Public

Monday - Friday: 8am - 5pm (Pacific)

Saturday - Sunday: Closed

The Info Commons observes CUSM Holidays and will be closed accordingly to the public.

Students, faculty, and CUSM Community members may access the Info Commons on a 24/7 basis.

Info Commons Visitors

Visitors will be able to access the CUSM Info Commons during the public hours listed above. All minors under the age of 16 must be always monitored and supervised by parents or caregivers while 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. Visitors will have access to Wi-Fi connection through a guest account. Free parking is available. Unauthorized users may be asked to leave by CUSM Security.

Individual and Small Group Study

Students may freely use the Info Commons at any time, following social rules of courtesy such as being mindful of others already in the space. Group study activity may be relocated to another room if an individual quiet study atmosphere is previously in place prior to the group's interest in using the space. Classrooms, small group rooms, college rooms, and common areas may accommodate group study activity outside of classroom hours.

Food & Drink

Food and drink are permitted. Food deliveries from vendors are not allowed.

Info Commons Print Collections

The Info Commons collections and resources are predominately in digital format. All print resources, including the Ready Reference and Course Reserve sections, are "Library Use Only" and are made available on a first-come, first-served basis. Abuse of privileges may result in imposed usage restrictions.

Behavioral Disruptions

Students, faculty, and visitors are expected to behave professionally, respectfully, and in accordance with all policies in the Info Commons.

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

Services

Information Commons services include but are not limited to: 24/7/365 reference chat service, research assistance and subject guide advisory, copyright coaching, in-depth research and instructional media design consultations (by appointment), and interlibrary loan through academic partnerships with OCLC WorldShare™ Interlibrary Loan. To request a service, please contact library staff directly or visit CUSM Info Commons website (<https://www.cusm.org/library/>) for instructions.

For questions or concerns about the Info Commons policies, please call the desk at (909) 490 - 5900 or email InfoCommons@cusm.org.

Smoke-Free and Tobacco-Free Campus Policy

As a healthcare-educational institution, CUSM is 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 are 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.

Alcohol and Drug-Free Policy

PURPOSE OBJECTIVE:

California University of Science and Medicine (CUSM) acknowledges that illegal or abusive use of alcohol and other drugs by students, staff, and/or faculty may seriously jeopardize the university's commitment to provide continued quality and excellence in instruction, research, and education. Abuse of substances by students, staff, and faculty poses a risk to the individual and to the community. CUSM encourages its community members to share the responsibility for developing attitudes conducive to eliminating the abuse of alcohol and other drugs within the university community.

As a federal grant recipient, the Federal Drug-Free Schools and Communities Act and its amendments of 1989 and Drug-Free Workplace Act of 1988, require certification of a drug-free environment.

DEFINITIONS:

Alcoholic beverages: including alcohol, any beverage which has alcohol content. This would include but not be limited to all forms of beer, wine, wine coolers, and distilled spirits.

Conviction: For purposes of reporting convictions under the employee section, a conviction is a finding of guilt (including a plea of no contest, no defense or nolo contendere) or imposition of a sentence, or both by any judicial charged with the responsibility to determine violations of any criminal drug statutes.

Drugs: for the purpose of this policy, the term is synonymous with substances.

- Controlled substances: those substances defined in schedules I through V of the controlled Substances Act.
- Illegal substances: controlled substances which are obtained illegally.
- Legal substance: (1) Controlled substances that are prescribed or administered by a licensed physician or health-care professional; (2) over-the-counter drugs; and (3) alcoholic beverages

Employee: for purposes of this Policy, an "employee" is defined as any person holding a University staff or academic appointment, including:

- Work-study students whose primary employer is the university, and who hold a university staff or academic appointment.
- "Employee" also applies to all recognized auxiliary employees including interns and contracted employees. A recognized auxiliary employee is an individual who is employed to assist other people in their work who may not hold a staff or academic appointment with CUSM.

Student:

- An individual who is currently enrolled for academic credit at a campus of the CUSM; or
- One who, during the recess periods between academic terms, has completed the immediately preceding term and is eligible for reenrollment.
- An individual on an approved leave of absence who remains eligible for reenrollment

For purposes of this policy, this includes a student who is enrolled for academic credit during a summer session at the University for the succeeding fall term. Individuals enrolled for continuing education units are not considered students.

SCOPE:

CUSM faculty, staff, and students, recognized auxiliary employees, registered campus organizations, campus entities, visitors or visiting organizations

POLICY:

CUSM complies with the Drug-Free Schools and Communities Act of 1989 and its amendments (DFSCA) and the Drug-Free Workplace Act of 1988 (DFWA).

The unlawful and/or unauthorized use, manufacture, possession, or distribution of alcohol, illegal drugs and/or drug-related paraphernalia on university grounds or at university sponsored activities, is prohibited.

PROCEDURE:

The DFSCA and DFWA require CUSM to adopt and implement programs to prevent the unlawful manufacture, distribution, dispensation, possession or use of illegal drugs/substances or alcohol by CUSM students, staff, and faculty on CUSM property, CUSM sponsored events or activities, and to offer anti-drug and alcohol abuse programming.

Federal regulations require CUSM to annually notify and/or distribute information to students and employees which outlines the following:

- Policies on alcohol and other drugs (AOD);
- Standards of conduct;
- Description of health risks associated with AOD use;
- Description of appropriate sanctions for violations of federal, state, and local law and campus policy;
- Available treatment programs for AOD abuse.

I. Employees

The Federal Drug-Free Workplace Act of 1988 and the State Drug-Free Workplace Act of 1990 require university employees directly engaged in work on a federal or state contract or grant to abide by this policy as a condition of employment.

The HR Director must be notified no later than 5 calendar days if an employee has been convicted of any criminal drug statute in the workplace or while on university business. The university is required to notify the federal contracting or granting agency within 10 calendar days of receiving the notification of conviction from the employee or the actual notice of the criminal drug statute conviction.

Upon receiving the notice of conviction, the university must take appropriate corrective action or require the employee to participate satisfactorily in an approved drug abuse assistance or rehabilitation program, counseling, and treatment within 30 calendar days.

Violations

When issues around use and/or abuse of alcohol and/or other drugs arise, CUSM's goal is to provide employees, whenever possible, options for assessment, recommendations, counseling, referrals, and/or treatment. In the case a faculty or staff member violates university policy, the individual may be subject to disciplinary action up to and including participation in an approved counseling/treatment program and/or termination/dismissal, in addition to federal, state, and municipal legal action and penalties. Self-referral and early detection are critical to the rehabilitation of an employee. Disciplinary procedures for faculty are discussed in the CUSM Faculty Handbook published on CUSM's faculty website.

II. Students

Whenever possible, options for assessment, recommendations, counseling, referrals, and/or treatment will be made available to students. Encouraging self-referral and early detection are critical to the rehabilitation of a student. CUSM's goal is to create a productive, safe, and equitable learning environment for our students and community members.

CUSM students involved in illegal consumption of alcohol, or the manufacture, use, possession, distribution, or sale of illicit drugs are considered in violation of university policy. Students engaged in such activities will be subject to disciplinary action through procedures set forth in the Student Handbook. Depending on the nature of the violation, university sanctions may include educational intervention, warning, probation, referral to a required alcohol or other drug education program, suspension, dismissal, or expulsion in addition to federal, state, and municipal legal action and penalties.

Registered student organizations or clubs found to be in violation of this policy and the CUSM's standards of conduct may be restricted from use of campus services and/or resources to support their organizational activities and may be subject to disciplinary actions including warning, probation, suspension, and removal by the Office of Student Affairs as detailed in the Student Handbook.

III. Visitors and Visiting Organizations

Visitors or visiting organizations found to be in violation of this policy and/or CUSM's standards of conduct may be excluded from participation in campus events and/or further use of the campus. This may also include referral to the appropriate authorities for violations of state or federal laws.

IV. Review of the Program

In compliance with Federal Law, this policy will be reviewed biennially to determine the effectiveness of the University's Alcohol and Drug Prevention Program; implement changes as required and to ensure that disciplinary sanctions are consistently enforced.

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.

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, such as emotional Support animals 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.

Clinical Affiliate Service Animal Policies

In the instance that a clinical affiliate's service animal policy or provision differs from that of CUSM, the clinical affiliate site's policy takes precedence. A reasonable attempt will be made in advance of placement(s) to facilitate learning with accommodation whenever possible.

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. Juneteenth Day
6. Independence Day
7. Labor Day
8. Veteran's Day
9. Thanksgiving Day
10. Day after Thanksgiving
11. Day before Christmas
12. Christmas Day

13. Day before New Year's

Holidays occurring on Saturday are observed on the preceding Friday, while those occurring on Sunday are 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 by contacting the Office of Student Affairs.

CUSM has an attendance policy that covers absences associated with the observation of religious obligations. Students are advised to refer to the policy in their program-specific Student Handbook for guidance (See Section II & Section III of the Student Handbook).

FEDERAL AND STATE REGULATORY POLICIES

Diversity, Discrimination and Harassment Prevention Policy

[An excerpt is published below. The entire policy and procedures may be accessed here: [1.04 - Diversity, Discrimination and Harassment Prevention Policy.](#)]

Nondiscrimination Statement

California University of Science and Medicine (CUSM) is committed to equal opportunity in its educational programs and employment. CUSM does not discriminate regarding an individual's protected category and provides equal treatment and access to all CUSM programs, activities, and applications for employment and admissions to academic programs.

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.

Notice of Nondiscrimination Statement as to Students

CUSM admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the university. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered or cocurricular programs.

Diversity, Discrimination and Harassment Prevention Policy

CUSM prohibits the following conduct:

- I. Unlawful discrimination and/or harassment in any form, in any CUSM program or activity.
- II. Discrimination and/or harassment based on a protected category.
- III. Sexual Harassment, including hostile work environment and quid pro quo ("this for that").
- IV. Retaliation against a person who engages in activities protected under this policy.

CUSM is committed to providing a professional work and educational environment free from unlawful discrimination, harassment, and retaliation for participating in any protected activity covered by this policy. CUSM is committed to providing equal employment and equitable learning opportunities to all employees, students, and applicants for employment, promotion, or admissions. CUSM complies with applicable laws that prohibit discrimination based on an individual's protected category. Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. CUSM is committed to responding to alleged violations of this policy in a timely, professional, and equitable manner and implementing appropriate action aimed at ending the prohibited conduct.

Accordingly, we have adopted and maintain this anti-discrimination policy designed to encourage professional and respectful behavior and prevent unlawful discriminatory and harassing conduct in

our workplace. CUSM will implement appropriate corrective action(s), up to and including formal discipline, in response to misconduct – including violations of CUSM’s anti-discrimination policy – even if the violation does not rise to the level of unlawful conduct.

Procedures for Addressing and Reporting Violations of this Policy

[An excerpt is published below. The entire policy and procedures may be accessed here: [1.04 - Diversity, Discrimination and Harassment Prevention Policy.](#)]

Students and applicants who feel they have been unlawfully discriminated against will notify the school’s administrative dean of student affairs or the registrar.

In seeking informal resolution, the school’s administrative dean for student affairs will discuss, with the complainant, the concern (incident) with the respondent. If appropriate, and if the complainant is willing, the representative will mediate a discussion between the complainant and the respondent. 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 Discrimination/Harassment Complaint Form within 120 days of the incident. The form is available from the Office of Student Affairs.
- The CUSM Office of Student Affairs will send notice of proposed resolution to the complainant within 90 days.
- Procedures for faculty-involved complaints will follow faculty bylaws.

CONTACT INFORMATION FOR STUDENT AFFAIRS:

Office of Student Affairs

Address: 1501 Violet Street, Colton CA 92324

E-mail: StudentAffairs@cusm.org

Phone Number: (909) 490-5934

To access the entire reporting procedure and alternative routes to file complaints, please review the policy here: [1.04 - Diversity, Discrimination and Harassment Prevention Policy.](#)

HOW TO SUBMIT A REPORT USING THE EEPM PROCESS:

When an Ethics, Equity, Professionalism, and Mistreatment (EEPM) concern form is submitted, the entry will help CUSM assign the issue to the appropriate response team for action, intervention, and education strategies. CUSM appreciates willingness of our students, faculty, and staff to provide candid and thoughtful responses so that the university has as much detail as possible to address the issue promptly and thoroughly. CUSM recognizes that safety thresholds around these concerns vary widely, and thus respect privacy and confidentiality. This form does not collect any personal data unless provided. In the instance that a student or employee doesn’t provide a name and/or email address with the form submission, it will be anonymous, and the response team will not contact the reporter directly to follow up. Employees and students may see a response report in the periodic briefings provided by the EEPM leadership team.

To submit a form and report issues around ethics, equity, professionalism, and mistreatment, please click [here](#).

Title IX Sexual Harassment & Sexual Misconduct Policy and Procedures

(This section will be updated pending federal regulation changes and will be updated later. Until then, the current version is in effect.)

Section 1: Policy Statement & Purpose

California University of Science and Medicine (“CUSM” or “University”) is committed to providing an environment that respects the dignity and worth of every member of its community, and strictly prohibits all forms of sexual harassment and sex discrimination. To this end, CUSM will not tolerate sexual misconduct because such conduct violates the community values and principles of our University and disrupts the learning and working environment for students, faculty, staff, and community members. CUSM will respond to complaints, reports, or information about incidents of sexual harassment from students and employees to stop the inappropriate behavior, eliminate any hostile environment(s), and take steps to prevent the recurrence of the prohibited conduct.

CUSM complies with applicable state and federal statutes, including Title IX of the federal Higher Education Amendment of 1972. Title IX prohibits discrimination on the basis of sex in any education program or activity that is federally funded within the United States. Sexual Assault, Domestic Violence, Dating Violence, Stalking, and Sexual Harassment are forms of sex discrimination prohibited by Title IX.

The purpose of this policy is to further the University’s goal to eliminate sexual discrimination in its many forms and to provide resources to students and employees impacted by such incidents. This policy will define consent, provide definitions for sexual harassment which encompasses: quid pro quo, a hostile environment, sexual assault, domestic violence, dating violence, and stalking; describe the procedures and options for reporting violations of this policy; and identify resources available to members of CUSM’s community who are involved in an incident of sexual misconduct.

Section 2: Jurisdiction & Applicability

All CUSM community members are prohibited from engaging in, or assisting or abetting another’s engagement in, sexual harassment and sexual misconduct (see “Prohibited Conduct”, Section 5). This includes, without limitation, all students, faculty, and staff.

CUSM will take action to resolve a Title IX formal complaint of sexual harassment when:

- i. At the time of filing a Title IX formal complaint, a “**complainant**” (the individual who is alleged to be the victim of conduct that could constitute sexual harassment) is participating in or attempting to participate in CUSM’s education program or activity,
- ii. The sexual harassment takes place within a University education program or activity against a person within the United States, and
- iii. The education program or activity (where the alleged incident took place) includes locations, events, or circumstances over which CUSM exercised substantial control over both the “**respondent**” (the individual who has been reported to be the perpetrator of

conduct that could constitute sexual harassment) and the context in which the sexual harassment occurred.

- a. This includes any and all buildings owned or controlled by a student organization that is officially recognized by CUSM.

In situations where the alleged sexual harassment occurred outside of the context of an education 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 take action to resolve the complaint (for example: conduct an investigation), but may address the situation and provide appropriate resources to impacted individuals and, where appropriate, the broader community.

Section 3: Responsible Employees

A responsible employee must report incidents of sexual harassment and sexual misconduct to the Title IX Coordinator regarding students and/or employees. This includes information about incidents a responsible employee knows or reasonably should have known about. For the purposes of this policy, a responsible employee is defined as a University employee who has the authority to redress sexual misconduct, who has the duty to report incidents of sexual misconduct (in regards to employees and/or students), or who an employee or student could reasonably believe has this authority or duty. The following employees are considered responsible employees: all full-time, part-time, visiting, and volunteer faculty, and administrators.

A responsible employee must report the incident, including all relevant details. This includes the name of the respondent(s) (if known), the name of the employee, student, or program participant who is suspected of, or has been observed experiencing sexual harassment, other individuals involved, as well as relevant facts, including the date, time, and location of the alleged sexual misconduct to the Title IX Coordinator. To the extent practicable, information reported to a responsible employee will be shared only with the University officials responsible for responding to the report. Only if deemed necessary, other staff and/or administrators may be involved in the process, e.g., dean of students, and human resources.

Section 4: Title IX Coordinator

The Title IX Coordinator assists our community with matters related to Sexual Harassment and Sexual Misconduct to ensure a positive learning and working environment are in place. The Title IX Coordinator's responsibilities include:

- Overseeing Title IX compliance,
- Providing information, resources, and supportive measures for individuals reporting alleged sexual misconduct (i.e., Complainant),
- Providing information, resources, and supportive measures for individuals accused of sexual misconduct (i.e., Respondent),
- Ensuring prompt and equitable resolution for Formal Complaints that are filed within the campus,
- Tracking and monitoring incidents of sexual harassment and sexual misconduct, and
- Coordinating outreach, education, and prevention efforts.

Title IX Coordinator Contact Information

For inquiries on Title IX compliance, to file a Formal Complaint of Sexual Harassment, or to report a Sexual Harassment concern or suspected violation, please contact the Title IX Coordinator.

Sandra E. Hodgin, Ph.D.

Address: 1501 Violet Street, Colton CA 92324

E-mail: titleixcoordinator@cusm.org

Phone Number: (909) 424-0345

Campus Extension: 01345

Please note: Title IX reports (regarding students and/or employees) can be made in person, by mail, by telephone, or by e-mail using the Title IX Coordinator's contact information listed above, at any time (including non-business hours). If you are making a Title IX formal complaint by e-mail or mail, please be sure to include your physical or digital signature.

Section 5: Definitions (Consent and Prohibited Conduct)

I. The obligations of this Policy require a clear understanding of the concept of Consent as is defined under Section 67386 of the California Education Code. Consent is an affirmative, voluntary, and conscious agreement to engage in sexual activity. In order to give effective consent, one must be of legal age (18 years in the State of California) and have the capacity to give consent.

Affirmative Consent: It is the responsibility of each person to ensure they have the affirmative consent of the other to engage in sexual activity. **Communication regarding consent consists of mutually understandable words or actions that indicate an unambiguous willingness to do the same thing, at the same time, in the same way. In the absence of clear communication or outward demonstration, there is no consent.** Lack of protest, lack of resistance, or silence do not alone constitute consent.

Affirmative consent must be ongoing and **can be revoked at any time** during sexual activity. Thus, even if a person agreed to sexual interaction or continued sexual interaction, that person has the right to change her/his mind, irrespective of how much sexual interaction may have already taken place. Consent to any one form of sexual activity does not imply consent to any other form(s) of sexual activity. The existence of a dating relationship or past sexual relations between the persons involved should never by itself be assumed to be an indicator of consent (nor will subsequent sexual relations or dating relationship alone suffice as evidence of consent).

A. Force and Coercion: Consent obtained through force is not consent. Force is the use of physical violence and/or imposing on someone physically to gain sexual access. Force includes the use of threats, intimidation (implied threats) and/or coercion to produce consent. Coercion is unreasonable pressure for sexual activity ("Have sex with me or I'll hit you. Okay, don't hit me; I'll do what you want."). Coercive behavior differs from seductive behavior based on the type of pressure used to get consent. When someone makes it clear that they do not want sex, that they want to stop, or that they do not want to go past a certain point of sexual interaction, continued pressure beyond that point can be coercive.

NOTE: Resistance is a clear demonstration of non-consent; however, there is no requirement that a party resist a sexual advance or request. Furthermore, absence of physical trauma does not invalidate accusations.

B. Capacity/Incapacitation: Incapacitation is a state where someone cannot make rational, reasonable decisions because they lack the capacity to give knowing consent (e.g., to understand the “who, what, when, where, why or how” of their sexual interaction). Sexual activity with someone who one should have known to be --or based on the circumstances should reasonably have known to be --mentally or physically incapacitated (i.e. by alcohol or other drug use, unconsciousness, asleep, or blacked out), constitutes a violation of this policy.

- i. **Incapacitation due to alcohol or other drugs:** Because alcohol or other drug use can place an individual’s capacity to consent in question, sober sex is less likely to raise such questions. Being under the influence of alcohol or other drugs does not in and of itself indicate incapacitation. When alcohol or other drugs, including date rape drugs (such as Rohypnol, Ketamine, GHB, etc.), are involved, a person will be considered unable to give valid consent if they cannot fully understand the details of a sexual interaction (the who, what, when, where, why, or how) because they lack the capacity to reasonably understand the situation. Administering a date rape drug to another individual is a violation of this policy. More information on these drugs can be found at <http://www.911rape.org/>.
- ii. **Incapacitation due to other reasons:** This policy also covers a person whose incapacity results from mental or physical disabilities, sleep, unconsciousness, or involuntary physical restraint.

C. Invalid Excuses: In any proceedings under these policies and procedures, a Respondent may not assert as an excuse to an alleged lack of consent that the Respondent believed that the Complainant consented under any of the following circumstances:

- i. The Respondent’s belief in affirmative consent arose from the intoxication or recklessness of the Respondent.
- ii. The Respondent did not take reasonable steps, in the circumstances known to the Respondent at the time, to ascertain whether the Complainant affirmatively consented.
- iii. If the Respondent knew or should reasonably have known that the Complainant was unable to consent to the sexual activity under any of the following circumstances:
 - a. The Complainant was asleep or unconscious;
 - b. The Complainant was incapacitated due to the influence of drugs, alcohol, or medication, so that the Complainant could not understand the fact, nature, or extent of the sexual activity; or
 - c. The Complainant was unable to communicate due to a mental or physical condition.

II. Prohibited Conduct are legally inappropriate sexual behaviors that will not be tolerated on campus. The umbrella term for all such misconduct is Sexual Harassment. Specific conduct within Sexual Harassment are defined within this section for clarity and understanding (i.e., quid pro quo, hostile environment, sexual assault, domestic violence, dating violence, and stalking).

Sexual Harassment is the umbrella term for all prohibited conduct and is generally defined as unwelcome sexual advances, unwelcome requests for sexual favors, and other unwelcome verbal, nonverbal, or physical conduct made on the basis of sex. Specifically, Sexual Harassment is defined by one or more of the following ways:

- (1) Quid Pro Quo: An employee that conditions a person's submission to unwelcome sexual conduct in exchange for education benefit; or
- (2) Hostile Environment: Unwelcome conduct that a reasonable person would determine is so severe, pervasive, and objectively offensive that it effectively denies a person equal access to the school's education program or activity; or
- (3) Clery Act & VAWA prohibited conduct: Sexual assault, domestic violence, dating violence, or stalking.
 - A. Sexual Assault is a forcible or nonforcible sex offense. Non-consensual sexual penetration is one form of Sexual Assault that takes place without the consent of the Complainant, this form of Sexual Assault, sometimes called "rape," is any penetration, no matter how slight, of the vagina, anus, or mouth by any body part or object that is without consent and/or by force. Non-consensual sexual contact is another form of Sexual Assault that takes place when, without the consent of the Complainant, there is touching of an intimate body part (genitals, anus, groin, breast, or buttocks) or there is touching of another individual with any of these body parts. This type of Sexual Assault also includes making another touch you or themselves with, or on, any intimate body parts, clothed or unclothed.

Specific Acts of Sexual Assault also known as "Sex Offenses" that are prohibited by this policy include:

- i. Rape: Sexual intercourse of a person, without the consent of the victim, including instances where the victim is incapable of giving consent because of the individual's age or because of the individual's temporary or permanent mental or physical incapacity.
- ii. Sodomy: Oral or anal sexual intercourse with another person, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of a temporary or permanent mental or physical incapacity.
- iii. Sexual Assault With An Object: To use an object or instrument to unlawfully penetrate, however slightly, the genital or anal opening of the body of another person, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of a temporary or permanent mental or physical incapacity.
- iv. Fondling: The touching of the private body parts of another person for the purpose of sexual gratification without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of a temporary or permanent mental or physical incapacity.
- v. Incest: Nonforcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law. vi. Statutory Rape: Nonforcible sexual intercourse with a person who is under the statutory age of consent.

NOTE: As defined by the federal Violence Against Women Act (VAWA), sexual assault means an offense classified as a forcible or non-forcible sex offense under the Uniform Crime Reporting (UCR) system and the National Incident-Based Reporting System (NIBRS) of the Federal Bureau of Investigation. Generally, a sexual assault has

been committed when an individual engages in sexual activity without the explicit consent of the other individual involved, including when the individual lacks capacity to consent. In this policy, sexual activity is any touching of a sexual or other intimate part of a person either for asserting power or gratifying sexual desire of either party. This includes the touching of the Responding Party by the Complainant and the coerced touching of the Complainant by the Responding Party, clothed or unclothed.

- B. Domestic Violence is defined as any act of violence or threatened act of violence against a person who is or has been involved in a domestic relationship with the accused. Domestic Violence includes felony or misdemeanor crimes of violence committed by someone who is a:
- i. Current or former spouse or partner of the victim,
 - ii. Person with whom the victim shares a child in common,
 - iii. Person who is cohabitating with or has cohabitated with the victim as a spouse or partner,
 - iv. Person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or
 - v. By any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
- C. Dating Violence is defined as violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the impacted party, and where the existence of such a relationship is determined based on a consideration of the following factors:
- i. Length of the relationship
 - ii. Type of relationship
 - iii. Frequency of interaction between the people involved in the relationship.
- D. Stalking is defined as engaging in conduct directed at a specific person that would cause a reasonable person to:
- i. Fear for the person's safety or the safety of others; or
 - ii. Suffer substantial emotional distress.

For the purposes of the Stalking definition:

- (a) Course of conduct means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property.
- (b) Reasonable person means a reasonable person under similar circumstances and with similar identities to the victim.
- (c) Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily, require medical or other professional treatment or counseling.)

Examples of Sexual Harassment as defined by Quid Pro Quo, Hostile Environment, and the Clery Act and VAWA prohibited conduct, include:

❖ **Quid Pro Quo:**

- Direct or implied threats that submission to sexual advances will be a condition of employment, work status, promotion, grades, academic evaluation, or letters of recommendations.
 - Subtle pressure for sexual activity, an element of which may be repeated requests for private meetings without an academic and employment purpose.
 - Direct propositions of a sexual nature.
- ❖ **Hostile Environment:**
- A pattern of conduct that would discomfort or humiliate, or both, a reasonable person at whom the conduct was directed that includes one or more of the following: (1) unnecessary touching, patting, hugging, or brushing against a person’s body; (2) remarks of a sexual nature about a person’s clothing or body, whether or not intended to be complimentary; (3) remarks about sexual activity or speculations about previous sexual experience; (4) other comments of a sexual nature, including sexually explicit statements, questions, jokes or anecdotes; or (5) letters, notes or electronic mail containing sexual comments, words or images.
- ❖ **Clery Act and VAWA prohibited conduct:**
- Sexual assault, or other unwelcome non-consensual touching.
 - Physical assault, or property damage.
 - Emotional violence, or physical threat.
 - Direct verbal threat of violence to one’s self, one’s romantic partner, or to others.
 - Pursuing, following, waiting, or showing up uninvited at or near a residence, workplace, classroom, or other places frequented by the victim.
 - Stalking through non-consensual communication, including face-to-face communication, telephone calls, voice messages, e-mails, texts, letters, notes, gifts, or any other communications that are undesired and place another person in fear.
 - Stalking through surveillance or other types of observation, including staring or “peeping”.

NOTE: Sexual Harassment may occur between individuals regardless of their genders or gender identities.

Section 6: Fraternization (Consensual Relationships)

CUSM’s fraternization policy, ‘Consensual Sexual or Romantic Relationships in the Workplace and Educational Setting,’ emphasizes that all sexual or romantic relationships between individuals in inherently unequal positions assume special risks and therefore, are **prohibited**.

In the university context, such sexual or romantic relationships include, but are not limited to:

- ❖ faculty and student
- ❖ supervisor and employee
- ❖ senior administrative faculty to faculty
- ❖ faculty to staff
- ❖ mentor and trainee
- ❖ adviser and advisee
- ❖ teaching assistant and student

When the policy on consensual relationships is violated, a violation of this Title IX policy may also result. Under both policies, a romantic or sexual relationship in which one individual is in a position to exercise authority over the other creates a potential for sexual harassment, exploitation, and/or perceptions of undue advantage or disadvantage.

Additionally, when both parties have consented at the outset to a romantic or sexual relationship, this consent does not remove grounds for a charge of sexual harassment, conflict of interest, or other violations applicable to both policies.

Section 7: Reporting Options

I. Internal Reports

Students and/or employees of the CUSM community who believe that they have been or may be subjected to Sexual Harassment (i.e., quid pro quo, hostile environment, sexual assault, domestic violence, dating violence, stalking) or who have witnessed or are aware of any incident of the same during an education program or activity, are encouraged to report such concerns to obtain supportive measures and/or to file a Formal Complaint.

Reports may be made to the Title IX Coordinator listed below, regardless of whether the reporting party is a student, faculty member, staff member, or third party. Under no circumstances is an individual required to report sexual misconduct or other prohibited conduct to a supervisor or academic instructor who is the alleged perpetrator.

Reports to the Title IX Coordinator can be made via email, phone, mailing address, or in person to the following contact information:

Sandra E. Hodgkin, Ph.D.

Address: 1501 Violet Street, Colton CA 92324

E-mail: titleixcoordinator@cusm.org

Phone Number: (909) 424-0345

Campus Extension: 01345

II. Anonymous Reports

CUSM students may make anonymous reports of Sexual Harassment through the Canvas online "Anonymous Reporting and Suggestion Form." However, depending on the extent of information available about the parties involved and the incident, the University's ability to respond to such reports may be limited.

III. External Reports

CUSM strongly encourages all individuals (i.e., students and/or employees) who are the subject of sexual harassment, sexual assault, domestic violence, dating violence, and/or stalking to pursue all remedies available to them, including reporting incidents of potential criminal conduct to law enforcement. Below is the contact information for the Colton Police Department.

Colton Police Department

650 N. La Cadena Drive

Colton, CA 92324

Lobby Hours: 8:00 am - 4:00 pm, Monday-Thursday (Closed Fridays and Holidays)
(909) 370-5000 (non-emergencies)
Emergencies: 9-1-1

Section 8: Confidentiality

I. Limited Confidentiality within the University

CUSM respects the privacy of those reporting Sexual Harassment also defined as Prohibited Conduct (see section 5: Definitions) and will endeavor to respect requests for confidentiality to the greatest extent practicable.

Prior to the filing of a Formal Complaint, a Complainant's request for confidentiality will be maintained, meaning their identity will not be released to the Respondent, and the Title IX Coordinator will provide the Complainant resource options, and supportive measures.

Please Note: The Title IX Coordinator will have confidentiality limitations, after a Formal Complaint is filed. Also, confidentiality may be limited prior to a Formal Complaint if a particular supportive measure, such as a no-contact order where a Respondent would need to know the identity of the person with whom the Respondent's communication is restricted.

After a Formal Complaint is filed, identification of both parties will be included within the written notice of allegations report. This report will include the alleged conduct, the date and time of the alleged conduct, and the identity of the Complainant. Parties will have the right to discuss the allegations under investigation, however parties will be warned to not discuss the allegations in a manner that constitutes Retaliation (see Section 11) that is a violation of this Policy and would be considered a serious, separate offense.

II. Confidential Resources within the Community

Students and/or employees who wish to seek advice or assistance or to discuss options for dealing with issues involving Sexual Harassment and any and all forms of sexual misconduct on a strictly confidential basis may do so by speaking with licensed counselors, clergy, medical providers in the context of providing medical treatment, rape crisis center counselors, and sexual violence advocates. Students, staff, and faculty who wish to speak to someone on a strictly confidential basis may contact the following confidential resources to discuss options available to you:

San Bernardino Sexual Assault Services (Local Rape Crisis Center)

Free confidential advice and counseling available 24 hours, 7 days a week
909-885-8884
Website: <https://www.sbsas.org/>

Project Sister Advocates & Counselors (Local Rape Crisis Center)

Free confidential advice and counseling available 24 hours, 7 days a week
909-626-HELP (909-626-4357)
Website: <http://projectsister.org/>

RAINN Advocates & Counselors (National Sexual Assault Crisis Center)

Free confidential advice and counseling available 24 hours, 7 days a week

800-656-HOPE (800-656-4673)

For Online Hotline Assistance: <https://ohl.rainn.org/online/>

Website: <https://rainn.org/>

Section 9: Grievance Procedures

Notice of a report may be made in person, by mail, by telephone, or by e-mail to the Title IX Coordinator listed in Section 4.

While there is no time limit for reporting, reports of Prohibited Conduct (see Definitions, Section 5), that took place while the Complainant participated within or attempted to participate within an education program or activity (see Jurisdiction and Applicability, Section 2), should be brought forward as soon as possible; all incidents should be reported even if significant time has elapsed but prompt reporting will better enable CUSM to respond and provide an appropriate and equitable remedy.

Within this Policy, CUSM and the Title IX Coordinator will not treat CUSM applicants, students, or employees differently on the basis of sex or identity and therefore will not favor Complainants over Respondents or Respondents over Complainants. The Title IX Coordinator does not promote CUSM's interests other than its interest in gender equity as evidenced in this Policy and provided by law. The Title IX Coordinator's primary job is to ensure CUSM complies with Title IX regulations which includes (i) responding to reports and complaints of sexual harassment, (ii) informing Complainants of the availability of supportive measures and of the process for filing a Formal Complaint, (iii) offering appropriate supportive measures for Complainants designed to restore or preserve equal access to CUSM's education program or activity, (iv) working with Respondents to provide supportive measures as appropriate, (v) coordinating the effective implementation of both supportive measures (to one or both parties) and remedies (complainant), and (vi) ensuring equitable and prompt resolution.

Although a report may come in through many sources, CUSM is committed to ensuring that all reports of sexual misconduct are referred to the Title IX Coordinator, by students and employees, which ensures consistent application of this Policy and Procedures.

Please Note: CUSM and the Title IX Coordinator's 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.

I. Initial Report and Supportive Measures

As soon as practicable after receiving a report, the Title IX Coordinator will promptly contact the Complainant to discuss the availability of supportive measures, consider the Complainant's wishes with respect to the supportive measures, inform the Complainant of the availability of supportive measures with or without the filing of a formal complaint, and explain to the Complainant the process for filing a formal complaint.

- A. **Supportive Measures** are confidential, individualized services (without fee for the Complainant or the Respondent) following an initial report. Supportive measures can be provided with or without the filing of a formal report. These measures are designed to

protect the safety of all parties, CUSM's educational environment, and deter sexual harassment.

Range of Supportive Measures

For Students and/or Employees

- Counseling services
- Course-related adjustments (exams, assignments, etc.)
- Work or class schedule modifications
- Academic support services
- Campus escort services
- Mutual No-Contact Order between parties (see Confidentiality, Section 8, regarding confidentiality limitations with this option)
- Voluntary leaves of absence
- Increased security and monitoring in certain areas at CUSM
- And other similar remedies to support the goals of this Policy

II. Formal Complaint (Preliminary Steps)

Following the Initial Report, if a Complainant decides to file a formal Title IX complaint the signature of the Complainant and the Title IX Coordinator will both be placed on the information provided within the Formal Complaint. Various preliminary steps (listed below) will take place once the Formal Complaint is signed.

A. Notice of Allegation

A written notice of the Formal Complaint will be emailed to all parties and will include the identification of the parties involved, the alleged conduct, the date and time of the alleged conduct, CUSM's grievance process, information on the Title IX informal process, details on having an advisor throughout the Title IX process, and information on the prohibition of false reports and retaliation.

B. Safety and Risk Analysis

A Safety and Risk Analysis will immediately be done by the Title IX Coordinator to see if there is an immediate threat to the physical health or safety of any student or other individual arising from the allegations of sexual harassment. If there is an immediate threat, a Respondent can be removed from CUSM on an emergency basis, as follows:

i. Emergency Removal:

A student Respondent will be provided a notice and will then have an opportunity to challenge the decision immediately following the removal.

ii. Administrative Leave:

An employee Respondent will be placed on leave throughout the duration of the grievance process.

Note: Any emergency removal or administrative leave imposed pursuant to this section shall have no bearing on the presumption of non-responsibility established throughout the Grievance Procedures described within this Policy.

C. Complainant's Right to Dismiss the Formal Complaint

Following the filing of the Formal Complaint, the Complainant will be told of their right and ability to stop the Title IX case within the grievance process.

- i. Dismissal of a Formal Complaint by the Complainant can take place if:
 - a. the Complainant chooses to withdraw their complaint,
 - b. the Complainant notifies the Title IX Coordinator in writing, and
 - c. the request is submitted during the investigation or the hearing.

D. Formal Complaint Assessment

This Assessment will be performed to ensure the Formal Complaint can proceed legally and in accordance with Federal Title IX regulation.

- i. Dismissal of a Formal Complaint by CUSM will take place if:
 - a. the alleged conduct did not occur within a CUSM education program or activity,
 - b. the alleged conduct did not occur within the United States,
 - c. the Respondent is no longer enrolled or employed by CUSM, or
 - d. there are specific circumstances preventing CUSM from gathering sufficient evidence to reach a determination.

III. Informal and Formal Resolution Procedures

Following the filing of a Formal Complaint, the Complainant will have the option to proceed with either Informal or Formal Resolution Procedures.

A. Advisor Throughout Informal and Formal Resolution Procedures

Regardless of the selection to proceed with Informal or Formal Procedures, the Complainant and Respondent may each have a support person of their choosing present with them at all meetings and any hearing associated with the Resolution Procedures. The support person is an advisor of choice and can include a current member of the CUSM community or be an external individual to the University such as an attorney, advocate, or family member. The support person cannot be involved in the underlying case and cannot be part of the investigation, such as be a witness.

Note: Under Title IX 2020 regulations, CUSM reserves the right to establish restrictions regarding the extent to which an advisor may participate in the proceedings, as long as the restrictions are applied equally to both parties.

B. Standard of Evidence

To ensure a fair process, it is important all parties understand that throughout the grievance process, either Informal or Formal, CUSM will uphold the **preponderance of the evidence standard** (there is a greater than 50% chance the claim is true) for all Formal Complaints of Sexual Harassment, including those against employees.

C. Presumption of Non-Responsibility

There is a presumption that the Respondent is not responsible for the alleged Sexual Harassment until a determination regarding responsibility is made at the conclusion of the Grievance Procedures.

D. Time Frames

All grievance procedures, Informal or Formal, will be concluded within a reasonably prompt time frame, unless there is notice of a short-term delay or extension for good cause that will be temporary and limited in duration.

Reasonable time frames that will be applied to Formal Complaints include:

Thirty (30) business days for Informal Resolutions, and ninety (90) business days for Formal Resolutions.

IV. INFORMAL Resolution Procedures

After a Formal Complaint is filed, an Informal Resolution process may be initiated. Informal Resolution Procedures do not involve a full investigation and adjudication, rather Informal Resolution Procedures facilitate a restorative justice approach, which can include mediation.

For an Informal Resolution to take place, all parties must provide voluntary, written consent to move forward with this option.

Scenarios where an Informal Resolution may take place:

- Facts alleged in a Formal Complaint are not contested;
- The Respondent has admitted or wishes to admit responsibility; or
- Both parties want to resolve the case without a completed investigation or adjudication.

At any time prior to agreeing to an Informal Resolution, any party has the right to withdraw from the process and resume the grievance process through the Formal Resolution Procedures. Also, if the Formal Resolution process was initially selected, at any time **prior to** reaching a determination regarding responsibility within that process, an Informal process can be initiated in its place.

Note: Formal Complaints alleging sexual harassment by an employee(s) will not be provided an Informal Resolution option.

V. FORMAL Resolution Procedures

After a Formal Complaint is filed, a Formal Resolution process may be initiated. Formal Resolution Procedures involve a full investigation, live hearing, and adjudication. The Title IX Coordinator shall select the Investigator, Hearing Officer, and Appeals Officer, for each investigation from a pool of University employees or third parties specifically trained to serve in those roles.

A. Conflict of Interest

Neither the Title IX Coordinator nor any Investigator, Hearing Officer, or Appeals Officer will make findings or determinations in a case in which they have a material conflict of interest or material bias. Any party who believes one or more of these University officials has a potential

material conflict of interest or material bias must raise the concern to the Title IX Coordinator within two (2) business days of discovering the perceived conflict so that the University may evaluate the concern and find a substitute, if appropriate. The parties will be notified of the identities of the Hearing Officer and, if applicable, the Appeals Officer prior to the start of the specific grievance procedure. The Title IX Coordinator or designee will determine whether a conflict of interest exists. The failure of a party to raise a concern of a conflict of interest or bias may result in a waiver of the issue for purposes of any appeal specified within this section listed under subsection (E) Appeals.

B. Investigation

All CUSM investigations will be thorough, reliable, and impartial. All investigations will entail interviews with all relevant parties and witnesses, to systematically obtain available evidence. The burden of proof and the burden of gathering evidence sufficient to reach a determination regarding responsibility rests on CUSM and not on the parties.

The Title IX Coordinator will email the Investigation Process and Rights for both the Complainant and Respondent (Appendix A) to ensure they both understand the process and their rights.

C. Pre-Hearing Conference

Ten (10) business days prior to the Live Hearing, a conference with the Hearing Officer will be held (i.e., in-person or virtually) with each respective party and their advisor at separate times. The purpose of the Pre-Hearing Conference is to educate parties on the Live Hearing, answer questions, and discuss specific details such as the expected scope of the Live Hearing, decorum, logistics, and to request a witness list for the campus to invite witnesses to be present for the Live Hearing.

Note: If witness statements from the investigation are deemed not relevant to the allegation(s) a witness may not be called to make a statement during the Live Hearing and this will be noted in a preliminary witness list created by the Hearing Officer.

D. Live Hearing

Following the completion of the investigation and a Pre-Hearing Conference, a Live Hearing will be performed either in-person or virtually, by a Hearing Officer. The Hearing Officer is deemed the decision-maker to reach a fair, and accurate determination within the Title IX Grievance Procedure. The Hearing Officer will be a separate person from the Investigator and is under an obligation to objectively evaluate all relevant evidence, both inculpatory and exculpatory. Therefore, the Hearing Officer will independently reach a determination regarding responsibility and credibility by reviewing the Final Investigation Report and observing and overseeing the parties' equal right to present and cross-exam parties and witnesses (this includes the investigator, and fact and expert witnesses).

Note: The Hearing Officer will independently reach a determination regarding responsibility based on statements provided within the Live Hearing, without giving deference to only the investigative report.

i. Cross-Examination

CUSM understands cross-examination is a valuable tool for resolving the truth of serious allegations such as those presented in a Formal Complaint of Sexual Harassment. Therefore, the following are specific guidelines for all cross-examinations that will be upheld:

- Cross-examination must take place directly, orally, and in real time, in other words, cross-examination questions will not be requested for screening prior to the hearing (or during the hearing);
- Cross-examination must only be conducted by party advisors and not directly or personally by the parties themselves;
- The Hearing Officer must make relevance determinations for all questions asked;
- Only relevant questions must be answered. Therefore, before a party or witness answers a cross-examination question a “**pause**” is required prior to a party or witness answering for the Hearing Officer to determine the relevance of each question;
- If cross-examination questions are excluded, the Hearing Officer will provide an explanation about irrelevance, and parties and advisors are prevented from challenging the relevance determination during the hearing;
- Upon any parties request, the entire live hearing, including cross-examination, must occur with the parties in separate rooms (e.g., technology will be used so that parties can hear and see each other virtually);
- Questions about a Complainant’s prior sexual behavior are barred based on rape shield protections, with two (2) exceptions:
 - someone else may have committed the alleged behavior, or
 - if the questions/evidence relate to sexual behavior with respect to the Respondent and are offered to prove consent.
- Limits on evidence introduced at the hearing that was not gathered and presented prior to the hearing, will be decided by the Hearing Officer and will be based on the following standard:
 - Relevant evidence is evidence of facts to prove or disprove a fact in issue. In other words, “is the evidence relevant to a fact at issue in the case?”
- A party’s medical or psychological records can only be used with the party’s voluntary consent;
- If a party or witness chooses to be absent from a hearing, or to not answer questions during a live hearing, this Title IX policy protects every individual’s choice and cannot require participation. Please be aware that if an individual does not appear or does not answer a question(s) *any and all* statements made during the Investigation and during the Live Hearing will not be considered by the Hearing Officer. Therefore, the Hearing Officer will decide responsibility of the allegations based on the remaining evidence without retaliation or negative interpretation;
- Written statements cannot be relied on by the Hearing Officer if the party or witness chooses to not participate with cross-examination;
- Whether a party or witness’s statement is considered reliable or truthful must be determined in light of the credibility-testing function of cross-examination; and
- CUSM will oversee cross-examination in a manner that avoids aggressive, abusive, questioning of any party or witness.

Note: If a party does not have an advisor of choice for the hearing, CUSM will provide an advisor (of CUSM's choice) for the purpose of conducting cross-examination. Self-representation where a party personally conducts cross-examination will be strictly prohibited.

E. Written Determination

Following the conclusion of the Live Hearing, the Hearing Officer will provide a written determination regarding responsibility (within five [5] business day). The written determination will be sent simultaneously to both parties.

The written determination will include the following key elements:

- Identification of the specific allegations alleged to constitute sexual harassment as described in this Policy;
- The procedural steps taken from receipt of the Formal Complaint through the determination regarding responsibility (this includes the Investigative process, timeline, interviews with parties and witnesses, methods used to gather any and all evidence, and hearings held);
- Findings of fact supporting the determination;
- Conclusions regarding the application of CUSM's Title IX prohibited conduct Policy to the facts of the conduct alleged;
- Determination regarding responsibility for each allegation and the Hearing Officer's rationale for the result;
- Any disciplinary sanctions that will be imposed on the Respondent and whether or not the Complainant will be provided remedies (a description of what remedies will be implemented, if any, will not be disclosed for privacy purposes); and
- Information regarding the appeals process and grounds for appeal.

i. Range of Possible Disciplinary Sanctions and Remedies

Student Sanctions:

- Warning- written or verbal
- Required counseling
- Required training or education
- Withholding diploma
- Revocation of degree
- Transcript notation
- Banning from campus
- Suspension
- Expulsion

Employee Sanctions:

- Warning- written or verbal
- Performance improvement plan
- Required counseling
- Required training or education
- Demotion

- Suspension without pay
- Suspension with pay
- Revocation of tenure
- Termination

Remedies:

- Counseling services
- Course-related adjustments (exams, assignments, etc.)
- Work or class schedule modifications
- Academic support services
- Campus escort services
- Mutual No-Contact Order between parties (*see Confidentiality, Section 8, regarding confidentiality limitations with this option*)
- Voluntary leaves of absence
- Increased security and monitoring in certain areas at CUSM

ii. Final Determination

If neither party appeals the written determination, then the Title IX case will be considered closed and the conclusions by the Hearing Officer will be considered the Final Determination.

F. Appeals

Appeals will be performed by an Appeals Officer that will be deemed the decision-maker to reach a fair determination, free from bias and conflicts of interest. The Appeals Officer will, therefore, be a separate person from the Title IX Coordinator, the Investigator, and the Hearing Officer.

Appeals rights are mandatory for Title IX procedures and therefore are equally available to both the Complainant(s) and the Respondent(s). Parties have the opportunity to appeal a determination regarding responsibility based on any of four grounds (listed below). Additionally, parties also have the equal opportunity to appeal CUSM's decision to dismiss a Formal Complaint or an allegation contained within the Formal Complaint.

i. Grounds for Appeal, For Both Parties:

- Procedural irregularity that affected the outcome of the matter;
- New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made, that could affect the outcome of the matter;
- The Title IX Coordinator, investigator(s), or decision-maker(s) had a conflict of interest or bias for or against either party, that affected the outcome of the matter; and
- Disproportionate sanction that is considered excessively severe or insufficient.

ii. Appeal Submission and Other Party Response

The appealing party will have five (5) business days to submit a written appeal to the Title IX Coordinator from the date the Written Determination is delivered to both parties. Upon receipt of an appeal, the Title IX Coordinator will notify and provide a copy of the appeal

to the other party. The other party shall then have an opportunity to respond in writing to the appeal within five (5) business days from the date of the appeal.

Requests for appeal and responses to the same must not exceed 10 pages (double-spaced, 12 point Times New Roman font). Nonconforming submissions will not be considered beyond the first 10 pages. Late submissions will not be accepted. Either party may request a waiver of the page limitation. Such request must be made in writing to the Title IX Coordinator prior to the deadline for the appeal submission and should include a reason for the request.

Following the receipt of a written appeal, the Title IX Coordinator will contact the designated Appeal Officer. The Title IX Coordinator will provide the Appeal Officer with a copy of the written appeal and the other party's response. The Appeal Officer will determine whether any grounds for the appeal are substantiated, and if changes to the Written Determination should be made. The Appeal Officer will provide a response to both parties within fifteen (15) business days of the initial appeal date.

iii. Supportive Measures

If an appeal is submitted, supportive measures will stay in place until the appeal is resolved. Following the Appeals Officer's decision to change or not change the Written Determination of responsibility, the disciplinary sanctions, and remedies that coincide with the Appeal's Officer's decision will be implemented.

iv. Final Determination

If there is no appeal request, the written determination becomes final after the time period to file an appeal has expired (i.e., five [5] days). Or, if an appeal request is made, and an appeal decision has been made and sent to both parties, the appeals decision will become the Final Determination.

Section 10: Good Samaritan Provision (Amnesty)

To encourage reporting, individuals cooperating in a Title IX investigation or hearing may be provided immunity on sanctions related to alcohol and drug policy violations to determine consent or memory only under this Policy. This behavior will not serve as the foundation for discipline or independent proceedings under another University policy.

However, the University may, at its discretion, require individuals who engaged in such behavior to participate in education programs or recommend a meeting with a counselor or other support persons.

Section 11: Retaliation & False Accusations

Retaliation

Retaliation is any attempt by a student, faculty, or staff member to penalize, intimidate, threaten, coerce, or discriminate in any way against a person who makes a report of, or who is otherwise involved in reporting or an investigation of alleged violations of CUSM's Sexual Harassment and Sexual Misconduct policies and procedures. Persons who believe that they have been retaliated against for making a complaint/report or for cooperating in an investigation should immediately

contact the Title IX Coordinator. Retaliation is itself a violation of this Policy and is a serious, separate offense. Any person who retaliates against a person who has filed a complaint or cooperated in an investigation is in violation of University policy and will be subject to disciplinary action.

False Accusations

Knowingly making a false accusation of sexual harassment (i.e., quid pro quo, hostile environment, sexual assault, domestic violence, dating violence, and/or stalking) under this Policy is itself a violation of this Policy and a basis for disciplinary action, up to and including dismissal, expulsion, or termination of employment from the University.

Reports of a false accusation shall not be addressed immediately but rather following the investigation of the Formal Complaint in question.

NOTE: Failure to prove a claim of sexual harassment, as defined within this Policy (see Section 5, Definitions), is not the equivalent of a knowingly false accusation.

Section 12: References and Legal Authority

- Title IX of the 1972 Education Amendments to the Higher Education Opportunity Act, 20 U.S.C. § 1681, et seq. (34 C.F.R. § 106).
- California Education Code: Student Safety, Section 67386.
- Violence Against Women Act, 34 U.S.C. § 12291, et seq., “dating violence” as defined in 34 U.S.C. § 12291(a)(10), “domestic violence” as defined in 34 U.S.C. § 12291(a)(8), “stalking” as defined in 34 U.S.C. § 12291(a)(30).
- Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (20 U.S.C. § 1092(f) and implementing regulations, 34 C.F.R. § 668.41 and 668.46) (“Clery Act”): “sexual assault” as defined in 20 U.S.C. § 1092(f)(6)(A)(v).
- U.S. Constitution. Amendments V and XIV.
- Title VII of the Equal Employment Opportunity Act of 1972 (as amended).
- Federal Civil Rights Statutes of 1964.
- Government Code Sections 12940 (i) and (j) of the California Fair Employment and Housing Act.
- Government Code Section 19702 of the State Civil Service Act.

APPENDIX A

Investigation Process and Rights

- 1) Rights that are provided to both parties equally during an investigation include:
 - ❖ Neither party is restricted to discuss the allegations under investigation. However, both parties are warned to not discuss the allegations in a manner that constitutes Retaliation (see Section 10) because that is a violation of the Title IX Policy and would be considered a serious, separate offense.
 - ❖ Neither party is restricted to gather and present relevant evidence during the investigation.

- ❖ Parties may identify and present fact and expert witnesses during the investigation.
 - ❖ Parties have the right to have an advisor of choice present during any grievance proceeding, such as an investigation interview.
 - ❖ Parties will be given written notice of the date, time, location, participants, and purpose of all hearings, investigative interviews, or other meetings, with sufficient time for the party to prepare to participate.
 - ❖ Parties have the right to review any evidence obtained that is directly related to the allegations, including evidence that will not be used in reaching a determination, so that each party can meaningfully respond to the evidence prior to the conclusion of the investigation.
 - ❖ Parties and witnesses have the right to not participate within the grievance process but are warned that CUSM may still proceed with the grievance process without a party or witness's participation.
- 2) At the start of the investigation process, an Investigator will be assigned to investigate the Formal Complaint. During this time the Investigator will contact the Complainant and Respondent and begin an investigation to obtain evidence.
- 3) As the investigation nears completion, a **Preliminary Investigation Report** will be shared with both parties and their respective advisor, through email.
- a. Parties will have ten (10) business days to submit a written response, which the Investigator will consider prior to the completion of the **Final Investigative Report**.

