



# Western University

OF HEALTH SCIENCES

*The discipline of learning.  
The art of caring.*

2003-2004 Catalog

Western University of Health Sciences (Western University) is an independent, non-profit academic health center, incorporated in the State of California, and dedicated to educating health care professionals qualified to provide comprehensive health care to the family.

#### Accreditation(s)

Western University of Health Sciences is accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges (WASC, 895 Atlantic Avenue, Suite 100, Alameda, California, 94501, phone number: 510-748-9001), a regional accrediting body recognized by the Council on Higher Education Accreditation and the U.S. Department of Education.

Professional accreditations for each academic program are indicated in the appropriate section of this catalog.

#### Notice of Non-discrimination Policy

Western University of Health Sciences, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and Sections 102 and 302 of the Americans With Disabilities Act of 1990, does not discriminate on the basis of race, color, national origin, religion, handicap, or sexual orientation in any of its policies, procedures, or practices. In accordance with sex discrimination laws, the University forbids acts of sexual harassment. In compliance with the Age Discrimination in Employment Act of 1967, Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, and Section 12940 of the State of California Government Code, the University does not discriminate against any employees or applicants for employment on the basis of their age, their ethnic origin, their marital status, their sexual orientation, or because they are disabled veterans or veterans of the Vietnam Era, or because of their medical condition (as defined in Section 12926 of the California Government Code); nor does the University discriminate on the basis of citizenship, within the limits imposed by law. This non-discrimination policy covers admission, access, and service in the University programs and activities and application for and treatment in University employment.

Pursuant to Executive Orders 11246 and 11375, as amended, Section 503 of the Rehabilitation Act of 1973, as amended, and Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, as amended, Western University of Health Sciences is an affirmative action and equal opportunity employer.

#### Access to Individuals with Disabilities

It is the policy of Western University to provide qualified persons with disabilities with access to its programs and services, when viewed in their entirety, in the most integrated setting possible. Additional information will be provided upon request from the Student Affairs Office.

#### Please Note:

Text for the catalog was prepared as of March 2003. The information herein applies to the academic year 2003-2004 and is subject to change at the discretion of the University.

Visitors are always welcome at the University and campus tours are available. Visitor badges are required and can be obtained from the receptionist in the Administration Center.

Office of Admissions, Mondays, 8:30 am - 12 noon, Tuesdays-Fridays, 8:30 pm - 5 pm  
University Switchboard - (909) 623-6116.

Western University of Health Sciences Catalog Vol. 14, No. 1, Summer, 2003

## The President's Message

Attending an academic health center such as Western University of Health Sciences is not an automatic passport to becoming a good health professional. While a first-rate educational experience is essential, the making of a good health professional is also rooted in the nature and quality of the people involved.

There is visible and strong sense of community, of family, at Western University. We are proud of the fact that the institution is people-centered, that it seeks to develop in our students a blend between the technical and the human skills required of health care professionals. The content and substance of the curricula, as well as the instructional processes used to carry it out, reflect a humanistic approach to health care.

The University's educational programs provide training that presumes the faculty and the students are the masters and not the slaves to this institution. We believe, therefore, that it is imperative our students feel they have a place in the learning environment and that they are active rather than passive recipients of their education. Learning proceeds in ways directly related to the interests and needs of the students as well as to the demands of the health professions.

Here at Western University, a student can expect an education that will assist him or her to become a feeling, humane, sensitive and medically competent professional and not just a learned degree-holder. To that end, the University encourages a flexible and innovative "learning" environment instead of a rigid, closed "learned" one.

In a word, a student can expect the same treatment from Western University that a patient should look for from an able health professional. Thus, in the final analysis, what a student can expect from the University is measured by the success of our humanistic approach -one that requires an active partnership between you and us.

That is what goes into the education that takes place here and what Western University of Health Sciences is all about.

Sincerely,



Philip Pumerantz, PhD



## Table of Contents

iii	The President's Message		
iv	Table of Contents	90	Accreditation
1	Western University of Health Sciences	90	Mission Statement
4	Frequently Called Numbers	90	The Degree
5	Student Life: Campus Facilities and Services	90	Admission Policies and Procedures
9	Student Services	92	Registration
21	University Policies and Procedures	92	Tuition and Fees
28	General Academic Policies and Procedures	93	Academic Requirements
36	Tuition and Fees	97	Curriculum
38	Financial Aid	99	Course Descriptions
44	University Calendar	104	Honors and Awards
		104	Academic Calendar
		105	The Veterinarian's Oath
45	<b>College of Osteopathic Medicine of the Pacific</b>	106	<b>College of Allied Health Professions</b>
	<b>Doctor of Osteopathic Medicine Degree Program</b>	106	Mission
45	Accreditation	106	Goals
45	The Osteopathic Philosophy	107	<b>Master of Science in Health Sciences Program</b>
45	College Mission	107	The Department of Health Sciences
45	Personal Competencies for Admission and Matriculation	108	Personal Competencies for Admission and Matriculation
46	Admissions Policies and Procedures	109	Admissions Policies and Procedures
49	Registration	110	Registration Policies and Procedures
49	Tuition and Fees	111	Academic Requirements
50	Academic Requirements	114	Tuition and Fees
57	Curriculum	114	Program of Studies
60	Course Descriptions	114	Course Descriptions
67	Honors and Awards	117	Honors and Awards
68	Academic Calendar	118	Academic Calendar
70	Osteopathic Oath	119	<b>Doctor of Physical Therapy Degree Program</b>
71	<b>College of Pharmacy</b>	119	About the Doctor of Physical Therapy Program
	<b>Doctor of Pharmacy Degree Program</b>	119	Mission of the Program
71	Accreditation	119	Program Goals
71	About the Profession	119	Description of the DPT Program
71	The Degree	120	Personal Competencies for Admission and Matriculation
71	Career Opportunities	120	Admissions Policies and Procedures
72	The College of Pharmacy	122	Admissions Policies and Procedures – Advanced Standing
72	Academic Course Work	122	Registration
73	Admissions Policies and Procedures	123	Tuition and Fees
74	Tuition and Fees	124	Academic Requirements
75	Financial Assistance	124	Curriculum Organization
75	Academic Policies and Procedures	125	Description of the DPT Program for Students with Advanced Standing
81	Description of Blocks/Course Descriptions	125	Current MPT Students
88	Honors and Awards	133	Course Descriptions and Credit Hours
89	Academic Calendar	135	Honors and Awards
		137	Academic Calendar
90	<b>College of Veterinary Medicine</b>	138	
	<b>Doctor of Veterinary Medicine Degree Program</b>	145	
		146	