Examples of what a written response may include:

- Any additional evidentiary materials that should be collected and reviewed to the extent that such items are reasonably available (e.g., text messages, social media postings, etc.);
- Any follow-up issues or questions for any witness, including the other party;
- A request for a follow-up interview to clarify or provide additional information;
- Any new witness who should be interviewed (including a description of what topics/issues the witness should be asked to address and why this is necessary for the investigation).

Note: All evidence reviewed will be available at any hearing to give each party equal opportunity to refer to such evidence during the hearing, including for purposes of cross-examination.

- 4) The **Final Investigative Report** will include a fair summary of **only relevant evidence** in regard to the allegations of the hearing. The Final Investigative Report will be shared with both parties and their respective advisor, through email, at least ten (10) business days prior to a hearing.
 - a. The investigator is required to only summarize “relevant” evidence in the Final Investigative Report (which would exclude sexual history information that is barred by rape shield protections §106.45(b)(6)(i)).

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.

Americans with Disabilities Act (ADA)

CUSM provides 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. Requests 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 Executive Director of Preclinical Student Services. 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 is 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) and/or ammunition are prohibited on the CUSM campus. It is a violation of CUSM policy and state law for any person to carry a firearm or weapon on school premises, school-provided transportation, or areas of other facilities being used exclusively for school activities. 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 does not have a pending petition in bankruptcy, is not operating as a debtor in possession, does not have filed a petition within the preceding five years, or have not had a petition in bankruptcy filed against it within the preceding five years 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

An individual may contact the Bureau for Private Postsecondary Education for review of a complaint. The bureau may be contacted at 1747 North Market Street, Suite 225, Sacramento, CA 95384, www.bppe.ca.gov, (916) 574-8900 or by fax (916) 263-1897.

COURSE LISTINGS

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

MD Program

Pre-Clerkship Phase

The courses in the Pre-Clerkship Phase of the MD curriculum are integrated and include one foundational course; multidisciplinary system-based courses; research project courses; and longitudinal courses focused on clinical skills and professional development. System-based courses are constructed around a set of design principles that integrate didactic sessions, laboratory experiences, and weekly clinical case analysis and presentations that allow students to (a) develop knowledge and understanding of the basic scientific principles that underpin the practice of medicine, (b) explain the mechanisms responsible for the production of symptoms and signs of diseases and relate these to pathophysiology, and (c) critically evaluate therapeutic effectiveness and safety. Courses are delivered by an interdisciplinary team of faculty who integrate basic science with clinical correlations through the teaching of anatomy, histology, embryology, biochemistry, genetics, physiology, nutrition, microbiology, immunology, pathology, and pharmacology. The longitudinal clinical skills courses are delivered by a team of qualified faculty who align the teaching of clinical skills with the basic science being delivered in the other courses.

SYTM-5501: Scientific Foundations of Medicine

- Credits: 6
- Sites: CUSM-SOM
- Prerequisites: None

Description: This course introduces students to the foundational scientific principles that form the framework for understanding the systems of the body. The course presents fundamental molecular, cellular, and morphological principles in the biomedical sciences including biostatistical principles and links these principles to clinical medicine through an integrated laboratory experience and an introduction to problem-based critical thinking for clinical cases.

Evaluation: Achievement of learning outcomes in this course is evaluated by a combination of formative and summative assessments including readiness assessment tests, case presentations, laboratory practicums, multiple-choice questions, and assessments of professionalism.

Grade Criteria: Pass or fail.

SYTM-5502: Musculoskeletal & Skin

- Credits: 5
- Sites: CUSM-SOM
- Prerequisites: None

Description: This course introduces the scientific concepts in several subject areas including (among others) anatomy, physiology, biochemistry, pathology, and microbiology that serve as the basis for understanding the support, stability, function, and dysfunction that is associated with the musculoskeletal system and the skin. These concepts are integrated with a laboratory experience,

an introduction to clinical application and cases to provide students with an understanding of the musculoskeletal system and skin in health and disease states, as well as areas such as adverse outcomes associated with pharmacologic agents used therapeutically in the management of these disease states.

Evaluation: Achievement of learning outcomes in this course is evaluated by a combination of formative and summative assessments including readiness assessment tests, case presentations, laboratory practicums, multiple-choice questions, and assessments of professionalism.

Grade Criteria: Pass or fail.

SYTM-5503: Blood, Lymphoreticular & Urinary Systems

- Credits: 6
- Sites: CUSM-SOM
- Prerequisites: None

Description: This course introduces the scientific concepts in several subject areas including (among others) anatomy, physiology, biochemistry, pathology, and microbiology that serve as the basis for understanding the hematologic, lymphoid, and urinary systems, including the physiological and pathological processes that can occur within these body systems. To provide students with an understanding of the hemopoietic, lymphoid, and urinary systems in health and disease states, these concepts are integrated with a laboratory experience, an introduction to clinical application and cases, as well as areas such as adverse outcomes associated with pharmacologic agents used therapeutically in the management of these disease states.

Evaluation: Achievement of learning outcomes in this course is evaluated by a combination of formative and summative assessments including readiness assessment tests, case presentations, laboratory practicums, multiple-choice questions, and assessments of professionalism.

Grade Criteria: Pass or fail.

SYTM-5504: Respiratory & Cardiovascular Systems

- Credits: 8
- Sites: CUSM-SOM
- Prerequisites: None

Description: This course deals with two organ systems: cardiovascular and respiratory. This course introduces the scientific concepts in several subject areas including (among others) anatomy, physiology, biochemistry, pathology, and microbiology that serve as the basis for understanding the structure of the cardiovascular and respiratory systems, including the physiological and pathological processes that can occur within these body systems. To provide students with an understanding of the cardiovascular and respiratory system in health and disease states, these concepts are integrated with a laboratory experience, an introduction to clinical application and cases, as well as areas such as adverse outcomes associated with pharmacologic agents used therapeutically in the management of these disease states.

Evaluation: Achievement of learning outcomes in this course is evaluated by a combination of formative and summative assessments including readiness assessment tests, case presentations, laboratory practicums, multiple-choice questions, and assessments of professionalism.

Grade Criteria: Pass or fail.

SYTM-5505: Gastrointestinal System

- Credits: 4

- Sites: CUSM-SOM
- Prerequisites: None

Description: This course introduces the scientific concepts in several subject areas including (among others) anatomy, physiology, biochemistry, pathology, and microbiology that serve as the basis for understanding the normal and abnormal form of the digestive system and its associated glands, including the normal and abnormal mechanical and chemical processes that can occur within this body system. These concepts are integrated with a laboratory experience, an introduction to clinical application and cases to provide students with an understanding of the digestive system in health and disease states, as well as areas such as adverse outcomes associated with pharmacologic agents used therapeutically in the management of these disease states.

Evaluation: Achievement of learning outcomes in this course is evaluated by a combination of formative and summative assessments including readiness assessment tests, case presentations, laboratory practicums, multiple-choice questions, and assessments of professionalism.

Grade Criteria: Pass or fail.

SYTM-5507: Endocrine System

- Credits: 4
- Sites: CUSM-SOM
- Prerequisites: None

Description: This course introduces the scientific concepts in several subject areas including (among others) anatomy, physiology, biochemistry, pathology, and microbiology that serve as the basis for understanding the endocrine system, including the physiological and pathological processes that can occur within this body system. To provide students with an understanding of the endocrine system in health and disease states, these concepts are integrated with a laboratory experience, an introduction to clinical application and cases, as well as areas such as adverse outcomes associated with pharmacologic agents used therapeutically in the management of these disease states.

Evaluation: Achievement of learning outcomes in this course is evaluated by a combination of formative and summative assessments including readiness assessment tests, case presentations, laboratory practicums, multiple-choice questions, and assessments of professionalism.

Grade Criteria: Pass or fail.

ECLN-5701: Clinical Skills (I)

- Credits: 6
- Sites: CUSM-SOM
- Prerequisites: None

Description: Following a series of orientation sessions that lead to certification in basic life support (BLS), the M1 Clinical Skills course is designed to enable students learn the basic clinical skills needed for effective participation in the clinical experience during the clerkship rotations in hospital. These skills are introduced in a preceptor-led, hands-on learning environment with standardized patients, simulations, and task-training, and include effective doctor-patient and inter-professional communication, history taking, physical examination, and select clinical procedures. The course is longitudinally integrated with the clinical case experience as well as the scientific concepts learned in the system-based courses during the first year of the MD program.

Evaluation: Achievement of learning outcomes in this course is evaluated by a combination of formative and summative assessments including faculty observation and feedback, peer feedback, objective structured clinical examinations, and assessments of professionalism.

Grade Criteria: Pass or fail.

ECLN-5711: College Colloquium (I)

- Credits: 6
- Sites: CUSM-SOM
- Prerequisites: None

Description: College Colloquium I facilitates students' development into well-rounded physicians in three domains: personal, interpersonal, and systemic/community. In the personal domain, students will further develop their identities and values as they intentionally integrate these into the profession of medicine. We will be using the Master Adaptive Learner model to emphasize the knowledge, skills, and attitudes required to be an adaptive learner. Interpersonally, students will learn tools to effectively engage with patients and peers, including emotional intelligence, cultural humility, and medical ethics. Students will also identify systemic factors that influence the development of disease and clinical outcomes and participate in a community engagement experience.

Evaluation: Achievement of learning outcomes in this course is evaluated by rubric-based grading for participation in small group discussions, presentations, journal club activities, and multiple-choice examinations.

Grade Criteria: Pass or fail.

ACAD-5901: Academic Research Study (I)

- Credits: 1
- Sites: CUSM-SOM
- 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. The course includes didactic sessions on information literacy, research methodology, research bioethics and professionalism, statistical analysis, manuscript preparation and submission, and grant writing. Students work in their assigned colleges to identify a research topic for study, formulate a hypothesis, and develop a study design.

Evaluation: Achievement of learning outcomes in this course is evaluated by rubric-based evaluation of research topic, hypothesis, and design.

Grade Criteria: Pass or fail.

SYTM-6508: Reproductive System & Stages of Life

- Credits: 7
- Sites: CUSM-SOM
- Prerequisites: Year 2 standing

Description: As an integrated segment of the curriculum, the "Propagation and Continuum of Life" introduces fundamental principles of medicine involving human male and female reproductive systems and mammary glands, as well as the continuum from prenatal period and young childhood to the end of life in a multidisciplinary approach to help learners develop knowledge and practical

proficiency to describe and distinguish normal and abnormal processes in this system, recognize clinical application of the scientific principles, and develop diagnostic and treatment plans in context of culture, ethnicity, religious beliefs, socioeconomic status, and access to healthcare.

Evaluation: Achievement of learning outcomes in this course is evaluated by a combination of formative and summative assessments including readiness assessment tests, case presentations, laboratory practicums, multiple-choice questions, and assessments of professionalism.

Grade Criteria: Pass or fail.

SYTM-6509: Nervous System & Behavior

- Credits: 11
- Sites: CUSM-SOM
- Prerequisites: Year 2 standing

Description: This course emphasizes the interdisciplinary study of the human nervous system and behavior. Students will gain knowledge on a range of topics, including the development, organization, function and dysfunction of the central and peripheral nervous systems, including the spinal cord, brainstem, cerebral cortex, subcortical regions, sensory and motor systems. Concepts will be related to the practice of clinical medicine by covering the molecular, neuroanatomical, and physiological basis for the normal function of the nervous system and alterations in various disease states. Students will also learn foundational principles of cognitive, behavioral, and neuroimaging studies, and the assessment and management of neurological and neuropsychiatric disorders.

Evaluation: Achievement of learning outcomes in this course is evaluated by a combination of formative and summative assessments including readiness assessment tests, case presentations, laboratory practicums, multiple-choice questions, and assessments of professionalism.

Grade Criteria: Pass or fail.

ACAD-6901: Academic Research Study (II)

- Credits: 1
- Sites: CUSM-SOM
- Prerequisites: Year 2 standing

Description: The Academic Research Study course is a mentored research project for students in preparation for lifelong learning and critical thinking. Students learn to develop methodological and analytical skills to support their future clinical and research careers. Students work in teams to implement the research study developed at the end of the ARS (I) course. Students conduct their research study, collect, and analyze the data, interpret their findings, and present their research project in a poster presentation.

Evaluation: Achievement of learning outcomes in this course is evaluated by rubric-based evaluation of research findings and interpretation, and poster presentation.

Grade Criteria: Pass or fail.

ECLN-6701: Clinical Skills (II)

- Credits: 3
- Sites: CUSM-SOM
- Prerequisites: Year 2 standing

Description: The Clinical Skills II course is designed to build upon the basic clinical skills learned in the Clinical Skills I course. This course facilitates and enhances student readiness for effective participation in the clinical experience during the clerkship rotations in hospital. The skills learned

in this course are facilitated by preceptors in a hands-on learning environment with standardized patients, simulations, and task-training, and include effective doctor-patient and inter-professional communication, history taking, physical examination, and select clinical procedures. The Clinical Skills II course is longitudinally integrated with the clinical case experience as well as the scientific concepts learned in the system-based courses during the second year of the MD program.

Evaluation: Achievement of learning outcomes in this course is evaluated by a combination of formative and summative assessments including faculty observation and feedback, peer feedback, objective structured clinical examinations, and assessments of professionalism.

Grade Criteria: Pass or fail.

ECLN-6711: College Colloquium (II)

- Credits: 3
- Sites: CUSM-SOM
- Prerequisites: Year 2 standing

Description: The College Colloquium II course is the second course in a two-course series to be administered in Fall Semester of the M2 year. Similar to the M1 Colloquium I experience, Colloquium II is designed around college-faculty-led Learning Communities composed of small-group Colleges to encourage and facilitate student discussions and/or workshops. Large group lectures, presentations, and discussions are delivered by college faculty, health care experts, or other invited guest speakers. Content areas include an emphasis on health systems science, public health, social determinants of health, community engagement, structural competency, and evidence-based medicine. Colloquium II also includes community-based service activities, journal club, and Learning Community discussions. Students will engage in articulating their thoughts, perceptions, and learning experiences regarding topic areas presented in the course.

Evaluation: Achievement of learning outcomes in this course is evaluated by rubric-based grading for participation in small group discussions, presentations, journal club activities, and multiple-choice examinations.

Grade Criteria: Pass or fail.

ACAD-6601: Healthcare Administration

- Credits: 1
- Sites: CUSM-SOM
- Prerequisites: Year 2 standing

Description: The Healthcare Administration elective is a multidisciplinary, innovative, and flexible curriculum designed for medical and graduate students interested in developing skills and knowledge in hospital administration which includes operations, quality assurance and patient safety, health care law, data analytics, and health care finance.

Evaluation: Formative assessments in each session consisting of scenario discussions and summative assessments consisting of two case presentations.

Grade Criteria: Pass or Fail.

Clerkship Phase

ACAD-7501: STEP 1/2CK Hybrid Board Preparation

- Credits: 11
- Sites: CUSM-SOM

- Prerequisites: Passing of all required pre-clerkship courses

Description: This USMLE Course is designed to prepare students for the USMLE Step 1 (United States Medical Licensing Examination) by equipping them with skills and test-taking strategies to improve their scores. This course helps students understand the exam structure, tested concepts, scoring methodology, time management, and test-taking strategies. The instructor decides the depth of topics based on the class's needs. Each topic covered introduces algorithmic principles to assist students with Step 1 vignettes and to establish core clinical principles for the USMLE Step 2CK.

Evaluation: Achievement of learning outcomes for this course is evaluated with assessments including NBME Comprehensive Basic Science Exam (CBSE) and Comprehensive Basic Science Self-Assessments (CBSSA).

Grade Criteria: Pass or Fail.

EMED-7701: Emergency Medicine Core Clerkship

- Credits: 4
- Sites: CUSM-SOM Clerkship Sites
- Prerequisites: Passing of all required pre-clerkship courses
- Open to Exclerks: Yes

Description: The Emergency Medicine Core 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 an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Honors, High Pass, Pass, Fail.

FMED-7701: Family Medicine Core Clerkship

- Credits: 6
- Sites: CUSM-SOM Clerkship Sites
- Prerequisites: Passing of all required pre-clerkship courses
- Open to Exclerks: Yes

Description: The Family Medicine Core Clerkship is a 6-week rotation (3-weeks per block, 2 blocks) 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 an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Honors, High Pass, Pass, Fail.

IMED-7701: Internal Medicine Core Clerkship

- Credits: 8
- Sites: CUSM-SOM Clerkship Sites
- Prerequisites: Passing of all required pre-clerkship courses
- Open to Exclerks: Yes

Description: The Internal Medicine Core Clerkship is an 8-week rotation (4-weeks per block, 2 blocks) 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: Honors, High Pass, Pass, Fail.

NEUR-7701: Neurology Core Clerkship

- Credits: 4
- Sites: CUSM-SOM Clerkship Sites
- Prerequisites: Passing of all required pre-clerkship courses
- Open to Exclerks: Yes

Description: The Neurology Core 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. The Neurology Clerkship is a required four-week rotation in the third year.

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

Grade Criteria: Honors, High Pass, Pass, Fail.

OBGY-7701: Obstetrics and Gynecology Core Clerkship

- Credits: 6
- Sites: CUSM-SOM Clerkship Sites
- Prerequisites: Passing of all required pre-clerkship courses
- Open to Exclerks: Yes

Description: The Obstetrics and Gynecology Core Clerkship is a 6-week rotation (3-weeks per block, 2 blocks) 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, 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 an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Honors, High Pass, Pass, Fail.

PEDS-7701: Pediatrics Core Clerkship

- Credits: 6
- Sites: CUSM-SOM Clerkship Sites
- Prerequisites: Passing of all required pre-clerkship courses
- Open to Exclerks: No

Description: The Pediatrics Core Clerkship is a 6-week rotation (3-weeks per block, 2 blocks) 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 learn how to examine and evaluate pediatric patients including infants, toddlers, school-age 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 an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Honors, High Pass, Pass, Fail.

PSYC-7701: Psychiatry Core Clerkship

- Credits: 6
- Sites: CUSM-SOM Clerkship Sites
- Prerequisites: Passing of all required pre-clerkship courses
- Open to Exclerks: No

Description: The Psychiatry Core Clerkship is a 6-week rotation (3-weeks per block, 2 blocks) 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 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 an observed performance by supervising clinical trainees and faculty.

Grade Criteria: Honors, High Pass, Pass, Fail.

SURG-7701: Surgical Core Clerkship

- Credits: 8
- Sites: CUSM-SOM Clerkship Sites
- Prerequisites: Passing of all required pre-clerkship courses
- Open to Exclerks: No

Description: The Surgical Core Clerkship is an 8-week rotation (4-weeks per block, 2 blocks) that is designed to expose students to a wide variety of surgical diseases. Students will be active participants in the initial work-up of patients, participation in the operating room, as well as post-operative and follow-up care in the office/clinic. Students are expected to understand the anatomy and pathophysiology behind the disease processes and the indications for surgical intervention. Students will take an active role in the operating room by learning to assist faculty and residents in surgical procedures. Outside of the operating room, students will be responsible for patient care in the hospital. There is a strong emphasis placed on the student being efficient and organized and learning to present patients on rounds clearly and concisely. The overall goal at the end of the rotation is for the student to be an effective team member, knowledgeable regarding a broad range of potentially surgical clinical presentations, as well as competent in basic surgical skills.

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

Grade Criteria: Honors, High Pass, Pass, Fail.

Transition to Independent Practice Phase

RADI-8800: Radiology/Imaging

- Credits: 2
- Sites: CUSM-SOM Clerkship Sites, Online interactive modules
- Prerequisites: Passing of all core clerkships
- Open to Exclerks: Yes

Description: Through independent required reading assignments, online modules, and on-line scenarios, students will learn to incorporate evidence-based strategies for imaging services, while experiencing the science, and diversity of modern imaging.

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

Grade Criteria: Honors, High Pass, Pass, Fail

SUBI-8600: Sub-Internship

- Credits: 4
- Sites: CUSM-SOM Clerkship Sites, VSLO and other affiliated institutions
- Prerequisites: Passing of all core clerkships
- Open to Exclerks: Yes

Description: There are following sub-internships.

Surgical Sub-Internship: The Surgical Clerkship is a four-week rotation that is designed to expose students to a wide variety of surgical diseases. Students will be active participants in the initial work-up of patients, participation in the operating room, as well as post-operative and follow-up care in the office/clinic. Students are expected to understand the anatomy and pathophysiology behind the disease processes and the indications for surgical intervention. Students will take an active role in the operating room by learning to assist faculty and residents in surgical procedures. Outside of the operating room, students will be responsible for patient care in the hospital. There is a strong emphasis placed on the student being efficient and organized and learning to present patients on rounds clearly and concisely. The overall goal at the end of the rotation is for the student to be an effective team member, knowledgeable regarding a broad range of potentially surgical clinical presentations, as well as competent in basic surgical skills.

Pediatrics Sub-Internship: The Pediatrics Clerkship is a four-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 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.

Obstetrics and Gynecology Sub-Internship: The Obstetrics and Gynecology Clerkship is a four-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, 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.

Internal Medicine Sub-Internship: The Medicine Clerkship is a four-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.

Emergency Medicine Sub-Internship: The Emergency Medicine Clerkship is a four-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.

Family Medicine Sub-Internship: The Family Medicine Clerkship is a four-week rotation 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.

Neurology Sub-Internship: The Neurology Clerkship is a four-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. The Neurology Clerkship is a required four-week core rotation.

Psychiatry Sub-Internship: The Psychiatry Clerkship is a four-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 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: Students are evaluated by their clinical preceptor(s) at the midpoint and end of rotation. The clerkship director receives feedback from all faculty and residents who had significant contact with the student and integrates the input into a final rotation evaluation. Individual evaluations of the student by faculty and/or residents may be provided, in addition to the composite final evaluation, for student review.

Grade Criteria: Honors, High Pass, Pass, Fail

ICPO-8200: Internship Prep Course

- Credits: 2
- Sites: CUSM

- Prerequisites: Passing of all core clerkships
- Open to Exclerks: Yes

Description: The Internship Preparation Course (IPC) is a required two-week course that is provided annually for all fourth year students. The course occurs just following the Match week, to ensure students are able to participate with the meaningful perspective of which residency training they will begin a few months later. IPC curriculum is designed as a capstone course meant to synthesize and refresh skills and concepts students have learned throughout their four-year MD education with the focus on what will be essential for their chosen residency training. IPC also incorporates aspects of professional development for soon-to-be-graduates to reflect on their professional identity formation so far and prepare for the transition ahead to graduate medical education.

Evaluation: Students must meet requirements for both attendance and the end of course situational judgement test.

Grade Criteria: Pass, Fail

CLIN-8500: Clinical Electives

- Credits: 2-4
- Sites: CUSM-SOM Clerkship Sites, VSLO, Other affiliated institutions
- Prerequisites: Passing of all core clerkships
- Open to Exclerks: Yes

Description: The Clinical Electives are two to four-week rotations that is designed to expose students to a wide variety of clinical scenarios, clinical systems, and a diverse set of patients and their disease processes. The overall goal at the end of the rotation is for the student to be an effective team member, knowledgeable regarding a broad range of potentially surgical clinical presentations, as well as competent in patient care skills that were began in the core clerkship rotations.

Evaluation: Students are evaluated by their clinical preceptor(s) at the midpoint and end of rotation using the Core Entrustable Professional Activities (EPA)-based CUSM Clerkship Student Performance Assessment. The clerkship director receives feedback from all faculty and residents who had significant contact with the student and integrates the input into a final rotation evaluation. Individual evaluations of the student by faculty and/or residents may be provided, in addition to the composite final evaluation, for student review.

Grade Criteria: Honors, High Pass, Pass, Fail

ACAD-8900: Non-Clinical Electives

- Credits: 2-4
- Sites: CUSM-SOM Clerkship Sites, VSLO, Other affiliated institutions
- Prerequisites: Passing of all core clerkships
- Open to Exclerks: Yes

Description: Non-clinical electives allow students the opportunity to complete scholarly activity, research, and professional training outside of the patient care environment. These electives provide key training in scholarly endeavors that will benefit students' performance in scholarly endeavors of their career.

Evaluation: Students are evaluated by their assigned preceptor(s) at the midpoint and end of rotation. The clerkship director receives feedback from all faculty and residents who had significant contact with the student and integrates the input into a final rotation evaluation. Individual evaluations of the student by faculty and/or residents may be provided, in addition to the composite final evaluation, for student review.

Grade Criteria: Honors, High Pass, Pass, Fail

PDEV-8802: Professional Development

- Credits: 2
- Sites: CUSM-SOM Clerkship Sites, VSLO, Other affiliated institutions
- Prerequisites: Passing of all core clerkships
- Open to Exclerks: Yes

Description: Professional development electives allow students the opportunity to complete developing activities such as directed study preparation for a USMLE examination and attend an academic conference. These electives provide key training in professional development that will benefit students' performance in scholarly endeavors of their career.

Evaluation: Students pass the professional development elective if they demonstrate completion of their proposed professional development activity as determined by the application for the course.

Grade Criteria: Pass, Fail

MBS Program

1st Semester

MBS-5110: Cellular Biochemistry

- Credits: 2
- Sites: CUSM-SOM
- Prerequisites: None

Description: This course will cover basic concepts in Biochemistry including the structure and function of nucleic acids, proteins, carbohydrates and lipids. The biochemical basis of physiological processes as well as disease states will also be discussed.

Evaluation: The assessment method of the course is based on homework, exams as well as a final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5220: General Pharmacology

- Credits: 2
- Sites: CUSM-SOM
- Prerequisites: None

Description: This course will introduce the principles of pharmacology including the effects that drugs have on the body (pharmacodynamics), the effect the body has on drugs (pharmacokinetics) as well as drug toxicity/adverse effects. This will be followed by an overview of drugs treating the major disease states and a discussion of the drug discovery and development process.

Evaluation: The assessment method of the course is based on homework, exams as well as a final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5130: Principles of Anatomy and Histology

- Credits: 1
- Sites: CUSM-SOM
- Prerequisites: None

Description: The anatomy component of the course will introduce the students to system-based anatomy: musculoskeletal, integumentary, nervous, cardiorespiratory, lymphatic, genital, and endocrine systems. It will integrate the gross anatomy with medical imaging. Students will also be instructed on the ethics of working in anatomy lab. This course is lecture-based and will have anatomy lab component. The Histology component of the course is designed to introduce students to microscopic anatomy which includes the concepts of basic histology by surveying the four tissues: epithelial, connective, muscular and nervous tissue. The virtual histology laboratory component will be incorporated within the histology lectures.

Evaluation: The assessment method of the course is based on quizzes, midterm as well as final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5140: Cell Biology

- Credits: 2
- Sites: CUSM-SOM
- Prerequisites: None

Description: The objective of this course is to give students a strong foundation in the concepts of cellular biology. The concepts that will be covered include the fundamental processes of cellular structure and function, cell cycle, mechanisms of intracellular and transmembrane transport, intracellular signaling and cellular communication. Emphasis will also be placed on gene structure, DNA replication, transcription, translation, and regulation of gene expression.

Evaluation: The assessment method of the course is based on in-class quizzes, a group research paper presentation, in-class activities, exams and a final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5150: Integrated Immunology, Microbiology and Infectious Diseases I

- Credits: 3
- Sites: CUSM-SOM
- Prerequisites: None

Description: The Integrated Immunology, Microbiology, and Infectious Diseases (IIMID) I course is a 3-credit course. This course provides students the core concepts of Immunology and their applications in the diagnosis, treatment and prevention of human immunological disorders and infectious diseases. It also covers the core principles of Medical Microbiology and the basic clinical concepts in the field of Infectious Diseases. Students will learn the fundamental concepts and principles about how innate and adaptive immunity works together at molecular, cellular, and tissue levels to regulate human health and disease in the context of host-microbe interaction and autoimmunity, the pathogenesis of various micro-organisms, and the symptoms, lab diagnosis, prevention, treatment, and complication of major infectious diseases.

Evaluation: The assessment method of the course is based on quizzes, in-class case study and exams including a final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5160: Pathophysiology I

- Credits: 3
- Sites: CUSM-SOM
- Prerequisites: None

Description: The course is a study of human physiology, which focuses on the properties of living cells and tissues as well as the function of selected organ systems. With an emphasis on integration and control, introductory concepts of pathophysiology are also included.

Evaluation: The assessment method of the course is based on weekly evaluation on problem solving learning, two quizzes, a midterm and a final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy)

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5180: Critical Thinking in Biomedical Research

- Credits: 2
- Sites: CUSM-SOM
- Prerequisites: None

Description: Critical Thinking in Biomedical Research is designed to develop students' critical thinking and problem-solving skills in biomedical research. Basic molecular and cell biology technologies are delivered with lab observation sessions. Team-based learning is implemented for research data/literature analysis, discussion, and presentation on broad research topics. The goal of this course is to train the students how to conceive research ideas, develop hypotheses, design methods, analyze data, and disseminate research results.

Evaluation: The assessment method of the course is based on paper presentation, participation, as well as a written report submitted to the course director. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5270: Ethics in Healthcare

- Credits: 1
- Sites: CUSM-SOM
- Prerequisites: None

Description: This is a one-credit course to introduce students the contemporary ethical issues associated with health care. It will cover the key areas including the philosophical reasoning and law in bioethics, clinical and public health ethics, and research bioethics. The detailed contents include the ethical principles in health care, confidentiality and informed consent, euthanasia, reproductive issues, genetic testing and engineering in the clinic, etc. The regulations and policies of conducting research with human subjects and animal models will also be covered. This course focuses on the active learning that engages students in discussion and sharing their ideas and opinions, aiming for the improvement of their critical thinking skills and professionalism for the future medical school learning and clinical practice in the ever-changing medical environment.

Evaluation: The assessment method of the course is based on discussions, in-class assignments, and research paper. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

2nd Semester

MBS-5210: Human Genetics

- Credits: 3
- Sites: CUSM-SOM
- Prerequisites: None

Description: Human Genetics is a three-credit course designed to deliver the core concepts and principles of Genetics, aligning with emerging Genomic and Precision Medicine. The contents of this course will cover Classical (transmission), Molecular, and Population Genetics as well as Genomics. This course will focus on the active learning and critical thinking to understand the expression of genotype to phenotype and various regulations in between. The application of Genetics knowledge and technology to the diagnosis, prevention, and treatment of human diseases will also be emphasized. The goal of this course is to better prepare students for their future medical school learning, clinical practice, and biomedical research.

Evaluation: The assessment method of the course is based on quizzes, TBLs, a research paper and presentation, and exams. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

(please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5120: Biostatistics and Epidemiology I (Lecture)

- Credits: 2
- Sites: CUSM-SOM
- Prerequisites: None

Description: This course introduces the fundamental concepts and methods that are required for a basic understanding and interpretation of epidemiology and vital statistics for clinical medicine, science and public health. Emphasis is placed on the concept, principles, and methods that provides a foundation to prepare students to pursue further topics in the field as their work and research requires.

Evaluation: The assessment method of the course is based on class participation, quizzes, assignments, midterm and final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5230: Integrated Immunology, Microbiology and Infectious Diseases II

- Credits: 2
- Sites: CUSM-SOM
- Prerequisites: None

Description:

The Integrated Immunology, Microbiology, and Infectious Diseases (IIMID) II course is a 2-credit course. This course provides students the core concepts of Immunology and their applications in

the diagnosis, treatment and prevention of human immunological disorders and infectious diseases. It also covers the core principles of Medical Microbiology and the basic clinical concepts in the field of Infectious Diseases. Students will learn the fundamental concepts and principles about how innate and adaptive immunity works together at molecular, cellular, and tissue levels to regulate human health and disease in the context of host-microbe interaction and autoimmunity, the pathogenesis of various micro-organisms, and the symptoms, lab diagnosis, prevention, treatment, and complication of major infectious diseases.

Evaluation: The assessment method of the course is based on quizzes, in-class case study and exams including a final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5240: Pathophysiology II

- Credits: 2
- Sites: CUSM-SOM
- Prerequisites: None

Description: The course is a study of human physiology, which focuses on the properties of living cells and tissues as well as the function of selected organ systems. With an emphasis on integration and control, introductory concepts of pathophysiology are also included.

Evaluation: The assessment method of the course is based on weekly evaluation on problem solving learning, two quizzes, a midterm. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5250: Neuroscience

- Credits: 3
- Sites: CUSM-SOM
- Prerequisites: None

Description: This course will cover four major domains in neuroscience: Domain I: covers the gross anatomical anatomy of the CNS and PNS. Domain II: covers basic cellular and molecular aspects of neuroscience, which will include our current understanding for the cellular, structural, biochemical, and physiological paradigms of neurons and synapses. The concepts that govern the vital functions of the neuron will be the focus. Domain III: covers the applications of the paradigms and concepts we covered in domains I and II to understand how the nervous system coordinates motion, balance, senses, and pain. Several neuronal circuits will be demonstrated throughout this section. Domain IV: covers neurodevelopment, cognitive states, and memory. Throughout domains III and IV relevant neurological disorders will be presented.

Evaluation: The assessment method of the course is based on a group neuro-project, in-class quizzes, two exams, and a final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5260: Capstone MBS Thesis Proposal

- Credits: 4
- Sites: CUSM-SOM
- Prerequisites: None

Description: The Capstone is an integrative course incorporating the cumulative knowledge gained from the MBS program in developing a group-based capstone project which would reflect each student's understanding and application of the work they completed in the program. The course is designed to have students develop a health-related research topic, methodology to address the topic, and expected data, using the scientific method. Students are not expected to gather or collect data for the proposed project.

Evaluation: The capstone project will be assessed through a written component and an oral presentation. The written component will be a group capstone proposal project which will contain: hypothesis, specific aims, methodology, significance of the research, and expected results. The oral presentation will have similar components as the written portion. Rubrics will be used to evaluate the written component and oral presentation. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.



California University of Science and Medicine SCHOOL OF MEDICINE

The California University of Science and Medicine

Section II

School of Medicine

Doctor of Medicine Program

Student Handbook

Academic Year 2023-24

NOTICES

Student Handbook Notice

The California University of Science and Medicine (CUSM) School of Medicine (CUSM-SOM) 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.cusm.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 student 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 in perpetuity by California University of Science and Medicine (CUSM) School of Medicine (CUSM-SOM) 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 Executive Director of Student Affairs and Admissions/Registrar is the designated records officer.
4. Educational records are 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 student records relating to him or her that are maintained by CUSM. The term “student records” does not include the following records as listed in the **Information Which a Student Does Not Have the Right to Inspect** section.
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. Directory information is defined as information which would not generally be considered harmful or an invasion of privacy if disclosed. The purpose of establishing this definition of "Directory Information" is to notify the student of the types of personally identifiable information included in this definition of "Directory Information" and to allow the student to prevent the disclosure of this information should they wish to do so.
2. CUSM defines “directory information” as the following: student names, addresses, telephone numbers, email addresses, class standing, major field of study, dates of attendance, extracurricular activities, admission, or enrollment statuses (admitted, full-time, part-time, etc.), photograph, leadership positions, hometowns, awards, honors, graduation dates, and degrees earned. No other student information is released to non-University personnel without the student’s written permission unless required by law.
3. If students wish to withhold the disclosure of all the items of directory information, they are required to complete the **Student Request to Withhold Directory Information** form located in the Student Portal and submit to the Registrar’s Office. This form must be submitted within the first two weeks of class. If this form is not received by that date, all directory information will be disclosed for the remainder of the academic year. However, CUSM in compliance with FERPA, may disclose personally identifiable information without the student’s prior consent as listed in the **Disclosure of Education Record Without Student Consent** section below.

Family Educational Rights and Privacy Act of 1974 (FERPA)

- Tutorial for Faculty, Staff, and Students

This information constitutes official notification of rights granted to students under the Family Educational Rights and Privacy Act (FERPA). FERPA is a federal law that is administered by the Family Policy Compliance Office in the U.S. Department of Education. FERPA applies to all educational agencies and institutions (e.g., schools) that receive funding under any program administered by the Department of Education.

In compliance with FERPA, CUSM does not disclose personally identifiable information contained in student education records, except as authorized by law. Information about students' rights under FERPA and CUSM implementation of FERPA is described below.

Student Rights under FERPA

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:

1. The right to inspect and review their educational records.

Educational records are made available during working hours for inspection and review to current and formerly enrolled students within 10 business days following completion and filing of a ***Request to Inspect and Review Records*** form with the Registrar office. In no case will a student have to wait more than 45 days. The Registrar will make arrangements for access and notify the student of the time and place where the records may be inspected. A student will be required to establish identity with a picture ID to see his or her record. If the records are not maintained by that office, the Registrar will work in conjunction with the department to obtain the information requested.

2. The right to seek the amendment of their educational records.

A student who wishes to ask CUSM-SOM to amend a record should submit a completed ***Request to Inspect and Review Records*** form to the Registrar clearly identifying the part of the record the student wants to be changed and specifying why it should be changed. If the university decides not to amend the record as requested, CUSM will notify the student in writing of the decision and the student's right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to consent to the disclosure of their educational records.

Student record information is confidential and private. In accordance with both federal law and our policy, CUSM does not release student record information without the prior written consent of the student. However, CUSM in compliance with FERPA, may disclose personal information without the student's prior consent as listed in the **Disclosure of Education Record Without Student Consent** section below.

4. The right to file a complaint with the FERPA Office in Washington, D.C.

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

What is an Education Record?

Any information maintained by the CUSM-SOM, in any medium (handwriting, print, email, electronic, computer media, video, or audio tape), that is directly related to the student (grades, scores, MSPE, personally identifiable information) and are maintained by the school or a party acting for or on behalf of the school.

Examples of Education Records which students have a right to review:

- 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.

Information Which a Student Does Not Have the Right to Inspect

A student does not have a right under FERPA to inspect information that is not an education record, such as the following:

- 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. The records are stored in an employee's personal working file.

In addition, a student does not have the right to access certain education records, such as:

- Confidential letters of recommendation if the student has waived his or her right of access in writing.
- Financial records of the student's parents.
- Admissions records for a student who does not officially attend the program of admission.
- Records of a student that contain information on other students. The student may inspect, review, or be informed of only the specific information about that student.
- Any additional records as determined by FERPA.

When Disclosure is Permitted without Prior Consent of the Student

In general, CUSM-SOM will not disclose personal information from a student's education records without the student's prior written consent. However, the University, in compliance with the law, may disclose personal information without the student's prior written consent under these conditions:

1. School employees who have a “legitimate educational interest” in the records in order to perform their duties.
2. Other schools where a student seeks to enroll or is enrolled.
3. Accrediting organizations.
4. Organizations doing certain studies for or on behalf of the school.
5. Appropriate parties to determine eligibility, amount, or conditions of financial aid, or to enforce the terms and conditions of aid.
6. 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.
7. Individuals who have obtained a judicial order or subpoena.
8. School officials who have a need to know concerning disciplinary action taken against a student.
9. Appropriate parties who need to know in cases of health and safety emergencies, including COVID-19, when necessary to protect the student and/or others.
10. 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.
11. 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.
12. Approved vendors/third party operators contracted with the school to provide services.

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.

Directory Information

FERPA has specifically identified certain information called directory information that may be disclosed without student consent. However, CUSM in compliance with FERPA, may disclose personally identifiable information without the student’s prior consent as listed in the **Disclosure of Education Record Without Student Consent** section.

If students wish to withhold the disclosure of all the items of directory information, they are required to complete the **Request to Withhold Directory Information** form and submit to the Registrar’s office. This form must be submitted annually within the first two weeks of class, at the beginning of the fall semester. If this form is not received by that date, all directory information will be disclosed for the remainder of the academic year.

CUSM designates the following items as directory information:

- Student's name
- Mailing address & phone number
- CUSM email address
- Class standing
- Major field of study
- Dates of attendance
- Extracurricular activities
- Admission, class division, or enrollment status (admitted, full-time, part-time)
- Degrees, honors, and awards earned
- Photographs
- Leadership positions
- Hometown

Note: The right to restrict disclosure of directory information does not include the right to remain anonymous in class and may not be used to hinder classroom communication.

Process to Withhold Directory Information

Process for Withholding Directory Information:

1. Complete the **Request to Withhold Directory Information** form with the Registrar office.
2. The Registrar will mark the student's record as "confidential" in our Student Information System.

Note: In order to **reverse the action of withholding directory information**, a student must complete and sign the Request to Release Directory Information form.

Student Written Consent for Third Party Requests Process

Students must provide written consent that follows the format specified in FERPA before any education records may be released to any third party, including the students' parents, relatives, friends, other students, and employers. Particularly sensitive information includes but is not limited to student's social security numbers, race/ethnicity, gender, nationality, grades, academic performance, and disciplinary records.

Transcripts

An official transcript of a student's academic record is issued only upon the student's written, signed request. Transcripts submitted to the University for admission or credit transfer become the property of CUSM-SOM and cannot be returned to the student, copied, or forwarded to other institutions.

Student Consent for Release of Information to Third Parties

1. 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.**

2. A signed **Permission to Release Information** form is required in order to discuss student information to parents or guardians without written consent by the student.
3. 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]).

Student Privacy Guidelines for Faculty and Staff

1. As required by the FERPA, the Executive Director of Student Affairs and Admissions/ Registrar is the designated records custodian. If the records are not maintained by that office, the Registrar will work in conjunction with the department to obtain the information requested.
2. The release of non-directory information to parties outside of CUSM is restricted to the appropriate educational record custodian and only if the custodian has a signed and dated Permission to Release Information form.
3. As a faculty or staff member, you have a legal responsibility under FERPA to protect the confidentiality of student education records in your possession. You have access to student information only for legitimate use in the completion of your responsibilities as a university employee. Need to know is the basic principle.
4. As a faculty or staff member, you may only access information that is needed for legitimate completion of your responsibilities as a CUSM employee.
5. 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.
6. Student information stored in electronic format must be secure and available only to those entitled to access that information.
7. If you're in doubt about a request for student information, contact the Registrar via email at registrar@cusm.org.

Faculty and Staff – Best Practices

- Do not use the CUSM ID number of a student in a public posting of grades or any other information.
- Do not link the name of a student with that student's CUSM ID number in any public manner.
- Do not leave graded materials for students to pick up in a stack that requires sorting through the papers of other students.
- Do not share the progress of a student with anyone other than the student without the student's written consent.
- Do not provide anyone with lists or files of students enrolled in your classes for any commercial purpose.
- Do not provide course schedules or assist anyone - other than university employees - in finding a student on campus.
- Do not access the records of any student for personal reasons.
- Do not store confidential information on any computer unless that information is required and secured.

- Do not include student's grades, GPA, classes, etc. in a letter of recommendation without the written consent of the student.

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@cusm.org.

Complaint about the Institution

An individual may contact the Bureau for Private Postsecondary Education for review of a complaint. The bureau may be contacted at 1747 North Market Street, Suite 225, Sacramento, CA 95384, www.bppe.ca.gov, (916) 574-8900 or by fax (916) 263-1897.

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Admissions

Personal Qualities

CUSM School of Medicine (CUSM-SOM) strives to educate students to become excellent and caring physicians, scientists, and leaders. Prospective students are 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, CUSM-SOM utilizes a holistic review system in the admissions review process.

Admissions Requirements

Academic Planning for the CUSM-SOM Curriculum

CUSM-SOM 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, CUSM-SOM 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 CUSM-SOM 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, an applicant with Deferred Action for Childhood Arrivals (DACA) status may also apply. Review the Policy on DACA Applicants below for more information.

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: CUSM-SOM 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**: A recent MCAT score is required, no older than three years from the date of application. A score of 506 or above is preferred.
6. Applicants must provide consent to the following CUSM-SOM requirements for students who are accepted for enrollment. Prior to matriculation, the student:
 - Must notify CUSM-SOM 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 CUSM-SOM.
 - Must provide consent to criminal background check.
 - Must meet the immunization requirements set by the State of California and additional requirements established by CUSM-SOM. Detailed instructions are provided with the Acceptance Letter. The CUSM-SOM Immunization Policy and Requirements are available in the section that follows.
 - Must attend CUSM-SOM'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. CUSM-SOM will review the student's disability requirements to determine CUSM-SOM's ability to provide reasonable accommodations.

CUSM-SOM Technical Standards

CUSM-SOM 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 CUSM-SOM must be able to complete all requirements inherent in and leading to the MD degree. To ensure this, CUSM-SOM has adopted technical standards for the assessment of all accepted applicants. Because the MD degree implies the practice of medicine, 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 CUSM-SOM.

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 (CUSM-SOM) accepts 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.cusm.org/school-of-medicine/admissions/welcome.php>

AMCAS Application

- Individuals with DACA status applying to CUSM-SOM may 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.).
- CUSM-SOM 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 CUSM-SOM 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.

- CUSM continues to add new clinical sites as we expand the number of educational activities available for students. While most sites share a commonality with the above, there may also be variances. For a complete list of our current clinical sites and their specific requirements, please contact the Department of Medical Education.

Application Process

Early Decision Admissions Program

- The Early Decision Program gives medical school applicants the opportunity to secure an acceptance from one Early Decision Program-participating medical school by October 1, while still allowing sufficient time to apply to other schools if you are not accepted.
- To apply through the Early Decision Program, applicants must follow these guidelines:
 - Apply to **only one** U.S. medical school by the stated deadline date (August 1 for schools that participate in AMCAS).
 - Not to apply through the Early Decision Program if they have already submitted an initial or secondary application (AMCAS or non-AMCAS) to a U.S. medical school for the current entering class.
 - Attend only this school if offered a place under the Early Decision Program to familiarize yourself and comply with the school-specific Early Decision Program policies and agreements of the program to which you were accepted, including any school-specific impacts if you decide to change programs types and apply to other medical schools.
 - If these guidelines are met, applicants will be notified of the school's admission decision by October 1.
- If not accepted under the Early Decision Program, applicants will automatically be placed in the regular applicant pool by the school and may then apply to additional schools. Since most participating schools only admit a small portion of their entering class through the program, only applicants with an excellent chance of admission to a particular school should apply under this program.

Regular Admissions Program

- Step 1:** All applications to CUSM-SOM must be submitted through the American Medical College Application System (AMCAS). AMCAS is the national organization that provides service to medical school candidates who are applying for the first year of medical school. Applicants can obtain information regarding the CUSM-SOM admissions process and requirements in this document and, for the most updated information, at the admissions website at www.cusm.org. For the AMCAS application process and requirements, visit their website: <https://www.aamc.org/students/applying/amcas/>.
- Step 2:** The CUSM-SOM Office of Admissions receives application packages from AMCAS, reviews them, and selects highly qualified applicants to receive a secondary application.
- Step 3:** The applicants who are selected to receive the secondary application package are invited to submit it along 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 CUSM-SOM admissions committee reviews the AMCAS and Secondary Applications from the pool of applicants and selects highly qualified candidates for an interview.
- Step 5:** The candidates are responsible for their own travel arrangements and expenses as applicable. The interview day schedule includes orientation sessions and opportunities for students to ask questions of CUSM-SOM students, faculty, and administrators.
- Step 6:** The CUSM-SOM 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 CUSM-SOM 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 CUSM-SOM enrollment processes.

Qualified students are admitted in compliance with federal and state non-discrimination laws. CUSM-SOM 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. CUSM-SOM has not entered into an articulation or transfer agreement with any other college or university. CUSM-SOM MD program does not award credit for prior experiential learning, etc. and does not accept transfer students at this time. At such point that CUSM decides to move forward with the acceptance of applications for transfer into our curriculum, the following policies will become effective.

Policies and Procedures for Transfer and Award of Academic Credits

Transfer from an LCME-Accredited Institution

Transfer of students into the CUSM-SOM 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 CUSM-SOM 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 CUSM-SOM admissions committee. The student must fulfill all entrance requirements for matriculation to

CUSM-SOM, 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 United States Medical Licensing Examination (USMLE) Step 1 exam. In addition, all transfer students will be required to undergo a clinical skills assessment, under the direction of the Director of Clinical Skills and Simulation at CUSM, to determine that they hold equivalent skills with our regularly enrolled students. Remediation of noted skills deficits will be required before being allowed to participate in the clinical curriculum.

Credit from Foreign Institutions

CUSM-SOM will not consider transfer credit from a foreign institution of higher education unless accredited by the LCME.

Maximum Credit Allowed

Transfer into Year 3: Year 1 and 2 academic credits at the student's home institution may be applied toward the CUSM-SOM MD program after (1) passing the CUSM clinical skills assessment, (2) the CUSM-SOM admissions committee's evaluation and approval, and (3) passing Step 1 of the USMLE. The maximum number of transfer credits will not exceed the total credit number of the CUSM-SOM Year 1 and Year 2 courses. See below for details.

Implementation Practices for the Transfer and Awarding of Academic Credit

CUSM-SOM 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 CUSM-SOM.

Transcript evaluation by the CUSM-SOM admissions committee will be required using the following criteria:

1. The student wishing to transfer to CUSM-SOM 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. CUSM-SOM will confirm that the student's home medical school is LCME-accredited.
3. The CUSM-SOM admissions committee, in consultation with the Executive Vice Dean for University Relations 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 CUSM-SOM requirements.
4. CUSM-SOM 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 that 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. Our preferred means of communication is via email.

Return of Application Materials & Confidentiality of Records

Our school policy which applies to the disclosure of information from student records are consistent with federal and state regulations. Applicants should be aware that letters and statements of recommendation or evaluation prepared, submitted, or retained with a documented understanding of confidentiality are not subject to inspection by applicants. Internal evaluation forms, including interview reports, are in this category.

All documents submitted become the property of the School of Medicine and are not returned or forwarded to third parties. Application materials for applicants who are not accepted are not retained for future applications. Applicants who applied in previous years and who wish to use the same credentials must resubmit them. California University of Science and Medicine reserves the right to pursue any questions regarding academic records and/or transcripts, or issues of concern raised during the application review process.

Enrollment Agreement Form

The CUSM-SOM MD Program Student Enrollment Agreement must be signed and received from accepted candidates by the stated deadline. A copy is sent to you as part of the admission's packet. As a prospective student, you are encouraged to review this *CUSM Student Catalog/Handbook* before signing the enrollment agreement.

Foreign Students: Visa Services Not Provided

Although CUSM may at some point admit international students, CUSM is not approved to issue a certificate of eligibility (I-20) for them. 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 CUSM-SOM MD classes are conducted in English. CUSM does not offer an 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 (CUSM-SOM) policy and California Education Code Sections 94919 - 94922, CUSM shall withhold 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 privileges withheld shall be released when the student satisfies the financial obligation.

Private Student Loans

Private educational loans are available from commercial lenders at competitive rates. Your current bank or credit union may serve as a good source for student loans. CUSM students may also view additional private loan lenders through [FastChoice | Home \(fastproducts.org\)](https://www.fastproducts.org)

Federal Financial Aid

The staff of the Office of Financial Aid provides 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, including Federal Title IV Financial Aid. The office is responsible for the processing and disbursing all loans to all University students.

The Office of Financial Aid provides 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 summarizes 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

	2023-24
In-state	\$63,500
Out-of-state	\$63,500

Fees, charges, and expenses (per year):

Tuition:	\$63,500.00	Refundable/pro-rated
Registration Deposit:	\$200.00	\$100/semester, non-refundable‡
General Fees:	\$3,800.00*	\$1,900/semester, (estimated) non-refundable*. These fees include a) equipment of \$350, b) lab supplies and kits of \$850, c) textbooks and other learning media of \$2,150, and d) miscellaneous fees of \$450 for cost of student association fee, orientation fee, and disability insurance premium. Laptop or tablet computer will be provided by CUSM-SOM and is included in the fees. All required textbooks are provided electronically through online textbook services and included in the fees.

Total of Tuition, Deposit, and Fees (per year): \$67,500.00

Total of charges for a period of attendance (the first semester): \$33,750.00

‡ Per the AMCAS Application and Acceptance Protocols, the initial registration deposit of \$100 before matriculation is refundable until April 30 of the application cycle the applicant applied.

* Note that these fees may be refundable if a student withdraws during the cancellation period and returns all supplied equipment. Please find details in the Tuition Refund Schedule/Policy section in the catalog.

Optional insurances (per year):

Health Insurance Premium (optional**): \$0 - \$5,500.00 # 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 in 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. CUSM-SOM 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. Please note that these rates are estimates based on a 3-4% increase by year. CUSM Board of Trustees will review and approve each upcoming year's tuition and fees.

Year	Tuition	Registration Deposit	General Fees	Optional Health Insurance Premium
1	\$63,500	\$200	\$3,800	\$0 - \$5,000
2	\$65,500	\$200	\$4,000	\$0 - \$5,665
3	\$67,500	\$200	\$4,100	\$0 - \$5,835
4	\$69,500	\$200	\$4,200	\$0 - \$6,010
Program Total	\$266,000	\$800	\$16,100	\$0 - \$23,010

Estimated tuition and fees (four-year program total):

Estimated Total of Tuition:	\$266,000.00
Estimated Total of Registration Deposits:	\$800.00
Estimated Total of General Fees:	\$16,100.00

Estimated Schedule of Total Charges for the Entire Education Program: \$282,900.00

Optional insurances (four-year program total):

Estimated Total of Health Insurance Premium (optional):	\$0 - \$23,010
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Tuition Due Dates

The Office of Student Business Services will charge tuition and fees to the student's account at least 30 days prior to the first day of instruction for semesters one and two.

A tuition charge/payment notification is emailed to students the day charges are posted.

- A reminder tuition payment notification will be sent out to students two weeks prior to due date and then again one week prior to due date.

Tuition payments are to be received by 5pm the Friday of the first full week of instruction. If Friday is a holiday or the university is otherwise closed, payment must be received by 5pm the previous

business day. Failure to make payment by the end of the second Friday of the semester may result in withdrawal from CUSM.

Tuition Late Fees

A late payment fee of \$200 is assessed to the student's account if the student does not complete full payment of tuition and fees by 5:00pm on the first Friday of the semesters start week. The \$200.00 late payment fee will be applied to student's account effective 5:01pm on the day of payment due date.

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 fee of \$25 is assessed for any check returned for non-payment including any check in which payment is stopped.

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 access to all required textbooks and curricular materials, including software platforms hosted on electronic devices, throughout their enrollment within the program.

Process to Cancel Enrollment (Withdraw)

CUSM follows the State of California's Bureau for Private Postsecondary Education (BPPE) refund policy, in which the student has the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. In CUSM, the first class session takes place on the first day of the first semester. Therefore, 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. In this case, the late payment fee will also be waived/refunded.

After this initial cancellation period, tuition refunds may be applicable based on the Tuition Refund Policy in the CUSM Catalog.

How to Cancel Registration Prior to first day of instruction

Create a letter or email stating that you want to cancel your registration. Include your full name, the semester/year you are canceling and the reason for cancellation.

By Email:

Send an email **from your AMCAS/CUSM Email account** to registrar@cusm.org.

Subject Line: Request to Cancel

By Mail:

Send your letter to the address below early to ensure it will arrive prior to the first day of instruction.

Office of the Registrar
California University of Science and Medicine
1501 Violet Street
Colton, CA 92324

In-Person:

Bring your letter to the Office of the Registrar.

Withdrawal

To withdraw from the CUSM-SOM MD program on or after the first day of instruction, the student will be required to mail or deliver (emailing is not acceptable) a signed and dated copy of a notice of their intent to withdraw to:

Office of the Registrar
California University of Science and Medicine
1501 Violet Street, Colton, CA 92324

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 may 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.

CUSM-SOM 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/CUSM-SOM Campus

California University of Science and Medicine*

1501 Violet Street, Colton, CA 92324

Web: www.cusm.org

Phone: (909) 580-9661

Email: info@cusm.org

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

* Please mark: Attention MD Program

CUSM-SOM Clerkship Sites

- Arrowhead Regional Medical Center, 402 N. Pepper Ave, Colton, CA 92326
- Centinela Hospital Medical Center, 555 E. Hardy St, Inglewood, CA 90301
- Chino Valley Medical Center, 5451 Walnut Ave, Chino, CA 91710
- Choice Medical Group, 15248 Eleventh St, Victorville, CA 92395
- Department of Behavioral Health - San Bernardino, 1950 S. Sunwest Lane, Ste 200, San Bernardino, CA 92415
- Desert Valley Hospital, 16850 Bear Valley Rd, Victorville, CA 92395
- KidStrong, 220 Laguna Rd, Ste 5, Fullerton, CA 92835
- Inland Psychiatric Medical Group, Inc., 4049 Brockton Ave, Riverside, CA 92501
- Lestonnac Free Clinic, 1215 E. Chapman Ave, Orange, CA 92866
- Montclair Hospital Medical Center, 5000 San Bernardino St, Montclair, CA 91763
- Palm Desert Urgent Care, 72757 Fred Waring Dr, Suite 1, Palm Desert, CA 92260

- Riverside University Health System, 26520 Cactus Ave, Moreno Valley, CA 92555
- Saint Bernardine Medical Center, 2101 N. Waterman Ave, San Bernardino, CA 92404
- Saint Francis Medical Center, 3632 E Imperial Highway, Lynwood, CA 90262
- St. Mary Medical Center (Providence), 18300 CA-18, Apple Valley, CA 92307
- Stephen Damiani, DO, 18092 Wika, Ste 100, Apple Valley, CA 92307
- Talia Medical Group, 41594 Winchester Rd, Suite 101, Temecula, CA 92590
- The Gastro Group, 17203 Jasmine St, Victorville, CA 92395
- United Care Family Medical Center, 1835 S La Cienega Blvd, #215, Los Angeles, CA 90035
- Universal Health Services, 36243 Inland Valley Dr, Wildomar, CA 92595
- Valley Internal Physician, 24680 Jefferson Ave, Suite A, Murrieta, CA 92562
- West Anaheim Medical Center, 3033 E Orange Ave, Anaheim, CA 92804
- CUSM has additional smaller clinical sites throughout southern California, which are less frequently utilized. Please contact CUSM Office of Medical Education (MedEd@cusm.org) for a complete list of clerkship sites.
- CUSM is consistently working on adding new clerkship sites to the list and students may be assigned to the new sites.
- Students will be expected to travel to all clinically affiliated CUSM-SOM clerkship sites as assigned. Students interested in exploring clerkship opportunities at non-affiliate sites must contact the CUSM Office of Medical Education prior to any contact with the clinical site.

Program of Study

Educational Program Description

Program title: MD Program

Degree title: Doctor of Medicine (MD)

Program structure: The MD program at CUSM-SOM 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. Only when physical distancing and isolation are required in the school area due to COVID-19 outbreak or similar events, CUSM may utilize distance education to avoid interruption of study

Total number of credits required to graduate the MD program (24-month pre-clerkship format for Classes of 2024): 165 semester credits

Total number of credits required to graduate the MD program (18-month pre-clerkship format for Class of 2025 and beyond): 166 semester credits

Program Description

CUSM Curriculum Transition – Class of 2025 and Beyond

CUSM students progress through the Pre-Clerkship Phase of the curriculum to the Clerkship Phase where they complete core clinical rotations, and finish with a final year that focuses on *Transition to Independent Practice* (TIP) where they complete essential rotations and clinical electives while also having the opportunity to complete other scholarly activities. Beginning with the matriculation of the Class of 2025, the CUSM curriculum transitioned from a 24-month Pre-Clerkship Phase, followed by a 12-month Clerkship Phase to having both Pre-Clerkship and Clerkship Phases of 18-months duration. The final TIP year will remain unchanged (see diagram below).

The Clerkship Phase in the revised curriculum was expanded to 18-months that includes 12-months of clinical clerkships in core medical disciplines and a 6-month Professional Development Semester (PDS). During the PDS, students are required to participate in a structured course to prepare them for national exams but also have the opportunity to explore their professional identity and engage in professional development.

General Structure of MD Curriculum

The CUSM MD curriculum is a 4-year program of study: the Pre-Clerkship Phase is completed during the first 18 months of the curriculum while the Clerkship Phase, Professional Development Semester, and Transition to Independent Practice (4th year) are completed during the remaining 30 months. The curriculum promotes critical thinking, teamwork, and early patient contact, facilitates the integration of basic science with clinical problem-solving, and stimulates students to develop skills for self-directed learning. The basic science and clinical disciplines are integrated with case presentations in each system from the first day of class.

During the Pre-Clerkship Phase, the curriculum is interdisciplinary and systems-based, and founded on clinical presentation cases. Students take integrated basic science courses, clinical skills, and college colloquium courses (covering health systems, public health, ethics, professionalism, and other cross-cutting medical humanities topics), and complete a research project. Student team-based clinical case presentations within the basic science courses are supported by algorithm-driven problem-solving pathways aided by clinical reasoning guides. These activities are integrated with weekly clinical skills sessions that include simulation and standardized patients. Students are introduced to research via the Academic Research Study courses during which they develop a research proposal in Year 1 and carry out the proposed study in Year 2.

Instructional methods in the Pre-Clerkship Phase promote active learning by utilizing a flipped classroom model of instruction so that students take an active role in the educational process. To facilitate team-based learning, students are assigned to colleges (learning communities) in their first year and remain with this small learning community throughout the pre-clerkship curriculum. Curricular activities and teaching are scheduled around this small group learning approach. During a typical week, students attend flipped classroom sessions to work through material specified or created by faculty. Readiness assurance testing at the start of each flipped classroom session provides students the opportunity for self-assessment of their knowledge of the new material as well as participating in peer teaching within their small group. They also work within their college teams for journal clubs and small-group problem-solving sessions within the context of case presentations. The pre-clerkship clinical skills courses utilize simulation and standardized patient encounters that enable students to develop the skills needed for the Clerkship Phase of the curriculum.

Courses are delivered by an interdisciplinary team of faculty who integrate basic science with clinical correlations through the teaching of anatomy, histology, embryology, biochemistry, genetics, physiology, nutrition, microbiology, immunology, pathology, and pharmacology. The longitudinal courses are delivered by a team of clinically qualified faculty who align the teaching of clinical examination skills and clinical reasoning with the basic science being delivered concurrently in the other courses.

Students undergo formative assessments of their basic science learning through weekly readiness assurance tests and then a summative assessment at the end of each course. Students receive regular formative feedback during the clinical skills courses with summative OSCEs regular intervals throughout the year. Students also consistently receive feedback from their faculty facilitators in the learning communities and in a structured process conducted by faculty advisors at the midpoint of each course.

The clerkship phase of the MD program is designed to build on the pre-clerkship experience and includes 12-months of core clerkship rotations and a 6-month Professional Development Semester (PDS). The PDS provides the opportunity for students to explore their professional identity and engage in activities that are aligned with their professional interests. According to their individual needs and under guidance from their faculty advisor, students choose to take their PDS: 1) prior to entering core clerkships (Spring of their second chronologic year of medical school) or 2) following completion of their core clerkships (Spring of their third chronologic year of medical school).

In addition to preparation for national exams, the Professional Development Semester is an opportunity for students to explore their professional identity and engage in professional development activities. The PDS is individualized. Students, with guidance of a faculty advisor, create short-term and long-term goals that are aligned with their professional interests. To best meet the needs of the student, learning may be organized through teaching sessions, individualized study, small-group learning activities, participation in experiences in clinical environments, community-service activities, research (laboratory, quantitative, qualitative, exploratory, community-based, etc.) scholarly activities, teaching (peer, school, community, etc.), participation in experiences with other health professionals, engagement with health-related agencies, or other service or learning modalities. Students engage in self-reflection and may modify their planned activities under the guidance and supervision of their faculty advisor.

The core clinical rotations in the Clerkship Phase of the MD program are designed to provide students with education and training in the areas of family medicine, emergency medicine, internal medicine, obstetrics & gynecology, pediatrics, psychiatry, neurology, and surgery. A dual-pass curriculum has been developed to provide students with two separate experiences in most of these rotations. During their first semester of core clinical rotations, students rotate through the first half of each rotation, during which time they familiarize themselves with the facilities, medical content, required skills, types of interactions with staff and other healthcare professionals, schedules, clerkship responsibilities, and general operations of the rotation. At the end of this semester, students are able to reflect upon the similarities and differences of these rotations. All evaluations in this segment are formative in nature providing students with clear indications of strengths and areas to focus on during the second pass through the rotations. The exception to this dual-pass schedule are the rotations in emergency medicine and neurology, both 4-week rotations in which students only rotate once.

In the second semester, students return to these rotations for a second pass in which they can demonstrate their integrated learning gained from experiences in multiple specialty rotations through a broader perspective of patient care needs and practice. During these second rotation segments, all evaluations are summative.


The students are also exposed to additional specialty areas during their Transition to Independent Practice (4th year) rotations, including, but not limited to, infectious diseases, dermatology, oncology, palliative care, allergy and immunology, rheumatology, geriatric medicine, endocrinology, pulmonary medicine, cardiology, and nephrology. In addition, students complete a 2-week internship preparation course to help them review and revise content, skills, and approaches that are important for the residencies they will be entering.

CUSM is affiliated with Arrowhead Regional Medical Center (ARMC) which serves as the primary teaching hospital. CUSM also has several regional affiliated clinical sites that provide clerkship educational experiences for the 3rd and 4th year students. This diversity of sites provides students with varied clinical environments in which to develop expertise in the management of patients from a wide range of backgrounds.

The clerkship experience provided at clinical site partners and the numbers of students assigned to those sites by CUSM are determined by mutual agreement between the clerkship directors and

clinical faculty who are members of the Department of Medical Education. During Year 4, students take electives and sub-internships in areas of student interest and have the opportunity to participate in rotations at external institutions.

Curricular Elements – Class 2024

 CUSM SOM MD CURRICULUM					
YEAR 1	JUL	5100 - SCIENTIFIC FOUNDATIONS OF MEDICINE (7 WEEKS)	5900 - ACADEMIC RESEARCH STUDY I	5700 - CLINICAL SKILLS I	5800 - COLLEGE COLLOQUIUM I
	AUG				
	SEP				
	OCT	5200 - STRUCTURAL INTEGRITY OF HUMAN BODY (MSK) (7 WEEKS)			
	NOV	5300 - SUSTENANCE OF THE BODY (GI) (6 WEEKS)			
	DEC				
	JAN				
	FEB	5400 - DEPURATIVE FUNCTIONS OF THE BODY (RENAL) (5 WEEKS)			
	MAR	5500 - FORMED ELEMENTS OF LIFE (BLOOD) (5 WEEKS)			
	APR	5600 - TRANSPORT AND DELIVERY OF LIFE'S ELEMENTS (CVP) (9 WEEKS)			
MAY					
JUN					
YEAR 2	JUL	6100 - FOUNDATIONS OF LIFE'S FUNCTIONS (ENDOCRINE) (6 WEEKS)	6600 - ACADEMIC RESEARCH STUDY II	6700 - CLINICAL SKILLS II	6800 - COLLEGE COLLOQUIUM II
	AUG				
	SEP	6400 - PROPAGATION OF LIFE (REPRODUCTION) (6 WEEKS)			
	OCT	6500 - CONTINUUM OF LIFE (4 WEEKS)			
	NOV	6200 - INTEGRATION OF LIFE'S PROCESSES (NEURO) (10 WEEKS)			
	DEC	WINTER BREAK			
	JAN	6200 - INTEGRATION OF LIFE'S PROCESSES (NEURO) (10 WEEKS)	6900 - USMLE Board Prep		
	FEB				
	MAR	6300 - HUMAN CONDUCT AND BEHAVIOR (4 WEEKS)			
	APR	USMLE Step 1			
MAY					
JUN					
JUL					
YEAR 3	JULY TO JUNE	REQUIRED CLERKSHIPS GROUPS ROTATE THROUGH THE FOLLOWING: Surgery 8weeks Medicine 8weeks Pediatrics 6weeks OB/GYN 6weeks Family Medicine 6weeks Psychiatry 6weeks Neurology 4weeks Emergency Medicine 4weeks			
YEAR 4	JULY TO APRIL	TRANSITION TO INDEPENDENT PRACTICE Sub-internship 4weeks Radiology/Imaging 2weeks Critical Care 2weeks Electives 24weeks. Internship prep 2weeks Professional development 2weeks Includes Residency interviews, USMLE Step 2			

Curricular Elements – Class of 2025

YEAR 1	JUL	5501 - SCIENTIFIC FOUNDATIONS OF MEDICINE (7 WEEKS)		5701 - CLINICAL SKILLS I	5711 - COLLEGE COLLOQUIUM I	
	AUG	5502 - STRUCTURAL INTEGRITY OF HUMAN BODY (MSK) (6 WEEKS)				
	SEP	5503 - FORMED ELEMENTS OF LIFE (BLOOD) (5 WEEKS)				
	OCT	5504 - TRANSPORT AND DELIVERY OF LIFE'S ELEMENTS (RESPIRATORY) (2 WEEKS)				
	NOV	WINTER BREAK				
YEAR 1	DEC	5504 - TRANSPORT AND DELIVERY OF LIFE'S ELEMENTS (CVS) (5 WEEKS)		5901 - M1 ACAD. RES. STUDY	CLINICAL SKILLS I	COLLEGE COLLOQUIUM I
	JAN	5505 - SUSTENANCE OF THE BODY (DIGESTIVE) (5 WEEKS)				
	FEB	5506 - DEPURATIVE FUNCTIONS OF THE BODY (RENAL) (5 WEEKS)				
	MAR	5507 - FOUNDATIONS OF LIFE'S FUNCTIONS (ENDOCRINE) (5 WEEKS)				
	APR	SUMMER BREAK				
YEAR 2	MAY	6508 - PROPAGATION OF LIFE (REPRODUCTION) (7 WEEKS)		6901 - M2 ACAD. RES. STUDY	6701 - CLINICAL SKILLS 2	6711 - COLLEGE COLLOQUIUM 2
	JUL	6509 - INTEGRATION OF LIFE'S PROCESS (NEURO/PSYCH) (12 WEEKS)				
	AUG	WINTER BREAK				
YEAR 3	SEP	REQUIRED CLERKSHIPS or DISTINCTION EXPERIENCES: Surgery 4weeks Medicine 4weeks Pediatrics 3weeks OB/GYN 3weeks Family Medicine 3weeks Psychiatry 3weeks Neurology 4weeks or Emergency Medicine 4weeks Scholarly projects & Experiences USMLE Boards			CORE LEARNING ACTIVITIES	BACK-TO-BASICS
	OCT	REQUIRED CLERKSHIPS: Surgery 4weeks Medicine 4weeks Pediatrics 3weeks OB/GYN 3weeks Family Medicine 3weeks Psychiatry 3weeks Neurology 4weeks or Emergency Medicine 4weeks				
YEAR 3	NOV	REQUIRED CLERKSHIPS or DISTINCTION EXPERIENCES: Surgery 4weeks Medicine 4weeks Pediatrics 3weeks OB/GYN 3weeks Family Medicine 3weeks Psychiatry 3weeks Neurology 4weeks or Emergency Medicine 4weeks Scholarly projects & Experiences USMLE Boards			CORE LEARNING ACTIVITIES	BACK-TO-BASICS
	DEC	REQUIRED CLERKSHIPS: Surgery 4weeks Medicine 4weeks Pediatrics 3weeks OB/GYN 3weeks Family Medicine 3weeks Psychiatry 3weeks Neurology 4weeks or Emergency Medicine 4weeks				
YEAR 4	JAN	TRANSITION TO INDEPENDENT PRACTICE Sub-internship 4weeks Radiology/Imaging 2weeks Critical Care 2weeks Electives 24weeks. Internship prep 2weeks, Professional Development 2weeks, Flexible Time 8weeks				
	JUN					

Curricular Elements – Class of 2026 and Beyond.

YEAR 1	JUL	SYTM-5501: SCIENTIFIC FOUNDATIONS OF MEDICINE (7 weeks)	ECLN-5701: CLINICAL SKILLS I	ECLN-5711: COLLEGE COLLOQUIUM I	
		SYTM-5502: MUSCULOSKELETAL & SKIN (6 weeks)			
		SYTM-5503: BLOOD, LYMPHORETICULAR & URINARY SYSTEMS (7 weeks)			
	DEC	WINTER BREAK (2 weeks)			
	JAN	SYTM-5504: RESPIRATORY & CARDIOVASCULAR (10 weeks)	ACAD-5901: ACADEMIC RESEARCH STUDY I	ECLN-5701: CLINICAL SKILLS I	ECLN-5711: COLLEGE COLLOQUIUM I
		SYTM-5505: GASTROINTESTINAL SYSTEM (5 weeks)			
MAY	SYTM-5507 – ENDOCRINE SYSTEM (5 weeks)				
JUN	SUMMER BREAK (7 weeks)				
YEAR 2	JUL	SYTM-6508: REPRODUCTIVE SYSTEM & STAGES OF LIFE (8 weeks)	ACAD-6901: ACADEMIC RESEARCH STUDY II	ECLN-6701: CLINICAL SKILLS II	ECLN-6711: COLLEGE COLLOQUIUM II
		SYTM-6509: NERVOUS SYSTEM & BEHAVIOR (13 weeks)			
	DEC	WINTER BREAK (2 weeks)			
	JAN	<u>REQUIRED CLERKSHIPS</u> or <u>PROFESSIONAL DEVELOPMENT</u> Surgery 4 weeks Medicine 4 weeks Pediatrics 3 weeks OB/GYN 3 weeks Family Medicine 3 weeks Psychiatry 3 weeks Neurology or Emergency Medicine 4 weeks Scholarly Projects & Experiences USMLE Prep			CORE LEARNING ACTIVITIES
JUN					
JUL	<u>REQUIRED CLERKSHIPS</u> Surgery 4 weeks Medicine 4 weeks Pediatrics 3 weeks OB/GYN 3 weeks Family Medicine 3 weeks Psychiatry 3 weeks Neurology or Emergency Medicine 4 weeks				
DEC	<u>REQUIRED CLERKSHIPS</u> or <u>PROFESSIONAL DEVELOPMENT</u> Surgery 4 weeks Medicine 4 weeks Pediatrics 3 weeks OB/GYN 3 weeks Family Medicine 3 weeks Psychiatry 3 weeks Neurology or Emergency Medicine 4 weeks Scholarly Projects & Experiences USMLE Prep				
JAN					
JUN	<u>REQUIRED CLERKSHIPS</u> or <u>PROFESSIONAL DEVELOPMENT</u> Surgery 4 weeks Medicine 4 weeks Pediatrics 3 weeks OB/GYN 3 weeks Family Medicine 3 weeks Psychiatry 3 weeks Neurology or Emergency Medicine 4 weeks Scholarly Projects & Experiences USMLE Prep				
JUL	<u>TRANSITION TO INDEPENDENT PRACTICE</u> Sub-internship 4 weeks Radiology/Imaging 2 weeks Electives 26 weeks Internship prep 2 weeks, Professional Development 2 weeks				
MAY					

Key scientific principles are reinforced during the Clerkship Phase through structured curricular elements that include, but are not limited to, Core Learning Activities and Back-to-Basics sessions held weekly to revisit, revise, and further integrate essential foundational scientific information with the practice of clinical medicine.

During the 4th (TIP) year students will also have a two-week professional development period, to help them prepare for exams, and will participate in a two-week Preparing for Internship course. This course will review, revise, and expand upon the knowledge and skills students have developed through the four years of the M.D. program in preparation for their beginning post-graduate (residency) training.

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.

CUSM-SOM, 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 CUSM-SOM'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, through prevention, diagnosis, and treatment of disease.

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 must prioritize patient's problems, formulate appropriate differential diagnoses and develop appropriate plans for the diagnosis and/or management, perform basic. Students are expected to perform clinical procedures safely and effectively while respecting patients' needs, and concerns.

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

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. work effectively as a member or leader of a healthcare team and communicate effectively with physicians, other health professionals, and health related agencies

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 identify strengths, deficiencies, and limits in one's knowledge and expertise and set learning and improvement goals.

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 work effectively in various healthcare delivery settings and in inter-professional teams to enhance patient safety and contribute to high-quality care. Graduates are expected to demonstrate an awareness of the US health care system, as well as local Inland Empire health care needs and social determinants of health.

Detailed Calendar of the Four (4) years of CUSM-SOM

The number of courses and course credits in the first year are different in the 18- and 24-month formats of the pre-clerkship curriculum.

24-month pre-clerkship curriculum (Classes of 2024)

The first year of the curriculum carries a total of 42 credits and is composed of a foundations course, five system-based courses, a research course, and two longitudinal courses as shown in the following table:

Year1

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 and Nutrition)	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
CM-5900	Academic Research Study (I)	Semester 2	1

Total credits in 1st year = 42

Year 2

The second year of the curriculum carries a total of 39 credits and is composed of four system-based courses, a stages of life course, a research course, a Board preparation course, and two longitudinal courses 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

Course Code	Course Name	Weeks (Including Exam Week)	Credits
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)	4	3
CM-6600	Academic Research Study (II)	Semester 1	1
CM-6700	Clinical Skills (II)	Year-long	3
CM-6800	College Colloquium (II)	Year-long	3
CM-6900	USMLE Board Preparation	Semester 2	7

Total credits in 2nd year = 39

* Credits earned during the pre-clerkship phase, which are optional, are recorded on transcripts and highlighted in the student's Medical Student Performance Evaluation letter.

Year 3 Required Clerkships

The third year of the curriculum includes the completion of eight required core clerkships as described below. The core clerkships are run in a dual-pass structure that includes an initial exposure to each rotation in the first semester in which all assessments are formative. Students then return to each rotation in the second semester at which time assessments are summative. The exceptions to this dual-pass design are Emergency Medicine and Neurology that students take only once.

Course Code	Course Name	Weeks	Credits
EMED-7701	Emergency Medicine Core Clerkship	4	4
FMED-7701	Family Medicine Core Clerkship	6 (2 segments, 3 each)	6
IMED-7701	Internal Medicine Core Clerkship	8 (2 segments, 4 each)	8
NEUR-7701	Neurology Core Clerkship	4	4
OBGYN-7701	Obstetrics and Gynecology Core Clerkship	6 (2 segments, 3 each)	6
PEDS-7701	Pediatrics Core Clerkship	6 (2 segments, 3 each)	6
PSYC-7701	Psychiatry Core Clerkship	6 (2 segments, 3 each)	6
SURG-7701	Surgery Core Clerkship	8 (2 segments, 4 each)	8

Total credits in 3rd year = 48

Year 4 Transition to Independent Practice (TIP)

The fourth year of curriculum students is composed of the selectives and electives as indicated below:

Category	Course Code	Course Name	Weeks	Credits
Selectives-Required	RADI-8800	Radiology/Imaging	2	2
	SUBI-8600	Sub-internship	4	4
	IPCO-8200	Internship Prep Course	2	2
Additional 4 th Year Electives	CLIN-8500	Clinical Electives	2-4 weeks each	26
	ACAD-8900	Non-Clinical Electives	2-4 weeks each	
Professional Development	PDEV-8802	USMLE Exam prep, Residency application, conference	2	2
TOTAL			36	36

Total credits in 4th year = 36

Total credits to graduate MD program for 24-month format: 165 credits

18-month pre-clerkship curriculum (Classes of 2025 and Beyond)

The pre-clerkship courses in the 18-month version of the curriculum carry a total of 71 credits over 3 semesters, as shown in the table below. There are 46 credits in Year 1 and 25 credits in the first semester of year 2.

Pre-Clerkship Phase – Class of 2025

Course Code	Course Name	Weeks (Including Exam Weeks)	Credits
Year 1			
SYTM-5501	Scientific Foundations of Medicine	7	6
SYTM-5502	Structural Integrity of the Human Body (Musculoskeletal, Skin & Subcutaneous Tissue)	6	5
SYTM-5503	Formed Elements of Life (Blood & Lymphoreticular Systems)	5	4
SYTM-5504	Transport & Delivery of Life's Elements (Respiratory & Cardiovascular Systems)	7	6
SYTM-5505	Sustenance of the Body (Gastrointestinal System)	5	4
SYTM-5506	Depurative Functions of the Body (Renal & Urinary System)	5	4
SYTM-5507	Foundations of Life's Functions (Endocrine System)	5	4
ECLN-5701	Clinical Skills (I)	Year-long	6
ECLN-5711	College Colloquium (I)	Year-long	6

ACAD-5901	Academic Research Study (I)	Second semester	1
Year 2			
SYTM-6508	Propagation/Continuum of Life (Reproductive System/Stages of Life)	8	7
SYTM-6509	Integration of Life's Processes/ Human Conduct & Behavior (Neuroscience & Behavior)	13	11
ACAD-6901	Academic Research Study (II)	Semester-long	1
ECLN-6701	Clinical Skills (II)	Semester-long	3
ECLN-6711	College Colloquium (II)	Semester-long	3

Total credits for pre-clerkship courses (Class of 2025) = 71

Pre-Clerkship Phase – (Class of 2026 and Beyond)

Course Code	Course Name	Weeks (Including Exam Weeks)	Credits
Year 1			
SYTM-5501	Scientific Foundations of Medicine	7	6
SYTM-5502	Musculoskeletal & Skin	6	5
SYTM-5503	Blood, Lymphoreticular & Urinary Systems	7	6
SYTM-5504	Respiratory & Cardiovascular Systems	10	8
SYTM-5505	Gastrointestinal System	5	4
SYTM-5507	Endocrine System	5	4
ECLN-5701	Clinical Skills (I)	Year-long	6
ECLN-5711	College Colloquium (I)	Year-long	6
ACAD-5901	Academic Research Study (I)	Second semester	1
Year 2			
SYTM-6508	Reproductive System & Stages of Life	8	7
SYTM-6509	Nervous System & Behavior	13	11
ACAD-6901	Academic Research Study (II)	Semester-long	1
ECLN-6701	Clinical Skills (II)	Semester-long	3
ECLN-6711	College Colloquium (II)	Semester-long	3

Total credits for pre-clerkship courses (Class of 2026) = 71

Clerkship Phase (second 18 months)

The Clerkship Phase runs for 18 months from the second semester of Year 2 until the end of the second semester of Year 3. It includes the completion of required core clerkships and completion of the Professional Development Semester (PDS).

Professional Development Semester:

According to a student’s individual needs, and under guidance of faculty advisors, students may enter the Professional Development Semester (PDS); 1) immediately after completing the 18-month pre-clerkship phase of the curriculum or 2) following completion of required clerkships. Timelines are shown below:

	Year 2		Year 3	
	Semester 1	Semester 2	Semester 1	Semester 2
Option 1	Preclerkship	PDS	Required clinical clerkships	
Option 2	Preclerkship	Required clinical clerkships		PDS

The required clinical clerkships include eight core clinical rotations as described below. The clinical clerkships are run in a dual-pass structure that includes an initial exposure to each rotation in the first semester in which all assessments are formative. Students then return to each rotation in the second semester at which time assessments are summative. The exceptions to this dual-pass design are Emergency Medicine and Neurology that students take only once.

Required Clerkships

Course Code	Course Name	Weeks	Credits
ACAD-7501	Professional Development Semester	24	11
EMED-7701	Emergency Medicine Core Clerkship	4	4
FMED-7701	Family Medicine Core Clerkship	6 (2 segments, 3 each)	6
IMED-7701	Internal Medicine Core Clerkship	8 (2 segments, 4 each)	8
NEUR-7701	Neurology Core Clerkship	4	4
OBGYN-7701	Obstetrics & Gynecology Core Clerkship	6 (2 segments, 3 each)	6
PEDS-7701	Pediatrics Core Clerkship	6 (2 segments, 3 each)	6
PSYC-7701	Psychiatry Core Clerkship	6 (2 segments, 3 each)	6
SURG-7701	Surgery Core Clerkship	8 (2 segments, 4 each)	8

Total credits in Clerkship Phase = 59

Transition to Independent Practice (TIP) Phase (Year 4)

The fourth year of curriculum students is composed of the selectives and electives as indicated below:

Category	Course Code	Course Name	Weeks	Credits
Selectives-Required	RADI-8800	Radiology/Imaging	2	2
	SUBI-8600	Sub-internship	4	4
	IPCO-8200	Internship Prep Course	2	2
Additional 4th Year Electives	CLIN-8500	Clinical Electives	2-4 weeks each	26
	ACAD-8900	Non-Clinical Electives	2-4 weeks each	
Professional Development	PDEV-8802	USMLE Exam prep, Residency application, conference	2	2

TOTAL	36	36
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Total credits in 4th year = 36

Total credits to graduate MD program for 18-month format: 166 credits

Total instructional weeks in the 4-year MD program for 18-month format, including out-of-course required instructions (e.g., M3 Boot Camp): 170 weeks

Academic Calendar

CUSM ACADEMIC CALENDAR 2023 – 2024

Summer Term	June 19 – September 1, 2023
Fall Semester	September 4 – December 15, 2023
Spring Semester	January 2 – June 14, 2024

HOLIDAYS

Labor Day	September 4, 2023
Veteran’s Day (observed)	November 10, 2023
Thanksgiving Break	November 20 – 24, 2023
Winter Break	December 18 – 29, 2023
New Year Day	January 1, 2024
MLK Day	January 15, 2024
President’s Day	February 19, 2024
Spring Break	March 11 – 15, 2024
Memorial Day	May 27, 2024
Juneteenth	June 19, 2024
Independence Day	July 4, 2024

IMPORTANT DATES FOR MD PROGRAM

Year 1 Orientation	July 10 – 14, 2023
Year 1 Instruction Start-End Dates	July 17, 2023 – May 24, 2024
Year 2 Instruction Start-End Dates	July 17, 2023 – Dec 15, 2023
Bootcamp – Year 3	TBD – TBD
Year 3 Start-End Dates	TBD – TBD
Year 4 Start-End Dates	TBD – TBD

Community-Engaged Learning Opportunities

CUSM-SOM medical students participate in the diverse structured community-engaged learning opportunities with local clinical and organizational partners around Colton. In the Pre-Clerkship Phase of the curriculum, the community-engaged learning experiences are a school requirement.

In the Pre-Clerkship Phase of their training, medical student college groups are affiliated with community organizations for longitudinal experiential learning through collaboration with the community partnered site. Students will also be required to develop a capstone contribution from within their college group. This contribution will have the goal of elevating patient care and improving health outcomes through resource coordination or procurement, education, process improvement, research, or development. Through the CHANGE (Community Health Advocacy, Navigation, and eNgagement Experience) program within the College Colloquium course, students will be enrolled in a credit-bearing course where weekly lectures, facilitated reflections, and partnership development skills are taught and supported. Utilizing models of academic community-engagement which emphasize reciprocity, structural competency, cultural humility, and community-based equity, students will be exposed to community-based learning experiences that involve advocacy, research, and community relationship building.

Leaders at these community sites are invited to join CUSM as Community Faculty, receive an appointment and may teach in CHANGE program classroom sessions (with their student partners, or solo) after completing a community faculty onboarding/training process, if they are duly qualified as faculty members under CUSM regulations. To fully engage students learning experience at these community service sites, community partner training will include an introduction to our university and programs, teaching methods, on-site tour as well as sessions on giving/receiving feedback and learner outcomes.

MD Program Course Descriptions

Please see the University Catalog.

Graduation Requirements

(The section 6a [meeting with Associate Dean] is under revision as of July 2023 and may be updated later. Until then, the current version is in effect.)

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
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) exams at specific times in their education.
4. 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).

5. 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.
6. Students must have completed all of the following administrative requirements:
 - a. Meeting with the Associate Dean of Student Affairs 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 CUSM-SOM are 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®). Most USMLE scores are reported within 3-4 weeks of testing. However, because of necessary annual modifications to the test item pools, there will be a delay in reporting for some examinees who test during a certain period as announced by the USMLE. Students should pay attention to USMLE announcements related to the delays.

The CUSM-SOM 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 medical school committees providing feedback as an individual (see below for opportunities). Students who are not serving on a committee are encouraged to share their opinions, concerns, or praise with student representatives on the medical school committees.

In addition, students may serve as institutional representatives at the AAMC Organization of Student Representatives (see below for details).

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 Opportunities to Serve on Standing Committees

CUSM believes that it is important to include student input in the institution's various standing committees. The following standing committees provide opportunities for students to serve and vote on the various issues being discussed:

- Assessment and Evaluation Committee: 1 position; 1 alternate
- Clerkship Curriculum Subcommittee: 1 position; 1 alternate
- Curriculum Committee: 2 positions; 1 alternate
- Diversity and Inclusion Committee: 1 position; 1 alternate
- Pre-clerkship Curriculum Subcommittee: 1 position; 1 alternate
- Graduate Curriculum Committee: 2 positions

Elections to serve in these positions are held after the class has had time to get to know one-another. An announcement will be provided from the Office of Student Affairs when nominations are open. Students may nominate a classmate or self-nominate. Students are required to submit a paragraph stating why they are interested in the position as part of the nomination process. The class is presented with the list of candidates and an election held to determine who will serve in these various capacities.

AAMC Organization of Student Representatives (OSR)

About the OSR

The OSR is the student branch of the Association of American Medical Colleges (AAMC). The AAMC is comprised of and represents undergraduate and graduate medical education in the U.S. Representatives from member institutions include the Council of Deans (COD), Council of Academic Societies (CAS), Council of Teaching Hospitals (COTH), the Organization of Resident Representatives (ORR), and the OSR. Other groups within the AAMC of particular interest to medical students include the Group on Educational Affairs (GEA) and the Group on Student Affairs (GSA). The GSA is subdivided into committees representing admissions, student financial assistance, student diversity affairs, student affairs, and registrars.

The OSR is charged with the representation of undergraduate medical student body of the U.S. to the academic medicine community; the OSR's constituency comprises all medical students. The concerns of the OSR lie exclusively within academic medicine and medical education. Funding for OSR representatives' attendance for all meetings (regional in the spring and annual in the fall) is provided by your medical school.

Voting

Each AAMC institutional member medical school has the right to cast one vote at OSR meetings; that vote is cast by the OSR Institutional Primary Representative, or, in the OSR Institutional Primary Representative's absence, by the OSR Institutional Alternate Representative. OSR Associate Representatives do not have voting privileges.

How to Become an OSR Representative

The Associate Dean of Student Affairs sends out a call for nominations to the Year 1 class after they have had sufficient time to get to know one-another. Students may nominate or self-nominate themselves for consideration by submission of a letter of interest to the Associate Dean of Student Affairs, who will form an ad hoc committee to review the applications and select the OSR representatives for the class. Interested students are encouraged to speak with the current OSR representatives as part of their due diligence in exploring this opportunity. Students must be in good academic standing in order to receive consideration.

Student Textbook Resources

Online Textbooks

Online textbook services are contracted to provide required electronic textbooks to the CUSM students. All required textbooks have been hyperlinked. 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 are provided as a part of the student fee and available to the students and faculty through online textbook services.*

Discipline	Required Textbook	Recommended Textbook
Anatomy	Snell, RS. <i>Clinical Neuroanatomy</i> . 7 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2010. ISBN: 9780781794275.	Drake, RL, Vogl, W, & Mitchell, AW. <i>Gray's Anatomy for Students</i> . 5 th ed. Philadelphia, PA: Elsevier; 2023 ISBN: 9780323034237
Anatomy Atlas	Netter FH. <i>Atlas of Human Anatomy</i> . 8 th ed. Philadelphia, PA: Elsevier; 2022. ISBN: 9780323680424	Drake RL, Vogl W, Mitchell AWM. <i>Gray's Basic Anatomy</i> . 3 rd ed. Philadelphia, PA: Elsevier; 2022. ISBN: 9780323834421 Haines DE. <i>Neuroanatomy Atlas in Clinical Context: Structures, Sections, Systems, and Syndromes</i> . 10 th ed. Philadelphia, PA: Wolters Kluwer Health; 2019 eISBN: 9781496387936 Spratt JD, Salkowski LR, Loukas M, Turmezei T., Weir J, Abrahams PH, eds. <i>Weir & Abrahams' Imaging Atlas of Human Anatomy</i> . 6 th ed. Philadelphia, PA: Elsevier Ltd.; 2021. ISBN: 9780702079269

		Weber EC, Vilensky JA, Carmichael SW, Lee KS. <i>Netter's Concise Radiologic Anatomy</i> . 2 nd ed. Philadelphia, PA: Elsevier; 2019. ISBN: 9780323625326
Radiology / Medical Imaging/ Ultrasound	Herring W. <i>Learning Radiology: Recognizing the Basics</i> . 5 th ed. Philadelphia, PA: Elsevier, Inc; 2024. ISBN: 9780323878173 Treves, ST. <i>Pediatric Nuclear Medicine and Molecular Imaging</i> . 4 th ed. New York, NY: Springer, 2014. eISBN: 9781461495512	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> . 7 th ed. Lake St. Louis, MO: American Psychiatric Publishing, Inc; 2020. eISBN: 9781615373185 Sadock BJ, Sadock VA, Ruiz, P. <i>Kaplan and Sadock's Concise Textbook of Clinical Psychiatry</i> . 5 th ed. Philadelphia, PA: Wolters Kluwer; 2022; ISBN: 9781975167509 Stahl SM. <i>Stahl's Essential Psychopharmacology</i> . 5 th ed. New York, NY: Cambridge University Press; 2021. ISBN: 9781108838573.	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> . 6 th ed. Philadelphia, PA: Elsevier; 2020. ISBN: 9780323597371 Lieberman MA, Peet A. <i>Marks' Basic Medical Biochemistry: A Clinical Approach</i> . 6 th ed. Philadelphia, PA: Lippincott Williams & Wilkins: 2023. ISBN: 9781975150167	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> . 13 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2021. ISBN: 9781496398178	Cass, R. <i>Clinical Skills and the Art of Medicine</i> . 2 nd ed. Kindle Direct Publishing; 2021. ISBN: 979-8701123944 Nicoll D, Lu CM, McPhee SJ. <i>Guide to Diagnostic Tests</i> . 7 th ed. New York,

	Henderson, MC, Tieney LM Jr, Smetana GW. <i>The Patient History: Evidence Based Approach to Differential Diagnosis</i> . 2 nd ed. New York, NY: Lange; 2012. ISBN: 9780071624947	NY: Lange; 2017. ISBN: 9781259640902
College Colloquium	Epstein R. <i>Attending: Medicine, Mindfulness, and Humanity</i> . New York: NY: Scribner; 2018. ISBN: 9781501121722 Grant A. <i>Think Again: The Power of Knowing What you Don't know</i> . New York, NY. Penguin Random House, 2021. ISBN: 9781984878106 Guyatt G, Rennie D, Meade MO, Cook DJ. <i>Users' Guides to the Medical Literature: A Manual for Evidence-based Clinical Practice</i> , 3 rd ed. New York: NY, McGraw-Hill, 2015. ISBN: 9780071790710 Lo B. <i>Resolving Ethical Dilemmas: A Guide for Clinicians</i> . 6 th ed. Philadelphia, PA; Wolters Kluwer Health; 2020. ISBN: 9781975103545	Paola, FA, Walker R, LaCivita Nixon, L. <i>Medical Ethics and Humanities</i> . Burlington, MA: Jones & Bartlett Learning; 2010. ISBN: 9780763760632. Skochelak,S, Hammoud, M, Lomis, K, Borkan, J, Gonzalo, J, Lawson, L, & Starr, S. (2021). <i>Health Systems Science</i> , 2 nd ed. Philadelphia, PA: AMA Education Consortium: Elsevier. ISBN: 9780323694629
Embryology	Sadler TW. <i>Langman's Medical Embryology</i> . 15 th ed. Philadelphia, PA: Wolters Kluwer; 2024. ISBN: 9781975179960.	Moore KL, Persaud TVN, Torchia MG. <i>The Developing Human: Clinically Oriented Embryology</i> . 11 th ed. Philadelphia, PA: W.B. Saunders; 2020. ISBN: 9780323611541
Hematology	Bunn HF, Aster JC. <i>Pathophysiology of Blood Disorders</i> . 2 nd ed. New York, NY: Lange; 2017. ISBN: 9781259642067	Harmening DM. <i>Clinical Hematology and Fundamentals of Hemostasis</i> . 5 th ed. Philadelphia, PA: FA Davis; 2009. ISBN: 9780803617322
Histology	Ross MH, Pawlina W. <i>Histology: A Text and Atlas</i> . 8 th ed. Philadelphia, PA: Wolters Kluwer; 2020. ISBN: 9781496383426	Young B, Woodford P, O'Dowd G. <i>Wheater's Functional Histology: A Text and Colour Atlas</i> . 6 th ed. Philadelphia, PA: Elsevier; 2014. ISBN: 9780702047473
Immunology	Abbas AK, Lichtman AH, Pillai S. <i>Cellular and Molecular</i>	

	<p><i>Immunology</i>. 10th ed. Philadelphia, PA: Elsevier; 2022. ISBN: 9780323757485</p> <p>Parham P. <i>The Immune System</i>. 5th ed. New York, NY: Garland Science; 2021. eISBN: 9780393533309</p>	
Microbiology	<p>Riedel S, Morse SA, Mietzner TA, Miller S. <i>Jawetz, Melnick and Adelberg's Medical Microbiology</i>. 28th ed. New York, NY: Lange; 2019. ISBN: 9781260012026</p>	<p>Barer MR, Irving WL, Swann A, Perera N. <i>Medical Microbiology: A Guide to Microbial Infections: Pathogenesis, Immunity, Laboratory Investigation and Control</i>. 19th ed. Philadelphia, PA: Elsevier Ltd; 2019. ISBN: 9780702072000</p> <p>Bennett JE, Dolin R, Blaser MJ. <i>Mandell's Principles and Practice of Infectious Diseases</i>. 9th ed. Philadelphia, PA: Elsevier; 2020. ISBN: 9780323482554</p>
Neuroscience	<p>Haines DE, Mihailoff GA. <i>Fundamental Neuroscience for Basic and Clinical Applications</i>. 5th ed. Philadelphia, PA: Elsevier, Inc.; 2018. ISBN: 9780323396325</p> <p>Hall JE, Hall ME. <i>Guyton and Hall Textbook of Medical Physiology</i>. 14th ed. Philadelphia, PA: Elsevier, Inc.; 2021. ISBN: 9780323597128</p> <p>Purves D, Augustine GA, Fitzpatrick D, et al., eds. <i>Neuroscience</i>. 6th ed. New York, NY: Sinauer Associates; 2017. eISBN: 9781605357225</p>	<p>Blumenfeld H. <i>Neuroanatomy Through Clinical Cases</i>. 3rd ed. New York, NY: Sinauer Associates; 2021. ISBN: 9781605359670</p> <p>Goldberg S. <i>Clinical Neuroanatomy Made Ridiculously Simple</i>. 5th ed. Miami, FL: MedMaster Inc; 2014. ISBN: 9781935660194</p> <p>Louis ED, Mayer SA, Noble JM, eds. <i>Merritt's Neurology</i>. 14th ed. Philadelphia, PA: Wolters Kluwer; 2021. ISBN: 9781975141226</p>
Pathology	<p>Klatt EC. <i>Robbins and Cotran Atlas of Pathology</i>. 4th ed. Philadelphia, PA: Elsevier, Inc.; 2021. ISBN: 9780323640183</p> <p>Kumar V, Abbas AK, Aster JC. <i>Robbins and Cotran Pathologic Basis of Disease</i>. 10th ed. Philadelphia, PA: Elsevier, Inc.; 2021. ISBN: 9780323531139</p>	<p>Goljan EF. <i>Rapid Review Pathology</i>. 5th ed. Philadelphia, PA: W.B. Saunders; 2019. ISBN: 9780323476683</p>
Pharmacology	<p>Katzung BG. <i>Basic and Clinical Pharmacology</i>. 15th ed. New York,</p>	<p>Brown MJ, Sharma P, Mir FA, Bennett PN. <i>Clinical Pharmacology</i>. 12th ed.</p>

	NY: Lange; 2021. ISBN: 9781260452310	Philadelphia, PA: Elsevier Inc.; 2019. ISBN: 9780702073281 Waller DG, Sampson AP. <i>Medical Pharmacology and Therapeutics</i> . 6 th ed. Philadelphia, PA: Elsevier Ltd.; 2022. ISBN: 9780702081606
Physiology	Hall JE, Hall ME. <i>Guyton and Hall Textbook of Medical Physiology</i> . 14 th ed. Philadelphia, PA: Elsevier, Inc.; 2021. ISBN: 9780323597128	Boron WF, Boulpaep EL. <i>Medical Physiology</i> . 3 rd ed. Philadelphia, PA: Elsevier, Inc.; 2017. ISBN: 9781455743773 Costanzo LS. <i>Physiology</i> . 7 th ed. Philadelphia, PA: Elsevier, Inc.; 2022. ISBN: 9780323478816-978-0-323-79333-9
Global Health, Population and Public Health /Epidemiology	Markle WH, Fisher MA, Smego RA. <i>Understanding Global Health</i> . 2 nd ed. New York, NY: Lange; 2014. ISBN: 9780071791007 (Individual sessions will have required reading assignments.)	Aschengrau A, Seage GR. <i>Essentials of Epidemiology in Public Health</i> . 4 th ed. Burlington, MA: Jones & Bartlett Learning; 2020. ISBN: 9781284128352 Celentano DD, Szklo M. <i>Gordis Epidemiology</i> . 6 th ed. Philadelphia, PA: Elsevier; 2019. ISBN: 9780323552295 Skolnick R. <i>Global Health 101</i> . 4 th ed. Burlington, MA: Jones & Bartlett Learning; 2021. ISBN: 9781284145380
Surgery	Lawrence PF, ed. <i>Essentials of General Surgery and Surgical Specialties</i> . 6 th ed. Philadelphia, PA: Wolters Kluwer; 2019. eISBN: 9781975107123 Toy EC, Liu TH, Campbell AR, Palmer BJA. <i>Case Files: Surgery</i> . 6 th ed. New York, NY: McGraw-Hill Education; 2022. ISBN: 9781260468809	De Virgilio C, Grigorian A, eds. <i>Surgery: A Case Based Clinical Review</i> . 2 nd ed. New York, NY: Springer; 2020. eISBN: 9783030053871 Ellison, E. Christopher. <i>Zollinger's Atlas of Surgical Operations</i> . 11 th ed. New York: NY: McGraw-Hill Education, 2022. ISBN: 9781260440850. Jarell BE, Strauch ED. <i>NMS Surgery Casebook</i> . 3 rd . ed. Philadelphia, PA: Wolters Kluwer; 2022. ISBN: 9781975112387. Klingensmith ME, Wise PE, eds. <i>The Washington Manual® of Surgery</i> . 8 th ed. New York, NY: Wolters Kluwer Medical; 2020. ISBN: 9781975120061

		Rutherford, Colleen J. <i>Differentiating Surgical Instruments</i> . 3 rd ed. Philadelphia, PA: F.A. Davis; 2020. ISBN: 9780803668317
Medicine	Benjamin IJ, Griggs RC, Wing EJ, Fitz JG, eds. <i>Cecil's Essentials of Medicine</i> . 10 th ed. Philadelphia, PA: Elsevier; 2022. ISBN: 978-0-323-72271-1 Toy EC, Aisenberg GM. <i>Case Files: Internal Medicine</i> . 6 th ed. New York, NY: McGraw-Hill Education; 2021. ISBN: 9781260469967	Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, eds. <i>Harrison's Principles of Internal Medicine</i> . 21 st ed. New York, NY: McGraw-Hill Education; 2022. ISBN: 9781264268511 Marino, PL. <i>The ICU Book</i> . 4 th ed. Philadelphia, PA: Wolters Kluwer Health; 2013. eISBN: 9781469831640
Endocrinology	Melmed S, Auchus RJ, Goldfine AB, Koenig RJ, Rosen CJ, eds. <i>Williams Textbook of Endocrinology</i> . 14 th ed. Philadelphia, PA: Elsevier; 2020. ISBN: 9780323555968	
Pediatrics	Kleinman K, McDaniel L, Molloy M, eds. <i>The Harriet Lane Handbook</i> . 22 nd ed. Philadelphia, PA: Elsevier; 2021. ISBN: 9780323674072 Marcdante KJ, Kliegman RM, eds. <i>Nelson Essentials of Pediatrics</i> . 9 th ed. Philadelphia, PA: Elsevier; 2023. ISBN: 978-0-323-77562-5 Toy EC, Hormann, MD, Yetman RJ, et. Al. <i>Case Files: Pediatrics</i> . 6 th ed. New York, NY: McGraw-Hill Education; 2022. ISBN: 9781260474954	Kliegman RM, St. Geme JW III, Blum NJ, Shah SS, Tasker RC, Wilson, KM, eds. <i>Nelson Textbook of Pediatrics</i> . 21 st ed. Philadelphia, PA: Elsevier, Inc.; 2020. ISBN: 9780323529501
Ob/Gyn	Callahan TL, Caughey AB. <i>Blueprints: Obstetrics & Gynecology</i> . 7 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2018. eISBN: 9781975140045 Hacker NF, Gambone JC, Hobel CJ. <i>Hacker & Moore's Essentials of Obstetrics and Gynecology</i> . 6 th ed. Philadelphia, PA: Elsevier, Inc.; 2016. ISBN: 9781455775583	Casanova R, Chuang A, Goepfert AR, et al. <i>Beckmann and Ling's Obstetrics & Gynecology</i> . 8 th ed. Philadelphia, PA: Wolters Kluwer; 2019. ISBN: 9781496353092 Cunningham FG, Leveno KJ, Bloom SL, et al. <i>Williams Obstetrics</i> . 26 th ed. New York, NY: McGraw-Hill Education; 2022. ISBN: 9781260462739

	Toy EC Baker B III, Ross PJ, Jennings JC. <i>Case Files: Obstetrics & Gynecology</i> . 6 th ed. New York, NY: McGraw-Hill Education; 2022. ISBN: 9781260468786	
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. ISBN: 9781455775583 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	Bland KI, Copeland EM, Klimberg VS, Gradishar WJ, White J, eds. <i>The Breast: Comprehensive Management of Benign and Malignant Diseases</i> . 5 th ed. Philadelphia, PA: Elsevier, Inc.; 2018. ISBN: 9780323359559 Jones RE, Lopez KH. <i>Human Reproductive Biology</i> . 4 th ed. London, UK: Academic Press; 2014. ISBN: 9780123821843
Family Medicine	Rakel RE, Rakel DP, eds. <i>Rakel Textbook of Family Medicine</i> . 9 th ed. Philadelphia, PA: Elsevier, Inc.; 2015. ISBN: 9780323239905 Toy EC, Briscoe D, Britton B, Heidelbaugh JJ. <i>Case Files: Family Medicine</i> . 5 th ed. New York: McGraw-Hill Education; 2021. ISBN: 9781260468595	Knutson D, Devine R. <i>Family Medicine PreTest Self-Assessment and Review</i> . 4 th ed. New York, NY: McGraw-Hill Education; 2019. ISBN: 9781260143584
Psychiatry	Sadock BJ, Sadock VA, Ruiz, P. <i>Kaplan and Sadock's Concise Textbook of Clinical Psychiatry</i> . 5 th ed. Philadelphia, PA: Wolters Kluwer; 2022; ISBN: 9781975167509 Toy EC, Klamen, DL. <i>Case Files: Psychiatry</i> . 6 th ed. New York, NY: McGraw-Hill Education; 2021. ISBN: 9781260468731	American Psychiatric Association. <i>Diagnostic and Statistical Manual of Mental Disorders</i> . 5 th ed. Washington, DC: American Psychiatric Association; 2013. ISBN: 9780890425558 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> . 5 th ed. New York, NY: McGraw-Hill Education; 2023. ISBN: 9781259640827	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

Neurology	Simon RP, Aminoff MJ, Greenberg DA. <i>Clinical Neurology</i> . 10 th ed. New York, NY: McGraw-Hill Education; 2018. ISBN: 9781259861727 Toy EC, Simpson E. <i>Case Files: Neurology</i> . 4 th ed. New York, NY: McGraw-Hill Education; 2022. ISBN: 9781264268801	Blumenfeld H. <i>Neuroanatomy Through Clinical Cases</i> . 3 rd ed. New York, NY: Sinauer Associates; 2021. ISBN: 9781605359670 Louis ED, Mayer SA, Noble JM, eds. <i>Merritt's Neurology</i> . 14 th ed. Philadelphia, PA: Wolters Kluwer; 2021. ISBN: 9781975141226.
Spanish for Healthcare Professions I/II	Readings and materials will be provided.	
Statistics/Epidemiology	Fletcher, GS. <i>Clinical Epidemiology: The Essentials</i> . 6 th ed. Philadelphia, PA: Wolters Kluwer; 2020. ISBN: 9781975109554 Gerstman, B.B., <i>Basic Biostatistics: Statistics for Public Health Practice</i> . 2 nd ed. Burlington, MA: Jones & Bartlett Learning; 2015. eISBN: 9781284066210	Weaver A. Goldberg S. <i>Clinical Biostatistics and Epidemiology Made Ridiculously Simple</i> . Miami, FL: MedMaster, Inc.; 2019. ISBN: 9781935660026

Additional Educational Resources

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

- Learning Management System.
- Curriculum Management System.
- Audio-visual capture and editing software for creation and delivery of online content.
- Electronic assessment delivery and management software.
- Student response system (web and app-based).
- Audiovisual equipment in classrooms, labs, college rooms and meeting rooms.
- Virtual: anatomy software and videos to accompany each laboratory.
- Cadavers: unembalmed donors for surgical anatomy training.
- Prosections: professionally plastinated/preserved donor specimens with full donor library.
- Virtual/glass slide image bank for histology.
- High- and medium-fidelity mannequins, task trainers, and ultrasound.
- SimCapture interface to record patient encounters and Objective Structured Clinical Examination (OSCE) for review by students and faculty.

Discipline Specific On-line & Multimedia Resources

Anatomy

1. Online Virtual Histology Lab (example): <http://histologyguide.org/slidebox/slidebox.html>
2. Online Radiology: <http://radiopaedia.org/articles/duodenum>
3. Acland's DVD Atlas of Human Anatomy
4. Visible Body Web-Suite: www.visiblebody.com
5. 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 CUSM-SOM Office of Student Affairs 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, embracing and promoting diversity, equity, and inclusion of CUSM-SOM students by providing a host of personal, referral, and academic services.

Student Orientation

CUSM-SOM students are required to attend orientation during the first week of Academic Year's 1 and 3. The on-site orientation consists of presentations, videos, and meetings that introduce students to CUSM-SOM'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 CUSM-SOM's program expectations, curriculum, and facility, the students are 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 are required to take required on-line orientation/training programs and submit required forms at the beginning of the year.

The list below contains the type of orientation topics 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. Harassment tutorial.
16. Year 1 medical student survey.

17. Financial aid award package.
18. California residency form and documents (for tuition purposes).
19. Introduction to Clinical Skills
20. Campus tour either in-person or virtual tour
21. Student Affairs policies and student business services
22. Academic support and careers in medicine introduction
23. Educational program overview and expectations
24. Team building event
25. Academic policies
26. Information commons resources
27. Research at CUSM-SOM
28. VIDA medical Spanish program

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. Financial aid award package completion.
8. Health insurance: annual health insurance verification form.
9. Disability insurance for medical students.
10. Complete careers in medicine (CiM) assignments.
11. 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. Financial aid award package completion.
13. Health insurance: annual health insurance verification form.
14. 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. Disability insurance for a medical student.

Teaching and Learning Options; Academic Advising for Students

The goals of the CUSM-SOM 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.
4. Provide student to student tutoring services.
5. Provide comprehensive USMLE Step 1 preparation resources.

College Faculty/Learning Communities/Advising

Upon matriculation, students are assigned to small-group learning communities (“Colleges”). During the Pre-Clerkship Phase, each College consists of four teams of students, two teams from Year 1 and two from Year 2. Each college is facilitated by four faculty members, Core College Faculty, including those with a background in clinical practice (MD) and others with research backgrounds (Ph.D. basic scientist). Additional faculty facilitation is provided by Alternate College Faculty and Visiting College Faculty.

The Core College Faculty (CCF) facilitate small group learning activities in the pre-clerkship curriculum and provide feedback regarding the learning activities. They may play a valuable role in proactively identifying a student with any evolving academic problems and notify their Faculty Advisor (see below). Pre-clerkship students with academic problems may also be referred to the Office of Student Affairs, specifically to the Executive Director of Preclinical Student Services to discuss academic issues, such as group skills and processes, study strategies, academic performance, and professionalism. Clinical year students may be referred to the Office of Personal, Academic, and Career Excellence (PACE). The CCFs may also refer students to the Office of Student Affairs to address other difficulties.

Alternate College Faculty (ACF) are assigned to specific colleges and support CCFs as needed, including filling in when CCFs are away, and providing insight into conditions and practices within their specialty. Visiting College Faculty (VCF) include clinical faculty and outside experts who attend student sessions to provide feedback, insight, and advice regarding student presentations, as well as providing real-world perspective from their areas of expertise and practice.

In addition to faculty support through the college system, each student is assigned a Faculty Advisor to support academic progress during the Pre-Clerkship Phase. The Faculty Advisor has access to their advisees’ academic records. Students are required to meet with their Faculty Advisor at least

once a semester to discuss academic performance and other matters of interest or concern. Other meetings occur within each course and academic period as needed.

During the Clerkship and TIP Phases of the curriculum, students remain in their colleges, although their rotation selection is independent of the college system. Clinical students have regular contact with their college peers and with students at different levels of training within their college to assist and support student learning, as well as provide advice.

Students may initiate a request to be assigned a different faculty member for any of the support activities described above at any time through the Associate Dean of Student Affairs.

The Executive Director of Preclinical Student Services (Pre-clerkship Phase) and the Director of Career Guidance and Match Preparation in PACE (Clerkship and Transition to Independent Practice [TIP] Phases) provide Career Counseling to all CUSM students with a focus on MD students with the assistance of interviewing skills, CV/Resume creation, preview, review, networking skills, and exploring research and internship opportunities. These career topics and others are available for students to make one-on-one appointments or presented to in small and large group workshops and career events. MD students utilize in the Association of American Medical Colleges (AAMC) Careers in Medicine resources to explore their own skills, personality, values, and preferences to introspect and explore their specialty choices. In addition, every MD student will participate in the Careers in Medicine assessments to gain insight and information regarding their own specialty options and explore relevant information for each specialty including understanding the specialty context, salary, competitiveness, societies, and organizations and more. Furthermore, as MD students' progress into their Clerkship Phase, they will have greater and more in-depth focused career workshops including Resident Panels, Specialty Panels, graduate medical education (GME) speakers, and workshops pertaining to the residency application cycle and interview season. These presentations are covered by the Director of Career Guidance and Match Preparation (PACE) for all Clerkship Phase students. Students will also be aware of Electronic Residency Application Service (ERAS), Military Match, SF Match, American Medical Association FRIEDA, Residency Explorer, Careers in Medicine, AAMC Visiting Student Learning Opportunities (VSLO) resources available. Moreover, all students also have access to the Career Commons Resource. Every student has access to Academic/Career Skills Canvas webpages that may assist students with resources including sample CVs, recorded career events, networking skills, and other career-related materials that may be accessed 24/7.

Academic Support Services

The Executive Director of Preclinical Student Services EDPSS (in the Pre-Clerkship Phase) and Senior Executive Director of Personal, Academic, and Career Excellence (PACE; in Clerkship and Transition to Independent Practice [TIP] Phases) offer a suite of services for student success and monitors students' academic progress. EDPSS monitors Pre-Clerkship students' academic progress routinely throughout the Pre-Clerkship Phase. Clerkship and TIP students are monitored by the Senior Executive Director of PACE, in collaboration with the Clinical Student Success team. Academic concerns may also be initiated from performance data, faculty referral, or student self-referral for 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. The Office of Student Affairs (in the Pre-Clerkship Phase; contact at StudentAffairs@cusm.org) and the Office of Personal, Academic, and Career Excellence (PACE; in Clerkship and TIP Phases; contact at rangelc@cusm.org) offers coaching, tutoring, and instruction 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. Academic coaching
7. Referral to psychological learning specialists for diagnostic services (i.e., learning disabilities, intellectual disorders, specific learning disorder, ADHD, etc.).
8. Referral to counseling and holistic support services to ensure wellbeing.

The Executive Director of Preclinical Student Services (EDPSS) in the Office of Student Affairs and Senior Executive Director of Personal, Academic, and Career Excellence (PACE) do not participate in assessment related to course progress, nor make advancement decisions of medical students. Students should feel free to use any and all services offered. EDPSS and PACE support services are always available upon request and referral.

As described above, students will be part of the learning community led by College Faculty and students meet with their Faculty Advisor on a regular basis. In addition, course faculty are instructed to have scheduled office hours, and students are encouraged to utilize these hours as needed. Furthermore, faculty members are directed to make their 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. These interactions are the foundation of a collegial mindset in which students become colleagues in a very short period of time.

Pre-Clerkship students are eligible for individual assistance and tutoring through the Office of Student Affairs, by contacting the EDPSS. Clerkship students can reach out to PACE for individual support and services.

As part of the Year 1 orientation and throughout the curriculum, CUSM-SOM provides students with sessions designed to deal with the stress of attending medical school, time management, and study skills.

If a Faculty Advisor (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, the EDPSS (Pre-Clerkship students), the Office of Personal, Academic, and Career Excellence (PACE; Clerkship phase students), the Director of Counseling and Wellness, or the Associate Dean of Student Affairs for additional recommendations and referral sources.

Student Assistance Plan (SAP)

CUSM offers a Student Assistance Plan (SAP) that provides 24/7/365 help with confidential personal counselors available by phone, face to face, or virtual appointment. Some of the areas covered in session but not limited to include the following:

- Academic stress and pressure
- Body image and eating disorders

- Childcare 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

Students and their family members can receive up to three free visits. Contact the SAP at 800-633-3353. Please see the University Catalog for details.

Information Commons Resources (Library)

The CUSM Information Commons provides students with access to medical reference books and other learning resources including online biomedical textbooks, journals, and databases. In addition, the CUSM offers access to public computers, printers/copiers/scanners, and study space. Please find details of the library facilities in the University Catalog.

Student Use of Computers

Personal Computers

CUSM-SOM 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.

CUSM-SOM MD program offers schedules, learning materials, evaluation opportunities, and assessments electronically. CUSM-SOM MD program does not print 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 during Year 1 orientation.

- Students are required to use a laptop during all scheduled assessments in the program, as assessments are delivered through web-based programs.
- Outside of the assessments, the students use a laptop to access educational resources during formal curriculum hours.
- Schedules, learning materials, and grades are available via a web-based learning management system.
- Students are required to fulfill their evaluation obligations available via the learning management system (Canvas) and the curriculum management system (OASIS).
- Students are required to submit assignments electronically.

Certain activities of the MD program take advantage of mobile applications available on both Android and Apple app stores.

While enrolled in the CUSM-SOM MD program, student computers and other multimedia devices are to be used purely for educational purposes. If the computers are lost or misused, the student is responsible for replacing the computer. The IT department is responsible for the initial setup and

will make sure that these devices are configured to the CUSM security standards. A four-year warranty has been purchased for each laptop to protect it from basic falls and manufacturing defects. Please check with the IT Help Desk for more details (helpdesk@cusm.org).

Campus/Information Commons Computers

Desktop computer stations and printers are placed strategically throughout the CUSM campus and Information Commons for use by students. Students may use the campus/Information Commons computers to complete program assignments or to perform research for program related projects.

Students cannot save their personal files on the campus/Information Commons computers because files are erased automatically after logging out. Students, however, may save their work on personal flash drives or cloud-based storage accounts like Microsoft's OneDrive, which is included with each student's email account at CUSM.

Computer Usage

When using personal computers assigned by CUSM and campus/Information Commons Resources computers, students are required to abide by the policies and regulations of the CUSM IT department. Students must not install unauthorized or unlicensed software, access inappropriate materials, or tamper with computer security systems. These acts are deemed as a violation of University's policy. Students who misuse their computers are 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

CUSM-SOM advises students on graduate medical education opportunities for those who are entering residency programs using the National Residency Matching Program®, AUA Match, SF Match, and Military Match. CUSM-SOM students are advised about their suitability and competitive eligibility to different medical specialties (e.g., family medicine, surgery, internal medicine, pediatrics, etc.) as well as subspecialties. In addition, students are also advised on other non-clinical careers such as research, medical education, and entrepreneurship.

The Executive Director of Preclinical Student Services (Pre-clerkship Phase) and the Office of Personal, Academic, and Career Excellence (PACE; Clerkship Phase and Transition to Independent Practice Phase) provide services and assistance to successful program graduates in representing their qualifications for appropriate and applicable professional positions.

Further details are available in the Residency Application and Licensure section.

Potential Occupations

California Code of Regulations Section 74112 requires CUSM-SOM 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.

CUSM-SOM 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, CUSM-SOM 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 instructions to request the use of a student's personal insurance coverage rather than purchasing the student health insurance plan selected by the University (i.e., waiver) are provided during the matriculation/orientation process. Waivers are required every year regardless of if one is already on file from the previous year. The waiver request submission deadline is July 15th for students if they choose to use personal insurance coverage instead of purchasing the university's health insurance plan. The coverage confirmation deadline is July 30th, by which students must provide evidence of existing coverage that meets the minimum requirements described below. 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 50/50 out-of-network coinsurance
- Prescription coverage
- A provider network in the CUSM area for primary care, specialty, hospital, and diagnostic care. A comprehensive list of nearby hospitals with emergency departments, urgent care centers, mental health facilities, sexual assault services, substance abuse resources, and National Hotline Numbers is accessible to students on Canvas
- 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
- Coverage at any educational site, including visiting electives

Students who lose their coverage must contact the Office of Student Affairs before the termination date and submit a termination letter to the student affairs (studentaffairs@cusm.org) 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 described above.

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 will be excused from classes or clinical duties in order to access needed health care services on a reasonable basis following the appropriate protocol described in the Attendance Policy and on Canvas.

CUSM requires students to provide proof of health insurance coverage. The Office of Student Affairs provides 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 their parent's insurance plan or has their own plan. A student's health insurance policy must provide coverage at any educational site, including visiting electives.

Medical students must comply with all immunization and health requirements as determined by CUSM-SOM.

CUSM-SOM 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).

CUSM-SOM provides mandatory disability insurance for all medical students with no additional fee.

See the 'Student Health' section in the MD Student Handbook 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, is provided by the Office of Student Affairs and can be accessed on the CUSM-SOM Canvas MD student resource page.

In addition, the School of Medicine provides access to a licensed mental health provider during normal business hours.

CUSM also offers a Student Assistance Plan (SAP) that provides 24/7/365 help with confidential personal counselors available by phone, face to face, or virtual appointment. Please see detail under Student Assistance Plan in the student handbook.

Health Insurance

Medical students are required to maintain health insurance for the duration of their time in CUSM-SOM curriculum. Please see the MD Student Handbook or the Student Affairs website (<https://www.cusm.org/school-of-medicine/student-life/health-insurance.php>) 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 CUSM-SOM Canvas MD student resource page. Please contact the Office of Student Affairs if you have any questions.

Psychiatric Services

For non-emergent psychiatric services, students should see CUSM-SOM's Director of Counseling 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 3 free sessions per issue. School policy prohibits clinicians, who also evaluate medical students in our curriculum, from treating them, as it results in a conflict of interest.

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 Director of Counseling and Wellness and/or the administrative dean for student affairs.

Faculty Provider Restrictions

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student must not have involvement in supervision, assessment, and/or promotion of the medical student receiving those services.

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 as it is considered a conflict of interest. Faculty and students must both attest at the beginning of each course or clerkship if they have any conflicts of interest with any student or faculty member, including those arise from health service relationship and those defined in the CUSM Conflict of Interest Policy (for a copy of the policy, please send a request to hr@cusm.org).

Students are informed at Year 1 and 3 orientations and through the CUSM-SOM website of the policy governing health care treatment by a faculty member. Students are encouraged to bring any concerns not covered elsewhere to the attention of the Office of Student Affairs and Course or Clerkship Directors.

Faculty members who provide medical treatment to medical students and also serve on the Student Academic Standards and Promotion (SASaP) Committee must not participate in decisions regarding the advancement or promotion of those students. They must recuse themselves from voting 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.

Student Medical Clearance

Medical students are required to participate in the medical clearance program of any clinical affiliates associated with the University. They must comply with all health requirements, including physical examinations, laboratory studies, immunizations, and other health-related requirements as determined by the clinical affiliate and the University. It is essential for students to maintain medical clearance at all times.

Students will receive detailed information about health requirements and deadlines during orientation, through the University's website, and via email communication. It is the responsibility of each student to stay informed and adhere to the specified requirements and deadlines.

Matriculating students who do not achieve medical clearance by the announced deadline may face consequences such as being prevented from having patient contact, attending class, or participating in orientation. In severe cases, their acceptance to medical school may be subject to withdrawal after consultation with the administrative dean for student affairs.

For currently enrolled students, failure to comply with the health requirements may result in administrative withdrawal from school and placement on an involuntary leave of absence until compliance is achieved.

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.

Liability/Malpractice Coverage for Medical Students

CUSM School of Medicine's (CUSM-SOM'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, they are no longer enrolled and thus ineligible for CUSM-SOM liability coverage.

Examples of when medical students are covered by the CUSM-SOM'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 CUSM-SOM 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 CUSM-SOM non-credit medical educational programs such as approved volunteer activities endorsed by the CUSM-SOM, 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, Betty Ford Clinic, and National Institute of Diabetes and Digestive and Kidney Diseases.
- Participation with College Faculty or other approved CUSM-SOM 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. This program includes participation on Student Wellness Committees including interest groups on self-forgiveness, emotional intelligence, yoga/mediation, and more. There is also a Faculty Wellness Program offered to faculty on a range of wellness activities and events including expert talks, events, and activities. The Wellness Program emphasizes mindfulness and stress reduction for both students and faculty.

The following programs are currently available or under consideration for development.

1. Hiking; jogging; walking "Meetups"
2. Yoga Classes on campus
3. Mindfulness training on campus
4. Meal Preparation/Eating on budget Workshop
5. Therapy Pups several times a year
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 Faculty Advisor
11. Personal counseling with the Director of Counseling and Wellness as needed

12. Access to Student Assistance Program (SAP) resources for additional counseling and evaluation as desired
13. Academic counseling with the Executive Director of Preclinical Student Services
14. Free tutoring resources as needed
15. Referral to psychological testing provider to rule out specific learning disabilities; ADHD; etc.
16. Concerned Student Emphasis: Students letting others know if they have a concern regarding another student's well-being
17. Onsite exercise equipment
18. Stress management skills and techniques

Wellness and Fitness Facilities

The CUSM/CUSM-SOM building contains a fitness and wellness center, which is available to students 24/7. This on-campus facility offers free weights, and cardio machines (e.g., treadmill, bicycle, rowing, elliptical, stepper). In addition, there are several fitness facilities within close proximity to the campus.

Process for Assignments to Clinical Rotation Sites

Introduction

As students approach the start of their clinical years, they have the opportunity to rank order their preferences for the order they would prefer to progress through these rotations, as well as rank order the sites where rotations take place, as applicable. This process is described below, along with additional mechanisms available to swap with your peers and appeal decisions that are made. Students will be expected to travel to all clinically affiliated CUSM-SOM clerkship sites as assigned. Students interested in exploring clerkship opportunities at non-affiliate sites must contact the CUSM Office of Medical Education prior to any contact with the clinical site.

Timing and process for medical student assignment to an instructional site

(The section is under revision as of July 2023 and may be updated later. Until then, the current version is in effect.)

The required clinical clerkships occurring in Year 2, or 3 and 4 take place at Arrowhead Regional Medical Center (ARMC) and other affiliated clinical training clerkships sites (please refer to the list of Clerkship sites above in this handbook). As part of the required clinical clerkship curriculum, students, at times, also rotate through ambulatory medical practices (e.g., ARMC-operated Family Health Centers located in Colton, Fontana, San Bernardino, Rialto, and Redlands). The process whereby students may rank their preferred clerkships site assignments is detailed below.

Process of Site Assignment

CUSM-SOM uses the OASIS Curriculum Management System to manage the assignment of clinical sites. Students are asked to enter their preferred schedule into the OASIS System scheduling program. In a similar fashion to the Match algorithm, the scheduler is designed to provide students with their ideal schedule, to the extent possible. This process is managed by the CUSM-SOM Office of Medical Education. Prior to students entering their scheduling preferences, an Orientation to the Year 3 Scheduling Process presentation is given by the Office of Medical Education. The final decision for site placement is made by the Executive Vice Dean of Education, though a student may appeal this decision to the Dean of the School of Medicine as described in sections below.

Matching Process

In March of Year 2, the Office of Medical Education “runs” the scheduling software, which, as noted above, has been designed to give students their requested schedule, to the extent possible.

Negotiation with peers to switch assignment(s)

Once the list has been published in March of Year 2, students have 2 weeks to switch rotations with other students. Once the 2-week period has passed, the Office of the Registrar registers the students accordingly.

Agreeable parties are required to email the Office of Medical Education their request to review, approve, and facilitate the schedule change. Many factors are taken into consideration prior to approving a trade. These include, but are not limited to, schedule and travel coordination, housing availability if applicable, and academic standing.

Once clinical schedules are finalized (two weeks after initial publication), students may not drop, add, or change their required clerkships for the remainder of the year. Approval of any schedule changes due to extenuating circumstances must be approved by the Associate Dean of Clinical Curriculum (ADCC).

All changes to students' schedules must be made through the Office of Medical Education who provides the final schedule to the School of Medicine Registrar's Office; no other parties may change clinical schedules, sites, and/or timeframes. In cases where permission is necessary, it is the student's obligation to contact the School of Medicine Registrar's Office to ensure that the updates are made to their clinical schedule.

Please also see the "Policy on USMLE Step 1 and Clerkship Training" in this Handbook for additional details.

Procedures whereby a student can request an alternative clerkship site assignment

(The section is under revision as of July 2023 and may be updated later. Until then, the current version is in effect.)

Scheduling Accommodations

CUSM provides accommodations for clerkship learning as required by law. These areas include disability (temporary or permanent), military service, and Title IX compliance. If a student requires an accommodation related to these areas, they must notify the Executive Vice Dean of Education (EVDE) to ensure appropriate scheduling and advanced logistics. In addition to legally required accommodations, CUSM strives to create schedules as equitably as possible in order to facilitate success for all students. CUSM hopes that asking about these parameters up front provides an opportunity to support students while also being fair and upfront with clinical partner training sites.

This policy pertains to accommodation requests from students that are *not* legally required. Requests made under this policy pertain to site location, facilities, hours, timing, or other logistical considerations in the purveyance of the education program.

Students may request accommodations that fall within reasonable scope for the educational program. Reasonable scope is defined as a minor alteration that:

- 1) does not reduce education time.
- 2) does not significantly inconvenience teachers, learners, community partners, or patients.
- 3) does not negatively impact the learning opportunities and outcomes for a student.
- 4) does not place undue financial burden on any parties involved.
- 5) does not alter the curriculum.

The following aspects are *some* areas that may pertain to scheduling accommodations requests:

- 1) family care need.
- 2) residential location hardship.
- 3) significant life event/occasion.
- 4) spiritual/religious practice.

Students requesting scheduling accommodations must submit a specific request form to the EVDE. Accommodations submitted prior to the creation of schedules have the highest likelihood of being granted, if reasonable. The EVDE will consult with relevant parties on the education, student affairs, and EIDP teams to evaluate the scope and impact of the accommodation request. Students will be notified of the outcome of their requests in writing.

Students receiving scheduling accommodations that require a time flex for duties will be provided a letter from the EVDE documenting their approved accommodation and the conditions therein. The details of the letter will specify how and when education time should be made up, if necessary. Approval letters must be signed by site supervisors and a copy returned to the EVDE. This ensures that all parties are aware of the accommodation and expectations. For each clerkship that an accommodation is granted, this process must be repeated.

If the request is denied, the student may appeal the decision of the EVDE, to the School of Medicine's Dean. The student must supply the notice of appeal to the Dean within 10 business days of receiving notice of the denial of the initial request for special consideration. The student must supply the Dean with the extenuating or humanitarian reasons/circumstances for which the request is made. The Dean will also receive a copy of the EVDE's decision, and the reasons given for not granting the request. If the student has additional information that has occurred since the EVDE's decision that may be provided to the Dean as well. The Dean may or may not choose to meet with the student. The Dean's decision is final.

After the Start of Clerkships

Students requesting reassignment after already starting a clerkship are to contact the EVDE immediately and discuss the situation that has developed. Due to the sensitivity of the circumstances necessitating the request for reassignment, the EVDE may grant the reassignment request immediately. If the request is denied, the student may appeal the EVDE's decision to the SOM-Dean whose decision is final. This is particularly true, with cases of alleged harassment and personal safety.

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. Activities, workshops, and advising are facilitated by the Office of Student Affairs in collaboration with the Office of Personal, Academic and Career Excellence (PACE). CUSM's Career Advising System is structured to mirror the AAMC Careers in Medicine (CiM) 4-phase advising model, with customized workshops and advising sessions to meet student's needs. During Clerkship and Transition to Independent Practice Phases, focused programs and advising sessions are provided by the Director of Career Guidance and Match Preparation (PACE) to prepare students for selecting and applying to residency programs.

Electronic Residency Application Service (ERAS)

The Electronic Residency Application Service (ERAS®) 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 Residency Matching Programs

There are several national matching programs through which senior medical students secure a residency. The following is a list of matching programs:

1. National Resident Matching Program: www.nrmp.org
2. San Francisco (SF) Match: www.sfmatch.org
3. Urology (AUA) Match: www.auanet.org/education/urology-and-specialty-matches.cfm
4. Military Match: www.medicineandthemilitary.com/

Most students register for the National Resident Matching Program (NRMP) and are electronically verified by the Office of PACE and Office of Student Affairs. Students applying for residency through the San Francisco Match (SF Match), Urology Match (AUA Match), and Military Match, may also choose to create a parallel plan and dual apply for an alternate specialty through ERAS, as well as participate in the NRMP match. PACE provides guidance to students pursuing all match programs as well as strategies for potential match outcomes.

Applications, Recommendation Letters, and Other Credentials

Most specialties and the military use the Electronic Residency Application Service (ERAS); ophthalmology and plastic surgery use the San Francisco Match; and urology uses the American Urological Association for their application service.

The following information and credentials are critical components of the residency application. Students can visit the AAMC's Careers in Medicine website (<https://www.aamc.org/cim/>), or attend workshops and advising sessions hosted by the Director of Career Guidance and Match Preparation (in the Office of PACE), for assistance for samples and guidance on the documents outlined below. For each component, note the responsible party for submission:

Curriculum Vitae (CV)

The curriculum vitae is a critical component of your residency application and other scholarly activities such as research fellowships, scholarships, etc. It is a fluid document accounting for your scholarly activity in preparation for residency training. The content of a medical student CV varies depending upon the activities a student has participated in. Common categories on a medical student CV include: contact information, educational background, honors/awards, research, leadership, and trainings/certifications. The Office of Personal, Academic, and Career Excellence (PACE), as well as the Careers in Medicine website, provide helpful resources to help you write a CV.

It is the responsibility of the student to upload/submit their CV to ERAS or other application systems.

Personal Statement

This document conveys the student's passion and commitment to the discipline and may also identify what they are 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. The Office of Personal, Academic, and Career Excellence (PACE), as well as the Careers in Medicine website, provide helpful resources to help you write a Personal Statement.

It is the responsibility of the student to upload/submit their Personal Statement to ERAS or other application systems.

Letter of Recommendation

The Office of Personal, Academic, and Career Excellence (PACE) recommends that students request letters of recommendation from faculty who have observed their clinical performance. Most residency programs expect one letter from an attending in the specialty in which the student is applying. Students may obtain a letter from faculty who they have conducted research with, but should seek guidance from PACE on how to assign these letters. In addition to a traditional narrative letter of recommendation, some specialties and programs will request a specific type of letter or standardized letter of recommendation/evaluation:

- Some programs and specialties require a letter of support from the department chair. This is known as a “Chair Letter.”
- A few specialties have standardized letter of recommendation such as Emergency Medicine (SLOE), Orthopedic Surgery (SLOR), etc.

Letters from residents typically may not be substituted for a required faculty letter.

It is recommended that students review residency program websites for details regarding individual program Letter of Recommendation requirements and reach out the Director for Career Guidance and Match Preparation (in the Office of PACE) for questions regarding letters of recommendation.

It is the responsibility of the student to request the letter of recommendation and the responsibility of the letter writer to upload/submit the letter of recommendation. The ERAS application will ask students to waive their right to review their letter of recommendation.

Medical Student Performance Evaluation (MSPE)

The Medical Student Performance Evaluation (MSPE) Letter is an important document sent to residency programs by the medical school on behalf of the student, as part of the residency application process. It is, in essence, 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 Executive Vice Dean of Education.

The MSPE provides an overall assessment of your medical school performance, including comments from evaluations, grades from required clerkships, and clinical electives from which evaluations have been received prior to the Office of Medical Education’s MSPE completion deadline. It also includes information on the status of completion of the USMLE, graduation requirements, and highlights of your activities and contributions to the medical school and community. Students may review their MSPE for accuracy before it is released to program directors.

It is CUSM’s responsibility to submit/upload the MSPE for each student’s application.

MSPE Conflict Concerns

Students may request someone other than the Executive Vice Dean of Education (EVDE) to write their MSPE, the template adopted by the medical school must be followed, however, and deadlines maintained.

The process for requesting someone other than the EVDE to write the MSPE on behalf of the student is as follows:

1. Complete the MSPE Writer Change Form available on the CUSM-SOM Canvas MD Student Resource page.
2. Print the form and take it to the faculty member (required) you wish to have write your MSPE.
3. The faculty member must sign the MSPE Writer Change Form.
4. Once completed, the form must be returned to the Office of Medical Education to register the change.

Official CUSM-SOM Transcript

The CUSM-SOM transcript includes all grades received through the end of the Year-3 summer term.

It is CUSM's responsibility to submit/upload each student's transcript for their application.

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 and Step 2-CK.

It is the responsibility of the student to authorize and release their USMLE transcript in the ERAS application system.

Residency Program Interview

All programs require an interview. This is the student's opportunity to highlight information about themselves and demonstrate fit for program. Students have the 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. Programs have the opportunity to learn more about an applicant's background, talent, values, and interest in their program and specialty.

Length of Residency Training

The chart below provides information regarding length of training for some of the most popular specialties CUSM students apply for. There are 2 types of options for residency: categorical programs, and advanced programs. Below is a summary of each residency program type:

- Categorical programs are those in which a student completes all training, beginning in PGY-1, at the same location and training program. Examples include: Emergency Medicine (3-4 years), Family Medicine (3 years), Internal Medicine (3 years), etc.
- Advanced programs are those in which students are required to complete a 1-year internship as a PGY-1 (preliminary surgery, preliminary, medicine, or transitional year), then move on to their advanced PGY-2 program. Examples of advanced programs include: Anesthesiology (3 years plus PGY-1 Transitional/Preliminary), Dermatology (3 years plus PGY-1 Transitional/Preliminary), etc.

There are a handful of dual licensing programs available to apply for in residency, such as combined Family Medicine/Psychiatry, and Emergency Medicine/Internal Medicine. A comprehensive list of training programs can be found in the Graduate Medical Education Directory of approved residency programs. You may also access the online resource: AMA-FREIDA (<https://www.ama-assn.org/residents-students/match/freida>).

The chart below does not include subspecialty/fellowship training.

Specialty	Length of Residency
Anesthesiology	3 years (plus PGY-1 Transitional/Preliminary)
Dermatology	3 years (plus PGY-1 Transitional/Preliminary)
Diagnostic Radiology	4 years (plus PGY-1 Transitional/Preliminary)
Emergency Medicine	3-4 years
Family Practice	3 years
General Surgery	5 years
Internal Medicine	3 years
Neurological Surgery	6 years (includes 1 year of general surgery)
Neurology	3 years (plus PGY-1 Transitional/Preliminary)
Obstetrics-Gynecology	4 years
Ophthalmology	3 years plus PGY-1 Transitional/Preliminary
Orthopedic Surgery	5 years (includes 1 year of general surgery)
Otolaryngology	5 years (includes 1 year of general surgery)
Pathology	4 years
Pediatrics	3 years
Physical Medicine	3 years (plus PGY-1 Transitional/Preliminary)
Plastic Surgery	5-6 years (includes 1 year of general surgery)
Psychiatry	4 years
Radiation Oncology	4 years (plus PGY-1 Transitional/Preliminary)
Urology	5 years (includes one year of general surgery)
Transitional/Preliminary Year	1 year

Licensure and Specialty Board Certification

(The section is under revision as of July 2023 and may be updated later.)

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 oversight of the medical education program. The OME collaborates with the School of Medicine faculty to manage the program via the Curriculum Committee and its subcommittees and supports faculty development and affairs, Information Commons services, and instructional technology.

Interactions of students with the OME occur on a daily basis through their own active participation in scheduled curricular activities, assessments and evaluation of students, and student evaluations of faculty and programs. Students contribute to curriculum management through participation on Curriculum Committee and its subcommittees.

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 CUSM-SOM 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 in Pre-Clerkship Phase

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:** Failure by a student to be present in any classroom or clinical activity during a regularly scheduled period.
2. **Planned Absence:** A planned absence occurs when a student schedules, in advance, to be away from a course or clerkship activity.
3. **Unplanned Absence:** An unplanned absence is unscheduled and may occur as a result of an emergency or unexpected situation requiring an immediate action, and for which there is no time for the student to secure an excused absence with the instructor or another responsible party.

Policy Explanation

The attendance policy provides a mechanism for a student to notify CUSM-SOM faculty in a timely manner when there is 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.

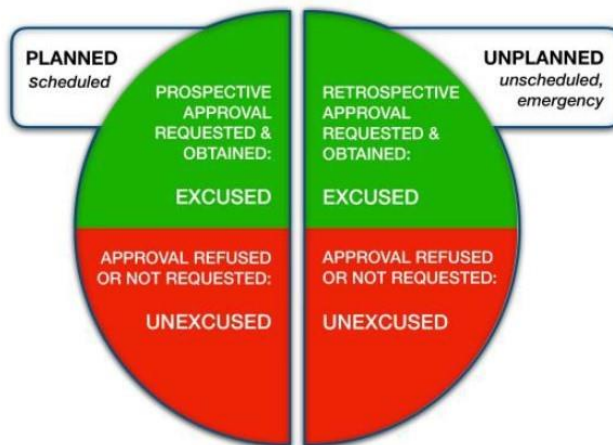
All CUSM-SOM students must meet standards of professionalism and personal responsibility expected of all physicians in training. Particularly, physicians in training must hold themselves to the same levels of professionalism expected of practicing physicians when they are required to be absent from their duties. CUSM-SOM encourages 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 CUSM-SOM curriculum.

Attendance in Pre-Clerkship Phase Courses

Student attendance is mandatory for any session or activity in which team accountability is required, for example: iRAT/tRAT sessions, Clinical case presentations, College Colloquium, Clinical Skills, and Laboratories. Absence requests, whether planned or unplanned, are submitted to the Course Director, and it is at their discretion whether the absence is approved (excused) or not approved (unexcused). Students with any absences will have make-up work assigned at the discretion of the Course Director and must complete such work before a passing score is given for the course. The maximum number of excused absences that is permitted in each course is described in the course syllabus. Students who exceed this will be referred to the Associate Dean of Pre-clerkship Curriculum. The policy on unexcused absences is described below.

Absence Procedure

CUSM-SOM recognizes two categories of student absences from scheduled activities: (1) Planned and (2) Unplanned. Students are expected to submit an “Absence Request Form” through Canvas, whether the absence is planned, or unplanned. For a planned absence, students are expected to make a reasonable effort to schedule health care appointments and family events at times that do not conflict with required activities at CUSM. If an absence is not approved by the course director, or is not requested, then it will be classified as “unexcused”.



1. Planned Absences

- a. Health related (medical, dental, or other health services)

- b. Attendance at significant family events (e.g., funerals)
- c. Religious obligations
- d. Public service (e.g., jury duty)
- e. Military service
- f. Attendance at scientific, educational, or national student organization conferences

2. Unplanned Absences

- a. Illness (see requirements for medical notes, below)
- b. Personal or family emergency

Procedure for Requesting/Obtaining Approval for Planned and Unplanned Absences

All absences from required activities must be approved by the Course Director. Students must request approval for each absence by completing and submitting an “Absence Request Form” online through Canvas for each course that will be missed. The request will be forwarded to the Office of Medical Education and the Course Director. Students will receive a decision regarding their request from the Course Director via email. For a planned absence, students must submit a request no later than seven (7) days prior to the planned absence.

Regardless of the type of absence, the student must meet with the Course Director or designee no later than 24 hours after return to arrange for the timely completion of all requirements of the missed course, including making up all assignments and group projects.

Medical Notes: All students who miss required activities due to illness must obtain a written medical note from a licensed healthcare provider. A student with contagious diseases may be required to submit a written clearance from the healthcare provider before they can resume educational activities. 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 must report to the Office of Medical Education to explain the reason for their absence. 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.

Unexcused absences

If an absence request is not submitted, or if it is not approved by the course director, then it is considered unexcused. Makeup work is not allowed for unexcused absences, and students will not be able to make up points lost due to uncompleted activities or assignments. Additional penalties for unexcused absences may be defined in the course syllabus. If the absence is determined to be unexcused, the student may appeal within 7 business days after receiving the decision. The request for an appeal must be submitted in writing to the Associate Dean of Pre-clerkship Curriculum along with any documentation related to the absence.

Procedure When Accumulated Absence Exceeds Set Limits

Students who exceed the permitted number of absences described in this policy must arrange (through the Office of Medical Education) to meet with the Associate Dean of Pre-Clerkship Curriculum within seven (7) days of exceeding the limits for consultation and remediation. The

Associate Dean of Pre-Clerkship Curriculum will evaluate the appropriateness of the student absences and may take the following actions:

1. Approve the absences as acceptable and work with the student and Course Director or designee to ensure that all requirements of the missed course are completed in a timely manner.
2. Find a portion or the entire period of the absence unacceptable. Such finding may result in:
 - a. Requirement that the course be repeated
 - b. Official censure in the student's academic record
 - c. Notation of the lapse of professional responsibility in the student's Medical Student Performance Evaluation/Dean's Letter

The Associate Dean of Pre-Clerkship Curriculum 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 decision of the Associate Dean of Pre-Clerkship Curriculum, the student may:

1. Accept the decision.
2. Submit a written appeal to the Executive Vice Dean of Education.

Appeals process

For all appeals, an ad hoc Appeals Committee will be formed consisting of the Associate Dean of Pre-Clerkship Curriculum and two faculty members not involved with any missed course. The Appeals Committee will convene within 10 days of receiving a student's written appeal. The student may appear before the Appeals Committee to present information that the student believes is relevant to the deliberations of the Appeals Committee. The Appeals Committee will inform the student of their decision within seven (7) days of convening.

Within 7 business days of receipt of the decision by the Appeals Committee, the student may:

1. Accept the decision and acknowledge their acceptance in writing to the Office of Medical Education.
2. Submit a written appeal to the Dean of the medical school in 10 business days from notification. The student can request a meeting with the Dean to present information that the student believes relevant to the deliberations of the appeal case. The Dean will inform the student of his/her decision within 7 days of receiving the request. The decision of the Dean is 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, etc.). The Course Director makes the ultimate decision regarding support and approval of swapping and/or rescheduling.

1. If in the view of the Course Director, the student's absences adversely affect his/her education or the education of others in the group, the Course Director submits a "Concern Notification" to the Office of Medical Education. The student will then meet with the Associate Dean of Pre-Clerkship Curriculum 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 the 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, including making up all assignments and group projects. If a student's absence is "unexcused", a serious breach of professional responsibility will be deemed to have occurred, and the breach will be reported to the Associate Dean of Pre-Clerkship Curriculum for further action. Such actions may include:
 - a. Requirement that the course be repeated
 - b. Official indication in the student's academic record
 - c. 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 dismissal from CUSM-SOM if the student (a) repeatedly violates CUSM-SOM 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.

Grading Policy

- A candidate for the Doctor of Medicine degree at CUSM 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. CUSM has an obligation to its students and to society ensure that its graduates meet the highest scientific, skilled, and moral standards to perform the duties of the medical profession.
- Student work in required courses/clerkships for the MD degree is reported in terms of the grading system indicated in the Grading System Table.
- Scores and ratings earned and assigned to individual assignments and exams during a course, required clerkship or elective may contribute to the course/clerkship grade. The course/clerkship grade is finalized at the end of the academic year (or program phase, whichever comes first).
- Each syllabus and clerkship handbook is required to describe the satisfactory standards of performance in an assessment, course or clerkship that students need to achieve in order to pass. The scores and ratings required to pass a course, required clerkship, or elective and how they are achieved is determined by course faculty and available to students in the syllabus/handbook.
- All calculations for grades in courses, clerkships, and electives are specified in the corresponding syllabus or clerkship handbook. Not all grades have a numerical equivalence.
- Students can only earn one final grade following completion of the requirements for that course, required clerkship, or elective. Students cannot be re-assessed, or elect to be re-assessed, following completion of a course, required clerkship, or elective if they achieve a passing final grade in the course, required clerkship, or elective.
- In order to ensure that final grades are available to students within 6 weeks of the end of a course/clerkship, the CUSM 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.

- If an assessment or assignment is misplaced by CUSM or a student evaluation is not submitted by the institutional deadline for assigning final grades, then the student will automatically receive full points (100%) towards that component of the course/clerkship grade. In some cases, narrative feedback might not be available to students.
- Each syllabus and clerkship handbook should include or refer to the grading and remediation policies for the course.
- Grades are reported to the registrar for recording in the student’s transcript of academic performance.

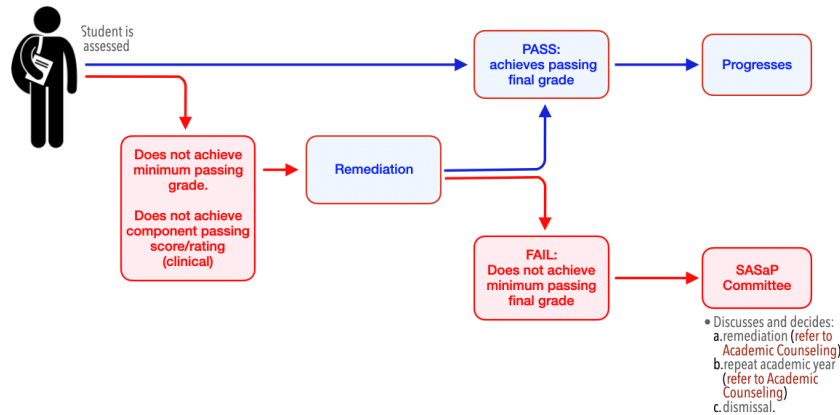
Grading System

	Performance Rating	Numerical range and threshold
Pre-clerkships courses	Pass	70-100%
	Fail	< 70
Clerkships and Electives	Honors	90-100%
	High Pass	80-<90%
	Pass	70-<80%
	Fail	<70%
Some 4 th Year Electives	Pass	—
	Fail	—
All courses, clerkships and electives	I	Incomplete
	IP	In progress (<i>for delayed return of scores</i>)
	W	Withdrawn

Pre-Clerkship Phase

- Students in the Pre-Clerkship Phase must successfully complete and meet all expectations for all courses following assessment and evaluations.
- **Passing grade:** The minimum passing final grade for all courses is specified in the Grading System Table. In order to pass a pre-clerkship course, a student must achieve a minimum passing final grade for the course.

Assessment and Progression Chart



- **Failing grade:** Students who do not achieve a minimum passing final grade in a pre-clerkship course will be required to remediate the course. A student who is unable to successfully remediate a course will receive a Fail final grade.

Clerkship and Transition to Independent Practice Phases

- Students in the clinical curriculum are enrolled in mandatory clinical clerkship rotations that have a specific set of academic and clinical grading components outlined within the clerkship handbook. Students must successfully complete and meet all expectations for all components following assessment and evaluations.
- **Passing grade:** The minimum passing final grade for all clerkships and electives is specified in the Grading System Table. In order to pass a required clerkship or elective, a student must pass all assessment components, and achieve a minimum passing final grade for the clerkship or elective.
- **Incomplete:** If a student is unable to complete all the requirements for a clinical rotation as scheduled, individual arrangements must be made with the clerkship director to develop a plan to address the deficit and make up missed time or repeat the clerkship. After meeting all components of the plan for completion, the student may be awarded credit and a grade for the rotation by the clerkship director.
- **Failing grade:** Students who do not satisfy all the requirements for passing a required clerkship or elective will be required to remediate the deficiency. A student who is unable to satisfactorily remediate a required clerkship or elective will receive a Fail final grade.

Policy on Remediation and Deferred Assessments

Note: Below are abbreviated excerpts from the handbook entitled *Assessment of Student Learning Outcomes in the MD Program* for the “Policy on Remediation and Deferred Assessments” and “Special Consideration and Deferred (Make-Up) Assessments.” For the complete policies with additional tables and details, please refer to the handbook.

- The curriculum has been structured in such a way as to give students every possible opportunity to learn and succeed. The midcourse advising and feedback system is designed to help identify students in academic difficulty and provide them with additional support in order 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 minimum passing performance in a course, required clerkship, or elective.

- The remediation process is intended to correct an academic deficiency and improve achievement of competency to allow academic progression in a timely manner.
- Remediation is not intended to address grade sanctions that result from academic dishonesty or plagiarism.
- Each syllabus and clerkship handbook should include or refer to the grading and remediation policy for the course.

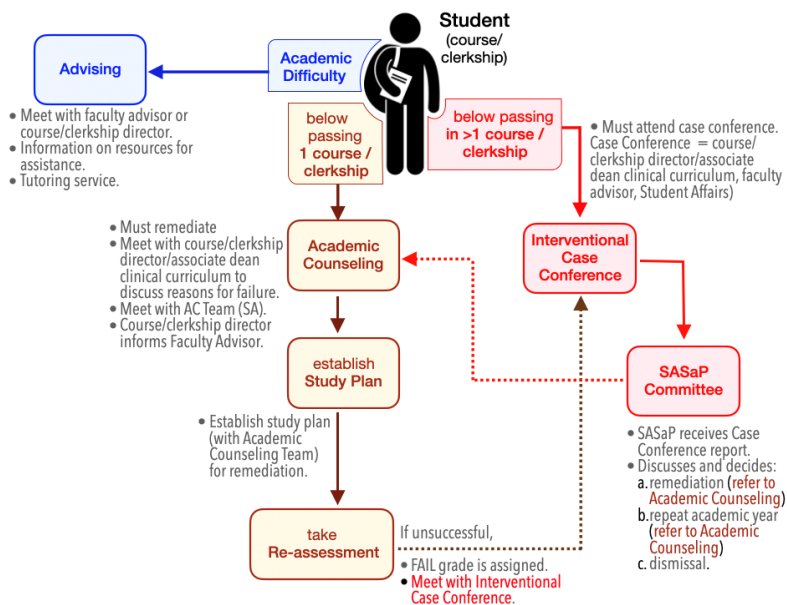
For Pre-Clerkship Curriculum

- A student who achieves less than the minimum passing performance in a pre-clerkship course must remedy the grade of the course and will be automatically registered to remediate by re-assessment. The student's faculty advisor will be informed.
- A student must achieve a minimum passing grade in the remediation assessment in order to achieve a passing final grade in the course and progress to the next academic year or Clerkship Phase. Remediation assessments in pre-clerkship courses must be completed before the start of the following academic year (or required clerkships, whichever comes first).
- Failure to achieve a passing final grade following remediation in a pre-clerkship course will be recorded in the student's transcript as a Fail grade.
- Students who need to remediate one pre-clerkship course must meet with the course director to discuss reasons for the poor performance, and subsequently with an Academic Counseling Team (ACT) set up by the Office of Student Affairs to establish a study and preparation plan for remediation. Emphasis will be placed on support measures to prevent the student from falling behind in on-going work, and allow learning in subsequent courses to help serve as additional aid in preparing for remediation assessments.
- Students who need to remediate two pre-clerkship courses (or fail a remediation in one pre-clerkship course) must attend an Interventional Case Conference (ICC) meeting set up by the Office of Student Affairs with the course director(s), clinical skills director (where appropriate), the student's Faculty Advisor, associate dean of student affairs, and a representative of the AEC. A report from the ICC containing an analysis of the student's difficulties and the resulting advice offered will be submitted to the Student Academic Standards and Promotion (SASaP) Committee.
- Students who achieve a failing final grade following remediation in the Pre-Clerkship Phase will be referred to the Student Academic Standards and Promotions Committee (SASaP) subject to the following conditions:
 - a. failing one pre-clerkship course carries a recommendation to repeat the course
 - b. failing two or more pre-clerkship courses carries a recommendation to either repeat the year or be subject to dismissal from the program
- A student cannot carry forward any failed courses into the following academic year. Students must satisfy all requirements for all pre-clerkship courses prior to participating in regular Clerkship Phase activities of the MD curriculum. An exception may be granted only by the SASaP Committee.

For Clinical Curriculum

- A student who does not achieve the passing requirements for a clerkship or elective (achieves less than the minimum passing score/rating in any required component of a clerkship or elective, AND/OR achieves less than the minimum passing grade for the clerkship or elective) must remedy the deficiency before a final grade can be assigned for the clerkship or elective.
- If a student does not achieve a passing score or rating in an assessment component, the following will apply:
 - a. achieves either less than a passing score on the NBME clinical subject examination OR less than a passing rating on the multi-station OSCE, the student must retake the examination and receive a passing score/rating within 2 weeks of completing the clerkship.
 - b. achieves either less than a passing rating on the preceptor evaluation OR less than the minimum passing final grade including all requirements OR less than a passing score/rating in more than one required component, the student is required to remediate clinical education activities as determined by the clerkship director or the associate dean of clinical curriculum.
- The student will be automatically registered to remediate by re-assessment, and the student's faculty advisor will be informed by the clerkship director / associate dean of clinical curriculum.
- The final grade for a clerkship or elective following successful remediation cannot exceed a High Pass.
- Failure to achieve a passing final grade following remediation in a clerkship or elective will be recorded in the student's transcript as a Fail grade.
- Students who need to remediate one or more clerkships or electives must meet with the clerkship director and associate dean of clinical curriculum to discuss reasons for the poor performance, and subsequently with an Academic Counseling Team (ACT) set up by the Office of Student Affairs to establish a study and preparation plan for remediation. The extent and timing of remediation will be determined by the ACT.
- Students who need to retake a failed clerkship or elective must attend an Interventional Case Conference (ICC) meeting set up by the Office of Student Affairs with the clerkship director, the student's faculty advisor, associate dean of student affairs, associate dean of clinical curriculum, and a representative of the AEC. A report from the ICC containing an analysis of the student's difficulties and the resulting advice offered will be submitted to the Student Academic Standards and Promotion (SASaP) Committee.
- Students who achieve a failing final grade following remediation in the clinical curriculum will be referred to the Student Academic Standards and Promotions Committee (SASaP) subject to the following outcomes: remediation of the clerkships; repeat of the full academic year; or dismissal.
- A student cannot meet graduation requirements without remediating a failed clerkship.

Remediation Chart



Special Consideration and Deferred (Make-Up) Assessments

Students whose study has been adversely affected by illness or other significant circumstances outside of their control can apply for special consideration. Students should consult the Office of Student Affairs to determine their eligibility for special consideration. Students who are excused by the Course Director and the Office of Student Affairs from taking assessments during a course or clerkship will take a deferred examination. Applying for special consideration is not designed to save students from the consequences of poor academic preparation. Significant circumstances may include but are not limited to:

1. death or serious illness of a member of the student’s immediate family or household or of a close friend
2. serious injury or illness
3. being a victim of a crime
4. breakdown of relationship
5. sudden loss of income or employment
6. serious disruption to domestic arrangements

Where special circumstances prevent a student from taking an assessment as originally scheduled, the student may apply for a deferred (make-up) assessment. If an application for a deferred assessment is granted, the student will need to be available to take the assessment during the deferred assessment period. The date of the deferred assessment will be determined by the course/clerkship director in consultation with the Office of Academic and Institutional Effectiveness (OAIE). Transcripts of students who take a deferred assessment will show the course, clerkship, or elective grade without any additional remarks or notes indicating that students have taken a deferred assessment.

Repeating Courses and Impact on Title IV Eligibility

In accordance with Federal Register 668 Student Assistance General Provisions – Retaking Coursework (Sec.668.20) and per the institutional policy, starting the academic year 2021-22

moving forward, CUSM allows its students who may have failed to complete class(es) to progress in their respective program to repeat that class(es) allowing funding with Title IV aid for the following year.

However, If the student does not meet Student Satisfactory Academic Progress (as defined in their Student Handbook) prior to the start of the following academic year due to Qualitative/Quantitative Measures or the 150% rule which governs the duration of the entirety of the program, the student will no longer be eligible for Title IV funding. Please also see Student Satisfactory Academic Progress (SSAP) section of their Student Handbook.

Policy on Academic Progress

CUSM-SOM is eligible for Federal Financial Aid programs and therefore, 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 CUSM-SOM.

At CUSM-SOM, Student Satisfactory Academic Progress (SSAP) is 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)

Per CFR guidelines Title 34. Section 668.34. Each student at CUSM-SOM is required to successfully complete all of the required courses, clerkships, examinations, and Academic Research Study in order to graduate with the MD degree. Please see the Graduation Requirements section for the complete list of requirements.

Academic Progression

Students must achieve minimum passing final grades AND satisfy the appropriate requirements in order to progress in the MD program.

- Preclerkship Phase: Complete all requirements for pre-clerkship courses in order to progress to the Clerkship Phase of the MD curriculum.
- Clerkship Phase: Complete all requirements for all core clerkships in order to progress to the Transition to Independent Practice Phase of the MD curriculum. In addition, if a student is anticipated to complete all core clerkship requirements within a reasonable timeframe as determined by the SASaP Committee, then they can progress to the Transition to Independent Practice Phase.
- Transition to Independent Practice Phase: Complete all requirements for required and clinical electives in order to satisfy part of the requirements for graduation.

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 the program. For example, if a degree program requires 30 credits, students are eligible for aid up to 45 attempted credits. Appeals non- applicable per Title IV regulations.

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.

The Grading scale for Doctor of Medicine:

Financial Aid SSAP	Minimum Requirements
Qualitative Measure	Complete coursework with passing grades In Pre-Clerkship Phase, grades are Pass/Fail. In Clerkship and Transition to Independent Practice (TIP) Phases, grades are a 4-tier system: Honors, High Pass, Pass, Fail, except the Professional Development Semester ACAD-7501 course, where grades are Pass/Fail.
Quantitative Measure	Complete a minimum of 67% of cumulative coursework attempted for the academic year. For example, units completed divided by units attempted. (66 units complete / 98 units attempted = 67%)
Maximum Time to complete Program	May not exceed 150% of the published length of the program.

	Performance Rating	Numerical range and threshold
Pre-clerkships courses	Pass	70-100%
	Fail	< 70
Clerkships and Electives	Honors	90-100%
	High Pass	80-<90%
	Pass	70-<80%
	Fail	<70%
Som^e 4th Year Electives	Pass	—
	Fail	—
All courses, clerkships and electives	I	Incomplete
	IP	In progress (<i>for delayed return of scores</i>)
	W	Withdrawn

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.

CUSM-SOM’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.

In addition, if a student experiences personal difficulty or participates in scholarly enrichment activities, the student may take up to 2 years of LOA. The detailed policy is described in the LOA Policy section below. However, under no circumstances will a student be allowed to take more than 6 years from the time of matriculation to complete the requirements for the MD degree.

Policy on USMLE Step 1 and Clerkship Training

Medical students are encouraged to, but not required to take the United States Medical Licensing Examination (USMLE) step 1 exam prior to starting clerkship training. Nonetheless, passing USMLE Step 1 is part of graduation requirements.

Students may choose to delay one clerkship segment in the first term of the upcoming core clerkship schedule and use that period as directed Step 1 study time. Those deferred 3 or 4 weeks may be completed in the first block of a student’s fourth year. If a student defers a segment in the first term of the Year 3:

- a. They will participate in the formative mid-year objective structured clinical examination (OSCE), as scheduled.
- b. The summative end-of-year OSCE will be deferred until after the student completes the summative segment.
- c. The formative National Board of Medical Examiners (NBME) Subject exam for that segment will be deferred.
- d. **Please be aware that this may reduce the number of elective rotations you can complete and obtain letters of recommendation from, prior to submitting your application to Electronic Residency Application Service (ERAS; around September 15th). This may further be impacted by any additional dedicated study time for Step 2CK at the beginning of Year 4.**

Students may schedule the USMLE Step 1 exam during ongoing clerkship rotations without delaying the entire 3- or 4-week segment. However, students may only miss up to 2 days of previously scheduled educational activities following approval. The time away for the exam cannot conflict with required summative or formative examinations such as shelf examinations or OSCEs.

Any adjustment to a student's clerkship schedule must be approved by the Associate Dean of Clinical Curriculum (ADCC) and the Clerkship Director. Students must provide notice at least 4 weeks prior to the start of the segment to be deferred or the educational activities to be missed. Please let ADCC and the Clerkship Director know as soon as possible so they can review and work to make the accommodation in the schedule if possible. Student may appeal the decision of the Associate Dean of clinical Curriculum and Clerkship Director to the Dean within 2 weeks of their decision. The Dean's decision is final.

Comprehensive Basic Science Self-Assessment (CBSSA) examinations will remain available but is not required. CUSM-SOM is especially supportive of any students who feel they are not prepared and would like resources to help improve their performance.

Financial Aid Probation

If a student has not met the standards for Student Satisfactory Academic Progress (SSAP) during the "financial aid warning period," They will be required to meet with the Office of Financial Aid and notified that they are 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 advances 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 Executive Vice Dean of Education to develop an academic plan that, if followed, will help him/her 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 include:

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 CUSM-SOM, 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 years of

LOAs at CUSM-SOM MD program. The second LOA may be taken immediately following the first LOA with the appropriate approval, but this is not recommended in most cases.

The “Leave of Absence Request Form” is available in the Student Forms section in Canvas. Students need to submit a completed form to the Student Academic Standards and Promotion Committee through the student affairs office, when circumstances permit, at least 3 months prior to the desired LOA start date for consideration. Under no circumstances will a student be allowed to take more than 6 years from the time of matriculation to complete the requirements for the MD degree, including LOA.

Students must clear with financial/student business 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. Repayment will start after six (6) months of leave and continue through the rest of the leave. For such students, their loan repayment will begin immediately after graduation, rather than six months into the first postgraduate year.

In addition, it is recommended that students applying for leave during Year 1 must meet with the Associate Dean of Pre-clerkship Curriculum. Students applying for leave during Year 2 onwards should meet with the Director of Career Guidance and Match Prep to discuss their plans and the potential impact on the curriculum.

Under most circumstances, the students are required to submit a written request at least 3 months prior to the approved 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 CUSM-SOM.

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, the student's progress is unsatisfactory in any area related to graduation requirements.

Students are placed on **academic probation** when they are at risk 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 or the Director of Counseling and Wellness.

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 student requests a meeting with the Dean to present information that the student believes relevant to the deliberations of the appeal case. 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 they do not meet the standards for graduation or satisfactory academic progress established by CUSM-SOM. A student failing three or more courses in a given year will be required to repeat the year. 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 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 informal 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 their 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 and provided to the Associate Dean of Student Affairs who will distribute the document to the committee, at least forty-eight hours in advance of the scheduled meeting.

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 CUSM-SOM, 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, and the student does not withdraw, the Committee's

dismissal recommendation will be forwarded 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 unethical, illegal, or immoral conduct. In this case, the Executive Vice Dean of Education, Associate Dean of Student Affairs, 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, they must meet with the Director of Financial Aid for a mandatory federally-required exit interview.

Working Together on Course Assignments

In many courses, students are encouraged to work together on questions covering broad topics or on various projects. It is expected, however, that each student will write their 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

1. WSCUC Requirement

In accordance with the Federal Definition of the Semester Credit Hour, WSCUC defines credit hour (see definition below) for learning outcomes and student achievement. In determining the amount of work associated with a credit hour, an institution is permitted to take into account a variety of delivery methods, measurements of student work, academic calendars, disciplines and degree levels. Institutions have the flexibility to award a greater number of credits for courses that they can show require more student work.

2. Purpose

This policy is written to establish how credits are assigned to student learning in all CUSM programs.

3. Policy Statement

CUSM adopts the WSCUC definition of credit hour and employs credit hour as the measure of educational credit a student receives. Its use follows the rules, regulations, and guidelines as specified by the federal government and WSCUC. Where applicable, calculations to derive alternative unit equivalency to credit hours are detailed in the procedures.

4. Scope and Applicability

This policy applies across all programs at CUSM. The audience for this policy includes students, faculty, and clinical instructors. A student must accumulate the required number of credits to complete the degree program.

5. Definitions

A credit hour is defined as an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that approximates:

- a. Not less than one hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately 15 weeks for one semester or trimester hour of credit, or 10 to 12 weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or
- b. At least an equivalent amount of work as required in paragraph (a.) of this definition for other academic activities as established by the institution including laboratory work, internships, practical, studio work, and other academic work leading to the award of credit hours.

6. Procedures for Implementation and Review

- The Office of Assessment calculates and assigns credit hours to courses using the following equivalencies and presents them for approval to the Assessment & Evaluation Committee, and program curriculum committees.
- Students are expected to spend at least 45 hours of in-and-out-of-class time to earn one (1) credit. The following learning activities involve at least 45 hours of combined in-and-out-of-class student work for one (1) credit:
 - a week of learning activities in courses (lecture, flipped classroom sessions with assurance testing, laboratory, case presentation);
 - a semester of classroom lectures, or of supervised research work in a laboratory, clinical or community setting;
 - a week of clinical instructional activities.

*Specific to the MD degree program:

- Longitudinal components of the curriculum (e.g., Clinical Skills, College Colloquium, CHANGE, CARE) involve at least 270 hours of in-and-out-of-class student work during the first year (6 credits for 1 year), and at least 135 hours of in-and-out-of-class student work during the first semester of the second year (3 credits for 1 semester).
- The length of the MD program is defined by the Liaison Committee on Medical Education and must include at least 130 weeks of instruction.

7. Policy Administration

Responsibility

Course and clerkship directors must comply with this policy in delivering instructional activities and learning to students.

Schedule for Review and Update

Assessment & Evaluation Committee reviews the policy every year to monitor implementation, compliance, accuracy, reliability, and consistency. The policy may be updated sooner if necessary to accommodate curricular changes or comply with applicable accrediting standards.

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 on the learning management system 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 are required to attend activities at clinical sites that involve patient care and skills training. Although there is a policy defining duty hours, students need to demonstrate flexibility in schedules outside a Monday-Friday and 8-5 framework.

Anatomy Laboratory Requirements

Prior to participating anatomy laboratory activities, students must complete the form below.

Please initial, sign and date in the spaces indicated.

- | | Please Initial |
|---|----------------|
| 1. Respect and care: Anatomical donors and specimens are to be treated with the utmost respect at all times. They represent persons who, even after death, are contributing to your education. Please honor this gift. Treat them how you would like your family members to be treated. | _____ |
| 2. Behavior: Be respectful of the bodies, skeletons, and models. Do not point at models with pens and/or pencils. | _____ |
| 3. Photographs & Videos: NO PHOTOS AND/OR VIDEOS ARE ALLOWED-EVER. | _____ |
| 4. No Cell Phones within the Lab: You will be asked to leave and depending on the situation this can lead to dismissal from the lab permanently and the academic program. | _____ |
| 5. Confidentiality of personal information concerning the anatomical donors/plastinated models must be maintained outside of the laboratory setting. Do not discuss anything about the donors outside of class. These includes but not limited to social media, texts, emails, verbal conversations etc. | _____ |
| 6. Nothing may be removed from the laboratory: Do not remove any models, films, textbooks, and other study materials from lab. | _____ |
| 7. Privacy: NO VISITORS ALLOWED in the laboratory; only people authorized personal. | _____ |
| 8. No food (including gum and candy), drinks (including water), or smoking is allowed inside the laboratory: Please leave all your belongings in the lockers. | _____ |
| 9. Personal Protective Equipment (PPE): Clothing: Closed-toe rubber soled shoes required. Long pants that cover the entirety of the ankle. Shorts, tank-tops, sandals, or flats are not allowed, and you will not be allowed to participate. HAIR MUST BE TIED BACK. (Please see Anatomy Dress Code for further details.) | _____ |
| 10. Please be responsible: All work stations are to be completely cleaned after the classroom session is over. | _____ |

11. Lab Safety:

1. A. Work and study in the Anatomy Lab may present certain health and safety hazards including but not limited to the hazards of using sharps, working with biological materials, and an exposure to formaldehyde and other hazardous chemicals. Any individual who uses the facilities are responsible for understanding and accepting these risks. Any individual who is not an employee of the University is personally responsible for any medical clearances that they or their personal physician deem to be necessary for their personal health and safety, including that of any risks associated with pregnancy. Furthermore, any such individual is fully and personally responsible for the costs of any medical services that they may require that results from their participation in activities in the Anatomy Lab.

B. You must complete the required Lab Safety training as assigned by the Lab Manager.

C. Please make a note of the location and operation of safety showers, eyewash stations, fire extinguishers, and exit doors.

D. Dispose of sharps (blades) in the red sharps containers.

E. In case of an injury, immediately notify your instructor and the Laboratory Manager. You must complete an online injury and accident report. This is a requirement after attending to the emergency.

By initialing in the spaces above and signing below, you acknowledge that you have read and understand this document and agree to adhere to the policies and procedures for the Anatomy Lab. Failure to comply with the requirements will be reported to the Department Chairperson and HR, this may result in disciplinary action, up to and including dismissal from the program. Egregious violations of state and federal laws may be subject to criminal prosecution.

I have read the above regulations and agree to abide by them. I accept responsibility for my actions and any consequences for violations of these regulations.

Printed Name _____

Signature _____ Today's Date _____

For questions, please contact Anatomy Lab Manager or Anatomy Laboratory Director, Dr. Frank Scali at scalif@cusm.org.

Policy on Academic Workload for Preclerkship 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 (CUSM-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 Preclerkship Curriculum Subcommittee, monitors 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)

Attendance Policy and Duty hours in Clerkships

CUSM must educate medical students, residents, and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. The medical school must be committed to and responsible for promoting patient safety and student well-being in a supportive educational environment. The clerkship director must ensure that students are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. CUSM policy on duty hours are adapted from the ACGME work-load policies for PGY-1 residents and address LCME standard 8.8 “Monitoring of Student Time.”

1. Definition of duty hours: Duty hours are defined as all clinical and academic activities required of the student such as:
 - a. Patient care, including indirect work such as pre-rounding, patient documentation, etc.
 - b. Administrative duties related to patient care
 - c. Scheduled academic activities (i.e., conferences, etc.)
2. Duty hour limits: Students duty hours must be in accordance with the following regulations:
 - a. Maximum hours of work per week must not exceed 80 hours per week
 - b. Maximum duty period length must not exceed 24 continuous hours
 - c. 24-hour shifts must not exceed (1) night every four (4) days
3. Maximum Frequency of In-House Night Float
 - a. Students must not be scheduled for more than six consecutive nights of night float
4. Mandatory duty-free time:

Adequate time for rest and personal time between required educational activities must be provided and consist of the following:

 - a. Students must have at least 8 hours, free of duty between scheduled duty periods.
 - b. Students must be scheduled for a minimum of one day/week (seven days) free of duty (i.e., free from all required educational and clinical responsibilities).
5. Compliance & Monitoring of duty hours:
 - a. Compliance with the duty hour policy is monitored by the Office of Medical Education (clerkship coordinator).

- b. Any concerns about hours are reported to the clerkship director, department chair and Associate Dean of Clinical Curriculum who will address the concerns.
- c. Questions concerning duty hours and workload are on the mid- and end-of clerkship evaluation done by the students and are included in the clerkship director's reports to the curriculum committee.

6. Non-Retaliation:

Any form of retaliatory action against students who accurately report infractions of this policy is strictly prohibited. Persons, including attending physicians and residents, found responsible for retaliatory actions of any kind will be subject to disciplinary actions and may lose their educational privileges.

The Medical Student Duty Hours Policy (Clerkships) is distributed to students, supervising faculty, residents, and fellows via posting on the CUSM website and placement in the *CUSM Student Catalog/Handbook*, *Clinical Clerkship Handbook*, and clerkship syllabi. It also is communicated to students during their Year 3 orientation. Clerkship directors review the policy with the clerkship faculty, residents, and fellows annually prior to the first clerkship rotation of the academic year.

During their clerkships, students participate in 3- and 4-week rotation segments and are required to complete a rotation evaluation at the end of each segment. In this evaluation, they report on hours spent during the rotation and any duty hour concerns that arose during the rotation. Information collected from the evaluations is provided to the respective clerkship directors and the Associate Dean of Clinical Curriculum, as well as, reported by the clerkship director to the Clerkship Curriculum Subcommittee. Clerkship directors also meet with students at the end of each rotation segment and specifically address any concerns regarding duty hours. Any concerns identified during these meetings are also reported to the Associate Dean of Clinical Curriculum and the Clerkship Curriculum Subcommittee and subsequently to the Curriculum Committee.

A student who feels a violation of duty hours policy is occurring may use the following mechanisms to report their concerns:

- Contact the clerkship director to review the student's duty hours.
- Review of the duty hours with the Associate Dean of Student Affairs.
- Report a concern anonymously through the Student Honor Council, who can bring up the issue to the Associate Dean of Student Affairs and/or the Associate Dean of Clinical Curriculum.
- Report the concern anonymously via the student anonymous report form available on Canvas.
- Bring the issue to the attention of anyone in the School of Medicine administration, as there is essentially "no wrong door."
- The student may bring up issues as part of a confidential conversation with the CUSM's director of counseling and wellness, who in turn may notify the appropriate authorities.
- Concerns received from all sources are reported to the Associate Dean of Clinical Curriculum, and the Executive Vice Dean of Education, who will ensure the concerns are appropriately addressed.

Compliance & Monitoring

This policy is monitored for compliance by the Office of Medical Education, clerkship directors, and Associate Dean of Clinical Curriculum through the students' mid- and end-of-clerkship rotation evaluations. If it is found that a student has worked beyond the allowable time frame, the Associate Dean of Clinical Curriculum will meet with the specific clerkship director to assure policy compliance.

Work hour violations can be reported to the Office of Medical Education at the time of occurrence by anyone, including the student, who can verify the violation. Any form of retaliatory action against anyone who reports infractions of this policy is strictly prohibited.

Absence Policy

Students are required to attend all activities during their clinical clerkships. This policy clarifies the reasons for absences which are potentially excusable, not excusable and to explain the process of requesting absences, and to describe how lost time may be made up.

The guidance covers the majority of potential reasons for student absences. There are other events that may cause a student to be absent, and there are also extenuating circumstances that may occur. In those cases, the Associate Dean of Clinical Curriculum should be notified to make fair and well-reasoned decisions. This policy was prepared with the recognition that CUSM medical students are hard-working professionals with a strong vested interest in their own learning.

Students missing more than three days of six- or eight-week clerkship rotations will be required to make-up some, or all, of the rotation, depending on circumstances. The same is true for students in 4-week rotations who miss more than two days.

Students with any absences may have make-up work assigned at the discretion of the Associate Dean of Clinical Curriculum and any such required time must be made up before a passing score is given for the clerkship. Any student missing more than five (5) days total, and for any reason, of any rotation, will be referred by the Clerkship Director to the Associate Dean of Clinical Curriculum for consultation and remediation.

All absences must be reported to the student's assigned clinical team including the attending physician and/or resident where applicable as well as the Associate Dean of Clinical Curriculum as soon as possible.

Absences required for healthcare visits of less than two hours do not need approval from the Associate Dean of Clinical Curriculum. However, students must notify their assigned clinical team. Clinical curriculum includes assigned activities on weekend days. While students are required to have one day off in seven, as clarified in the duty hours outlined below, the scheduled day off may not always fall on a Saturday or Sunday.

For plannable events, such as weddings and recreational trips, advance planning should start well ahead of selecting clerkships and rotations which will avoid missing any clerkship time. For other events that become known after the clerkships are scheduled, students should make a written request to the Associate Dean of Clinical Curriculum regarding the proposed absence as soon as event dates are known.

Exceeded limits:

Students who exceed the permitted number of absences described in this policy must arrange (through the Office of Medical Education) to meet with the Associate Dean of Clinical Curriculum within seven (7) days of exceeding the limits for consultation and remediation. The Associate Dean of Clinical Curriculum will evaluate the appropriateness of the student absences and may take the following actions:

1. Approve the absences as acceptable and work with the student and Clerkship Director or designee to ensure that all requirements of the missed course, clerkship, and/or rotation are completed in a timely manner.
2. Find a portion or the entire period of the absence unacceptable. Such finding may result in:
 - a. Requirement that the clerkship, or rotation be repeated
 - b. Official censure in the student's academic record
 - c. Notation of the lapse of professional responsibility in the student's Medical Student Performance Evaluation/Dean's Letter.

The Associate Dean of Clinical Curriculum 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 decision of the Associate Dean of Clinical Curriculum, the student may:

1. Accept the decision.
2. Submit a written appeal to the Executive Vice Dean of Education.

Appeals process

For all appeals, an ad hoc Appeals Committee will be formed consisting of the Associate Dean of Clinical Curriculum and two faculty members not involved with any missed clerkship and/or rotation. The Appeals Committee will convene within 10 days of receiving a student's written appeal. The student may appear before the Appeals Committee to present information that the student believes is relevant to the deliberations of the Appeals Committee. The Appeals Committee will inform the student of their decision within seven (7) days of convening.

Within 7 business days of receipt of the decision by the Appeals Committee, the student may:

1. Accept the decision and acknowledge their acceptance in writing to the Office of Medical Education.
2. Submit a written appeal to the Dean of the medical school in 10 business days from notification. The student can request a meeting with the Dean to present information that the student believes relevant to the deliberations of the appeal case. The Dean will inform the student of his/her decision within 7 days of receiving the request. The decision of the Dean is final.

Consequences of Unexcused Absences

Failure to attend assigned clinical activities without communicating with the Associate Dean of Clinical Curriculum and the clinical care team, as well as any unexcused absence will require a meeting with the Associate Dean of Clinical Curriculum. This represents an important element in

the assessment of the student's professionalism competency in the clerkship grade narrative prepared for the student.

Other potential consequences would include, but are not limited to, inability to receive an honors grade on the clerkship, reduction of the clerkship grade, failure of the clerkship, counseling by the Executive Vice Dean of Education and/or Associate Dean of Student Affairs, and referral for discussion at the Student Academic Standards and Promotion Committee.

Policy on Fitness for Clinical Contact

(The section is under revision as of July 2023 and may be updated later. Until then, the current version is in effect.)

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 Associate Dean of Student Affairs. 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 or the Executive Vice Dean of 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 must 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 (i.e., "Honor Code Violation/Professionalism Concern Report").

The Associate Dean of Student Affairs 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. If in the Associate Dean of Student Affairs' 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 they are 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, they must 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, they 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.

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 CUSM-SOM 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 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 Pre-Clerkship Phase

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 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 Faculty, 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 Clerkship and TIP Phases

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 within 24 hours and an “incident report” must be documented in the student’s record.
 - c. The Associate Dean of Clinical Curriculum will maintain contact with the identified student beginning immediately upon notification and follow up with the affected student regarding their subsequent needs until no longer necessary.
2. The student must 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 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 are presented during the Year 1 and Year 3 student orientation. During the orientation sessions, all School of Medicine students 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 receive training on infectious and environmental risks during their School of Medicine orientation prior to starting clinical duties. School of Medicine students, as well as visiting students, 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 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 occurs 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. CUSM-SOM 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 will work with Clerkship Directors to modify student's clinical responsibilities to best protect the student and the patients that he/she treats, while at the same time ensuring that the affected student receives 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.

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. However, these students must undergo follow-up routinely by an appropriate personal physician who has expertise in the management of their 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 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 the Associate Dean of Clinical Curriculum 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 Curriculum 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 Curriculum will 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 Curriculum will confirm what these requirements are for the institution(s) to which the student will rotate.

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

CUSM-SOM 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, CUSM-SOM's policy is to take action against cases of discrimination or harassment based on a person's actual or suspected HIV status.

CUSM-SOM exercises 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 are not denied or restricted access to any common area of the University. Students with the infection are assessed for the HIV load, and the level of risk is 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 will contact the student in advance to ensure that the student obtains permission from an Expert Review Panel in the Office of Student Affairs. 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
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 is 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 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

(The section is under revision as of July 2023 and may be updated later. Until then, the current version is in effect.)

Overview

Although “electives” are offered throughout the medical school curriculum, students 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?

The Liaison Committee on Medical Education's (LCME's) Element 6.5 addresses “Elective Opportunities” and specifically asks to describe the policies or practices that 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 recommend broader experiences.¹

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. CUSM-SOM 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. CUSM-SOM'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
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 (CUSM-SOM).

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

² Benson N, Stickle TR, Raszka WV Jr. Going "Fourth" from medical school: Fourth-Year medical students' perspectives on the fourth year of medical school. *Acad Med.* 2015;90:1386–1393

Definitions

Non-Core Clinical Rotations (NCCR):

Clinical rotations that are undertaken in the fourth year of medical school, after the completion of core clinical rotations. NCCRs consist of electives and selective rotations.

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.

Selective:

A structured learning experience chosen from a group of approved specialty and sub-specialty rotations. Selective rotations offer students a choice of a subspecialty experience from a list of options that meet training requirements.

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 Medical Education, must organize their own placements.

Elective Diversification

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

Electives/Requirements

Pre-Clerkship Phase

During Pre-Clerkship Phase opportunities for electives are available during the summer break.

Clerkship Phase

While there are no opportunities for electives in the 12-months of core clerkships rotations, the introduction of the Professional Development Semester (extending the Clerkship Phase to 18-months) provides students the opportunity to integrate experiences of preparing for and

completing the USMLE exam(s), scholarship, and/or clinical clerkships, which is reviewed and approved by the assigned clinical advisor.

Transition to Independent Practice (TIP)

Students will complete a total of 36 credits in the 4th Year (Transition to Independent Practice; TIP) including 8 weeks of required selectives, 26 weeks of student-selected electives and 2 weeks of professional development, as shown in the table below.

Category	Course Code	Course Name	Weeks	Credits
Selectives-Required	RADI-8800	Radiology/Imaging	2	2
	SUBI-8600	Sub-internship	4	4
	IPCO-8200	Internship Prep Course	2	2
Additional 4 th Year Electives	CLIN-8500	Clinical Electives	2-4 weeks each	26
	ACAD-8900	Non-Clinical Electives	2-4 weeks each	
Professional Development	PDEV-8802	USMLE Exam prep, Residency application, conference	2	2
TOTAL			36	36

Required selectives in Year 4 (Transition to Independent Practice; TIP) will include 2 weeks of Radiology/Imaging, a 4-week sub-internship³ and 2 weeks dedicated to preparing for the transition to internship.

Students will also have the opportunity to take “away” rotations at clinical training sites external to CUSM clinical affiliate sites. The number of weeks allowed will depend on internal and external factors and will be announced to each class in advance of 4th year scheduling activities. When possible, students will also have the opportunity to take international electives.

The remaining electives will be taken at CUSM affiliated clinical training sites and will be chosen by the students in alignment with the elective diversification policy mentioned above.

Students may choose the specialty areas in which to complete these rotations. Student registration for each elective, including away and international rotations, is determined through the established process with the Associate Dean of Clinical Curriculum and 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 cannot be exceeded to accommodate an individual student unless the increase becomes permanent. Waiting lists have priority in case there are changes in capacity.

Students on academic probation or with academic deficiencies are limited to taking only CUSM-SOM rotations until the probation or deficiencies are removed.

MD Program Elective Withdrawal Policy

Purpose

To define a common withdrawal policy for students to withdraw from credit-earning elective courses that are recorded on transcripts in the CUSM MD program.

Definition

Approved extenuating circumstance: An unexpected circumstance in which a student faces an extraordinary challenge in continuing the coursework as approved by the Student Academic Standards and Promotions (SASaP) Committee.

Clinical and capacity limited (CCL) elective: An elective that has a limit in number of students who can participate. This includes clinical rotations and other types of electives that have a space or capacity limitation. All clinical electives are considered as capacity limited. Other types of electives that are capacity limited must declare it in their syllabus.

Electives: Credit-bearing educational courses that students take by choice. Electives include those that are both required and not required for graduation.

Non-capacity limited (NCL) electives: An elective that has a reasonable capacity to accommodate all or most students who wish to take it.

Scope

CUSM MD program students.

Policy

Clinical and capacity limited (CCL) elective:

- A student is allowed to withdraw from a CCL elective course without any penalty until 30 days prior to the start of the elective course (drop date).
- In an approved extenuating circumstance, the Course Director may allow for a student to withdraw from a CCL elective without penalty until completion of 80% of its course length.
- If a student withdraws from a CCL elective course after the drop date, it will be recorded with a grade of "W" on the official transcript.
- Students are not allowed to withdraw from a CCL elective after completion of 80% of its course length.

Non-capacity limited (NCL) electives:

- A student is allowed to withdraw from a NCL elective course without any penalty until completion of 45% of its course length (drop date).
- In an approved extenuating circumstance, the Course Director may allow for a student to withdraw from a NCL elective without penalty until completion of 80% of its course length.
- If a student withdraws from a CCL elective course after the drop date, it will be recorded with a grade of "W" on the official transcript.
- Students are not allowed to withdraw from a CCL elective after completion of 80% of its course length.

Procedure

Course Directors:

- For non-clinical CCL electives, the Course Director must declare in its syllabus that it is a CCL elective. The Course Director should also notify it to students who show interest in taking the course.

Students:

- Students who wish to withdraw from an elective must notify the Course Director and the Registrar in writing as early as possible.
- To be considered for an approved extenuating circumstance, students must request it to both the Course Director and administrative dean for student affairs (ADSA).
 - The student must provide proof of the circumstance at the earliest possible opportunity to ADSA.
 - ADSA shall forward the request to the SASaP Committee for approval.
 - SASaP Committee shall notify the decision of ADSA and Course Director. The course Director shall notify the Registrar.
 - If the SASaP Committee denies the request, the student may appeal to the Dean of School of Medicine in writing within 10 business days. The student may provide additional proof or evidence to the Dean for consideration. The Dean may choose to meet with the student before decision. The Dean shall make a decision with 10 business of appeal. The Dean's decision is final.

Learning Opportunities for Medical Students (VSLO)

What is VSLO?

The VSLO program helps medical and public health students connect with institutions offering short-term elective opportunities that can enhance their medical education. These elective opportunities include observerships, summer research programs, clinical opportunities, away rotations, away electives, clinical rotations, and visiting opportunities.

Offered by participating host institutions in the U.S. and around the world, elective opportunities are available in teaching hospitals, community clinics, and urban or rural sites and are open to preclinical, clinical, or final-year students, as determined by the host institution.

The VSLO program includes:

- The VSLO Application Service (sometimes referred to as VSAS), which enables students to browse and apply to electives offered by host institutions.
- A collaborative network of US and international institutions.
- Telephone and email support to students and institutions.

For the latest up-to-date information, please see the VSLO website, which features the following functions:

- Search for Electives
- Find Participating Host Institutions

- Find Participating Home Institutions
- Research and Training Opportunities
- Extra Electives Compendium

<https://students-residents.aamc.org/attending-medical-school/article/visiting-student-learning-opportunities/>.

Midcourse Feedback Policy

1. LCME Standard

Element 9.5 NARRATIVE ASSESSMENT

A medical school ensures that a narrative description of a medical student’s performance, including non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment

Element 9.7 FORMATIVE ASSESSMENT AND FEEDBACK

The medical school’s curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which medical students can measure their progress in learning.

2. Purpose

This policy is written to establish the provision of feedback to students in courses that are more than 3 weeks in length,¹ and to outline alternatives for shorter courses or if feedback cannot be provided.

3. Policy Statement

- Students must receive feedback from faculty (instructor, supervising faculty or course director) at least at the midpoint of the course or clerkship.
- Feedback must include an assessment of performance relative to learning objectives, or competency milestones (EPAs).
- Where possible, narrative feedback must be provided to students as part of the mid-course/clerkship feedback.
- For courses/clerkships shorter than 4 weeks in duration, students must have regular access to scores and information about their academic performance.

¹ The exam week is included in the calculation of course length.

4. Scope and Applicability

This policy applies to students in the MD program, and covers all courses and required clerkships for the medical degree at CUSM. The audience for this policy includes medical students, faculty, and clinical instructors.

5. Definitions

Course length: The duration of a course or clerkship is calculated from the start date until the last day of instruction or exam week (whichever is later).

Alternate measures: Alternate measures for learning progress include but not limited to scores from quizzes or external standardized tests, practice lab practicals, and OSCEs.

6. Procedure

Students and faculty receive notifications regarding scheduled midpoint meetings that are assigned through the learning management system. Clerkship directors ensure that students receive mid clerkship feedback. Faculty providing feedback have access to all information required to provide adequate feedback to a student about academic progress. Students receive scores from quizzes, tests, and formative assessments as soon as they are available.

7. Policy Administration Responsibility

Course and clerkship directors must ensure compliance with this policy in the delivery of midcourse/clerkship feedback to students.

Assessment & Evaluation Committee monitors provision of midcourse feedback during end-of-course/clerkship reporting.

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 CUSM-SOM 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 CUSM-SOM medical students.

Policy on Medical Student Supervision During Year 1 – 4

1. LCME Standard

9.3 CLINICAL SUPERVISION OF MEDICAL STUDENTS

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the

level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

2. PURPOSE

This policy was written to specify the process and responsibilities for supervision of students during clinical training involving patient care, and to ensure that it is applied in a consistent manner in the Pre-Clerkship, Clerkship, and Transition to Independent Practice (TIP) Phases of the medical curriculum.

3. POLICY STATEMENT

A. Supervision during Clerkships

- I. Clerkship Directors and the Associate Dean of Clinical Curriculum are primarily responsible for disseminating standards for student and patient safety during clerkship rotations.
- II. 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.
- III. The Associate Dean of Clinical 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 require "direct supervision." Clerkship Directors and the Associate Dean of Clinical Curriculum 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 is outlined in the clinical clerkship syllabus specific to each rotation.
 - d. Clerkship Directors and the Associate Dean of Clinical Curriculum 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 Learning in the Community

- I. The Director(s) of the College Colloquium and CHANGE are primarily responsible for disseminating standards and reviewing student safety and all logistical aspects of community-engaged learning activities.
- II. Students must be informed of the expectations (professional behaviors, curricular objectives, and goals) for their participation and supervision during community-engaged

learning activities. The supervisors in the selected community facilities must also be informed of these standards.

- III. The Director(s) of CHANGE is responsible for ensuring students complete a certain required number of community-engaged learning opportunities. Attendance is monitored by the Supervisors in the selected community facilities and this information is relayed to the Assessments Department at CUSM for record keeping and grade assignment.
- IV. As this learning occurs in the community, site supervision is provided by an onsite person, usually the site Director, or Activities Coordinator from the respective community facility, approved by the Director(s) of CHANGE.
- V. Direct supervision is defined as being physically or virtually present with the student to personally observe and supervise the student. All students have direct supervision while at the community-engaged learning sites.

C. Supervision during Clinical Skills

- I. The Director of Clinical Skills and Simulation is primarily responsible for disseminating standards for student safety during clinical skills sessions.
- II. Students must be informed of the expectations (professional behaviors, curricular objectives, and goals) for their participation and supervision during clinical skills sessions. The supervisors in these sessions must also be informed of these standards.
- III. The Director of Clinical Skills and Simulation working with staff in the Clinical Skills center is responsible for assigning students to the clinical skills sessions and for ensuring that the supervisors and students are notified of these assignments.
- IV. Qualified clinical faculty must be present at the clinical skills sessions and available for supervision (i.e., direct supervision or indirect supervision with direct supervision immediately available) of medical students for simulated patient activities.
- V. Direct supervision is defined as being physically present with the student to personally observe and supervise the student.

D. Supervision during Interprofessional (IPE) Learning

- I. The Director of Clinical Skills and Simulation is primarily responsible for disseminating standards for student and patient safety during IPE activities.
- II. Students must be informed of the expectations (professional behaviors, curricular objectives, and goals) for their participation and supervision during IPE activities. The supervisors for these activities must also be informed of these standards.
- III. The Director of Clinical Skills and Simulation working with staff in the Department of Medical Education is responsible for assigning students for IPE activities and for ensuring that the supervisors and students are notified of these assignments.
- IV. Qualified faculty must be present at the IPE learning facility and available for direct supervision of medical students during IPE activities.
- V. Qualified faculty is defined as faculty from California University of Science and Medicine or faculty from an approved IPE site, as determined by the Director of Clinical Skills and Simulation.
- VI. Direct supervision is defined as being physically present with the student to personally observe and supervise the student.

4. SCOPE AND APPLICABILITY

This policy applies to students in the MD program and covers all clinical encounters in the pre-clerkship and clerkship curriculum involving patient care that are required for the medical degree at the California University of Science and Medicine (CUSM).

5. PROCEDURE

Immediate Reporting of Concerns about Clinical Supervision

Students can report immediate concerns or issues with clinical supervision to the course/clerkship director who will address the matter as soon as possible. Where the course/clerkship director is unable to resolve the matter or the student feels the matter cannot be or has not been satisfactorily resolved by the course/clerkship director, the student or course/clerkship director should refer the issue to the Associate Deans of Pre-Clerkship/Clinical Curriculum and/or the Executive Vice Dean of Education.

Monitoring of Clinical Supervision

Clinical supervision is regularly monitored through the mid-course and end-of-course evaluations which is completed by students and contains questions related to the learning environment and clinical supervision. The mid-course/clerkship and end-of-course/clerkship evaluations are reviewed and analyzed by the Assessment and Evaluation Committee and reported to the course/clerkship director and the Office of Medical Education for action.

Dissemination

Dissemination of this policy is implemented as described below.

A. New medical students

All new CUSM students will receive a copy of the Policy on Medical Student Supervision Year 1-4 as part of the *CUSM Student Catalog/Handbook* prior to admission via email. The *CUSM Student Catalog/Handbook* is also available on the CUSM website.

B. New faculty

New full-time and part-time CUSM faculty will receive a copy of the Policy on Medical Student Supervision Year 1-4 as part of the *CUSM Student Catalog/Handbook* during their employment orientation. The *CUSM Student Catalog/Handbook* is also available on the CUSM website.

New volunteer faculty will receive a copy of the Policy on Medical Student Supervision Year 1-4 as part of the *CUSM Student Catalog/Handbook* via email when they are appointed.

C. Annual training

All CUSM faculty will undergo faculty development session for medical student supervision annually prior to supervising students. The faculty development session will be hosted by the CUSM-SOM Office of Faculty Affairs, and completion will be recorded for each CUSM faculty.

6. POLICY ADMINISTRATION

Responsibility

Course and Clerkship Directors must comply with this policy in creating scheduled student activities that involve patient care.

Assessment and Evaluation Committee will track and monitor compliance.

Curriculum Committee will conduct regular review of pre-clerkship courses and clerkships.

Policy on Narrative Evaluation of Medical Student Performance

All courses and clerkships must include a narrative component addressing student performance. Whenever possible this component should address 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 is implemented. The same technology also allows faculty to pre-record instructional sessions via a desktop recording station. All this content can be managed through a central application.

Policy on Student Work-Study Program

The medical school provides opportunities for students to participate in a work-study program. Students are notified in the fall semester of the opportunity to apply to the respective program lead. Positions, when available, exist in the following areas:

- Anatomy Lab Assistants
 - Program lead: Dr. Scali
- MD Scholar Program
 - Program lead: Dr. Atamna
- Peer Tutoring:
 - Program lead: Ms. Wilhelm
- Medical Spanish Program Tutors
 - Program lead: Dr. Lopes-Vera

There are a limited number of positions that are awarded through a competitive application process. Students must be in good academic standing and routinely achieving scores well above the class average. The amount of time a student can work in a given two-week period must not exceed 20-hours. A request for an extension beyond the 20-hour limit would have to be considered on a case-by-case basis. If a student begins to experience academic difficulty, they must inform the program lead immediately, who will reduce/eliminate their hours to allow them to focus on their studies. If a student is interested in learning more about these opportunities, please contact the faculty/staff lead noted above.

Transportation Policy

Students are responsible for providing their own reliable means of transportation to travel to and from their educational sites. During their travel to and from rotation sites, students bear sole liability for any incidents that may occur. To comply with this policy, students must adhere to the following guidelines:

- **Automobile liability insurance:** Students must carry automobile liability insurance for their vehicles, meeting at least the minimum coverage requirements of the state in which the vehicle is registered.
- **Proof of insurance:** Students are required to carry proof of insurance coverage in their vehicle at all times while traveling to and from rotation sites.
- **University non-liability:** Students understand, agree, and acknowledge that the University bears no responsibility for any incidents that occur during their travel to and from educational sites. Therefore, students assume full liability for their own transportation-related matters.

By agreeing to comply with the University transportation policy, students accept these conditions and acknowledge their responsibility to ensure their own transportation arrangements and insurance.

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 their 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 3-month period preceding the student's matriculation at CUSM:

- Tuberculosis blood test (IGRA/QuantiferON Gold test preferred)
- A two-step tuberculosis skin test (PPD)

Students who test negative for TB at the time of matriculation will require retesting before starting clinical rotations (for the MD program, at the end of the second year), 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

If 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.

CUSM COVID Vaccination Policy

The California University of Science and Medicine (CUSM) is a health education facility where students may be exposed to patients in a variety of settings. CUSM requires students to be

vaccinated against COVID-19. Vaccinations must take place at least two weeks prior to the start of the fall term.

We expect students to be vaccinated. Students may not be allowed to participate in required educational activities, may not be able to advance in the curriculum, and are personally responsible for all consequences.

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

(The section is under revision as of July 2023 and may be updated later. Until then, the current version is in effect.)

- Applicants who enroll in CUSM-SOM 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.
- CUSM continues to add new clinical sites as we expand the number of educational activities available for students. While most sites share a commonality with the above, there may also be variances. For the list of our current clinical sites and their specific requirements, please contact the Department of Medical Education.

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 twenty-one 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 generally meet with a group of first-year and second-year students over lunch on the first day of the survey visit, and with a similar group of third-year and fourth-year students over lunch on the second day 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 SCHOOL OF MEDICINE

The California University of Science and Medicine

Section III

School of Medicine

Master of Biomedical Sciences Program

Student Handbook

Academic Year 2023-24

NOTICES

Student Handbook Notice

The California University of Science and Medicine (CUSM) School of Medicine (CUSM-SOM) Master of Biomedical Sciences (MBS) 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 MBS 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.cusm.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 student 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 in perpetuity by California University of Science and Medicine (CUSM) School of Medicine (CUSM-SOM) 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 Executive Director of Student Affairs and Admissions/Registrar is the designated records officer.
4. Educational records are 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 student records relating to him or her that are maintained by CUSM. The term “student records” does not include the following records as listed in the **Information Which a Student Does Not Have the Right to Inspect** section.
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. Directory information is defined as information which would not generally be considered harmful or an invasion of privacy if disclosed. The purpose of establishing this definition of "Directory Information" is to notify the student of the types of personally identifiable information included in this definition of "Directory Information" and to allow the student to prevent the disclosure of this information should they wish to do so.
2. CUSM defines “directory information” as the following: student names, addresses, telephone numbers, email addresses, class standing, major field of study, dates of attendance, extracurricular activities, admission, or enrollment statuses (admitted, full-time, part-time, etc.), photograph, leadership positions, hometowns, awards, honors, graduation dates, and degrees earned. No other student information is released to non-University personnel without the student’s written permission unless required by law.
3. If students wish to withhold the disclosure of all the items of directory information, they are required to complete the **Student Request to Withhold Directory Information** form located in the Student Portal and submit to the Registrar’s Office. This form must be submitted within the first two weeks of class. If this form is not received by that date, all directory information will be disclosed for the remainder of the academic year. However, CUSM in compliance with FERPA, may disclose personally identifiable information without the student’s prior consent as listed in the **Disclosure of Education Record Without Student Consent** section below.

Family Educational Rights and Privacy Act of 1974 (FERPA)

- Tutorial for Faculty, Staff, and Students

This information constitutes official notification of rights granted to students under the Family Educational Rights and Privacy Act (FERPA). FERPA is a federal law that is administered by the Family Policy Compliance Office in the U.S. Department of Education. FERPA applies to all educational agencies and institutions (e.g., schools) that receive funding under any program administered by the Department of Education.

In compliance with FERPA, CUSM does not disclose personally identifiable information contained in student education records, except as authorized by law. Information about students' rights under FERPA and CUSM implementation of FERPA is described below.

Student Rights under FERPA

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:

1. The right to inspect and review their educational records.

Educational records are made available during working hours for inspection and review to current and formerly enrolled students within 10 business days following completion and filing of a **Request to Inspect and Review Records** form with the Registrar office. In no case will a student have to wait more than 45 days. The Registrar will make arrangements for access and notify the student of the time and place where the records may be inspected. A student will be required to establish identity with a picture ID to see his or her record. If the records are not maintained by that office, the Registrar will work in conjunction with the department to obtain the information requested.

2. The right to seek the amendment of their educational records.

A student who wishes to ask CUSM-SOM to amend a record should submit a completed **Request to Inspect and Review Records** form to the Registrar clearly identifying the part of the record the student wants to be changed and specifying why it should be changed. If the university decides not to amend the record as requested, CUSM will notify the student in writing of the decision and the student's right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to consent to the disclosure of their educational records.

Student record information is confidential and private. In accordance with both federal law and our policy, CUSM does not release student record information without the prior written consent of the student. However, CUSM in compliance with FERPA, may disclose personal information without the student's prior consent as listed in the **Disclosure of Education Record Without Student Consent** section below.

4. The right to file a complaint with the FERPA Office in Washington, D.C.

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

What is an Education Record?

Any information maintained by the CUSM-SOM, in any medium (handwriting, print, email, electronic, computer media, video, or audio tape), that is directly related to the student (grades, scores, MSPE, personally identifiable information) and are maintained by the school or a party acting for or on behalf of the school.

Examples of Education Records which students have a right to review:

- 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.

Information Which a Student Does Not Have the Right to Inspect

A student does not have a right under FERPA to inspect information that is not an education record, such as the following:

- 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. The records are stored in an employee's personal working file.

In addition, a student does not have the right to access certain education records, such as:

- Confidential letters of recommendation if the student has waived his or her right of access in writing.
- Financial records of the student's parents.
- Admissions records for a student who does not officially attend the program of admission.
- Records of a student that contain information on other students. The student may inspect, review, or be informed of only the specific information about that student.
- Any additional records as determined by FERPA.

When Disclosure is Permitted without Prior Consent of the Student

In general, CUSM-SOM will not disclose personal information from a student's education records without the student's prior written consent. However, the University, in compliance with the law, may disclose personal information without the student's prior written consent under these conditions:

1. School employees who have a “legitimate educational interest” in the records in order to perform their duties.
2. Other schools where a student seeks to enroll or is enrolled.
3. Accrediting organizations.
4. Organizations doing certain studies for or on behalf of the school.
5. Appropriate parties to determine eligibility, amount, or conditions of financial aid, or to enforce the terms and conditions of aid.
6. 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.
7. Individuals who have obtained a judicial order or subpoena.
8. School officials who have a need to know concerning disciplinary action taken against a student.
9. Appropriate parties who need to know in cases of health and safety emergencies, including COVID-19, when necessary to protect the student and/or others.
10. 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.
11. 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.
12. Approved vendors/third party operators contracted with the school to provide services.

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.

Directory Information

FERPA has specifically identified certain information called directory information that may be disclosed without student consent. However, CUSM in compliance with FERPA, may disclose personally identifiable information without the student’s prior consent as listed in the **Disclosure of Education Record Without Student Consent** section.

If students wish to withhold the disclosure of all the items of directory information, they are required to complete the **Request to Withhold Directory Information** form and submit to the Registrar’s office. This form must be submitted annually within the first two weeks of class, at the beginning of the fall semester. If this form is not received by that date, all directory information will be disclosed for the remainder of the academic year.

CUSM designates the following items as directory information:

- Student's name
- Mailing address & phone number
- CUSM email address
- Class standing
- Major field of study
- Dates of attendance
- Extracurricular activities
- Admission, class division, or enrollment status (admitted, full-time, part-time)
- Degrees, honors, and awards earned
- Photographs
- Leadership positions
- Hometown

Note: The right to restrict disclosure of directory information does not include the right to remain anonymous in class and may not be used to hinder classroom communication.

Process to Withhold Directory Information

Process for Withholding Directory Information:

1. Complete the **Request to Withhold Directory Information** form with the Registrar office.
2. The Registrar will mark the student's record as "confidential" in our Student Information System.

Note: In order to **reverse the action of withholding directory information**, a student must complete and sign the Request to Release Directory Information form.

Student Written Consent for Third Party Requests Process

Students must provide written consent that follows the format specified in FERPA before any education records may be released to any third party, including the students' parents, relatives, friends, other students, and employers. Particularly sensitive information includes but is not limited to student's social security numbers, race/ethnicity, gender, nationality, grades, academic performance, and disciplinary records.

Transcripts

An official transcript of a student's academic record is issued only upon the student's written, signed request. Transcripts submitted to the University for admission or credit transfer become the property of CUSM-SOM and cannot be returned to the student, copied, or forwarded to other institutions.

Student Consent for Release of Information to Third Parties

1. 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.**

2. A signed **Permission to Release Information** form is required in order to discuss student information to parents or guardians without written consent by the student.
3. 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]).

Student Privacy Guidelines for Faculty and Staff

1. As required by the FERPA, the Executive Director of Student Affairs and Admissions/ Registrar is the designated records custodian. If the records are not maintained by that office, the Registrar will work in conjunction with the department to obtain the information requested.
2. The release of non-directory information to parties outside of CUSM is restricted to the appropriate educational record custodian and only if the custodian has a signed and dated Permission to Release Information form.
3. As a faculty or staff member, you have a legal responsibility under FERPA to protect the confidentiality of student education records in your possession. You have access to student information only for legitimate use in the completion of your responsibilities as a university employee. Need to know is the basic principle.
4. As a faculty or staff member, you may only access information that is needed for legitimate completion of your responsibilities as a CUSM employee.
5. 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.
6. Student information stored in electronic format must be secure and available only to those entitled to access that information.
7. If you're in doubt about a request for student information, contact the Registrar via email at registrar@cusm.org.

Faculty and Staff – Best Practices

- Do not use the CUSM ID number of a student in a public posting of grades or any other information.
- Do not link the name of a student with that student's CUSM ID number in any public manner.
- Do not leave graded materials for students to pick up in a stack that requires sorting through the papers of other students.
- Do not share the progress of a student with anyone other than the student without the student's written consent.
- Do not provide anyone with lists or files of students enrolled in your classes for any commercial purpose.
- Do not provide course schedules or assist anyone - other than university employees - in finding a student on campus.
- Do not access the records of any student for personal reasons.
- Do not store confidential information on any computer unless that information is required and secured.

- Do not include student's grades, GPA, classes, etc. in a letter of recommendation without the written consent of the student.

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@cusm.org.

Complaint about the Institution

An individual may contact the Bureau for Private Postsecondary Education for review of a complaint. The bureau may be contacted at 1747 North Market Street, Suite 225, Sacramento, CA 95384, www.bppe.ca.gov, (916) 574-8900 or by fax (916) 263-1897.

Welcome from the Program Director



Welcome! We are delighted that you have chosen to attend the Master of Biomedical Sciences (MBS) program. Our curriculum focuses on strengthening academic credentials in the biomedical sciences as well as building the communication and critical-thinking skills necessary for healthcare careers. We also provide personal support and advising to help you reach the next stage in your career journey with a focus on the application process for medical school and other professional degree programs.

The MBS curriculum emphasizes the critical role of biomedical sciences in understanding how the body functions in health and disease. It provides students with the opportunity to develop skills that are necessary for success as a healthcare provider, such as remaining current with and critically evaluating the professional

literature; critical thinking experiences to enhance problem-solving skills; as well as effective verbal and written communication skills.

The MBS program also brings to its students' additional advantages that extend beyond the basic biomedical and academic portion of curriculum, including:

- ✓ A unique emphasis on the personal learning experiences of the students to support their journey to a career in healthcare profession.
- ✓ Support from the faculty and staff with applications to professional programs.
- ✓ The program will enhance students' interviewing skills with a simulated medical school interview with feedback from faculty who are experienced with interviewing medical school candidates.
- ✓ CUSM-SOM will offer an MD program interview for each MBS student who achieve a cut-off GPA and MCAT level set by the CUSM-SOM Admissions Committee.
- ✓ The MBS curriculum is taught by faculty who have vast experience in research and teaching including MD and MBS programs.
- ✓ Individualized professional development guidance and career advising.
- ✓ Access to the Princeton Review online MCAT course as well as access to the AAMC MCAT preparation resources.

Welcome to the MBS program! We look forward to supporting you as you work towards your healthcare career goals.

Sincerely,

Vanessa Orozco, PhD

Assistant Professor of Medical Education, Molecular Biology, Neuroscience
Program Director, Master of Biomedical Sciences Program

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Admissions

MBS Admissions Requirements

1. An 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, verified for equivalency (course by course with GPA) by a transcript evaluation agency that is a member of the National Association of Credential Evaluation Services (NACES).
2. Official transcripts from each college or university attended.
3. An undergraduate grade point average (GPA) of 3.0 and above is preferred, with a minimum GPA of 2.8.
4. Two letters of recommendation (or one committee letter from the applicant's college or university within a two-year timeframe).
5. Personal Statement/CV. Personal Statement Guidelines: In your personal statement please address 1) how your background has prepared you for the CUSM MBS program and 2) how the CUSM MBS program fits with your personal goals. Word limit = 250 words.
6. Standardized test (e.g., GRE, MCAT, DAT) are not required to be eligible for admission. However, any reported scores will be available to the admissions committee.
7. Applicants accepted for enrollment must provide consent to the following CUSM-SOM MBS requirements for students who are accepted for enrollment. Prior to matriculation, the student must:
 - a. Provide consent to the following background checks, which are required before the matriculating year.
 - a. Substance abuse screening
 - b. Proof of immunization status (see below)
 - b. Must meet the immunization requirements set by CUSM. A detailed set of instructions will be provided with the Acceptance Letter.
 - c. Must attend the CUSM-MBS orientation program.
8. Applicants must be US citizen, or be a permanent resident, or have Deferred Action for Childhood Arrivals (DACA) status with social security number.
9. All CUSM-SOM MBS classes are conducted in English. CUSM-SOM MBS 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 must 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. Contact the CUSM-SOM Office of Admissions for more details.

Important note:

*Prospective MBS students are responsible for determining and completing the prerequisites coursework for their target professional program and institution (e.g., biology, general chemistry, organic chemistry, physics, and mathematics). Target health professional programs may include medical, dental, and pharmacy schools.

Note: Please see also the “Immunization Requirements and Drug Testing” section in this Student Handbook.

Admissions and Application Process

Application to the Master of Biomedical Sciences (MBS) program at CUSM-SOM is an online process using the CUSM-SOM MBS website. The details and the instructions for the application are described on the admissions office webpage. Although you will be guided through each step in completing the application form, you should also understand the following:

1. You must review the MBS program descriptions and the admissions requirements and have all the material ready before submitting your application.
2. The application review relies on the holistic review process.* Thus, the admissions process does not rely solely on the fulfillment of the academic admission requirements.
3. If available, you may use your AMCAS application material to apply to the MBS program.
4. If the AMCAS application was not used to apply to the MBS program, CUSM-SOM requires that two letters of recommendation be submitted by your providers, online, directly to the admissions office.
5. Your application will be considered only for the MBS program.
6. The Graduate Admissions Committee will review your application with consideration for the objective of mutually benefiting your credentials and the educational environment at CUSM-SOM.
7. There is a \$100.00 non-refundable registration fee due when an applicant accepts our offer to be admitted into the MBS Program.

* The holistic review process refers to weighing both non-cognitive variables and academic metrics as part of the admissions process.

Admissions Procedure

1. Applicants must upload all materials (including transcripts) required and desired to support their application and needed for a complete evaluation of their candidacy.
2. Applications should be submitted as early as possible.
3. It is the policy of the CUSM-SOM to verify all credentials in support of an application. All transcripts, recommendations, publications, standardized test scores, and supplemental materials may be traced to their source to confirm their authenticity.
4. Written materials submitted by an applicant may be subject to review to identify plagiarism.
5. A \$50.00 non-refundable application fee is required.
6. You can track your application’s status on-line and should log-in frequently to check the status of receipt of all of the required items.

Policy Regarding Acceptance of Transfer Credit

CUSM-SOM has not entered into an articulation or transfer agreement with any other college or university.

1. The CUSM-SOM MBS program does not accept credit transfer from other programs.
2. CUSM-SOM MBS program does not award credit for prior experiential learning, etc.

Notification of Admissions Decisions

1. Usually, the Graduate Admissions Committee meets every two weeks to review applications. Applicants are typically notified of decisions within three weeks of the review of their submission, though this may vary depending on the number of applications received.
2. Applicants will receive official notification of decisions by mail.

Return of Application Materials

It is the policy of CUSM that materials provided in support of an application (these include transcripts, portfolios, and other items) are neither returned nor are they forwarded on to a third party.

Enrollment Agreement Form

The CUSM-SOM MBS Program Student Enrollment Agreement must be signed and received from accepted candidates before matriculation. A copy is sent to you as part of the admission's packet. As a prospective student, you are encouraged to review this *CUSM Student Catalog/Handbook* prior to signing an enrollment agreement.

MBS to MD Admissions Pathway

MBS to MD Admissions Pathway

Open to:

- MBS students during the year they are in the MBS program*

Requirements:

- Must have Fall semester MBS GPA of 3.5 or above and MCAT of 506 or above to apply through AMCAS.
- Applications are then reviewed, and eligible students interviewed by the MD Admissions Committee who select students for this pathway.
- If the applicant is offered a conditional MD acceptance, they must graduate from the MBS program with an overall 3.7 GPA or above to secure a seat.
- Not everyone who applies through this pathway is accepted. It is not a guaranteed admit based on the numbers.
- MBS students should apply broadly to MD/DO programs even if CUSM is their first choice.

* **Note:** to be eligible to apply for this pathway, you must take the MCAT before starting the MBS program or early in the Fall semester and earn a 506 or above.

Guaranteed Interview with CUSM MD Program

Open to:

MBS students during their year in the MBS program and for the two years following graduation.

Requirements:

Students with a Fall semester MBS GPA of 3.2 or above and MCAT of 506 or above will qualify for an interview if they apply to the CUSM MD Program through AMCAS.

AMCAS Application Requirement

Students participating in either of these linkage programs must submit a complete AMCAS application, CUSM secondary application, and successfully complete all required steps in the CUSM MD Admissions process in accordance with deadlines provided.

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 CUSM-SOM MBS classes are conducted in English. CUSM-SOM MBS 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 must 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 (CUSM-SOM) policy and California Education Code Sections 94919 - 94922, CUSM shall withhold 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 privileges withheld shall be released when the student satisfies the financial obligation.

Federal Financial Aid

The staff of the Office of Financial Aid provides 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, including Federal Title IV Financial Aid. The office is responsible for the processing and disbursing all loans to all University students.

The Office of Financial Aid provides 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 summarizes the total educational expenses for each academic year.

Tuition and Fee Schedule

Tuition is the same for both in-state and out-of-state MBS students.

	2023-24
In-state	\$38,000
Out-of-state	\$38,000

Total tuition, fee, charges, and expenses (for the 1-year program in 2023-2024)

Fees, charges, and expenses (per year):

Tuition:	\$38,000.00	Refundable/pro-rated
Registration Deposit:	\$200.00	\$100/semester, non-refundable
General Fees:	\$2,300.00*	\$1,150/semester, (estimated) non-refundable*. These fees include a) textbooks and other learning media of \$1,900 and b) miscellaneous fees of \$400 for cost of student association fee, orientation fee, and disability insurance premium. All required textbooks are provided electronically through online textbook services and included in the fees.

Total of Tuition, Deposit, and Fees (per year): \$40,500.00

Total of charges for a period of attendance (the first semester): \$20,250.00

* Note that these fees may be refundable if a student withdraws during the cancellation period and returns all supplied equipment. Please find details in the Tuition Refund Schedule/Policy section in the catalog.

Students are required to have a personal laptop computer to access textbooks and complete the MBS program. CUSM-SOM does not provide a personal computer. Please find minimal requirements and recommendations for the computer in the *CUSM Student Catalog/Handbook*.

Optional Insurances

Health Insurance Premium (optional**): \$0 - \$5,500.00 #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 proof of health insurance coverage is mandatory. Purchase of health insurance through CUSM-SOM is not required if the 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 Due Dates

The Office of Student Business Services will charge tuition and fees to the student's account at least 30 days prior to the first day of instruction for semesters one and two. A tuition charge/payment notification is emailed to students the day charges are posted.

- A reminder tuition payment notification will be sent out to students two weeks prior to due date and then again one week prior to due date.

Tuition payments are to be received by 5pm the Friday of the first full week of instruction. If Friday is a holiday or the university is otherwise closed, payment must be received by 5pm the previous business day. Failure to make payment by the end of the second Friday of the semester may result in withdrawal from CUSM.

Tuition Late Fees

A late payment fee of **\$200** is assessed to students who do not complete payment of tuition and fees by 17:00 Friday of the first week of 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.

The Office of Student Business Services will charge tuition and fees to the student's account at least 30 days prior to the first day of instruction for semesters one and two.

A tuition charge/payment notification is emailed to students the day charges are posted.

- A reminder tuition payment notification will be sent out to students two weeks prior to due date and then again one week prior to due date.

Tuition payments are to be received by 5pm the Friday of the first full week of instruction. If Friday is a holiday or the university is otherwise closed, payment must be received by 5pm the previous business day.

Failure to make payment by the end of the second Friday of the semester may result in withdrawal from CUSM.

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 fee of \$25 is assessed for any check returned for non-payment including any check in which payment is stopped.

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.

Books and Fees

Students are provided access to all required textbooks and curricular materials, including software platforms hosted on electronic devices, throughout their enrollment within the program.

Process to Cancel Enrollment (Withdraw)

CUSM follows the State of California's Bureau for Private Postsecondary Education (BPPE) refund policy, in which the student has the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later. In CUSM, the first class session takes place on the first day of the first semester. Therefore, 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. In this case, the late payment fee will also be waived/refunded.

After this initial cancellation period, tuition refunds may be applicable based on the Tuition Refund Policy in the CUSM Catalog.

Withdrawal

To withdraw from the CUSM-SOM MBS program, the student will be required to mail or deliver a signed and dated copy of a notice of their intent to withdraw to:

Office of the Registrar
California University of Science and Medicine
1501 Violet Street, Colton, CA 92324

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.

Program Withdrawal

Students may withdraw from the MBS program; individual course withdrawal is not permitted.

Return of Equipment

Students who withdraw and may 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.

Laptop Requirement

Students are required to have a personal laptop computer to access textbooks and complete the MBS program. CUSM-SOM does not provide a personal computer. Please find recommendations below.

CUSM requires each MBS student to own a laptop computer. A laptop computer is very handy for taking notes in class, carrying to the Information Commons, and taking to a remote location, and it is often required that students bring a laptop for in-class exercises. Computers need to have high enough resolution to support images that are delivered during exams and courses. The laptop needs to have a way (HDMI preferred or buy an adapter that has an output to HDMI) to connect to large displays and projectors to present the work at times. Most students also benefit from adding a mouse to their laptop package.

Students living in private housing can access all the university's network-based services such as e-mail, web, and reference systems remotely. Students will find a high-speed cable modem or fiber connection is a necessity, in order for multimedia files to load quickly. A cable modem connection costs \$30-\$50 per month, but it can be used at the same time by several roommates.

Additionally, students often purchase a printer to make class work easier. Basic color inkjet printers are available for less than \$150, and sometimes are bundled with new laptops.

Although many students buy a tablet while in school for their own personal use, it is not a requirement nor a substitution for the laptop. While many students may find a tablet useful, it does not replace the functionality of a laptop.

Recommended Hardware Configurations (updated July 2019):

Windows:

Please refer to the following Windows based computer recommendations:

Recommended Windows Configurations		
Type	Ultrabook	Laptop
Model	HP Spectre x360 – 13	HP ENVY Laptop -15t touch
Operating System	Windows 10	Windows 10
Processor	i7 (1.8 GHz, up to 4.6 GHz)	1.8 GHz Intel Core i7
Memory	16 GB RAM	8 GB RAM
Storage	512 GB PCIe® NVMe™ M.2 SSD	512 GB PCIe® NVMe™ M.2 SSD
Weight	2.92 pounds	4.8 pounds
Estimated Price Range	\$1,329.99	\$870.99

Mac:

Please refer to the following Mac based computer recommendations:

Recommended Mac Configurations		
Type	Ultrabook	Laptop

Model	13.3-inch MacBook Air	15.4-inch MacBook Pro
Operating System	Mac OSX	Mac OSX
Processor	1.6 GHz Intel Dual Core i5	2.8 GHz Intel Quad Core i7
Memory	8 GB RAM	8 GB RAM
Storage	128 GB SSD	256 GB SSD
Weight	2.75 pounds	3.02 pounds
Estimated Price Range	From \$1,199.00	From \$1,999.00

Recommended Software to Install

The following list highlights most of the standard, supported software usable in the school. New computers often come packaged with all the software needed. But if students need to purchase new software, CUSM prefers one of the packages below since it can provide support to students easily.

CUSM requires that all students install anti-virus software. Windows users should also install Windows Defender (free from Microsoft) to block spyware. Automatic updates for both products should be turned on.

- Productivity: Microsoft Office 365 (available through CUSM, included with tuition)
- Anti-Virus: Windows Defender
- Browsers: Mozilla Firefox and/or Google Chrome
- PDF: Adobe Acrobat Reader (<https://acrobat.adobe.com/us/en/acrobat/pdf-reader.html>)

Where to Buy Computer Hardware and Software?

There are many places to get good deals on computer equipment and software including mail order, direct from the manufacturers, computer “superstores,” and local retail outlets. Please refer to some of the following resources below:

- HP (<https://www.hp.com>)
- Apple (<http://store.apple.com>)
- BestBuy (<http://www.bestbuy.com>)

Where to go for hardware support?

There are many places to get support (hardware and software) including direct from the manufacturer via their customer service and local retail outlets such as BestBuy’s Geek Squad.

CUSM-SOM 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 (Teaching Site) Address

Classes will be held at the CUSM medical school building.

CUSM/CUSM-SOM Campus

California University of Science and Medicine*

1501 Violet Street, Colton, CA 92324

Web: www.cusm.org

Phone: (909) 580-9661

Email: info@cusm.org

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

* Please mark: Attention MBS Program

Program of Study

Educational Program Description

Program title: Master of Biomedical Sciences Program

Degree title: Master in Biomedical Sciences (MBS)

Delivery mode: All instructions are on-campus. Only when physical distancing and isolation are required in the school area due to COVID-19 outbreak or similar events, CUSM may utilize distance education to avoid interruption of study.

Total number of credits required to graduate the MBS program: 32 semester credits

MBS Program Description

The MBS is a two-semester program that requires a total of 32 semester credits. The MBS curriculum is delivered by a team of basic science faculty in the School of Medicine who collaborate with each other to teach discipline-based courses. The MBS students have their own dedicated classes although they share some of the educational environment with CUSM-SOM medical students.

The MBS curriculum is composed of four components designed to strengthen the student's candidacy for health and academic careers by enhancing: (1) the student's academic credentials, (2) communication and interview skills, (3) professional development skills, and (4) critical thinking and problem-solving skills. The student-centered curriculum, active learning experiences, and career advising services expose the graduates to a plethora of opportunities which should help them become strong candidates for a variety of academic, professional schools, including MD and DO medical schools, Ph.D. programs, dentistry, pharmacy, physician assistant, and many other health-related or biomedical research-oriented positions.

MBS Program Learning Outcomes (Objectives)

Upon completion of the program, the students are expected to:

1. Demonstrate a conceptual understanding of the core areas of the basic biomedical sciences.
2. Apply fundamental concepts of the biomedical sciences to public health issues, in particular, prevention, diagnosis, and treatment of disease.
3. Recognize the contribution of the basic biomedical sciences to advancing public health sciences.
4. Appraise the concepts of proper conduct as well as ethical standards that establish the quality of the outcome of the basic biomedical and healthcare sciences.
5. Develop the skills to remain current in the biomedical sciences and critically evaluate scientific literature.
6. Develop critical thinking skills for applying scientific knowledge in research and problem-solving skills.
7. Value the process of scientific discovery, research, and its contribution to the advancement of the healthcare sciences.

8. Demonstrate effective professional communication and presentation skills, both verbal and written.
9. Apply principles of group dynamics and collegiality to work effectively in teams.

Academic Calendar

Please note: Student Orientation occurs on Thursday and Friday the week prior to the first days of class.

Semester 1 Calendar (2023)

Thurs Aug 10 - Fri Aug 11: Orientation
 Mon Aug 14 - Fri Dec 1: Teaching Weeks
 Mon Sep 4: Labor Day Holiday
 Mon Nov 20 - Fri Nov 24: Thanksgiving Holiday Week
 Mon Dec 4 - Fri Dec 15: Exam Weeks
 Mon Dec 18 - Mon Jan 1: Winter Break

Week of

Aug					Sept				Oct					Nov				Dec		
01	07	14	21	28	04	11	18	25	02	09	16	23	30	06	13	20	27	04	11	18

Orientation	5110 Cellular Biochemistry	(2 credits)	Thanksgiving Holiday Week	Exam Week	Exam Week	Winter Break
	5220 General Pharmacology	(2 credits)				
	5130 Principles of Anatomy/Histology	(1 credit)				
	5140 Cell Biology	(2 credits)				
	5150 Immunology, Microbiology and Infectious Disease	(3 credits)				
	5160 Pathophysiology I	(3 credits)				
	5270 Ethics in Healthcare	(1 credit)				
	5180 Critical Thinking in Biomedical Research	(2 credits)				

16 credits

Semester 2 Calendar (2024)

Mon Jan 1: New Year's Holiday
 Tues Jan 2 - Fri Apr 19: Teaching Weeks
 Mon Jan 15: MLK Day
 Mon Feb 19: Presidents Day
 Mon Mar 11 - Fri Mar 15: Spring Break
 Mon Apr 22 - Fri May 3: Exam Weeks
 Thurs May 16: Graduation (*tentative date, to be confirmed)

Week of

Dec	Jan					Feb				Mar				Apr				May			
25	02	08	15	22	29	05	12	19	26	04	11	18	25	01	08	15	22	01	06	13	20

Winter Break	5260 Capstone MBS Thesis Proposal	(4 credits)	Spring Break	Exam Week	Exam Week	Graduation*
	5230 Integrated Immunology, Microbiology and ID II	(2 credits)				
	5210 Human Genetics	(3 credits)				
	5240 Pathophysiology II	(2 credits)				
	5120 Biostatistics & Epidemiology (Lecture)	(2 credits)				
	5250 Neuroscience	(3 credits)				

16 credits

The 1-year MBS program requires students to earn 32 semester credits from 15 required courses (there are no elective courses), and most of the program's instructions cover fundamental biomedical disciplines that are instructed by faculty who have prior experience in teaching medical school and master-level classes.

MBS Program Course Descriptions

1st Semester

MBS-5110: Cellular Biochemistry

- Credits: 2
- Sites: CUSM-SOM
- Prerequisites: None

Description: This course will cover basic concepts in Biochemistry including the structure and function of nucleic acids, proteins, carbohydrates and lipids. The biochemical basis of physiological processes as well as disease states will also be discussed.

Evaluation: The assessment method of the course is based on homework, exams as well as a final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5220: General Pharmacology

- Credits: 2
- Sites: CUSM-SOM
- Prerequisites: None

Description: This course will introduce the principles of pharmacology including the effects that drugs have on the body (pharmacodynamics), the effect the body has on drugs (pharmacokinetics) as well as drug toxicity/adverse effects. This will be followed by an overview of drugs treating the major disease states and a discussion of the drug discovery and development process.

Evaluation: The assessment method of the course is based on homework, exams as well as a final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5130: Principles of Anatomy and Histology

- Credits: 1
- Sites: CUSM-SOM
- Prerequisites: None

Description: The anatomy component of the course will introduce the students to system-based anatomy: musculoskeletal, integumentary, nervous, cardiorespiratory, lymphatic, genital, and endocrine systems. It will integrate the gross anatomy with medical imaging. Students will also be instructed on the ethics of working in anatomy lab. This course is lecture-based and will have anatomy lab component. The Histology component of the course is designed to introduce students to microscopic anatomy which includes the concepts of basic histology by surveying the four

tissues: epithelial, connective, muscular and nervous tissue. The virtual histology laboratory component will be incorporated within the histology lectures.

Evaluation: The assessment method of the course is based on quizzes, midterm as well as final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5140: Cell Biology

- Credits: 2
- Sites: CUSM-SOM
- Prerequisites: None

Description: The objective of this course is to give students a strong foundation in the concepts of cellular biology. The concepts that will be covered include the fundamental processes of cellular structure and function, cell cycle, mechanisms of intracellular and transmembrane transport, intracellular signaling and cellular communication. Emphasis will also be placed on gene structure, DNA replication, transcription, translation, and regulation of gene expression.

Evaluation: The assessment method of the course is based on in-class quizzes, a group research paper presentation, in-class activities, exams and a final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5150: Integrated Immunology, Microbiology and Infectious Diseases I

- Credits: 3
- Sites: CUSM-SOM
- Prerequisites: None

Description: The Integrated Immunology, Microbiology, and Infectious Diseases (IIMID) I course is a 3-credit course. This course provides students the core concepts of Immunology and their applications in the diagnosis, treatment and prevention of human immunological disorders and infectious diseases. It also covers the core principles of Medical Microbiology and the basic clinical concepts in the field of Infectious Diseases. Students will learn the fundamental concepts and principles about how innate and adaptive immunity works together at molecular, cellular, and tissue levels to regulate human health and disease in the context of host-microbe interaction and autoimmunity, the pathogenesis of various micro-organisms, and the symptoms, lab diagnosis, prevention, treatment, and complication of major infectious diseases.

Evaluation: The assessment method of the course is based on quizzes, in-class case study and exams including a final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5160: Pathophysiology I

- Credits: 3
- Sites: CUSM-SOM
- Prerequisites: None

Description: The course is a study of human physiology, which focuses on the properties of living cells and tissues as well as the function of selected organ systems. With an emphasis on integration and control, introductory concepts of pathophysiology are also included.

Evaluation: The assessment method of the course is based on weekly evaluation on problem solving learning, two quizzes, a midterm and a final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy)

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5180: Critical Thinking in Biomedical Research

- Credits: 2
- Sites: CUSM-SOM
- Prerequisites: None

Description: Critical Thinking in Biomedical Research is designed to develop students' critical thinking and problem-solving skills in biomedical research. Basic molecular and cell biology technologies are delivered with lab observation sessions. Team-based learning is implemented for research data/literature analysis, discussion, and presentation on broad research topics. The goal of this course is to train the students how to conceive research ideas, develop hypotheses, design methods, analyze data, and disseminate research results.

Evaluation: The assessment method of the course is based on paper presentation, participation, as well as a written report submitted to the course director. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5270: Ethics in Healthcare

- Credits: 1
- Sites: CUSM-SOM
- Prerequisites: None

Description: This is a one-credit course to introduce students the contemporary ethical issues associated with health care. It will cover the key areas including the philosophical reasoning and law in bioethics, clinical and public health ethics, and research bioethics. The detailed contents include the ethical principles in health care, confidentiality and informed consent, euthanasia, reproductive issues, genetic testing and engineering in the clinic, etc. The regulations and policies of conducting research with human subjects and animal models will also be covered. This course focuses on the active learning that engages students in discussion and sharing their ideas and opinions, aiming for the improvement of their critical thinking skills and professionalism for the future medical school learning and clinical practice in the ever-changing medical environment.

Evaluation: The assessment method of the course is based on discussions, in-class assignments, and research paper. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

2nd Semester

MBS-5210: Human Genetics

- Credits: 3
- Sites: CUSM-SOM
- Prerequisites: None

Description: Human Genetics is a three-credit course designed to deliver the core concepts and principles of Genetics, aligning with emerging Genomic and Precision Medicine. The contents of

this course will cover Classical (transmission), Molecular, and Population Genetics as well as Genomics. This course will focus on the active learning and critical thinking to understand the expression of genotype to phenotype and various regulations in between. The application of Genetics knowledge and technology to the diagnosis, prevention, and treatment of human diseases will also be emphasized. The goal of this course is to better prepare students for their future medical school learning, clinical practice, and biomedical research.

Evaluation: The assessment method of the course is based on quizzes, TBLs, a research paper and presentation, and exams. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

(please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5120: Biostatistics and Epidemiology I (Lecture)

- Credits: 2
- Sites: CUSM-SOM
- Prerequisites: None

Description: This course introduces the fundamental concepts and methods that are required for a basic understanding and interpretation of epidemiology and vital statistics for clinical medicine, science and public health. Emphasis is placed on the concept, principles, and methods that provides a foundation to prepare students to pursue further topics in the field as their work and research requires.

Evaluation: The assessment method of the course is based on class participation, quizzes, assignments, midterm and final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5230: Integrated Immunology, Microbiology and Infectious Diseases II

- Credits: 2
- Sites: CUSM-SOM
- Prerequisites: None

Description:

The Integrated Immunology, Microbiology, and Infectious Diseases (IIMID) II course is a 2-credit course. This course provides students the core concepts of Immunology and their applications in the diagnosis, treatment and prevention of human immunological disorders and infectious diseases. It also covers the core principles of Medical Microbiology and the basic clinical concepts in the field of Infectious Diseases. Students will learn the fundamental concepts and principles about how innate and adaptive immunity works together at molecular, cellular, and tissue levels to regulate human health and disease in the context of host-microbe interaction and autoimmunity, the pathogenesis of various micro-organisms, and the symptoms, lab diagnosis, prevention, treatment, and complication of major infectious diseases.

Evaluation: The assessment method of the course is based on quizzes, in-class case study and exams including a final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5240: Pathophysiology II

- Credits: 2
- Sites: CUSM-SOM
- Prerequisites: None

Description: The course is a study of human physiology, which focuses on the properties of living cells and tissues as well as the function of selected organ systems. With an emphasis on integration and control, introductory concepts of pathophysiology are also included.

Evaluation: The assessment method of the course is based on weekly evaluation on problem solving learning, two quizzes, a midterm. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5250: Neuroscience

- Credits: 3
- Sites: CUSM-SOM
- Prerequisites: None

Description: This course will cover four major domains in neuroscience: Domain I: covers the gross anatomical anatomy of the CNS and PNS. Domain II: covers basic cellular and molecular aspects of neuroscience, which will include our current understanding for the cellular, structural, biochemical, and physiological paradigms of neurons and synapses. The concepts that govern the vital functions of the neuron will be the focus. Domain III: covers the applications of the paradigms and concepts we covered in domains I and II to understand how the nervous system coordinates motion, balance, senses, and pain. Several neuronal circuits will be demonstrated throughout this section. Domain IV: covers neurodevelopment, cognitive states, and memory. Throughout domains III and IV relevant neurological disorders will be presented.

Evaluation: The assessment method of the course is based on a group neuro-project, in-class quizzes, two exams, and a final exam. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

MBS-5260: Capstone MBS Thesis Proposal

- Credits: 4
- Sites: CUSM-SOM
- Prerequisites: None

Description: The Capstone is an integrative course incorporating the cumulative knowledge gained from the MBS program in developing a group-based capstone project which would reflect each student's understanding and application of the work they completed in the program. The course is designed to have students develop a health-related research topic, methodology to address the topic, and expected data, using the scientific method. Students are not expected to gather or collect data for the proposed project.

Evaluation: The capstone project will be assessed through a written component and an oral presentation. The written component will be a group capstone proposal project which will contain: hypothesis, specific aims, methodology, significance of the research, and expected results. The oral presentation will have similar components as the written portion. Rubrics will be used to evaluate the written component and oral presentation. The final grade is a lettered grade. Students must score at least 70% or above to pass the course (please refer to grading policy).

Grade Criteria: A, A-, B+, B, B-, C, or F.

Graduation Requirements

To graduate, students must successfully complete the educational program leading to the MBS degree. The MBS degree is conferred upon students who satisfactorily complete the following requirements:

1. Satisfactory completion of the 32 credit hours of required coursework with an average GPA of 2.7 or above.
2. Satisfactory completion of the research projects and other assignments.
3. Recommendation of the MBS course directors.

Degrees may be conferred in absentia upon prior approval obtained from the Office of Student Affairs.

Student Textbook Resources

Online Textbooks

Online textbook services are contracted to provide required electronic textbooks to the CUSM students. All of the textbooks have been hyperlinked. 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 are provided as a part of the student fee and available to the students and faculty through online textbook services.*

Course	Required Textbooks	Recommended Textbooks
MBS-5110 Cellular Biochemistry	Lieberman MA, Peet A. Marks' <i>Basic Medical Biochemistry: A Clinical Approach</i> . 6 th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2022. eISBN: 9781975150143	
MBS-5120 Biostatistics and Epidemiology	Friis RH, Sellers TA. <i>Epidemiology for Public Health Practice</i> . 6 th ed. Burlington, MA: Jones & Bartlett Learning; 2021. eISBN: 9781284221718 George D, Mallery P. <i>IBM SPSS Statistics 27 Step by Step: A Simple Guide and Reference</i> . 17 th ed. New York, NY: Routledge; 2022. eISBN: 9781032070940---VitalSource	

	Gerstman BB. <i>Basic Biostatistics: Statistics for Public Health Practice</i> . 2 nd ed. Burlington, MA: Jones & Bartlett Learning; 2015. eISBN: 9781284066210	
MBS-5130 Principles of Anatomy and Histology	Ash JF, Morton DA, Scott SA. <i>The Big Picture: Histology</i> . Philadelphia, PA: McGraw-Hill; 2013. eISBN: 9780071813709 Drake RL, Vogl AW, Mitchell AWM. <i>Gray's Basic Anatomy</i> . 3 rd ed. Philadelphia, PA: Elsevier; 2022. ISBN: 9780323834421	
MBS-5140 Cell Biology	Lodish H, Berk A, Kaiser C, et al. <i>Molecular Cell Biology</i> . 9 th ed. New York, NY: W. H. Freeman and Company; 2021. eISBN: 9781319365028	
MBS-5150 and MBS-5230 Integrated Immunology, Microbiology, and Infectious Diseases I and II	Riedel S, Morse SA, Mietzner TA, Miller S. <i>Jawetz, Melnick and Adelberg's Medical Microbiology</i> . 28 th ed. New York, NY: Lange; 2019. ISBN: 9781260012026 Abbas AK, Lichtman AH, Pillai S. <i>Basic Immunology: Functions and Disorders of the Immune System</i> . 6 th ed. Philadelphia, PA: Elsevier, Inc. 2020. ISBN: 9780323549431	Helbert M. <i>Immunology for Medical Students</i> . 3 rd ed. Philadelphia, PA: Elsevier, Ltd.; 2017. ISBN: 9780702068010
MBS-5160 and MBS-5240 Pathophysiology I and II	Costanzo LS. <i>Costanzo Physiology</i> . 7 th ed. Philadelphia, PA: Elsevier, Inc.; 2021. ISBN: 9780323793339	Hall JE, Hall ME. <i>Guyton and Hall Textbook of Medical Physiology</i> . 14 th ed. Philadelphia, PA: Elsevier Inc.; 2021. ISBN: 9780323597128 Kumar V, Abbas AK, Aster JC. <i>Robbins and Cotran Pathologic Basis of Disease</i> . 10 th ed. Philadelphia, PA: Elsevier, Inc. 2021. ISBN: 9780323609920
MBS-5180 Critical Thinking in Biomedical Research	No Textbook Required (Individual sessions will have required reading assignments.)	

MBS-5210 Human Genetics	Jorde LB, Carey JC, Bamshad MJ. <i>Medical Genetics</i> . 6 th ed. Philadelphia, PA: Elsevier; 2020. ISBN: 9780323597371	Pyeritz RE, Korf BR, Grody WW. <i>Emery and Rimoin's Principles and Practice of Medical Genetics and Genomics</i> . 7 th ed. Philadelphia, PA: Elsevier, Inc.; 2019. ISBN: 9780128125373
MBS-5220 General Pharmacology	Katzung BG. <i>Basic and Clinical Pharmacology</i> . 15 th ed. New York, NY: Lange; 2021. ISBN: 9781260470109	
MBS-5250 Neuroscience	Hall JE, Hall ME. <i>Guyton and Hall Textbook of Medical Physiology</i> . 14 th ed. Philadelphia, PA: Elsevier Inc; 2021. ISBN: 9780323597128 Purves D, Augustine GA, Fitzpatrick D, et al., eds. <i>Neuroscience</i> . 6 th ed. New York, NY: Sinauer Associates, 2017. eISBN: 9781605357225	
MBS-5260 Capstone MBS Thesis Proposal	No Textbooks are required for this course.	
MBS-5270 Ethics in Healthcare	No textbooks are required for this course.	

Student Services

Student Affairs Mission Statement

The mission of the CUSM-SOM Office of Student Affairs 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, embracing and promoting diversity, equity, and inclusion, of CUSM-SOM students by providing a host of personal, referral, and academic services.

Teaching and Learning Options; Academic Advising for Students

The goals of the CUSM-SOM 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.

MBS students are assigned Faculty Advisors within the Program who serve as the first point of contact when students need assistance. Faculty teaching individual courses are available to assist students with course content through office hours.

Student Assistance Program (SAP)

CUSM offers a Student Assistance Plan (SAP) that provide confidential personal counselors with just one phone call and also offers additional resources such as but not limited to the following:

- Academic stress and pressure
- Body image and eating disorders
- Childcare 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

Assistance is available 24/7/365 by calling the toll-free number at 800-633-3353. Please see the University Catalog for details.

Information Commons Resources

The CUSM Information Commons provides students with access to medical reference books and other learning resources including online biomedical textbooks, journals, and databases. In addition, the CUSM Information Commons offers access to public computers,

printers/copiers/scanners, and study space. Please find details of the Information Commons facilities in the University Catalog.

Career Advising

CUSM-SOM advises students on health professional school opportunities for those who are aiming to pursue a career in medicine or other healthcare professions.

Career advising for MBS students is provided through the Program in collaboration with the Office of Equity, Inclusion, Diversity, and Partnerships and PACE. Students will have access to individual advising as well as workshops and other career development activities.

Potential Occupations

California Code of Regulations Section 74112 requires CUSM-SOM 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.

However, CUSM-SOM MBS program is not designed to prepare students for employment. Rather, it is designed for students who are eager to enhance their academic qualifications and support their candidacy for health professional schools, including medical schools. Therefore, CUSM-SOM does not list job classification codes for this program.

Academic Support Services

The MBS faculty monitor students' academic progress routinely and meet with the individuals who are concerned with their academic progress or identified from performance data. The MBS Program Director meets with students that are experiencing difficulties across resources and works with Program faculty and staff to provide support.

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 instructions to request the use of a student's personal insurance coverage rather than purchasing the student health insurance plan selected by the University (i.e., waiver) are provided during the matriculation/orientation process. Waivers are required every year regardless of 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 50/50 out-of-network coinsurance
- Prescription coverage
- A provider network in the CUSM area for primary care, specialty, hospital, and diagnostic care. A comprehensive list of nearby hospitals with emergency departments, urgent care centers, mental health facilities, sexual assault services, substance abuse resources, and National Hotline Numbers is accessible to students on Canvas.
- 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
- Coverage at any educational site, including visiting electives

Students who lose their coverage must contact the Office of Student Affairs before the termination date and submit a termination letter to the student affairs (studentaffairs@cusm.org) 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 described above.

Wellness Program

The MBS 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. This program includes participation of MBS students selecting and opting into wellness events including healthy eating presentations, fitness challenges, social and community engagement events and more.

The following programs are currently available or under consideration for development.

1. Hiking; jogging; walking "Meetups"
2. Yoga Classes on campus
3. Meal Preparation/Eating on a budget Workshop
4. Therapy Pups several times a year
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. Personal counseling with the Director of Counseling and Wellness as needed
11. Access to Student Assistance Program (SAP) resources for additional counseling and evaluation as desired
12. Free tutoring resources as needed
13. Referral to psychological testing provider to rule out specific learning disabilities; ADHD; etc.
14. Concerned Student Emphasis: Students letting others know if they have a concern regarding another student's well-being
15. Onsite exercise equipment
16. Stress management skills and techniques

Fitness Facilities

The CUSM/CUSM-SOM building contains a fitness and wellness center, which is available to students 24/7. This on-campus facility offers free weights, and cardio machines (e.g., treadmill, bicycle, rowing, elliptical, stepper). It also provides space for the Wellness Program's activities, which includes yoga, mindfulness training, etc. In addition, there are several fitness facilities within close proximity to the campus.

Academic Policies

Graduation Requirements

To graduate, students are required to successfully complete the educational program leading to the MBS degree. Find the detailed list of the graduation requirements in the “Program of Study” section.

Attendance Policy

CUSM requires all MBS students to attend and actively participate in all mandatory class sessions and activities. Mandatory class sessions and activities include exams, Critical Thinking in Biomedical Research, and other course sessions designated as mandatory by the instructor, located in the course syllabus.

Absence: A student’s failure to be present in any classroom, assignment, or activity designated at “mandatory.” Absences may be planned or due to an emergency.

Planned Absence: A planned absence occurs when a student schedules, in advance, to be away from a mandatory class session or activity. These absences may be considered “excused” absences.

1. It should be noted that regardless of the category of absence, the student remains responsible for completing all requirements of the course, and/or educational activities including making up all assignments, group projects, and exams. Accumulation of 3 unexcused absences will be considered unprofessional conduct and may be subject to a disciplinary action.

This policy provides a mechanism for the student to notify CUSM faculty in a timely manner when there is 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 mandatory activity, whether planned or unplanned.

Procedures

Planned excused absence

The student must notify the Course Director and the Program Director of the planned absence no later than 7 days prior to the planned absence via a form available on Canvas. The student must meet with the Course Director, prior to the planned absence, to arrange for the timely completion of all requirements of the missed course including making up all assignments and projects.

Unplanned absence

The student must notify the Course Director and Program Director via a form available on Canvas within 24 hours of the unexpected absence. The MBS Program Director will follow up with the student regarding documentation to determine whether the absence constitutes a personal emergency or documented medical situation. On return, the student must meet with the Course Director to arrange for the timely completion of all requirements for the missed course activities

including making up all assignments. Failure on the part of the student to provide the necessary documents related to a personal emergency or documented medical situation will result in an “unexcused” absence and make ups will not be allowed.

Appeal of decision

Following an absence from a mandatory activity the MBS Program Director will determine whether this absence is “excused,” and a make-up allowed or “unexcused” and a make-up will not be allowed.

1. If the absence is determined to be “unexcused,” the student may choose to appeal within 7 business days after receiving the decisions. The request for an appeal must be submitted in writing to the MBS Program Coordinator along with any documentation related to the absence. The student will then present their appeal to an ad hoc Absence Committee consisting of 3 faculty members who were not involved in the course or activity under consideration. They will determine if the decision stands or the absence should be “excused.”
2. Within 7 business days of receipt of the decision by the Absence Committee, the student may:
 - a. Accept the decision and acknowledge their acceptance in writing to the MBS Program Coordinator.
 - b. Submit a written appeal to the Dean of the medical school in 10 business days from notification. The student submits a written appeal to the Dean and requests a meeting with the Dean to present information that the student believes relevant to the deliberations of the appeal case. The Dean will inform the student of their decision within 7 days of receiving the request. The decision of the Dean is final.

Grading Policy

A candidate for the degree of MBS must satisfy the academic requirements for achieving the Program Learning Outcomes in all required courses that contribute towards the award of the degree. Student performance in required courses is reported in terms of the grading system for the MBS degree program.

Pass and Fail Standards

Students can only earn one grade for a course following completion of the requirements for the course. Students cannot be re-assessed, or elect to be re-assessed, following completion of a course if they obtain a final passing grade in the course.

Passing grade

The passing final grade for all courses is 69.45%. A student must achieve a final grade of 69.45% or higher to pass.

Failing grade

Students who do not achieve a final grade of 69.45% or higher in a course will be deemed to have failed that course. A student who successfully remediates the course will earn a grade of “R-C” where “R” indicates remediation. A student who fails to successfully remediate performance in a course will receive the earned grade, either “C” or “F.” All passing, failing, and remediated grades will be reported to the registrar for recording in the official transcript of academic performance of the student.

Grading system

Numerical scores are assigned to and reported as letter grades by the Course Directors. Letter grades are assigned to grade points which are used to calculate the average grade points that a student accumulates during the MBS program. Grades are reported as A, A-, B, B+, B-, C, IP, R-C or W in accordance with the MBS grading policy and the table below.

Letter Grade	Grade Point Equivalent		Numerical Threshold	Performance Rating
A	4.0	The letter grade will appear on the transcript which will be a reflection of one of the marking systems indicated in the tables to the right	93.45 –100	Excellent
A-	3.7		87.45 – <93.45	Very Good
B+	3.3		81.45 – <87.45	Good
B	3.0		75.45 – <81.45	Satisfactory
B-	2.7		69.45 – <75.45	Pass
C	2.0		59.45 – <69.45	Fail
Failure	0		< 59.45	Fail
IP				In progress
R-C	2.7			Remediated grade of C
W				Withdraw

IP

This grade indicates that satisfactory progress is being made by a student whose attendance in a semester-long course has been interrupted by other circumstances. When the final grade is awarded, the IP is changed to reflect the grade and grade points are awarded accordingly.

R-C:

R-C is the grade assigned to a student who successfully remediates a grade of “C” or “F” that was received at an earlier assessment. The grade point equivalent for an R-C grade is equal to the grade point equivalent for a “B-” grade.

W:

A student who withdraws from the program between the 2nd teaching week and the final exam of the semester will earn a “W” grade for all semester courses. If the student withdraws from the program after completing the final exam their transcript will show the grade they earned for the class.

Remediation

Students can only earn one grade for a course following completion of the requirements for the course. Students who achieve a grade of less than B- (less than 69.45%) must remedy the grade by repeating the assessment or the course as determined by the Student Academic Standards and Promotion (SASaP) Committee. The student must meet with the Course Director or designee, within 4 weeks of completion of the course, to discuss reasons for the failure and establish a plan for remediation. If the grade does not change after remediation, the students may choose to repeat the course in the semester in which it is next offered. The remediated grade will appear "R-C" where "R" indicates remediation. Students that elect to repeat a course or courses, would graduate at the next graduation following satisfactory completion of the course/courses under discussion.

Make-up assessments

The Course Director must be informed of an absence from an examination within 24 hours of its occurrence. Documentation of reasons for the absence may be required. Only excused absences as determined by the MBS Program Director will be allowed for a make-up examination. Within 48 hours of return to campus, the student must work with the Course director and OAIE to complete the make-up exam. Failure to do so will result in a score of zero for the missed examination.

Grade Notification and Reporting as well as Grade Appeal Procedure

Students will receive performance notification (score or grade) for every assessment that they take. The MBS Program Coordinator will work with Course Directors to deliver assessments. The Course Director reviews and approves grades. Students are then notified of grades directly by Course Director or by the Program Coordinator (with prior approval from the Course Director) within 14 days of an exam or assessment. Grades are also be sent to the Assessment Office, the Office of Student Affairs, MBS Program Director, and the Office of the Registrar.

Find further details in the CUSM-SOM MBS Student Assessment Handbook.

Repeating Courses and Impact on Title IV Eligibility

In accordance with Federal Register 668 Student Assistance General Provisions – Retaking Coursework (Sec.668.20) and per the institutional policy, starting the academic year 2021-22 moving forward, CUSM allows its students who may have failed to complete class(es) to progress in their respective program to repeat that class(es) allowing funding with Title IV aid for the following year.

However, If the student does not meet Student Satisfactory Academic Progress (as defined in their Student Handbook) prior to the start of the following academic year due to Qualitative/Quantitative Measures or the 150% rule which governs the duration of the entirety of the program, the student will no longer be eligible for Title IV funding. Please also see Student Satisfactory Academic Progress (SSAP) section of their Student Handbook.

Academic Progress

Policy on academic progress

A student must maintain a minimum grade-point average of 2.7 in the MBS degree program in order to satisfy the requirement for satisfactory academic progress. All courses must be completed with a passing grade as specified in the Grading Policy. The normal time frame for completion of required work for the MBS degree is one academic year. In no case, will a student be permitted to take more than three years to complete the program.

Student Satisfactory Academic Progress (SSAP) for Financial Aid Recipients

Federal regulation requires schools to abide by both Qualitative and Quantitative measures for each student for continual Federal Financial Aid funding. Per CFR guidelines Title 34, Section 668.34. Student Satisfactory Academic Progress (SSAP) is measured at the end of each Academic Year for eligibility for the following year. Once a student is placed on Academic Probation by the Office of Financial Aid the student is measured after completion of every Semester/Payment Period. Failure to meet the SSAP policy Students will become ineligible for Title IV funding (Federal Student Loans). Student's may regain eligibility on a case by case basis upon meeting SAP again.

The Grading scale for the Master of Biomedical Science program:

Letter Grade	Grade Point Equivalent	Numerical Threshold	Performance Rating
A	4.0	93.45-100	Excellent
A-	3.7	87.45-<93.45	Very Good
B+	3.3	81.45-<87.45	Good
B	3.0	75.45-<81.45	Satisfactory
B-	2.7	69.45-<75.45	Pass
C	2.0	59.45-<69.45	Fail
Failure	0	<59.45	Fail
IP:	Incomplete		In progress
W:	Withdraw		Withdraw
R-C	2.7		Remediated grade C

Qualitative: Cumulative Grade Point Average. MBS must maintain a minimum of a 2.7.

Quantitative: (Pace) Attempted Units versus Units Taken must meet a minimum 67% completion ratio in order to meet federal regulatory standards to remain eligible for Title IV funding.

150% Rule: Each student must complete a degree program within a unit limit of 1.5 X program unit completion requirement. Once the student exceeds the Program Unit attempts X 1.5 the student is no longer eligible for Title IV funding. Appeals non- applicable per Title IV regulations.

Reviews and Warnings

The SSAP of students will be 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.

Financial Aid Probation

If a student has not met the standards for Student Satisfactory Academic Progress (SSAP) during the “financial aid warning period,” they will be required to meet with the Office of Financial Aid and notified that they are 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 you have lost federal financial aid eligibility but are permitted by the Student Academic Standards and Promotion (SASaP) Committee to remain enrolled in the MBS program, the student 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 must 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 submit 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 Director of Academic Skills and Career Advising and MBS Program Director to develop an academic plan that, if followed, will help him/her meet all SSAP standards by a specific point in time.
3. You 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, the Registrar, and Financial Aid are responsible for monitoring and enforcing SSAP.

Student Academic Standards and Promotion (SASaP) Committee

The Student Academic Standards and Promotion (SASaP) Committee is responsible for the application of effective procedures for the evaluation of student performance, defined to include both academic achievement and professional competence. The Committee evaluates the progress of all students in the program and determines if students have met the stated criteria for academic advancement. The Committee also recommends appropriate actions when students do not maintain satisfactory academic progress. The Committee will review and approve a remediation plan submitted by the faculty for the student based on their unique circumstances as necessary. Should it be necessary for a student in academic difficulty to meet with the SASaP Committee, the Associate Dean of Student Affairs will be available to help the student prepare for their scheduled appearance.

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 include:

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, LOA may be granted for up to one continuous year for students in good academic standing.

The “Leave of Absence Request Form” is available from the Office of the Registrar. Students need to submit a completed form to the Student Academic Standards and Promotion Committee through the Office of Student Affairs 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 3 years from the time of matriculation to complete the requirements for the MBS degree, including LOA.

Students must receive clearance from the financial/student business 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 institution. 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 3 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 their return. Students will be charged at the current tuition rate upon re-entry into the CUSM-SOM MBS program. If the student was granted the leave for medical reasons, they must provide a letter from their primary physician saying that they are approved to rejoin the curriculum.

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

1. A student may be placed on academic probation by the Student Academic Standards and Promotion (SASaP) Committee if their progress is unsatisfactory in any area related to graduation requirements. Academic probation serves as a warning that a student is in danger of suspension or dismissal.
2. A student may be placed on academic probation by the SASaP Committee if they fail a course or remediation assessment or are cited for unprofessional behavior. If a student receives a failing grade in one or more courses, the student will be considered for probation.

Suspension

A student may be placed on academic probation by the Student Academic Standards and Promotion (SASaP) Committee if:

- a. Their progress is unsatisfactory in any area related to graduation requirements. Academic probation serves as a warning that a student is in danger of suspension or dismissal.

- b. They fail a course or remediation assessment or are cited for unprofessional behavior. If a student receives a failing grade in one or more courses, the student will be considered for probation.
- c. They are cited for unethical or unprofessional behavior (except for sexual misconduct matters, for which refer to the Policy on Sexual Misconduct).

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 student requests a meeting with the Dean to present information that the student believes relevant to the deliberations of the appeal case. 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.

Removal from Academic Probation or Suspension

The Student Academic Standards and Promotion Committee may remove a student from academic probation/suspension after the issue that gave rise to probation/suspension has been satisfactorily addressed. A student will be recommended to be removed from academic probation if they receive no further failing grades in the following semester if the student maintains a minimum grade point average of 2.7.

CUSM Code of Ethics and Professionalism Policies

Please refer to the Professionalism Policies section of the University Catalog.

Dismissal from the MBS Program

Students are expected to make satisfactory progress in all areas of their coursework and are expected to maintain the highest standards of personal conduct and professional behavior. A student may be dismissed from the MBS program if he/she does not meet the standards for graduation established by CUSM-SOM MBS. If the student's overall record does not meet the expected level of performance, the Student Academic Standards and Promotion Committee may recommend dismissal. A dismissal recommendation may be made at any time during the student's enrollment. The student does not need to have been placed on probation prior to being dismissed.

Dismissal Review and Appeal Process: If the Student Academic Standards and Promotion Committee recommends dismissal, the student has the right to request a meeting to review and appeal their pending dismissal. The request must be made in writing to the Associate Dean of Student Affairs and the Program Director of the Master of Biomedical Sciences Program within 5 days after the decision is conferred to the student in writing. The Student Academic Standards and Promotion Committee will schedule a dismissal review meeting with the student. In preparation for the dismissal review meeting, the student must submit to the Office of Student Affairs and the Program Director of the MBS Program, at least one week prior to the scheduled hearing, the following:

- i. A written statement addressing the issues of concern that were raised in the Committee's dismissal letter sent to the student.

- ii. Any letter or relevant documentation that the student may have requested in support of his case, along with a list of the names and qualifications of the individuals submitting the letters.
- iii. If applicable, the name of a 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.
- iv. The letters and statement should be addressed to the Chair of the Student Academic Standards and Promotion Committee. C/O the Associate Dean of Student Affairs.

The Dismissal Review Meeting: As part of the dismissal review meeting, there will be time designated for the student to present their petition and to have a question and answer period with the Committee members. The student may be accompanied by a faculty who will act as their 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 the CUSM-SOM MBS program, the Committee's dismissal recommendation will be forwarded to the Program Director of the MBS Program and the Associate Dean of Student Affairs for a review of the process and then to the Dean of CUSM-SOM for a final decision. The Dean may or may not choose to meet with the student depending upon the presentation of new material relevant to the case.

During the dismissal review process, the student is usually permitted to continue in their curricular program pending a final dismissal decision or a decision by the student to withdraw from the MBS program. However, the Program Director of the Master of Biomedical Sciences Program and Associate Dean of Student Affairs, appropriate faculty members, and/or Student Academic Standards and Promotion Committee have the right to determine the appropriateness of the student's continuing in coursework during the dismissal review process, particularly if there are issues related to unprofessional conduct and behavior.

If the student is permitted to continue in coursework or in fulfilling other graduation requirements during the dismissal review process, the Committee will decide as to whether to permit the student to schedule additional coursework, e.g., exams or assignments.

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 MBS program. The Committee may place the student on probation for an extended period of time and elect to provide advance information to course 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, they must meet with the Director of Financial Aid for a mandatory federally-required exit interview.

Policy on Credit Hours

1. WSCUC Requirement

In accordance with the Federal Definition of the Semester Credit Hour, WSCUC defines credit hour (see definition below) for learning outcomes and student achievement. In determining the amount of work associated with a credit hour, an institution is permitted to take into account a variety of

delivery methods, measurements of student work, academic calendars, disciplines and degree levels. Institutions have the flexibility to award a greater number of credits for courses that they can show require more student work.

2. Purpose

This policy is written to establish how credits are assigned to student learning in all CUSM programs.

3. Policy Statement

CUSM adopts the WSCUC definition of credit hour and employs credit hour as the measure of educational credit a student receives. Its use follows the rules, regulations, and guidelines as specified by the federal government and WSCUC. Where applicable, calculations to derive alternative unit equivalency to credit hours are detailed in the procedures.

4. Scope and Applicability

This policy applies across all programs at CUSM. The audience for this policy includes students, faculty, and clinical instructors. A student must accumulate the required number of credits to complete the degree program.

5. Definitions

A credit hour is defined as an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that approximates:

- a. Not less than one hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately 15 weeks for one semester or trimester hour of credit, or 10 to 12 weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or
- b. At least an equivalent amount of work as required in paragraph (a.) of this definition for other academic activities as established by the institution including laboratory work, internships, practical, studio work, and other academic work leading to the award of credit hours.

6. Procedures for Implementation and Review

- The Office of Assessment calculates and assigns credit hours to courses using the following equivalencies and presents them for approval to the Assessment & Evaluation Committee, and program curriculum committees.
- Students are expected to spend at least 45 hours of in-and-out-of-class time to earn one (1) credit. The following learning activities involve at least 45 hours of combined in-and-out-of-class student work for one (1) credit:
 - a week of learning activities in courses (lecture, flipped classroom sessions with assurance testing, laboratory, case presentation);
 - a semester of classroom lectures, or of supervised research work in a laboratory, clinical or community setting;
 - a week of clinical instructional activities.

*Specific to the MD degree program:

- Longitudinal components of the curriculum (e.g., Clinical Skills, College Colloquium, CHANGE, CARE) involve at least 270 hours of in-and-out-of-class student work during the first year (6 credits for 1 year), and at least 135 hours of in-and-out-of-class student work during the first semester of the second year (3 credits for 1 semester).
- The length of the MD program is defined by the Liaison Committee on Medical Education and must include at least 130 weeks of instruction.

7. Policy Administration

Responsibility

Course and clerkship directors must comply with this policy in delivering instructional activities and learning to students.

Schedule for Review and Update

Assessment & Evaluation Committee reviews the policy every year to monitor implementation, compliance, accuracy, reliability, and consistency. The policy may be updated sooner if necessary to accommodate curricular changes or comply with applicable accrediting standards.

Policy on Student Use of Computers

All use of computers is expected to follow state and federal laws and university policies. Computers may not be used for commercial use or for personal profit. Unauthorized access to systems and accounts, unauthorized or illegal uploading or downloading of software, violation of copyright, violation of campus conduct, harassment, and civil rights policies, or tampering with public computer workstations or printers is forbidden.

The Instructional and Information Technology Services (IITS) department provides computers in the Information Commons space on the second floor for access to the Information Commons collections, databases, the Internet, and productivity software by CUSM students, faculty, and staff to support the research, teaching, and service missions of the university. Priority use of computers is given to CUSM students. All desktop computers are logged in to the CUSM network and connected to a local printer.

IITS upholds free and open access to information in support of academic freedom and inquiry. Because the Internet is an unregulated global information network, content and validity of information cannot be verified. Information viewed by one user may be considered objectionable by another. All should respect privacy and diversity as well as be considerate about viewing material that could be considered offensive to others. IITS may restrict or deny access to those violating this policy. Violators are subject to an appropriate legal or academic action.

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. Students are not to share copies of any educational materials as they are for single use only.

Class Discussion/Lecture Capture

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

Immunization Requirements 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 3-month period preceding the student’s matriculation at CUSM:

- Tuberculosis blood test (IGRA/QuantiferON Gold test preferred)
- A two-step tuberculosis skin test (PPD)

Students who test negative for TB at the time of matriculation will require retesting before starting clinical rotations (for the MD program, at the end of the second year), 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 their course of study.

Hypersensitivity and/or Allergy to Immunizations or Antibody Segments

If 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.

CUSM COVID Vaccination Policy

The California University of Science and Medicine (CUSM) is a health education facility where students may be exposed to patients in a variety of settings. CUSM requires students to be vaccinated against COVID-19. Vaccinations must take place at least two weeks prior to the start of the fall term.

We expect students to be vaccinated. Students may not be allowed to participate in required educational activities, may not be able to advance in the curriculum, and are personally responsible for all consequences.

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.



California University of Science and Medicine

California University of Science and Medicine Student Handbook/Catalog

Addendum A:

CUSM Administration and Faculty Roster

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Note to CUSM Faculty

In order to update your information on this roster, please send a request to Carolyn Guzallis at guzallisc@cusm.org with your current CV.

University Administration



Paul Lyons, MD

President

MD, Ohio State University 1991

BA, Oberlin College 1985

Practitioner of Medicine since 1991

Luis Marquez

Interim Chief Financial Officer

BS, California State University, San Bernardino, California 2012

Nasser Salomon, MBA

Chief Information Officer

MBA, University of Redlands, California, 2006

Experience in Information Technology since 1989

School of Medicine Administration and Faculty

Dean



Paul Lyons, MD

Professor of Medical Education

MD, Ohio State University 1991

BA, Oberlin College 1985

Practitioner of Medicine since 1991

Executive Vice Deans

Peter Eveland, EdD, MS, BA	EdD, University of Cincinnati, Ohio 1995
Executive Vice Dean	MEd, Counseling, University of Dayton, Ohio 1992
University Relations	BA, Psychology, Wilmington College, Ohio 1991
	<i>Experience in Medical Education since 1992</i>

Zohray Talib, MD	MD, University of Alberta, Canada 2002
Executive Vice Dean	<i>Experience in Field of Medicine/Education since 2002</i>
Medical Education	

Senior Associate Deans

Louise Ann Borda, MBA	MBA, Brandeis University Heller School of Social Policy and Management, Waltham, MA 2010
Senior Associate Dean of	BA Northeastern University, Boston, MA 2003
Educational Operations	<i>Experience in Field of Medicine/Education since 1987</i>

Rajunor Ettarh, MD, PhD, FRSM, FAS	PhD Queen's University, Belfast, Ireland 1995
Senior Associate Dean of	MD, University of Calabar, Nigeria 1985
Academic and Institutional Effectiveness	<i>Experience in Field of Education since 1989</i>

Peter Eveland, EdD, MS, BA	EdD, University of Cincinnati, Ohio 1995
Senior Associate Dean of	MEd, Counseling, University of Dayton, Ohio 1992
Admissions	BA, Psychology, Wilmington College, Ohio 1991
	<i>Experience in Medical Education since 1992</i>

Gordon Green, MD, MEd, FRCPC	MD, University of British Columbia, Vancouver, British Columbia, Canada 1992
Senior Associate Dean of	MEd, Athabasca University, Athabasca, Alberta, Canada 2014
Simulation and Patient Safety	<i>Experience in Field of Medicine/Education since 1992</i>

Sunny Nakae, MSW, PhD
Senior Associate Dean of
Equity, Inclusion, Diversity, and
Community Partnerships

PhD, Loyola University, Chicago, Illinois 2014
MSW, University of Utah, Salt Lake City, Utah 2006
BS, University of Utah, Salt Lake City, Utah 2001
Experience in Field of Medicine/Education since 2006

Associate Deans

Hani Atamna, PhD, MSc
Associate Dean of Basic Research

PhD, Hebrew University of Jerusalem, Israel 1997
MSc, Hebrew University of Jerusalem, Israel 1992
Experience in Field of Education since 2008

Linda Connelly, PhD
Associate Dean of Faculty Affairs

PhD, Wolfson Institute of Biomedical Research, University College,
London, UK 2002
BSc, University of Glasgow, UK 1998
Experience in Field of Medicine/Education since 2002

Maegen Dupper, MD
Associate Dean of Clinical Curriculum

MD, Loma Linda University School of Medicine, Loma Linda, CA 2009
BS, UCLA, Los Angeles, CA 2005
Experience in Field of Medicine/Education since 2012

Aaron Jacobs, PhD
Associate Dean, Pre-Clerkship Curriculum

PhD UCLA, Los Angeles, CA 2003
BS University of California Irvine, Irvine, CA 1993
Experience in Field of Medicine/Education since 2003

Nasser Salomon, MBA
Associate Dean of Information
Technology

MBA, University of Redlands, Redlands, CA 2008
BS, University of Redlands, Redlands, CA 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

Mohsin Yakub, MD, PhD
Associate Dean of Student Affairs

PhD, Aga Khan University Karachi, Pakistan 2011
MBBS, Karachi University, Pakistan 1998
Experience in Field of Medicine/Education since 1998

Assistant Deans

Carol Lee, MD
Assistant Dean, Clinical Career
Development

MD, UCLA School of Medicine, CA 1995
BS, UCLA School of Medicine, CA 1991
Experience in Field of Medicine/Education since 1995

Luis Marquez
Assistant Dean, Finance & Administration

BS, California State University, San Bernardino, CA 2012

**Fauzia Nausheen, MBBS, FCPS, MSc,
RDMS**
Assistant Dean of Wellness

MBBS, Punjab University, Pakistan 1988
MSc, Clinical Anatomy, University of Western Ontario, Canada 2007
Experience in Field of Medicine/Education since 1996

Tracey Scholtemeyer, MAM, SHRM-SCP
Assistant Dean for People and Culture

MAM, University of Redlands School of Business, Redlands, CA 2014

Samuel Schwartz, MD
Assistant Dean, Clerkship Curriculum

MD, University of California, Los Angeles, CA 2009
BS, University of California, Riverside, CA 2005
Experience in Field of Medicine since 2017

Academic Department Chair

Lisa Schwartz, MD, MBA
Interim Chair,
Department of Medical Education

MD, Medical University of South Carolina, Charleston, SC 1990
MBA, The Wharton School, Univ of Pennsylvania, Philadelphia, PA 2013
Experience in Field of Medicine/Education since 1990

MD Program Pre-Clerkship Faculty

Jonas Addae, PhD Professor of Medical Education, Physiology	MBChB - University of Ghana Medical School, Legon, Ghana 1981 PhD - University of London, UK, 1986 MBA - Henley Business School, University of Reading, UK 2015 <i>Experience in Field of Medicine/Education since 1986</i>
Mukesh Agarwal, MD, FCAP Professor of Medical Education, Pathology	MBBS, University of Bombay, India 1979 <i>Experience in Field of Medicine/Education since 1988</i>
Shadia Ahmed, MD Assistant Professor of Medical Education	Dow Medical College, Karachi, Pakistan, 1998 <i>Experience in Field of Medicine/Education since 1998</i>
Samy Allam, MBBS, MHA Assistant Professor of Medical Education	MBBS, Alexandria University, Alexandria, Egypt 2007 MHA, Robert Morris Graduate School of Management, Chicago, IL 2013 <i>Experience in Field of Medicine/Education since 2011</i>
Nozar Amiri, MD Assistant Professor of Medical Education	MD, National University Medical School, Tehran, Iran 1980 <i>Experience in Field of Medicine/Education since 1980</i>
Joél Arvizo-Zavala, PhD Assistant Professor of Medical Education, Equity, Inclusion, Diversity and Partnerships	PhD, University of Utah, Salt Lake City, Utah 2021 MEd, University of Utah, Salt Lake City, Utah 2008 <i>Experience in Field of Medicine/Education since 2008</i>
Hani Atamna, PhD, MSc Professor of Medical Education, Biochemistry, Neuroscience	PhD, Hebrew University of Jerusalem, Israel 1997 MSc, Hebrew University of Jerusalem, Israel 1992 <i>Experience in Field of Education since 2008</i>
Michael Basch, MD Assistant Professor of Medical Education, Internal Medicine	PhD, Hebrew University of Jerusalem, Israel 1997 MSc, Hebrew University of Jerusalem, Israel 1992 <i>Experience in Field of Education since 2008</i>
Louise Ann Borda, MBA Instructor of Medical Education	MBA, Brandeis University Heller School of Social Policy and Management, Waltham, MA 2010 BA Northeastern University, Boston, MA 2003 <i>Experience in Field of Medicine/Education since 1987</i>
Neal Christopher, DO Assistant Professor of Medical Education, Psychiatry	DO, Western University of Health Sciences, Pomona, CA 2016 <i>Experience in Field of Medicine/Education since 2016</i>
Linda Connelly, PhD Professor of Medical Education, Pharmacology	PhD, Wolfson Institute of Biomedical Research, University College, London, UK 2002 BSc, University of Glasgow, UK 1998 <i>Experience in Field of Medicine/Education since 2002</i>
Adegbemisola Daniyan MD Assistant Professor of Medical Education, Internal Medicine	MD, Loma Linda University School of Medicine, Loma Linda, CA 2015 BSc Oakwood University, Huntsville, Alabama 2011 <i>Experience in Field of Medicine/Education since 2015</i>
Joseph Dhahbi, MD, PhD Professor of Medical Education, Biochemistry, Genomics	PhD, University of California, Riverside, California 1998 MD, School of Medicine, Tunis, Tunisia 1983 <i>Experience in Field of Medicine/Education since 1983</i>

Maegen Dupper, MD Associate Professor of Medical Education, Family Medicine	MD, Loma Linda University School of Medicine, Loma Linda, CA 2009 BS, UCLA, Los Angeles, CA 2005 <i>Experience in Field of Medicine/Education since 2012</i>
Rajunor Ettarh, MD, PhD, FRSM, FAS Professor of Medical Education, Anatomy	PhD Queen's University, Belfast, Ireland 1995 MD, University of Calabar, Nigeria 1985 <i>Experience in Field of Education since 1989</i>
Peter Eveland, EdD, MS, BA Professor of Medical Education	EdD, 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>
Deborah Farber, MLIS, AHIP Instructor of Medical Education, Ethics in Healthcare	MLIS, San Jose State University, San Jose, CA 2005 <i>Experience in Field of Education since 2016</i>
Joseph Galura, DO Assistant Professor of Medical Education, Anesthesiology	DO, Arizona College of Osteopathic Medicine, Glendale AZ 2004 BS, California State University Dominguez Hills 1995 <i>Experience in Field of Medicine/Education since 2005</i>
Elias Giraldo, MD, MS, FAHA, FAAN, FANA Professor of Medical Education, Neurology	MD, Major National University of San Marcos School of Medicine Lima, Peru 1990 MS, University of Tennessee College of Graduate Health Sciences Memphis, Tennessee, 2008 <i>Experience in Field of Medicine since 1990</i>
Andres A. Gonzalez, MD Associate Professor, Neurology	MD, Escuela Colombiana de Medicina, Bogota, Colombia 1997 <i>Experience in Field of Medicine/Education since 1997</i>
Gordon Green, MD, MEd, FRCPC Professor of Medical Education, Clinical Pediatrics	MD, University of British Columbia, Vancouver, British Columbia, Canada 1992 MEd, Athabasca University, Athabasca, Alberta, Canada 2014 <i>Experience in Field of Medicine/Education since 1992</i>
Ajay Gupta, MD Professor of Medical Education, Urology	MBBS, All India Institute of Medical Science, New Delhi, India 1979 <i>Experience in Field of Medicine/Education since 1979</i>
Vy Han, MD Assistant Professor of Medical Education, Emergency Medicine	MD, SUNY Stony Brook School of Medicine, New York 2015 BS, University of California, Irvine, CA, 2009 <i>Experience in Field of Medicine/Education since 2015</i>
Timothy Hantz, MD Associate Professor Medical Education, Family Medicine	University of California, Irvine, CA, 1988 BS, San Diego State University, San Diego, CA 1984 <i>Experience in Field of Medicine/Education since 1988</i>
Sameer Hassamal, MD Assistant Professor of Medical Education, Psychiatry	MD, SUNY Stony Brook School of Medicine, New York, 2015 <i>Experience in Field of Medicine/Education since 2015</i>
Sherif Hassan, MD, PhD Professor of Medical Education, Anatomy, Neuroanatomy	MBBCH (MD Equivalent), Cairo University, Egypt, 1990 PhD, Cairo University, Egypt 2004 MSc Basic Medical Science, Anatomy, Cairo University, Egypt, 2000 MSc Clinical Pathology, Cairo University, Egypt 1993 <i>Experience in Field of Medicine/Education since 1990</i>

Elvin Hernandez, MPH, DPH Assistant Professor of Medical Education	DPH, Loma Linda University School of Public Health, Loma Linda, CA 2005 MPH, Drexel University School of Public Health, Philadelphia, PA 2000 <i>Experience in Field of Medicine/Education since 2000</i>
Aaron Jacobs, PhD Assistant Professor of Medical Education, Pharmacology	PhD UCLA, Los Angeles, CA 2003 BS University of California Irvine, Irvine, CA 1993 <i>Experience in Field of Medicine/Education since 2003</i>
Daryoush Javidi, MD, PhD Assistant Professor of Medical Education	MD, Shiraz University, Iran 1983 <i>Experience in Field of Medicine/Education since 1983</i>
Dhrupad Joshi, DO Assistant Professor of Medical Education, Clinical Neurology	DO, Touro University, College of Osteopathic Medicine, Nevada 2014 BS, University of California Los Angeles, Los Angeles California 2008 <i>Experience in Field of Medicine/Education since 2014</i>
Prabhakar Kavipurapu, MD, PhD Assistant Professor of Medical Education, Family Medicine	MD, Universidad Autónoma de Ciudad Juárez (UACJ), México 1987 PhD, University of Adelaide, Australia 1971 <i>Experience in Field of Medicine/Education since 1987</i>
Shawn Koh, MD Assistant Professor of Medical Education, Internal Medicine	MD, Loma Linda School of Medicine, Loma Linda, CA, 2008 <i>Experience in Field of Medicine/Education since 2008</i>
Jun Ling, PhD Professor of Medical Education, Biochemistry, Immunology	PhD, Shanghai Institute of Biochemistry and Cell Biology, Chinese Academy of Sciences 1994 MSc Shanghai Institute of Plant physiology and Ecology, Chinese Academy of Sciences 1988 BSc, Anhui Normal University, China 1985 <i>Experience in Field of Medicine/Education since 1994</i>
Jessica Liu, PhD Assistant Professor of Medical Education	PhD, Lehigh University; Bethlehem, Pennsylvania 2020 MS, California State University, Fullerton, California 2015 <i>Experience in Field of Medicine/Education since 2015</i>
Alexandra López Vera, PhD Assistant Professor in Medical Education	PhD, University of California, Santa Barbara, CA 2022 MA, West Virginia University, Morgantown, WV 2018 <i>Experience in Field of Education since 2016</i>
Andrew Lowe, PharmD, APh Associate Professor, Pharmacology	PharmD, University of California-San Francisco, CA 1987 <i>Experience in Field of Medicine/Education since 1988</i>
Paul Lyons, MD Professor of Medical Education, Family Medicine	MD, Ohio State University, Columbus, Ohio, 1991 BA, Oberlin College, Oberlin, Ohio 1985 <i>Experience in Field of Medicine/Education since 1991</i>
Fabio Macciardi, PhD Professor of Medical Education, Psychiatry	MD, University of Milan School of Medicine, Milan, Italy 1982 PhD, University of Catania School of Medicine, Italy 1987 <i>Experience in Field of Medicine/Education since 1982</i>
Emad Mishriki, FMD, MA Ed Assistant Professor of Medical Education	MD, Ain Shams University, Cairo, Egypt 1982 MA Ed, Argosy University <i>Experience in Field of Medicine/Education since 1998</i>

Devadas Moses, MD, PhD, MPH Assistant Professor of Medical Education, Internal Medicine	MD, UTESA, Santo Domingo, Dominican Republic 1985 MPH, Dr.PH, Loma Linda University, Loma Linda, California 1980 MA, Andrew University, Berrien Springs, Michigan 1975 <i>Experience in Field of Medicine/Education since 1985</i>
Hina Mohsin, MD Associate Professor of Medical Education	MD, University of Karachi, Pakistan 2003 <i>Experience in Field of Medicine/Education since 2003</i>
Sunny Nakae MSW, PhD Professor of Medical Education	PhD, Loyola University, Chicago, IL 2014 MSW, University of Utah, Utah 2006 BS, University of Utah, Utah 2001 <i>Experience in Field of Medicine/Education since 2006</i>
Krishna Narayanan, MBBS, MS Assistant Professor of Medical Education	MBBS, University of Madras 1979 MS University of Madras, South India 1979 <i>Experience in Field of Medicine/Education since 1979</i>
Fauzia Nausheen, MD, FCPS, MSc, RDMS Professor of Medical Education, Anatomy	MBBS, Punjab University, Pakistan 1988 MSc, Clinical Anatomy, University of Western Ontario, Canada 2007 <i>Experience in Field of Medicine/Education since 1996</i>
Eric Neilson MD Assistant Professor of Medical Education, Family Medicine	MD, Ross University School of Medicine, Barbados 2009 BSc, University of California, Santa Barbara, CA 2001 <i>Experience in Field of Medicine/Education since 2009</i>
Luis Noronha, MD Associate Professor of Medical Education, Internal Medicine	MBBS/MD Goa Medical College, Bambolim, Goa, India 1989/1992 <i>Experience in Field of Medicine/Education since 2009</i>
Vanessa Orozco, PhD Assistant Professor of Medical Education, Molecular Biology, Neuroscience	PhD, Neuroscience, University of Vermont, Burlington, Vermont, 2015 BS, Biology, University of California Riverside, Riverside, 2006 <i>Experience in Field of Medicine/Education since 2015</i>
Maiyon Park, PhD, MS Associate Professor of Medical Education, Physiology	PhD, Biological Science, University of Michigan, Ann Arbor, MI 1998 MS, Biological Science, University of Michigan, Ann Arbor, MI 1994 MS, Pharmacy, Chung-Ang University, Seoul, Korea 1987 BS, Pharmacy, Sahmyook University, Seoul, Korea 1985 <i>Experience in Field of Medicine/Education since 1992</i>
Sriram Rangarajan, MD Assistant Professor of Medical Education	MD, University of California, San Diego, CA 2013 <i>Experience in Field of Medicine/Education since 2013</i>
Johanna Rosenthal, MD Assistant Professor of Medical Education, Clinical Neurology	MD, George Washington University, Washington, DC 1978 BS, University of Washington, Seattle, WA 1974 <i>Experience in Field of Medicine/Education since 1979</i>
Tahmina Salahuddin, MD Assistant Professor of Medical Education, Neurology	MD, St George University School of Medicine, Grenada, WI 2008 MS, University of Karachi, Pakistan 1992 <i>Experience in Field of Medicine/Education since 2008</i>
Davinder Sandhu, MD Professor of Medical Education, Urology	MD, University of Leicester, London, England 1994 MBBS, London University, London, England 1980 <i>Experience in Field of Medicine/Education since 1980</i>
Frank Scali, MD, DC Assistant Professor of Medical Education, Anatomy	MD, American University of the Caribbean 2016 DC, Logan University, Chesterfield, Missouri 2009 <i>Experience in Field of Medicine/Education since 2019</i>

Robin Schoen, DO Assistant Professor of Medical Education	DO, Edward Via College of Osteopathic Medicine, Blacksburg, VA 2017 <i>Experience in Field of Medicine/Education since 2017</i>
Lisa Schwartz, MD, MBA Assistant Professor of Medical Education, Internal Medicine	MD, Medical University of South Carolina, Charleston, SC 1990 MBA, The Wharton School, Univ of Pennsylvania, Philadelphia, PA, 2013 <i>Experience in Field of Medicine/Education since 1990</i>
Tsugio Seki, MD, PhD Associate Professor of Medical Education, Physiology	PhD, Okayama University, Okayama, Japan, 1998 MD, Okayama University, Okayama, Japan, 1994 <i>Experience in Field of Medicine/Education since 1994</i>
Shazia Sheikh, MD Assistant Professor of Medical Education	MBBS, King Edward Medical College, Lahore, Pakistan 1995 MD, Educational Commission for Foreign Medical Graduates <i>Experience in Field of Medicine/Education since 1995</i>
Julie Smithwick, DO Assistant Professor of Medical Education, Internal Medicine	DO, A.T. Still University, School of Osteopathic Medicine, AZ 2017 BSc, California State University, Long Beach, CA 2011 <i>Experience in Field of Medicine/Education since 2017</i>
Lisa Sovory, MD Assistant Professor of Medical Education, Neurology	MD, Loma Linda University, Loma Linda, California 2000 BSc, Oakwood College, Huntsville, Alabama 1996 <i>Experience in Field of Medicine/Education since 2000</i>
Helena Spartz, MD, PhD, FCAP Associate Professor of Medical Education, Pathology	MD-PhD, Indiana University School of Medicine, 2007 <i>Experience in Field of Medicine/Education since 2007</i>
Nicole G. Stern, MD, FACP Assistant Professor, Internal Medicine	MD, University of Arizona, College of Medicine, Tucson, AZ 1998 <i>Experience in Field of Medicine/Education since 1998</i>
Zohray Talib, MD Professor of Medical Education, Internal Medicine	MD, University of Alberta, Canada, 2002 <i>Experience in Field of Medicine/Education since 2002</i>
Charity Thomann, MA, MAT Instructor of Medical Education Clinical Psychology	PhD, Fielding Graduate University, Santa Barbara, CA (EXPECTED 2023) MA, Fielding Graduate University, Santa Barbara, CA 2021 <i>Experience in Education 2021</i>
Jonathan Townsend, EdD Assistant Professor of Medical Education	EdD, University of Southern California, Los Angeles, CA 2018 <i>Experience in Education since 2018</i>
Rubiel Urbina-Lopez, MD Assistant Professor of Medical Education, Clinical Skills	MD, Universidad Autonoma de Guadalajara, Jalisco, Mexico 2002 BS, Baylor University, Waco, TX 1998 <i>Experience in Education since 2002</i>
Madhu Varma, MD, MPH, MBA Assistant Professor of Medical Education, Clinical Skills	MD, All India Institute of Medical Sciences, New Delhi, India 1990 MPH, John Hopkins University, Baltimore, Maryland MBA, California State University, San Bernardino, San Bernardino, CA <i>Experience in Field of Medicine/Education since 1991</i>
Miten Vasa, MD Assistant Professor of Medical Education, Rheumatology	MD, State University of New York Downstate College of Medicine, Brooklyn, NY 2007 BS, Cornell University, Ithaca, NY 2007 <i>Experience in Field of Medicine/Education since 2007</i>
Margaret Wacker, MD Assistant Professor of Medical Education	MD, University of Washington, Seattle, WA 1982 MS, University of Washington, Seattle, WA 1977 <i>Experience in Field of Medicine/Education since 1982</i>

Deborah Wright, EdD, MSW, LCSW Assistant Professor of Medical Education	EdD, La Sierra University, Riverside CA 2019 MSW, California State University, San Bernardino, CA 1991 <i>Experience in Field of Education since 2000</i>
Michel Xu, MD, PhD Professor of Medical Education, Neurology	MD, Suzhou Medical College, Suzhou, PRC 1982 PhD, Shanghai Medical University, Shanghai, PRC 1991 <i>Experience in Field of Medicine/Education since 1982</i>
Mohsin Yakub, MD, PhD Professor of Medical Education, Physiology and Nutrition	PhD, Aga Khan University Karachi, Pakistan, 2011 MB.BS (MD equivalent), Karachi University, Pakistan, 1998 <i>Experience in Field of Medicine/Education since 1998</i>
Susan Yazdanmehr, MD, MPH Assistant Professor of Medical Education	MD, Shiraz University of Medical Sciences, Shiraz, Iran 1998 MPH, Benedictine University, Lisle, Illinois 2011 <i>Experience in Field of Medicine/Education since 1998</i>
Ou Zhang, PhD Assistant Professor of Medical Education, Microbiology	PhD, Texas Tech University, Lubbock TX 2011 MBBS, Central South University, Changsha China, 2006 <i>Experience in Field of Medicine/Education since 2006</i>

MD Program Clerkship and Service Learning Faculty

Arrowhead Regional Medical Center – Anesthesiology

Mark E. Comunale, MD Chair and Professor of Clinical 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>
Steven Barr, MD Assistant Professor of Clinical Anesthesiology	MD, Creighton University School of Medicine 2007 BS, Chapman University 2003 <i>Experience in Field of Medicine/Education since 2007</i>
Baher Boctor, MD Assistant Professor of Clinical Anesthesiology	MD, University of California-San Diego, School of Medicine, CA 2008 BS, University of California, Los Angeles, CA 2004 <i>Experience in Field of Medicine/Education since 2008</i>
Linda (Lynn) Cintron, MD, MS, FASA Associate Professor	MD, University of California-San Diego, School of Medicine, CA 1991 MS, University of California-Los Angeles, CA 1986 <i>Experience in Field of Medicine/Education since 1991</i>
Joseph Galura, DO Assistant Professor of Clinical Anesthesiology	DO, Arizona College of Osteopathic Medicine, Glendale AZ 2004 BS, California State University Dominguez Hills 1995 <i>Experience in Field of Medicine/Education since 2005</i>
Michael Harutunians, DO Assistant Professor of Clinical Anesthesiology	DO, Western University of Health Science, Pomona, CA 2004 BS, California State University-Northridge, Northridge, CA 1999 <i>Experience in Field of Medicine/Education since 2004</i>
Nadia Nathan, MD Associate Professor, Anesthesiology	MBBCH (MD Equivalent), University of Cairo, Cairo, Egypt 1981 MSc, University of London <i>Experience in Field of Medicine/Education since 1996</i>
Paul Nguyen, MD Assistant Professor of Clinical Anesthesiology	MD, Drexel College of Medicine 2010 BS, University of California, Irvine <i>Experience in Field of Medicine/Education since 2010</i>
Keyvan Safdari, MD Assistant Professor of Clinical Anesthesiology	MD, UCLA School of Medicine 1990 <i>Experience in Field of Medicine/Education since 1990</i>
Peter White, MBBS Professor of Clinical Anesthesiology	MBBS (MD Equivalent), University of Sydney NSW Australia 1971 MSc, London School of Hygiene and Tropical Medicine 2014 <i>Experience in Field of Medicine/Education since 1976</i>

Arrowhead Regional Medical Center – Emergency Medicine

Rodney Borger, MD Department Chair Professor of Clinical Emergency Medicine	MD, Loma Linda University School of Medicine, Loma Linda, CA 1993 BS, UC Irvine, California, 1989 <i>Experience in Field of Medicine since 1994</i>
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Benjamin Archambeau, DO Assistant Professor, Emergency Medicine	DO, Chicago College of Osteopathic Medicine, Midwestern University, Illinois 2015 BS, Colorado State University, Ft. Collins, Colorado 2009 <i>Experience in Field of Medicine since 2015</i>
Deepak Chandwani MD, MS Assistant Professor of Clinical Emergency Medicine	MD, Chicago Medical school, North Chicago Illinois 1999 MS Applied Physiology, Chicago Medical School, North Chicago, Illinois 1995 <i>Experience in Field of Medicine/Education since 2002</i>
Andrew Crouch, DO Assistant Professor of Clinical Emergency Medicine	DO, Western University, College of Osteopathic Medicine of the Pacific, Pomona, California, 2012 BA, California State University Northridge 2007 <i>Experience in Field of Medicine/Education since 2016</i>
Gregory Fenati, DO Assistant Professor of Clinical Emergency Medicine	DO, Western University, College of Osteopathic Medicine of the Pacific, Pomona, California, 2011 BS, Penn State University, University PA 1998 <i>Experience in Field of Medicine/Education since 2011</i>
Nicholas Gastelum, MD Assistant Professor, Emergency Medicine	MD, University of California, San Francisco, CA 2013 BS, University of California, San Diego, CA 2007 <i>Experience in Field of Medicine/Education since 2013</i>
Carol Lee, MD Professor of Clinical Emergency Medicine	MD, UCLA School of Medicine 1995 BS, UCLA School of Medicine 1991 <i>Experience in Field of Medicine/Education since 1995</i>
Pamela Lux, DO Associate Professor of Clinical Emergency Medicine	DO, Western University, College of Osteopathic Medicine of the Pacific, Pomona, California, 1990 <i>Experience in Field of Medicine/Education since 1990</i>
Colin MacNeil, DO Assistant Professor, Emergency Medicine	DO, Western University of Health Science, Pomona, CA 2011 BA, Occidental College, Los Angeles, CA 2005 <i>Experience in Field of Medicine/Education since 2015</i>
Jamshid Mistry, DO Assistant Professor, Emergency Medicine	DO, Touro College of Osteopathic Medicine, Henderson, NV 2010 BS, Emory University, Atlanta, GA 2004 <i>Experience in Field of Medicine/Education since 2010</i>
Michael Neeki, DO Professor of Clinical Emergency Medicine	DO, Ohio University College of Osteopathic Medicine, Athens OH 2002 PhD, Medical College of Ohio, Toledo OH 1998 BS, University of Akron. Akron, OH <i>Experience in Field of Medicine/Education since 2002</i>
Troy Pennington, DO Associate Professor of Clinical Emergency Medicine	DO, Western University, College of Osteopathic Medicine of the Pacific, Pomona, California, 2000 MSHPE, Western University, College of Osteopathic Medicine of the Pacific, Pomona, California, 1996 BS, Southern Illinois University, Carbondale, IL 1995 <i>Experience in Field of Medicine/Education since 2000</i>
Edward Pillar, DO Assistant Professor of Clinical Emergency Medicine	DO, College of Osteopathic Medicine of the Pacific, Pomona, California, 1988 PA, USC School of Medicine Los Angeles CA 1981 BS, University of California, Irvine, Irvine CA 1977 <i>Experience in Field of Medicine/Education since 1988</i>
Michael Policastro, MD Assistant Professor, Emergency Medicine	MD, Wright State University, Dayton, OH 2001 <i>Experience in Field of Medicine/Education since 2001</i>

Joseph Salameh, DO Instructor, Emergency Medicine	DO, Lake Erie College of Osteopathic Medicine, Erie, PA 2016 BA, University of San Diego, CA 2011 <i>Experience in Field of Medicine/Education since 2016</i>
Arnold Sin, MD Assistant Professor of Clinical Emergency Medicine	MD, Loma Linda University School of Medicine, Loma Linda, California, 1986 <i>Experience in Field of Medicine/Education since 1986</i>
Louis Tran, MD Assistant Professor of Clinical Emergency Medicine	MD, Loma Linda University School of Medicine, Loma Linda, California, 2000 <i>Experience in Field of Medicine/Education since 2000</i>
Ho-wang Yuen, MD Assistant Professor of Clinical Emergency Medicine	MD, Medical College of Wisconsin, Milwaukee WI 2005 BS, University of California, Berkeley, Berkeley CA 2001 <i>Experience in Field of Medicine/Education since 2016</i>

Arrowhead Regional Medical Center – Family Medicine

David Lanum, MD Chair and Professor of Clinical Family Medicine	MD, University of Washington, Seattle, Washington 1995 BS, Seattle Pacific University, Seattle, Washington 1988 <i>Experience in Field of Medicine/Education since 1995</i>
Eman Ahmad, MD Assistant Professor, Family Medicine	MD, St. George's University School of Medicine, Northumbria, United Kingdom 2015 BS, University of California-Davis, Davis, CA 2008 <i>Experience in Field of Medicine/Education since 2015</i>
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 1996 <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>

<p>Nehemiah Chang, MD Assistant Professor, Family Medicine</p>	<p>MD, Sr. George's University School of Medicine, Grenada, West Indies, 2017 MS, Rosalind Franklin University of Medicine and Science, N. Chicago, Illinois 2011 <i>Experience in Field of Medicine/Education since 2017</i></p>
<p>Nancy Chung, MD Assistant Professor, Family Medicine</p>	<p>MD, Ross University School of Medicine, Miramar, Florida, 2017 BSc, San Francisco State University, San Francisco, CA 2007 <i>Experience in Field of Medicine/Education since 2017</i></p>
<p>Rosa M. Cortes, MD Assistant Professor of Clinical Family Medicine</p>	<p>MD, Arrowhead Regional Medical Center, Colton CA 2003 <i>Experience in Field of Medicine/Education since 2003</i></p>
<p>James T. Evans, MD Associate Professor of Clinical Family Medicine</p>	<p>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></p>
<p>Nehal Gandhi, MD Assistant Professor, Family Medicine</p>	<p>MD, St. George's University, School of Medicine, Grenada, West Indies 2013 BSc, University of California, San Diego, CA 2012 <i>Experience in Field of Medicine since 2018</i></p>
<p>Anushree Gupta, MD Assistant Professor of Clinical Family Medicine</p>	<p>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></p>
<p>Pooja Gupta, DO Assistant Professor of Clinical Family Medicine</p>	<p>DO, Western University of Health Sciences, Pomona, California, 2001 MSc, University of California Riverside, California, 1997 BSc, University of California Los Angeles, California, 1996 <i>Experience in Field of Medicine since 2004</i></p>
<p>Eugene Ho, MD Assistant Professor of Clinical Family Medicine</p>	<p>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></p>
<p>Jennifer Jackson, MD Assistant Professor, Family Medicine</p>	<p>MD, Ross University School of Medicine, Dominica, West Indies 2013 BS, Dominican University of California, San Rafael, CA 2008 <i>Experience in Field of Medicine since 2016</i></p>
<p>Rachel Kaufman, MD Assistant Professor, Family Medicine</p>	<p>MD, St. George University School of Medicine, Grenada, West Indies 2019 BS, University of California-Irvine, California 2013 <i>Experience in Field of Medicine since 2019</i></p>
<p>Edward Keiderling, MD Assistant Professor of Clinical Family Medicine</p>	<p>MD, Creighton University School of Medicine, Omaha, Nebraska, 1982 BA, University of Connecticut, 1976 <i>Experience in Field of Medicine/Education since 1982</i></p>
<p>Leela Lettice, DO Assistant Professor, Family Medicine</p>	<p>MD, Nova Southeastern University, Ft. Lauderdale, Florida 2015 BS, University of Florida, Gainesville, Florida 2007 <i>Experience in Field of Medicine/Education since 2015</i></p>

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>
Frances McIntyre, MD, MPH Assistant Professor, Family Medicine	DO, Western University of Health Sciences, Pomona, CA 2013 MPH, University of California-Los Angeles, Los Angeles, CA 2007 BS, University of California-Los Angeles, Los Angeles, CA 2005 <i>Experience in Field of Medicine/Education since 2013</i>
Howard Moaddel, MD Assistant Professor, Family Medicine	MD, American University of the Caribbean School of Medicine West Indies, 2016 BS, University of California, Los Angeles, CA, 2011 <i>Experience in Field of Medicine</i>
Ashley Molina, MD Assistant Professor, Family Medicine	MD, Ross University School of Medicine, Dominica, West Indies 2018 BA, Ohio State University, Columbus, Ohio 1996 <i>Experience in Field of Medicine since 2018</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>
Vivian K. Ngo, MD Assistant Professor, Family Medicine	MD, St. George's University School of Medicine, Grenada, West Indies 2017 BS, University of California, Irvine, CA, 2011 <i>Experience in Field of Medicine/Education since 2020</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>
Emily J. Robison, DO Assistant Professor of Clinical Family Medicine	DO, Western University of Health Sciences, College of Osteopathic Medicine of the Pacific, Pomona, CA 2011 BS, University of California-Riverside, Riverside, CA 2004 <i>Experience in Field of Medicine since 2011</i>
Maria Rodriguez, MD Assistant Professor, Family Medicine	MD, Universidad Autonoma de Gaudalajara, Guadalajara, Mexico 2011 BS, University of California-Riverside, Riverside, CA 2005 <i>Experience in Field of Medicine/Education since 2012</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>
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

Kambiz Raoufi, MD Department Chair Assistant Professor of Clinical Internal Medicine	MD, Keck School of Medicine, University of Southern California, Los Angeles, CA 2001 BS, University of California, Los Angeles, Los Angeles CA 1995 <i>Experience in Field of Medicine/Education since 2001</i>
Anas Alani, MD Assistant Professor, Internal Medicine	MD, Al-Nahrain University College of Medicine, Iraq 2004 <i>Experience in Field of Medicine/Education since 2004</i>
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	DO, Western University of Health Sciences, Pomona, California, 2005 BS, California State University, Los Angeles, Los Angeles, California, 2000 <i>Experience in Field of Medicine/Education since 2006</i>
Aditya S. Bharadwaj, MD Assistant Professor, Internal Medicine Cardiovascular Disease	MD, Bangalore Medical College, Bangalore, India 2007 <i>Experience in Field of Medicine/Education since 2012</i>
Jessica Costales-Cantrell, DO Assistant Professor, Internal Medicine	DO, Western University of Health Sciences, Pomona, California, 2017 <i>Experience in Field of Medicine/Education since 2017</i>
Daniel Chang, MD Assistant Professor, Internal Medicine	MD, St. George's University, Grenada, West Indies 2017 MS, University of California, Irvine, CA 2012 <i>Experience in Field of Medicine/Education since 2017</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	DO, Western University of Health Sciences, Pomona, CA 2008 BS, University of California-Irvine, Irvine, California 2002 <i>Experience in Field of Medicine/Education since 2008</i>
Steven Fitzmorris, MD Assistant Professor, Internal Medicine	MD, Creighton University School of Medicine, Omaha, Nebraska 1982 <i>Experience in Field of Medicine/Education since 1982</i>
Vinisha Garg, MD Assistant Professor, Internal Medicine	MD, New York Medical College, Valhalla, New York 2012 <i>Experience in Field of Medicine 2015</i>
Mufadda Hasan, MD Assistant Professor of Clinical Medicine/ Pulmonary Medicine	MD, University of Al-Mustansiriyah College of Medicine, Baghdad, Iraq, 2005 <i>Experience in Field of Medicine/Education since 2006</i>
Sunita Hassamal, MD Assistant Professor, Internal Medicine	MD, St. George's University, Grenada, West Indies 2019 MA, Boston University School of Medicine, Boston, MA 2011 <i>Experience in Field of Medicine/Education since 2019</i>
Giv Heidari-Bateni, MD, MPH Assistant Professor, Internal Medicine	MD, Tehran Medical University 2009 MPH, Tehran University School of Public Health 2008 <i>Experience in Field of Medicine since 2008</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>
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>
Waseemuddin Kazi, MD Assistant Professor, Internal Medicine	MBBS, University of Punjab, Rawalpindi Medical College, Pakistan 1984 <i>Experience in Field of Medicine/Education since 1985</i>
Ziad Khan, MD Assistant Professor of Clinical Internal Medicine	MBBS, Shifa College of Medicine/Bahria University, Islamabad, Pakistan 2005 <i>Experience in Field of Medicine/Education since 2005</i>
M-Shahid A. Khan, MD, MPH Assistant Professor of Clinical Internal Medicine	MPH, University of Oklahoma Health Sciences Center, Oklahoma 1991 MBBS, Punjab Medical College, University of Punjab, Pakistan 1986 <i>Experience in Field of Medicine/Education since 2016</i>
Linna Kho, MD Assistant Professor of Clinical Internal Medicine	MBBS, Universitas Katolik Indonesia Atma Jaya, College of Medicine, Jakarta, Indonesia 1999 <i>Experience in Field of Medicine/Education since 2016</i>
Hyungjin Ben Kim, DO Assistant Professor	AT Still University Health, Kirksville, MO 2014 BS, University of California-San Diego, CA 2008 <i>Experience in Field of Medicine since 2016</i>
Emmeline Kuo, DO Assistant Professor	DO, Western University of Health Sciences, Pomona, CA 2017 BS, University of California, Los Angeles, CA 2011 <i>Experience in Field of Medicine/Education since 2017</i>

Howard Lan, DO Assistant Professor	DO, Western University of Health Sciences, Pomona, CA 2012 <i>Experience in Field of Medicine/Education since 2012</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 2011</i>
Sunil Nowrangi, MD, FACP, FACC FASE Associate Professor	MBBS, Christian Medical College, Vellore, India 1977 <i>Experience in Field of Medicine/Education since 1979</i>
Vinoy Singh Prasad, MD, FACC, FSCAI Assistant Professor	MD, New York Medical College, Valhalla, New York 2008 BS, The Johns Hopkins University, Baltimore, Maryland 2001 <i>Experience in Field of Medicine/Education since 2009</i>
Vinutha Rajesh, MD Assistant Professor	MBBS, Bangalore Medical College, Bangalore, India 1999 BSc, Malleswaram Educational Society, Bangalore, India 1994 <i>Experience in Field of Medicine since 1999</i>
Siamak Saadat, MD Assistant Professor of Clinical Internal Medicine	MD, Ross University School of Medicine, Dominica, West Indies 2008 BSc, University of California Davis, 2003 <i>Experience in Field of Medicine/Education since 2008</i>
Ahmed Seliem, MD Assistant Professor	MD, St. George's University, School of Medicine, Grenada, West Indies 2012 BS, Drexel University, Philadelphia, Pennsylvania 2008 <i>Experience in Field of Medicine/Education since 2012</i>
Fernando Sorto, DO Instructor of Clinical Internal Medicine	DO, Western University of Health Sciences, Colton, CA 2010 BA, Loyola Marymount University, Los Angeles, CA 2002 <i>Experience in Field of Medicine/Education since 2010</i>
Azra Syed, MD Assistant Professor of Clinical Internal Medicine	MBBS, Osmania University, Hyderabad, India 2002 <i>Experience in Field of Medicine 2002</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>
Shammah O.N. Williams, MD Assistant Professor	MD, Loma Linda University, School of Medicine, Loma Linda, CA 2011 BS, Oakwood University, Huntsville, Alabama 2007 <i>Experience in Field of Medicine/Education since 2011</i>

Arrowhead Regional Medical Center – Laboratory Medicine

Carolyn Leach, MD Department Chair Professor of Clinical Pathology	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>
Ahmad Ibrahim, MD Assistant Professor	MD, University of Baghdad School of Medicine, Baghdad, Iran 2005 <i>Experience in Field of Medicine/Education since 2005</i>

Ellen Ko, MD
Assistant Professor

MD, Tufts University, School of Medicine 1992
MS, California State. Los Angeles, CA 1988
Experience in Field of Medicine since 1992

Mark Seifert, MD
Assistant Professor

MD, University of Cincinnati, Cincinnati, OH 1977
Experience in Field of Medicine/Education since 1977

Arrowhead Regional Medical Center – Neurology

**Elias Giraldo, MD, MS, FAHA,
FAAN, FANA**
Department Chair
Professor of Neurology

MD, Major National University of San Marcos School of Medicine
Lima, Peru, 1990
MS, University of Tennessee College of Graduate Health Sciences
Memphis, Tennessee 2008
Experience in Field of Medicine since 1990

Dhrupad Joshi, DO
Assistant Professor of Clinical Neurology

DO, Touro University, College of Osteopathic Medicine, Nevada 2014
BS, University of California, Los Angeles, CA 2008
Experience in Field of Medicine since 2014

Johanna Rosenthal, MD
Assistant Professor of Clinical Neurology

MD, George Washington University, Washington, DC 1978
BS, University of Washington, Seattle, WA 1974
Experience in Field of Medicine since 1978

Lisa Sovory, MD
Assistant Professor of Clinical Neurology

MD, Loma Linda University School of Medicine, Loma Linda, CA 2000
BSc, Oakwood College, Huntsville, AL 1996
Experience in Field of Medicine since 2000

Arrowhead Regional Medical Center – Obstetrics/Gynecology

Guillermo Valenzuela, MD
Department Chair
Professor of Clinical Obstetrics and
Gynecology

MD, Universidad Católica de Chile, Chile, 1974
Experience in Field of Medicine/Education since 1975

Tania Aftandilians, MD
Assistant Professor, Obstetrics and
Gynecology

MD, St. George's University, School of Medicine, Grenada, West
Indies 2013
BS, University of California-Berkeley, Berkeley, CA 2008
Experience in Field of Medicine since 2013

Mohammadreza Ghayuri, MD
Assistant Professor, Obstetrics and
Gynecology

MD, Shiraz University of Medical Sciences, Shiraz, Iran 1991
Experience in Field of Medicine since 1991

John Lyons, MD
Professor of Clinical Obstetrics and
Gynecology

MD, Autonomous University of Guadalajara, Jalisco, Mexico, 1978
Experience in Field of Medicine/Education since 1979

Dotun Ogunyemi, MD
Professor of Clinical Obstetrics and
Gynecology

MD, Faculty of Medicine, University of Ibadan, Nigeria, 1978
Experience in Field of Medicine/Education since 1979

Chioma Okekpe, DO
Assistant Professor of Clinical
Obstetrics and Gynecology

DO, University of Pikeville, Kentucky College of Osteopathic
Medicine, Pikeville, KY 2013
BS, Auburn University, Auburn, AL 2009
Experience in Field of Medicine since 2013

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>
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

Gail E. Hopkins II, MD Department Chair Assistant Professor of Clinical Orthopedics Spine 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>
Jonathan Allen, MD Assistant Professor of Clinical Orthopedics Spine Orthopedics	MD, Loma Linda University School of Medicine, Loma Linda, California, 2007 BS, University of Redlands, 2001 <i>Experience in Field of Medicine/Education since 2007</i>
Paul D. Burton, DO Assistant Professor of Clinical Orthopedics Joint Replacement	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>
Joseph Galal Elsissy, MD Assistant Professor Orthopedic Surgery	MD, David Geffen School of Medicine, University of California Los Angeles, CA 2015 BS, University of California, Riverside, CA 2011 <i>Experience in Field of Medicine/Education since 2020</i>
Peter Elsissy, MD Assistant Professor of Clinical Orthopedics Joint Replacement	MD, David Geffen School of Medicine, University of California Los Angeles, CA 2005 BSc, University of California, Riverside, 2002 <i>Experience in Field of Medicine/Education since 2006</i>
Ronny Ghazal, MD Assistant Professor of Clinical Orthopedics Sports Medicine	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>
Phillip Glivar, MD Assistant Professor Spine Orthopedics	MD, University of Illinois at Chicago College of Medicine, 2014 BA, Northwestern University, Evanston, IL, 2009 <i>Experience in Field of Medicine since 2014</i>

Barry S. Grames, MD Assistant Professor of Clinical Orthopedics Sports Medicine	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 Orthopedic Surgery	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>
Kenneth H. Jahng, MD, MPH Assistant Professor of Clinical Orthopedics Joint Replacement	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 Sports Medicine	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 Upper Extremity	MD, University of Illinois College of Medicine, Peoria Illinois, 2006 MS, Psychology, University of California, Los Angeles, 2002 BS, University of California Los Angeles, California, 2001 <i>Experience in Field of Medicine/Education since 2007</i>
James Matiko, MD Orthopedics Hand Orthopedics	MD, Loma Linda University School of Medicine, Loma Linda, CA 1977 BS, Walla Walla College, College Place, Washington, 1972 <i>Experience in Field of Medicine/Education since 1978</i>
M.K. Mudge, MD Professor of Clinical Orthopedics Orthopedic Surgery	MD, University of Birmingham, Birmingham, England, 1970 BS, Greenville College, Greenville, Illinois, 1956 <i>Experience in Field of Medicine/Education since 1972</i>
Daniel Patton, MD Assistant Professor, Orthopedics Foot and Ankle Surgery	MD, Loma Linda University School of Medicine, Loma Linda, CA 2010 BS, Andrews University, Berrien Springs, MI 2005 <i>Experience in Field of Medicine since 2010</i>
Kevin Phan, MD Assistant Professor Foot and Ankle Surgery	MD, University of California San Diego, California, 2014 BSc, University of California Los Angeles, School of Medicine, Los Angeles, California, 2009 <i>Experience in Field of Medicine/Education since 2014</i>
Akash Shah, MD Assistant Professor Joint Replacement	MD, Boston University School of Medicine, Boston, MA 2015 <i>Experience in Field of Medicine/Education since 2015</i>
James Shook, MD Professor of Clinical Orthopedics Orthopedic Surgery	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 Spine 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>

Jason Solomon, MD Assistant Professor, Orthopedics Spine Orthopedics	MD, University of Medicine and Dentistry, Newark, New Jersey 2009 BS, The College of New Jersey, Ewing, New Jersey 2004 <i>Experience in Field of Medicine/Education since 2009</i>
John C. Steinmann, DO Assistant Professor of Clinical Orthopedics Spine 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>
Peter Wilton, MD Assistant Professor, Orthopedics Upper Extremity	MD, Wayne State University School of Medicine, Detroit, Michigan 2014 BS, Michigan State University, East Lansing, Michigan 2010 <i>Experience in Field of Medicine, 2019</i>
Andrew S. Wong, MD Assistant Professor of Clinical Orthopedics Upper Extremity	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	
Webster A. Wong, MD Chair, Pediatrics 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>
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>
Armea Botros, MD, FAAP Assistant Professor, Neonatology	MB, BbB, Ain Shams University, Cairo, Egypt 2006 <i>Experience in Field of Medicine since 2006</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>
Sheila Kalyanam, MD, MPH Assistant Professor, Pediatrics Neonatology	MD, MPH, St. George's University, Grenada, West Indies, 2014 <i>Experience in Field of Medicine/Education since 2017</i>
Danela Sedantes-Esceuta, MD Assistant Professor, Pediatrics	MD, University of the East Ramon Magsaysay Memorial Medical Center, Quezon City, Philippines 1986 <i>Experience in Field of Medicine since 1986</i>
Garrett Sevigny, MD Assistant Professor, Pediatrics	MD, Indiana University School of Medicine, Indianapolis, Indiana 2016 BS, Olivet Nazarene University, Bourbonnais, Illinois 2012 <i>Experience in Field of Medicine since 2016</i>
Naghmana Shafi, MD Assistant Professor, 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>
Laura Chang-Strauss, MD Assistant Professor, Pediatrics	MD, Loma Linda University Medical Center, Loma Linda, CA 1993 BS, Pacific Union College, Angwin, CA 1988 <i>Experience in Field of Medicine since 1993</i>
Chad Surber, MD Assistant Professor, Pediatrics	MD, University College of Dublin, School of Medicine, Ireland 2019 BS, University of California-San Diego CA 2013 <i>Experience in Field of Medicine since 2019</i>

Arrowhead Regional Medical Center – Psychiatry

David Seigler, MD Chair, Behavioral Health, Assistant Professor	MD, David Geffen School of Medicine, Los Angeles, CA 2011 BS, University of California, Riverside, Riverside, CA 2007 <i>Experience in Field of Medicine/Education since 2011</i>
Jose Aguilar, MD Assistant Professor, Psychiatry	MD, UCA, David Geffen School of Medicine, CA 2011 BSc, University of California-Riverside, CA 2007 <i>Experience in Field of Medicine/Education since 2011</i>
Kedarnath Chalakere, 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>
Neal Christopher, DO Assistant Professor	DO, Western University of Health Sciences, Pomona, CA 2016 <i>Experience in Field of Medicine/Education since 2016</i>
Edwin de Leon, MD Assistant Professor, Psychiatry	MD, Far Eastern University, Philippines, 1992 BSc, Ateneo de Manila University, Philippines 1986 <i>Experience in Field of Medicine/Education since 1992</i>
Keith Gordon, MD Professor of Clinical Psychiatry	MD, Hahnemann Medical College, Philadelphia, Pennsylvania, 1983 <i>Experience in Field of Medicine since 1983</i>
Quy Van Tran, MD Assistant Professor of Clinical Psychiatry	MD, Hue Medical School, University of Hue, Vietnam, 1979 Premedical Studies, Faculty of Sciences, University of Hue, Vietnam, 1973 <i>Experience in Field of Medicine/Education since 1979</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

Ha Le, MD Chair, Radiology Assistant Clinical Professor of Radiology	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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Munther E. Alqaisi, MD Professor, Radiation Oncology	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>
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>
Andrew Fleck, MD Assistant Professor	MD, University of California-Irvine, School of Medicine, California 2015 MS, University of California-Irvine, California 2015
Michael D. Gentry, MD Assistant Professor, 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>
James Kim, MD Assistant Professor	MD, New York Medical College, Valhalla, New York 2004 BA, University of California, Berkeley, CA 1996 <i>Experience in Field of Medicine/Education since 2004</i>
Shahid Latif, MD Assistant Professor, Radiation Oncology	MD, University of Punjab Nishtar Medical College, Pakistan, 1981 BS, Government College, 1974 <i>Experience in Field of Medicine/Education since 1981</i>
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>
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>
David Underwood, MD Assistant Professor, Radiology	MD, University of Southern California, Los Angeles, CA 1991 BS, University of California, Riverside, CA 1987 <i>Experience in Field of Medicine/Education since 1996</i>

Arrowhead Regional Medical Center – Surgery

Javed Siddiqi, MD Chair of Surgery/Neurosurgery Professor	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 1992</i>
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Anthony Alastra, MD Assistant Professor, Neurosurgery	MD, Case Western University School of Medicine, Cleveland, Ohio 1997 <i>Experience in Field of Medicine/Education since 1997</i>
Amir Ali Rhanemai Azar, MD Associate Professor, Surgical Oncology	MD, Shahi Beheshti University of Medical Sciences, Tehran, Iran 2003 <i>Experience in Field of Medicine/Education since 2003</i>
Joseph Davis, DO Professor, General 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>
Jason Duong, DO Assistant Professor, Neurosurgical Oncology	DO, Touro University College of Osteopathic Medicine, Vallejo, CA 2013 BS, Western University of Health Sciences, Pomona, CA 2009 <i>Experience in Field of Medicine/Education since 2013</i>
Glenn Fischberg, MD Assistant Professor, Neurology	MD, New York University School of Medicine, NY 1993 <i>Experience in Field of Medicine/Education since 1993</i>
Keith Glover, MD Assistant Professor, Vascular Surgery	MD, Stanford University School of Medicine, Stanford, CA 2015 BS, BA, California State University, Long Beach, CA 2007 <i>Experience in Field of Medicine since 2015</i>
Dev A. GnanaDev, MD Professor, Vascular 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, Oral 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>
Le Treice Irving, MD Assistant Professor, Neurocritical Care	MD, Ohio State University College of Medicine, Columbus, OH 2015 BS, Ohio State University, Columbus, OH 2010 <i>Experience in Field of Medicine/Education since 2015</i>
Jaskarn Johl, DO Assistant Professor, Ophthalmic Surgery	DO, Lake Erie College of Osteopathic Medicine, Erie, PA 2007 BSc, California State University, Sacramento, CA 1999 <i>Experience in Field of Medicine/Education since 2007</i>
Edwin Kim, MD Assistant Professor, General Surgery	MD, Boonshoft School of Medicine, Dayton, Ohio 2014 BS, University of California Los Angeles, Los Angeles, California 2009 <i>Experience in Field of Medicine since 2014</i>
Tommy Lee, MD Associate Professor, General 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, Neurosurgery	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>
Jerry Noel, DO Assistant Professor, Neurosurgery	DO, New York College of Osteopathic Medicine, Old Westbury, NY 2005 BS, Albany State University (SUNY), Albany, New York 1999 <i>Experience in Field of Medicine since 2005</i>

Judi Anne Ramiscal, MD Assistant Professor, Surgical Oncology	MD, Mayo Clinic College of Medicine, Rochester, NY 2014 BSc, Massachusetts Institute of Technology, Cambridge, MA 2004 <i>Experience in Field of Medicine/Education since 2014</i>
Milton R. Retamozo, MD Professor, 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>
Michael Schiraldi, MD, PhD Assistant Professor, Neurosurgery	MD/PhD, Temple University School of Medicine, Philadelphia, PA 2011 BA, Fordham University, New York, New York 2004 <i>Experience in Field of Medicine since 2012</i>
Samuel Schwartz, MD Associate Professor, Vascular Surgery	MD, University of California, Los Angeles, CA 2009 BS, University of California, Riverside, CA 2005 <i>Experience in Field of Medicine since 2017</i>
Stephen Shafizadeh, MD-PhD Assistant Professor, Neurosurgery	MD/PhD, Medical University of South Carolina, Charleston, South Carolina 2005 <i>Experience in Field of Medicine since 2005</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>
Raed Sweiss, DO Assistant Professor, Neurosurgery	DO, Virginia College of Osteopathic Medicine, Blacksburg, VA 2008 BS, Virginia College of Osteopathic Medicine, Blacksburg, VA 2003 <i>Experience in Field of Medicine/Education since 2016</i>
Emilio Tayag, MD Assistant Professor of Clinical Surgery,	MD, University of the East Ramon Magsaysay Memorial Medical Center 1990 BS, Ateneo de Manila University, Quezon City, Philippines 1986 <i>Experience in Field of Medicine/Education since 1990</i>
Jayini S. Thakker, MD, DDS Associate Professor of Clinical Surgery, Oral 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>
Margaret Wacker, MD, FAANS Assistant Professor, Neurosurgery	MD, University of Washington, Seattle, WA 1982 MS, University of Washington, Seattle, WA 1977 BA, University of Colorado, Boulder, CO 1974 <i>Experience in Field of Medicine/Education since 1989</i>
David T. Wong, MD Professor, Surgical Critical Care	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 <i>Experience in Field of Medicine/Education since 1993</i>
Brandon Woodward, MD Assistant Professor, Surgical Critical Care	MD, Michigan State University College, East Lansing, Michigan 2012 MS, University of California-San Diego, San Diego, CA 2006 BS, University of California-San Diego Warren College, San Diego, CA 2004 <i>Experience in Field of Medicine/Education since 2012</i>

Centinela Hospital Medical Center (Inglewood, CA)

Adarsha Bajracharya, MD Associate Professor, Internal Medicine	MD, Manipal College of Medicine, Pokhara, Nepal 2004 MMSC, Harvard Medical School, Boston, MA 2015 <i>Experience in Field of Medicine since 2004</i>
Armen Hovhannisyian, MD Assistant Professor, Internal Medicine	MD, Yerevan State University, Yervan, Armenia 1995 <i>Experience in Field of Medicine/Education since 1995</i>
Mohsen Kheradpezhoh, MD Assistant Professor	MD, Shiraz University of Medical Sciences, Iran 1998 <i>Experience in Field of Medicine since 1998</i>
Minghsun Liu, MD, PhD Assistant Professor, Internal Medicine	MD, UCLA School of Medicine, Los Angeles, CA, 2002 PhD, UCLA School of Medicine, Los Angeles, CA, 2002 <i>Experience in Field of Medicine since 2002</i>
Ali Morshedi-Meibodi, MD Assistant Professor, Cardiology	MD, Tehran University of Medical Sciences, Tehran, Iran 1994 <i>Experience in Field of Medicine/Education since 1994</i>
Alexander Marmureanu, MD Assistant Professor, Cardiovascular and Thoracic Surgery	MD, University of Croatia, Craiova, Romania 1988 <i>Experience in Field of Medicine/Education since 1988</i>
Firooz Pak, MD Assistant Professor, Internal Medicine	MD, University of Illinois, Chicago, IL 1996 BS, University of Illinois, Chicago, IL 1992 <i>Experience in Field of Medicine/Education since 1996</i>
Paryus Patel, MD Associate Professor, Internal Medicine	MD, Baroda Medical College, India 1983 <i>Experience in Field of Medicine/Education since 2014</i>
Sridhar Reddy, MD Assistant Professor, Family Medicine	MD, American College of the Caribbean, 2013 BS, University of California, San Diego, CA 2008 <i>Experience in Field of Medicine since 2013</i>
Eugene Thang Van, DO Assistant Professor, Internal Medicine	DO, Western University of Health Sciences, Pomona, CA 2015 BS, University of California, Irvine, CA 2009 <i>Experience in Field of Medicine since 2015</i>
Jagdeep Tung MD Assistant Professor, Internal Medicine	MD, University of Debrecen, Hungary 1998 BS, University of Alberta, Edmonton, Alberta, Canada 1991 <i>Experience in Field of Medicine/Education since 1998</i>
Evan Vidar, MD Assistant Professor, Internal Medicine	MD, Keck School of Medicine, Los Angeles, CA 2015 <i>Experience in Field of Medicine/Education since 2015</i>

Chaparral Medical Group

(Chino, Claremont, Pomona, Rancho Cucamonga, Upland, San Bernardino)

Chaparral Medical Group – Emergency Medicine

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 <i>Experience in Field of Medicine/Education since 2005</i>
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Chaparral Medical Group – Family Medicine

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

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

Haritha Alla, MD, FACC, RPVI

Medical Director, Assistant Professor

MD, Osmania Medical College, Hyderabad, India, 1996
Experience in Field of Medicine/Education since 1996

Khader Abounasr, MD

Assistant Professor of Clinical Internal Medicine

MD, Creighton University School of Medicine, Omaha, Nebraska, 2004
BSc, Creighton University, Omaha, Nebraska, 2000
Experience in Field of Medicine/Education since 2004

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
Experience in Field of Medicine/Education since 2007

Swarna Chanduri, MD

Assistant Professor of Internal Medicine

MBBS (MD Equivalent), Osmania University, India, 1977
Experience in Field of Medicine/Education since 1980

Preeti Chaudhary, MD

Assistant Professor of Clinical Internal Medicine

MD, University of Delhi Medical School, New Delhi, India, 2007
Experience in Field of Medicine/Education since 2008

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
Experience in Field of Medicine/Education since 1977

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
Experience in Field of Medicine/Education since 1998

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
Experience in Field of Medicine/Education since 2002

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
Experience in Field of Medicine/Education since 1984

Yashar Ghomri, DO Assistant Professor of Clinical Internal Medicine	DO, Midwestern University, Chicago College of Osteopathic Medicine, Downers Grove, Illinois, 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>
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 Jeerreddi, 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 Jeerreddi, 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>
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>
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>
Jhonatan Munoz, MD Assistant Professor of Clinical Internal Medicine	San Martin De Porres University, Lima, Peru 2010 <i>Experience in Field of Medicine/Education since 2010</i>

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 <i>Experience in Field of Medicine/Education since 2007</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>
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>
Derrick Raptis, 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>
David Robles, MD Assistant Professor of Clinical Internal Medicine	MD, University of Southern California, Los Angeles, CA 2004 <i>Experience in Field of Medicine/Education since 2004</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>
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>
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>
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, California, 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 Group– Surgery

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>
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>
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>

Chino Valley Medical Center (Chino, CA)

Sabah Ahmed, MD

Assistant Professor, Family Medicine

MD, Medical University of the Americas, West Indies 2017
BHSc, Simon Fraser University, Burnaby, BC, Canada 2012
Experience in Field of Medicine/Education since 2012

Jhoette Dumlao, MD

Assistant Professor, Family Medicine

MD, St. Luke's College of Medicine, Quezon City, Philippines, 2007
BS, University of California, Irvine, CA 2001
Experience in Field of Medicine/Education since 2007

Kavitha Reddy Bhatia, MD

Associate Professor, Pediatrics

MD, University of California Los Angeles School of Medicine, CA 2003
BS, University of California, San Diego, CA 1997
Experience in Field of Medicine since 2003

Sundeep "Sunny" Bhatia, MD, MMM, FACC, FSCAI

Associate Professor, Cardiology

MD, University of Minnesota Medical School, Minneapolis, MN 2001
Experience in Field of Medicine since 2001

Jazma Phelps, MD

Assistant Professor, Obstetrics and Gynecology

DO, Edward Via Virginia College of Osteopathic Medicine, Blacksburg, VA, 2002
BS, No. Carolina State University, Raleigh, NC 2010
Experience in Field of Medicine since 2015

Hamed Shalikar, MD, FAACP

Assistant Professor, Family Medicine

MD, David Geffen School of Medicine, UCLA, Los Angeles, CA 2014
BS, University of California-Riverside, CA 2009
Experience in Field of Medicine/Education since 2014

William Tsai, DO

Assistant Professor, Family Medicine

DO, Western University of Health Sciences, Pomona, CA 1996
BS, University of California-Irvine, CA 1992
Experience in Field of Medicine since 1996

Choice Medical Group (Apple Valley / Victorville, CA)

Krishna Das, MD

Assistant Professor, Interventional Radiology
(Apple Valley)

MD, SUNY Downstate College of Medicine, Brooklyn, NY 2010
BSc, Cornell university, Ithaca, NY 2006
Experience in Field of Medicine since 2010

Megha Nayyar Gupta, MD

Assistant Professor, Radiology
(Victorville)

University of Southern California, Keck School of Medicine, Los Angeles, CA 2016
Experience in Field of Medicine since 2016

Nikhil Gupta, MD

Assistant Professor, Gastroenterology
(Victorville)

MD, Sidney Kimmell Medical College, Thomas Jefferson University, 2016
Experience in Field of Medicine since 2016

Gurdeep Jhaj, MD

Assistant Professor, Ophthalmology
(Victorville, CA)

MD, SUNY Upstate Medical University Medical College, Syracuse, NY 2015
Experience in Field of Medicine/Education since 2015

Nyra Khetarpal, MD

Assistant Professor, Internal Medicine
(Apple Valley)

MD, Sidney Kimmell Medical College, Thomas Jefferson University, 2011
BS, Pennsylvania State University, University Park, PA 2007
Experience in Field of Medicine/Education since 1991

Ashwini Mallad, MD Assistant Professor, Internal Medicine-Infectious Disease (Apple Valley)	MD, Marshall University of John Edwards School of Medicine, Huntington, WV 2017 MBBS, Vijayanagara Inst. of Medical Sciences, Bellary, India 2010 <i>Experience in Field of Medicine/Education since 2010</i>
Rahul Nayyar, MD Assistant Professor, Interventional and Diagnostic Radiology (Apple Valley)	MD, State University of New York, Buffalo School of Medicine, NY 2010 <i>Experience in Field of Medicine since 2010</i>
Samir Nayyar, MD Assistant Professor, Orthopedic Surgery (Inpatient Privileges: Physicians Surgery Center of Victorville)	MD, University of Buffalo, Buffalo, New York 2010 BSc, University of Buffalo, Buffalo, New York 2006 <i>Experience in Field of Medicine since 2010</i>
Sonia Nayyar, MD Assistant Professor, Neurology	MD, George Washington University, District of Columbia, 2011 <i>Experience in Field of Medicine since 2011</i>
Hemanshu Patel, MD Assistant Professor, Family Medicine	MD, American University of Antigua, 2009 <i>Experience in Field of Medicine since 2009</i>
Mitesh B. Patel, MD Assistant Professor, Surgery Inpatient Privileges: Victor Valley Global Medical Center	MD, American University of Caribbean, Coral Gables, FL 2013 <i>Experience in Field of Medicine since 2013</i>
Desert Valley Hospital (Victorville, CA)	
Rabe Elias Alhurani, MD, MSc Assistant Professor, Internal Medicine	MD, University of Jordan, Amman, Jordan 2005 <i>Experience in Field of Medicine/Education since 2005</i>
Charbel Aoun, MD Assistant Professor, Internal Medicine	MD, Universita Degli Studi, Chieti, Italy, 1991 <i>Experience in Field of Medicine/Education since 1991</i>
Mehwish Aslam, MD, FAAP Assistant Professor, Pediatrics	MD, King Edwards Medical University, Lahore, Pakistan 2007 <i>Experience in Field of Medicine/Education since 2007</i>
Siva Arunasalem, MD Associate Professor, 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>
Daniela Bello, MD Assistant Professor, Pediatrics	MD, Universidad Central de Venezuela "Luis Razetti" Caracas, Venezuela 2010 <i>Experience in Field of Medicine/Education since 2010</i>
Swati Baveja, MD Assistant Professor, Internal Medicine	MBBS, Terna Medical College, Mumbai, India 2006 <i>Experience in Field of Medicine since 2006</i>
Josephine Corona, MD Assistant Professor, Family Medicine	MD, Ross University, Miramar, Florida 2016 BSc, University of California, Riverside, CA 2011 <i>Experience in Field of Medicine since 2016</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, CA 1972 <i>Experience in Field of Medicine/Education since 1977</i>

Elizabeth Hall, MD Assistant Professor, Emergency Medicine	MD, Wright University, Boonshoft School of Medicine, Dayton, OH 2012 <i>Experience in Field of Medicine/Education since 2012</i>
Quoc Hoa Hoang, PharmD Assistant Professor, Pharmacology	PharmD, University of Southern California School of Pharmacy, Los Angeles, CA 2004 BSc, University of California, Irvine, CA 1999 <i>Experience in Field of Medicine/Education since 2004</i>
Chirag Mehta, MD Assistant Professor, Internal Medicine	MD, Jefferson Medical College, Philadelphia, PA 2008 <i>Experience in Field of Medicine since 2008</i>
Victor Moneke, DO Assistant Professor of Clinical Obstetrics/Gynecology	MD, 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>
Vir Nanda, MD Assistant Professor, Internal Medicine	MBBS, Government Medical College, Punjab, India 1976 <i>Experience in Field of Medicine/Education since 1976</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>
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>
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>
Asha Ravikumar, MD Assistant Professor	MD, Northwestern University, Feinburg School of Medicine, Chicago, Illinois 2004 <i>Experience in Field of Medicine/Education since 2004</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>
Akhil Sharma, MD Assistant Professor, Pediatrics	MBBS, APS University, Rewa, India 1986 <i>Experience in Field of Medicine since 1986</i>
Imran Siddiqui, MD Assistant Professor, Internal Medicine	MD, American University of Antiqua, College of Medicine, West Indies 2014 BS, American International College of Arts & Sciences, West Indies 2010 <i>Experience in Field of Medicine/Education since 2018</i>
Pooja Tanjavour, MD Assistant Professor, Internal Medicine	MD, Narayana Medical College, Nellore, India 2010 <i>Experience in Field of Medicine since 2010</i>
Jose Velasquez, MD Assistant Professor	MD, Universidad CES Escuela de Medicina, Columbia 2012 <i>Experience in Field of Medicine since 2012</i>

Stanley M. Walker, MD Associate Professor	MD, University of Barcelona Medical School, Spain 1974 <i>Experience in Field of Medicine/Education since 1974</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>
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>

Doc1 Health

Fabio Macciardi, MD, PhD Professor, Psychiatry,	PhD, University of Catania, Italy 1987 MD, University of Milan, Italy 1982 <i>Experience in Field of Medicine since 1982</i>
Stephen McColgan, MD, MBA Assistant Professor, Surgery	MD, Boston University School of Medicine, Boston, MA 1982 MBA, University of California, Irvine, CA 1999 <i>Experience in Field of Medicine since 1982</i>
Gerald Maguire, MD, Professor, Psychiatry	MD, University of California-Davis, California 1991 BS, Saint Louis University, St. Louis, Missouri 1987 <i>Experience in Field of Medicine since 1991</i>

Emanate Health (West Covina, CA)

Cynthia Chen-Joea, DO, MPH, CPH Assistant Professor, Family Medicine Inpatient Privileges: Queen of the Valley Hospital	DO, Western University of Health Science, School of Osteopathic Medicine, Pomona, CA 2016 MPH, CPH, Drexel University College of Medicine, Philadelphia, PA 2012 <i>Experience in Field of Medicine/Education since 2016</i>
Diana Jochai, PhD Assistant Professor, Behavioral Medicine Inpatient Privileges: Queen of the Valley Hospital	PhD, Loma Linda University, Loma Linda, CA 2010 <i>Experience in Field of Medicine/Education since 2010</i>
Julie Navarro, DO Assistant Professor, Family Medicine Inpatient Privileges: Queen of the Valley Hospital	DO, Western University of Health Science, School of Osteopathic Medicine, Pomona, CA 2016 <i>Experience in Field of Medicine/Education since 2016</i>
Harnek Singh, MD Assistant Professor, Family Medicine Inpatient Privileges: Queen of the Valley Hospital	MD, Ross University School of Medicine, Dominica 2018 BS, University of California Los Angeles, CA 2012 <i>Experience in Field of Medicine/Education since 2018</i>
Maili Velez-Dalla Tor, MD Assistant Professor, Family Medicine Inpatient Privileges: Queen of the Valley Hospital	MD, UCLA Geffen School of Medicine, Los Angeles, CA 1998 <i>Experience in Field of Medicine/Education since 1998</i>

John Quimas, DO

Assistant Professor, Family Medicine
**Inpatient Privileges: Queen of the Valley
Hospital**

DO, Western University of Health Science, School of Osteopathic
Medicine, Pomona, CA 201y
Experience in Field of Medicine/Education since 2017

Mohammed Zaveri, MD

Assistant Professor Family Medicine,
Geriatrics
**Inpatient Privileges: Queen of the Valley
Hospital**

MBBS, Baqai Medical College, Karachi, Pakistan 2012
Experience in Field of Medicine/Education since 2012

Holy Cross Medical Center (Mission Hills, CA)

Erika Abraham, MD

Assistant Professor, Internal Medicine

MD, University of Connecticut-School of Medicine, Farmington, CT 2009
BS, University of Connecticut, Storrs, CT 2005
Experience in Field of Medicine/Education since 2009

Inland Empire Woman's Health Center (San Bernardino, CA)

Joe Mawad, MD

Assistant Professor, Obstetrics and
Gynecology

MD, St. George's University, Grenada, West Indies 2005
BSc, American University of Beirut, Beirut, Lebanon 1999
Experience in Field of Medicine since 2005

Alicia Skibar, DNP

Assistant Professor, Obstetrics and
Gynecology

DNP, California State University-Fullerton, CA 2014
Experience in Field of Medicine since 2014

Inland Psychiatric Medical Group (Redlands/Inland Empire)

Gayani DeSilva, MD

Assistant Professor, Psychiatry

MD, Albany Medical College, Albany, NY 1998
Experience in Field of Medicine/Education since 1998

Jagan Jakkula, MD

Assistant Professor, Psychiatry

MBBS, Kakatiya Medical College, Univ. of Health Sciences, India 2002
Experience in Field of Medicine since 2002

Neelima Kunam, MD

Assistant Professor, Psychiatry

MD, Sri Ramachandra Medical College & Research Institute, Chennai,
India 2013
Experience in Field of Medicine since 2013

Nandita Puchakayla, MD

Assistant Professor, Psychiatry

MD, Narayana Medical College, Nellore, India 2010
Experience in Field of Medicine since 2010

Inland Valley Medical Center (Colton, CA)

Norman Orr, DO

Assistant Professor, Internal Medicine
Inpatient Privileges: UHS

DO, Western University of Health Sciences, College of Osteopathic
Medicine, Pomona, California 2012
BSc, University of California, San Diego, La Jolla, California 2006
Experience in Field of Medicine/Education since 2012

Island Dermatology, Inc. (Newport Beach)

Navid Nami, DO
Assistant Professor, Dermatology

DO, Western University of Health Science, School of Osteopathic
Medicine, Pomona, CA 1999
Experience in Field of Medicine since 1999

Montclair Hospital (Montclair, CA)

John Morrison, MD
Assistant Professor, Emergency Medicine

MD, St. George University, School of Medicine, Grenada, West Indies
2010
BS, University of California-San Diego, CA 2004
Experience in Field of Medicine/Education since 2010

Anthony Oh, MD, FACS
Assistant Professor, Surgery

MD, University of California-Los Angeles, CA 1996
BS, University of California-Riverside, CA 1993
Experience in Field of Medicine/Education since 1996

Oroville Hospital (Oroville, CA)

Lynne Pappas, MD
Assistant Professor, Psychiatry

MD, University of California-San Diego, CA 1987
Experience in Field of Medicine since 1987

Pomona Valley Hospital (Pomona, CA)

Chau Y. Van, MD
Assistant Professor, Pediatrics

MD, Loma Linda University School of Medicine, Loma Linda,
CA 2013
BS, University of California-Irvine, CA 2009
Experience in Field of Medicine since 2013

Patton State Hospital (Patton-San Bernardino County, CA)

Tamseela Awan, MD
Assistant Professor, Internal Medicine

MBBS/MD, University of the Punjab, Rawalpindi Medical College,
Rawalpindi, India 1990
Experience in Field of Medicine/Education since 1990

Aya Eguchi, MD
Assistant Professor, Internal Medicine

MD, Loma Linda School of Medicine, Loma Linda, CA 2007
Experience in Field of Medicine/Education since 2007

Woldemariam Gebreselassie, MD
Assistant Professor, Internal Medicine

MD, Semmelweis University of Medicine, Budapest, Hungary 1981
Experience in Field of Medicine/Education since 1981

Lien T. Pham, MD
Assistant Professor, Family Medicine

MD, University of Saigon, Vietnam 1978
Experience in Field of Medicine/Education since 1978

Deepti Saxena, MD
Assistant Professor, Family Medicine

MD, University of Minnesota, St. Paul, MN 2002
Experience in Field of Medicine/Education since 2002

Private Practices

Akhil Sharma, MD

Assistant Professor, Pediatrics
(Inpatient Privileges: Desert Valley Hospital)

MBBS, APS University, Rewa, India 1986
Experience in Field of Medicine since 1986

Ali Reza Tajik, MD, Inc.

Anaheim, CA
Assistant Professor, Family Medicine

MD, Shiraz University of Medical Sciences, Shiraz, Iran 1991
Experience in Field of Medicine/Education since 1991

Anthony C. Oh, MD, FACS

Montclair, CA
Assistant Professor, Surgery
Privileges at Montclair Hospital and all other Prime Health hospitals; Kindred Hospitals; Casa Colina; Emanate Health

MD, University of California-Los Angeles, CA 1996
BS, University of California-Riverside, CA 1993
Experience in Field of Medicine/Education since 1996

Bikramjit S. Ahluwalia, MD, Inc.

Apple Valley, CA
Assistant Professor, Internal Medicine

MD, Saba University School of Medicine, Saba, Netherlands Antilles 2002
Experience in Field of Medicine since 2002

Bridget R. Briggs, MD, Inc.

Murietta, CA
Assistant Professor, Family Medicine

MD, University of California, San Diego, CA 1997
BSc, University of California, Los Angeles 1992
Experience in Field of Medicine since 1997

California Kidney Specialists

San Dimas, CA
Eduardo Nam, MD
Assistant Professor, Nephrology

MD Loma Linda School of Medicine, Loma Linda, CA 2002
BS, Vanderbilt, Nashville, TN 1996
Experience in Field of Medicine since 2002

Cajon Medical Group

Redlands, CA
Balu Gadhe, MD
Assistant Professor, Internal Medicine

MD, Baroda Medical College, Baroda, India 1988
Experience in Field of Medicine/Education since 1988

Chino Hills Family Practice

Chino, CA
Ofelia Narvasa, MD
Assistant Professor, Family Medicine

MD, University of Santo Tomas, Manila, Philippines 1990
Experience in Field of Medicine/Education since 1990

Eric Hanson, MD, Family Practice

Hesperia, CA
Eric Hanson, MD
Assistant Professor, Family Medicine

DO, Western University College of Osteopathic Medicine, Pomona, CA 1999
BSc, California State University-San Bernardino, CA 1993
Experience in Field of Medicine since 1999

The Gastro Group

Desert Valley, CA
Arnab Biswas, DO
Assistant Professor, Internal Medicine

DO, Des Moines University College of Osteopathic Medicine, Iowa 2002
BS, University of California, Los Angeles, CA 1997
Experience in Field of Medicine/Education since 2002

Gemini Plastic Surgery

Rancho Cucamonga, CA
Della C. Bennett, MD
Associate Professor, Plastic Surgery

MD, Penn State College of Medicine, Hershey, PA 2000
Experience in Field of Medicine/Education since 2016

High Desert Institute of Ophthalmology Victorville, CA Gurdeep Jhaj, MD Assistant Professor	MD, SUNY Upstate Medical University Medical College, Syracuse, NY 2015 <i>Experience in Field of Medicine/Education since 2015</i>
Inland Pediatrics, Inc. Riverside, CA Alma Salazar, MD Assistant Professor	MD, University of California-Los Angeles, CA 1996 BS, Mount St. Mary's University, Los Angeles, CA 1992 <i>Experience in Field of Medicine/Education since 1996</i>
Interim Psychiatric Care Rancho Cucamonga, CA Bhupinder Nakai, MD Assistant Professor	Government Medical College ,Punjabi University, Patiala, India 1979 <i>Experience in Field of Medicine since 1979</i>
Kidstrong Medical Group Fullerton, CA Gunjeet Kala Ahluwalia, MD Assistant Professor	MD, St. George's School of Medicine, Grenada, West Indies 2004 BSc (Hons), University of Toronto, Toronto, Ontario, Canada 1999 <i>Experience in Field of Medicine/Education since 2004</i>
Nance Yuan, MD Inc. Glendale, CA Assistant Professor, Plastic Surgery	MD, Johns Hopkins University School of Medicine, Baltimore, MD 2013 <i>Experience in Field of Medicine/Education since 2013</i>
Krishna Narayanan, MD, FACS Montebello, CA Assistant Professor, General Surgery	MBBS, University of Madras, South India 1979 <i>Experience in Field of Medicine/Education since 1979</i>
Melanie Arora, MD, Inc. Assistant Professor, Obstetrics & Gynecology (Victorville) Inpatient Privileges: Victor Valley Global Medical Center	MD, University of Missouri, Kansas City School of Medicine, Kansas City, MO 2010 <i>Experience in Field of Medicine since 2010</i>
Palm Desert Urgent Care, Inc, Palm Desert, CA Asma M. Kazi, MD, Inc. Assistant Professor, Internal Medicine	MBBS/MD, Baqui Medical & Dental College, Karachi, Pakistan 1995/2010 <i>Experience in Field of Medicine/Education since 1995</i>
Physicians' Surgery Center Samir Nayyar, MD Assistant Professor, Orthopedics	MD, University of Buffalo, Buffalo, New York 2010 BSc, University of Buffalo, Buffalo, New York 2006 <i>Experience in Field of Medicine since 2010</i>
Raincross Womens Medical Group Riverside, CA Leila Magistrado, MD Assistant Professor Obstetrics and Gynecology	MD, University of California Riverside, School of Medicine 2017 BSC, University of California Riverside, CA 2013 <i>Experience in Field of Medicine since 2017</i>
Southern California Physicians Group, La Palma, CA Thy Dan Vo-Tsai, DO Assistant Professor, Family Medicine	DO, Touro University of Nevada, College of Medicine, Henderson, NV 2019 BS, University of California, San Diego, CA 2012 <i>Experience in Field of Medicine/Education since 2019</i>

Tailored Family Health**Claremont, CA**

Brittany Wertz, DO
Assistant Professor, Plastic Surgery
Inpatient Privileges: Montclair Hospital
Medical Center

DO, Western University College of Osteopathic Medicine, Pomona,
CA 2016

MSc, University of California, San Diego, CA 2011
Experience in Field of Medicine/Education since 2011

United Care Family Medical Center**Alfred Lavi, DO**

Assistant Professor, Family Medicine

DO, Western University College of Osteopathic Medicine, Pomona,
CA 1999

Experience in Field of Medicine/Education since 1999

Valley Internal Physicians**Murrietta, CA**

Jason A. Black, MD
Assistant Professor, Internal Medicine

MD, University of Southern California, Keck School of Medicine, Los
Angeles, CA 1996

Experience in Field of Medicine/Education since 1996

Vijay Arora, MD, Inc.

Assistant Professor
Obstetrics & Gynecology
(Apple Valley)
Inpatient Privileges: Victor Valley Global
Medical Center

MD, All India Institute of Medical Science, New Delhi, India 1978

Experience in Field of Medicine since 1978

Riverside Community Hospital (Riverside, CA) (HCA) OBGYN Residency Only

Simon Chi, DO

Assistant Professor, Emergency
Medicine

MD, Western University College of Osteopathic Medicine, Pomona,
CA 2012

Experience in Field of Medicine/Education since 2012

Leila Magistrado, MD

Assistant Professor,
Obstetrics and Gynecology

MD, University of California Riverside, School of Medicine 2017

BSc, University of California Riverside, CA 2013

Experience in Field of Medicine since 2017

St. Bernardine Hospital (San Bernardino, CA)

Ali Alktaifi, MD

Assistant Professor, Internal Medicine

MD, University of Al-Mustansiriyah/College of Medicine, Baghdad, Iraq
2005

Experience in Field of Medicine since 2005

Jared Dang, DO

Assistant Professor, Internal Medicine

DO, Lake Erie College of Osteopathic Medicine, Erie, PA 2015

MS, Western University of Health Sciences, Pomona, CA 2008

BSc, University of California Santa Barbara, CA 2001

Experience in Field of Medicine since 2004

Justin Fu, MD

Assistant Professor, Internal Medicine

MD, Tufts University, Boston, MA, 2004

MBA, Tufts University, Boston, MA 2004

BA, University of California-Berkeley, CA 1998

Experience in Field of Medicine/Education since 2004

Abdullah Ghoury, MD

Assistant Professor, Internal Medicine

MBBS, Karachi Medical and Dental College, Karachi, Pakistan 1999

Experience in Field of Medicine since 1999

Alaa Hajal, MD

Assistant Professor, Internal Medicine

MD, Ascension St. John's Hospital, Detroit, MI 2020

Experience in Field of Medicine since 2020

Ala Hamidi, MD Assistant Professor, Family Medicine	MD, Our Lady of Fatima College of Medicine, Valenzuela, Philippines 2009 <i>Experience in Field of Medicine since 2009</i>
Sam Hessami, MD Associate Professor, Obstetrics/Gynecology	MD, New York Medical College, Valhalla, NY 1992 MHA, Ohio University, Athens, OH 2019 <i>Experience in Field of Medicine since 1993</i>
Mohammad Kurani, MD Assistant Professor, Internal Medicine	MD, Beirut Arab University, Beirut, Lebanon 2001 <i>Experience in Field of Medicine/Education since 2001</i>
Ala Mansour Masri, MD Assistant Professor, Internal Medicine	MD, Pennsylvania State University College of Medicine, Hershey, PA 2013 BS, California State University, Los Angeles, CA 2009 <i>Experience in Field of Medicine since 2013</i>
Saliar Rustem, MD Assistant Professor, Internal Medicine	MD, Mosul University, Iraq 1985 <i>Experience in Field of Medicine/Education since 1985</i>
Talal Samaan, MD Assistant Professor, Internal Medicine	MD, Al-Baath University School of Medicine, Syria 2007 <i>Experience in Field of Medicine/Education since 2007</i>
Sonia Shoukat, MD Assistant Professor, Internal Medicine	MD, King Edward Medical University, Lahore, Pakistan 2012 BSc, Punjab University, Lahore, Pakistan 2010 <i>Experience in Field of Medicine/Education since 2012</i>
Sharon Simons, MD Assistant Professor, Family Medicine	MD, Creighton University Medical Center, Omaha, Nebraska, 2014 <i>Experience in Field of Medicine since 2014</i>
Siva Sivapalan, MD Assistant Professor, Internal Medicine	MBBS, University of Jaffna, Sri Lanka, 1989 <i>Experience in Field of Medicine since 1989</i>
Estavan Torrez, MD Assistant Professor, Internal Medicine	MD, San Juan Batista School of Medicine, Caguas, Puerto Rico 2016 BS, University of California-Irvine, Irvine, CA 2011 <i>Experience in Field of Medicine since 2016</i>
Fnu Versha, MD Assistant Professor, Internal Medicine	MBBS, Chandka Medical College, Larkana, Pakistan 2011 <i>Experience in Field of Medicine since 2011</i>
Min Zhang, MD Assistant Professor, Internal Medicine	MD, Tianjin Medical University, Tianjin, China 1994 <i>Experience in Field of Medicine since 1994</i>

St. Francis Medical Center (Lynnwood, CA)

Jorge F. Carreon, MD Assistant Professor Obstetrics and Gynecology	MD, University of St. Augustine, Arequipa, Peru 1971 <i>Experience in Field of Medicine/Education since 2971</i>
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St. Mary Medical Center (Apple Valley, CA)

Charlie Abraham, MD, MBA, CHCWM, FACP Assistant Professor of Clinical Psychiatry	MD, University of Damascus, Syria 2001 MBA, Raj Sooin School of Business, Dayton, OH 2012 <i>Experience in Field of Medicine/Education since 2001</i>
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San Bernardino County Department of Behavioral Health (San Bernardino, CA)

<p>Tagbo Arene, MD, MPH Assistant Professor of Clinical Psychiatry</p>	<p>MD, University of Port Harcourt, Teaching Hospital, Nigeria 2005 MPH, California State University Northridge California, 2009 <i>Experience in Field of Medicine/Education since 2013</i></p>
<p>David Block, MD, MMM Assistant Professor of Clinical Psychiatry</p>	<p>MD, Jacobs School of Medicine and Biomedical Sciences, University at Buffalo 2004 MMM, University of Southern California 2016 <i>Experience in Field of Medicine/Education since 2004</i></p>
<p>Patricia Calimlim, MD Assistant Professor, Psychiatry</p>	<p>MD, St. George's University, School of Medicine, Grenada, West Indies 2015 BSc, University of California-Los Angeles, CA 2006 <i>Experience in Field of Medicine/Education since 2015</i></p>
<p>Sarah Chung, MD Assistant Professor, Psychiatry</p>	<p>MD, Loma Linda University School of Medicine, CA 2014 BS, University of California, Irvine, CA 2008 <i>Experience in Field of Medicine/Education since 2014</i></p>
<p>Hanu Damerla, MD Assistant Professor of Clinical Psychiatry</p>	<p>MD, Gandhi Medical College, Hyderabad, India, 1992 <i>Experience in Field of Medicine/Education since 1993</i></p>
<p>Jacquelyn Dang, DO Assistant Professor, Psychiatry</p>	<p>DO, Touro University Nevada College of Osteopathic Medicine, Henderson, NV 2016 BSc, University of California, Los Angeles, CA 2010 <i>Experience in Field of Medicine since 2015</i></p>
<p>Ambarin Faizi, DO Assistant Professor, Psychiatry</p>	<p>DO, Lake Erie College of Osteopathic Medicine, Erie, PA 2015 BSc, University of California, Riverside, CA 2004 <i>Experience in Field of Medicine since 2015</i></p>
<p>Christopher Foglesong, MD, MS Assistant Professor</p>	<p>MD, University of California, Irvine, Irvine, California, 2014 MS, Harvard University, Cambridge Massachusetts 2005 BSC, Loyola Marymount University, Los Angeles, CA 2003 <i>Experience in Field of Medicine/Education since 2014</i></p>
<p>Teresa Frausto, MD Assistant Professor of Clinical Psychiatry</p>	<p>MD, University of Illinois College of Medicine, Chicago, Illinois, 1991 <i>Experience in Field of Medicine/Education since 1991</i></p>
<p>Nerissa Galang-Feather, MD Assistant Professor of Clinical Psychiatry</p>	<p>MD, University of Philippines College of Medicine, Manila, Philippines, 1981 <i>Experience in Field of Medicine/Education since 1982</i></p>
<p>Sandeep Gill, MD Instructor of Clinical Psychiatry</p>	<p>MD, MD, American University of the Caribbean School of Medicine, St. Maarten, Netherlands Antilles 2012 <i>Experience in Field of Medicine/Education since 2014</i></p>
<p>Erik Johnson, DO, MPH Instructor of Clinical Psychiatry</p>	<p>DO, Touro University, College of Osteopathic Medicine Vallejo, CA 2014 MPH, Touro University, College of Osteopathic Medicine Vallejo, CA 2014 <i>Experience in Field of Medicine/Education since 2014</i></p>
<p>Marilyn Kimura, MD Assistant Professor, Psychiatry</p>	<p>MD, Loma Linda University School of Medicine, Loma Linda, CA 1991 <i>Experience in Field of Medicine since 1998</i></p>

David Ly, DO Assistant Professor, Psychiatry	DO, Touro University, Henderson, Nevada 2015 BS, University of California-Riverside, Riverside, CA 2011 <i>Experience in Field of Medicine/Education since 2015</i>
Starla N. Lyles-McKelvy, DO Assistant Professor, Psychiatry	DO, Ohio State University of Osteopathic Medicine, Athens, OH 2011 <i>Experience in Field of Medicine since 2011</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>
Krishna Murthy, MD Assistant Professor of Clinical Psychiatry	MD Bangalore Medical College, Bangalore University India 1970 <i>Experience in Field of Medicine/Education since 1984</i>
Than Myint, MD Assistant Professor of Clinical Psychiatry	MD, New York Medical College 1999 <i>Experience in Field of Medicine/Education since 1999</i>
Jared Nelson, DO Assistant Professor of Clinical Psychiatry	DO, Touro University College of Osteopathic Medicine, New York City, New York, 2010 BS, Brigham Young University, Provo, Utah, 2004 <i>Experience in Field of Medicine/Education since 2011</i>
Thuy Huynh Nguyen MD Assistant Professor of Clinical Psychiatry	MD, American University of the Caribbean School of Medicine, Montserrat 1991 BS University of California, Irvine, Irvine, California 1987 <i>Experience in Field of Medicine/Education since 1996</i>
Albert Nguyen, DO Instructor of Clinical Psychiatry	DO, Touro University, College of Osteopathic Medicine Vallejo, CA 2014 BS, UCLA 2008 <i>Experience in Field of Medicine/Education since 2014</i>
Keith Noonan, DO Instructor of Clinical Psychiatry	DO, Western University, College of Osteopathic Medicine of the Pacific, Pomona, California, 2013 <i>Experience in Field of Medicine/Education since 2013</i>
David Osuna, MD Instructor of Clinical Psychiatry	MD, Ohio State University, Columbus Ohio, 2011 <i>Experience in Field of Medicine/Education since 2011</i>
Rishi Parikh, MD, MPH Assistant Professor of Clinical Psychiatry	MD, Ross University School of Medicine, North Brunswick, New Jersey, 2011 MPH, Benedictine University, Lisle Illinois 2012 <i>Experience in Field of Medicine/Education since 2012</i>
Ravi Patel, MD Assistant Professor, Psychaitry	MD, Government Medical College, Bhavnagar, Gujarat, India 2005 <i>Experience in Field of Medicine/Education since 2016</i>
Mohsin Rajani, DO Assistant Professor, Psychiatry	DO, Touro University Nevada School of Medicine, Henderson, NV 2018 BSc, University of California Irvine, CA 2008 <i>Experience in Field of Medicine since 2018</i>

Sachin Relia, MD Assistant Professor, Psychiatry	MD, Kasturba Medical College, India 2001 <i>Experience in Field of Medicine/Education since 2001</i>
Christopher Schreur, MD Assistant Professor of Clinical Psychiatry	MD, Loma Linda University School of Medicine, Loma Linda, CA, 2008 BA, Dordt College, Sioux Center, Iowa, 2003 <i>Experience in Field of Medicine/Education since 2008</i>
Nader Shakir, DO Assistant Professor	DO, Lake Erie College of Osteopathic Medicine, Erie, PA 2017 BSc, Carnegie Mello university, Pittsburgh, PA 2009 <i>Experience in Field of Medicine/Education since 2017</i>
Quy Van Tran, MD Assistant Professor of Clinical Psychiatry	MD, Hue Medical School, University of Hue, Vietnam, 1979 Premedical Studies, Faculty of Sciences, University of Hue, Vietnam, 1973 <i>Experience in Field of Medicine/Education since 1979</i>
Jeremiah Umakanthan, MD Assistant Professor, Psychiatry	MBBS, University of Sri Lanka, Sri Lanka 1967 <i>Experience in Field of Medicine 1967</i>
Sushma Wali, MD Instructor, Psychiatry	MD, Mulana Azad Medical College, New Delhi, India 1970 <i>Experience in Field of Medicine/Education since 1970</i>
Dawei Wang, DO Assistant Professor, Psychiatry	DO, Midwestern University, Glendale, AZ 2015 MS, Midwestern University, Glendale, AZ 2011 BS, State University of New York, Stonybrook, NY 2009 <i>Experience in Field of Medicine since 2015</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>
Brent Willard, MD Instructor of Clinical Psychiatry	MD, Loma Linda University School of Medicine, Loma Linda, California, 2014 BS Southern Adventist University Collegedale TN 2009 <i>Experience in Field of Medicine/Education since 2014</i>

Sansum Clinic (Santa Barbara, CA)

Nicole G. Stern, MD, FACP Assistant Professor, Internal Medicine	MD, University of Arizona, College of Medicine, Tucson, AZ 1998 <i>Experience in Field of Medicine/Education since 1998</i>
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Shasta Regional Medical Center (Redding, CA)

Saeid Ahmadpour, MD Assistant Professor, Internal Medicine	MD, University of Umea, Umea, Sweden 1990 <i>Experience in Field of Medicine/Education since 1990</i>
Than T. Aung, MD Assistant Professor, Internal Medicine	MD, Institute of Medicine, Rangoon, Burma 1986 <i>Experience in Field of Medicine/Education since 1986</i>
Amit Bawa, MD Assistant Professor, Internal Medicine	MD, Punjab University, Government Medical College, Patiala, India 1990 <i>Experience in Field of medicine/Education sine 1990</i>

Arvind Behl, MD Assistant Professor, Internal Medicine	MD, Punjab University, Government Medical College, Patiala, India 1990 <i>Experience in Field of Medicine/Education since 1990</i>
Matthew Herring, MD Assistant Professor, Internal Medicine	MD, University of Colorado, Aurora, Colorado 2013 <i>Experience in Field of Medicine/Education since 2013</i>
Renu Magu, MD Assistant Professor, Internal Medicine	MD, Maulana Azad Medical College, New Delhi, India 2007 <i>Experience in Field of Medicine/Education since 2007</i>
Richard Martinez, MD Assistant Professor, Family Medicine	MD, University of California, Irvine, CA 1986 <i>Experience in Field of Medicine/Education since 1986</i>

Talia Medical Group (Temecula, CA)

Michael Basch, MD Assistant Professor, Internal Medicine	MD, Saint George's University School of Medicine, Granada, West Indies 1994 <i>Experience in Field of Medicine/Education since 1994</i>
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West Anaheim Medical Center (Orange, CA)

Reza Talebi Dolouei, MD Assistant Professor, Family Medicine	MD, Mashhad University of Medical Sciences, Mashhad, Iran, 2008 <i>Experience in Field of Medicine/Education since 2008</i>
Asaad Hakim, MD Assistant 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>
Asha Ravikumar, MD Assistant Professor, Internal Medicine	MD, Northwestern University, Feinberg School of Medicine, Chicago, IL 2004 <i>Experience in Field of Medicine/Education since 2004</i>
Joshua Peloquin, DO Assistant Professor, Internal Medicine	DO, Midwestern University, Arizona College of Osteopathic Medicine, Glendale, AZ 2015 BA, University of Iowa, Iowa City, IA 2008 <i>Experience in Field of Medicine since 2015</i>
Fred Shalom, MD Assistant Professor, Surgery	MD, University of Tehran Faculty of Medicine, Tehran, Iran 1976 <i>Experience in Field of Medicine since 2015</i>
Fariborz Shams, DO Assistant Professor, Internal Medicine	DO, University of Health Sciences, Clovis, CA 1991 <i>Experience in Field of Medicine since 1991</i>

MBS Program Faculty

Vanessa Orozco, PhD Director, MBS Program Assistant Professor of Medical Education, Molecular Biology, Neuroscience	PhD, Neuroscience, University of Vermont, Burlington, Vermont, 2015 BS, Biology, University of California Riverside, Riverside, 2006 <i>Experience in Field of Medicine/Education since 2015</i>
Linda Connelly, PhD Professor of Medical Education, Pharmacology	PhD, Wolfson Institute of Biomedical Research, University College, London UK 2002 BSc, University of Glasgow, UK, 1998 <i>Experience in Field of Medicine/Education since 2002</i>
Rajunor Ettarh, MD, PhD, FRSM, FAS Professor of Medical Education, Anatomy	PhD Queen's University, Belfast, 1995 MD, University of Calabar, Nigeria, 1985 <i>Experience in Field of Education since 1989</i>
Deborah Farber, MLIS, AHIP Instructor, Ethics in Healthcare	MLIS, San Jose State University, San Jose, CA 2005 <i>Experience in Field of Education since 2016</i>
Sherif Hassan, MD, PhD Professor of Medical Education, Anatomy, Neuroanatomy	PhD Basic Medical Science, Cairo University, Egypt, 2004 MB BCH (MD Equivalent), Cairo University, Egypt, 1990 MSc Basic Medical Science, Cairo University, Egypt, 2000 MSc Clinical Pathology, Cairo University, Egypt, 1995 <i>Experience in Field of Medicine/Education since 1993</i>
Jun Ling, PhD Professor of Medical Education, Biochemistry, Immunology	PhD, Shanghai Institute of Biochemistry and Cell Biology, Chinese Academy of Sciences 1994 MSc Shanghai Institute of Plant physiology and Ecology, Chinese Academy of Sciences 1988 BSc, Anhui Normal University, China 1985 <i>Experience in Field of Medicine/Education since 1994</i>
Shabana Masood, MPH, MS Instructor of Medical Education, Biostatistics and Epidemiology	MPH, Claremont Graduate University, Claremont CA 2017 MS The Citadel, Charleston, SC 2013 <i>Experience in Field of Medicine/Education since 2019</i>
Fauzia Nausheen, MBBS, FCPS, MSc, RDMS Professor of Medical Education, Anatomy	MBBS, Punjab University, Pakistan 1988 MSc, Clinical Anatomy, University of Western Ontario, Canada 2007 <i>Experience in Field of Medicine/Education since 1996</i>
Maiyon Park, PhD, MS Associate Professor of Medical Education, Physiology	PhD, Biological Science, University of Michigan, Ann Arbor, MI 1998 MS, Biological Science, University of Michigan, Ann Arbor, MI 1994 MS, Pharmacy, Chung-Ang University, Seoul, Korea, 1987 BS, Pharmacy, Sahmyook University, Seoul, Korea, 1985 <i>Experience in Field of Medicine/Education since 1992</i>
Frank Scali, MD, DC Assistant Professor of Medical Education, Anatomy	MD, American University of the Caribbean 2016 DC, Logan University, Missouri 2009 <i>Experience in Field of Medicine/Education since 2009</i>
Ou Zhang, PhD, MBBS Assistant Professor of Medical Education, Microbiology and Immunology	PhD, Texas Tech University, Lubbock TX 2011 MBBS, Central South University, Changsha China, 2006 <i>Experience in Field of Medicine/Education since 2006</i>