147	<b>Master of Science in Physician Assistant Studies</b>	177	Admission Policies
147	Accreditation	179	Registration
147	Vision Statement	180	Tuition and Fees
147	Mission Statement	181	Academic Policies and Procedures
147	The Physician Assistant Role	187	Course Descriptions
148	Program Goals	192	Curriculum (MSN/FNP)
150	Personal Competencies for Admission and Matriculation	193	Curriculum (FNP-only Track)
151	Admissions Policies and Procedures	193	Curriculum (MSN-only Track)
153	Tuition and Fees	194	Curriculum (APN to FNP Track)
153	Academic Requirements	194	Curriculum (MSN-Harbor/UCLA Track)
166	Curriculum Organization	195	Honors and Awards
167	Course Descriptions	196	Academic Calendar
171	Honors and Awards	197	Board of Trustees, Administration and Faculty
172	Academic Calendar	197	Board of Trustees
173	The Physician Assistant Oath	197	University and Academic Administration
174	<b>College of Graduate Nursing</b>	200	Faculty
	<b>Master of Science in Nursing/Family Nurse Practitioner Program</b>	207	Clinical and Adjunct Faculty
	<b>Post-Masters Family Nurse Practitioner Track</b>	237	University Map
	<b>Advanced Practice Nurse to Family Nurse Practitioner Track</b>		
	<b>Master of Science in Nursing Track</b>		
174	Accreditation		
174	Mission		
174	Philosophy		
175	Outcome Competencies for Graduates		
176	Curriculum		

# WESTERN UNIVERSITY OF HEALTH SCIENCES

## GENERAL INFORMATION

Western University of Health Sciences (Western University) is a non-profit, independent, academic health center, founded as the College of Osteopathic Medicine of the Pacific (COMP) in 1977. The founding mission of the institution was to educate primary care osteopathic physicians for the western United States. Over the past two decades, Western University has preserved and enhanced its mission, expanding it to include educational programs in the allied health professions, pharmacy, graduate nursing and veterinary medicine.

### INSTITUTIONAL MISSION

Western University is a graduate university of medical sciences that educates health professionals to practice and teach with excellence and compassion. Within a learner-centered environment, the University encourages lifelong learning, supports faculty and student scholarly activities, provides patient care in support of clinical training, and enhances the quality of life in the region through community service.

### VALUES

The people of Western University are dedicated to caring as they pursue their educational, scholarly, patient care, and public service activities. The University encourages the diversity and interdisciplinarity of its programs, students, faculty, staff, and administrators. The ideals of continuous quality improvement, lifelong learning, long-term planning, fiscal strength, adaptability, and agility in the rapidly changing worlds of health care and education are realized through innovation, teamwork, and collaboration within the University as well as with its network of academic health centers and community partners.

### VISION

To be *the* graduate university of medical sciences of choice in the western United States.

### GOALS

To provide top quality, learner-centered educational programs in selected graduate medical sciences to educate a health workforce that meets the needs of the State of California and the western United States.

To link educational, research and service activities and programs in a learner-centered environment through partnerships with academic health centers and other health and education related organizations to improve the quality of life of the surrounding communities.

To ensure top quality postgraduate education and training opportunities for graduates of its programs.

To be renowned for using the Internet to promote "e-effectiveness," "e-efficiency," and "e-learning."

To ensure organizational effectiveness and development.

### HISTORY

The founding institution, the College of Osteopathic Medicine of the Pacific (COMP), was established in 1977 as a direct and important response to a critical shortage of primary care physicians in the western United States. Philip Pumerantz, PhD, accepted the invitation of the college's board of directors to become the founding president in September of 1977. In January 1978, COMP received pre-accreditation status from the American Osteopathic Association. Provisional accreditation status was achieved in July of 1978 and full accreditation in February 1982.

COMP admitted its charter class of 36 students in 1978, and classes began on October 2. This occasion marked the successful culmination of efforts begun in 1974 by the State Society of Osteopathic Physicians and Surgeons of California "to seek the establishment of a college of osteopathic medicine in the State of California." The charter class was graduated on June 13, 1982.

In response to a nationwide demand for qualified clinical educators, COMP initiated a Master of Science in Health Professions Education degree program (known on campus as MSHPE) in September 1986. This program was housed within a newly created Graduate Division, and its charter class graduated in June 1987. The program has grown in subsequent years with an enrollment reflecting a wide spectrum of health professionals.

As a new decade began, COMP accepted its first class of physician assistant (PA) students who matriculated on February 2, 1990. With the addition of this program, the Graduate Division became the Division of Allied Health Professions, and subsequently, the School of Allied Health Professions. The start of the PA program signaled a new era in which COMP expanded its mission of educating family-oriented health care professionals for the western United States.

In response to a growing need for physical therapists in this country, a master's degree program in physical therapy (the MPT degree) was launched on January 6, 1992. Within the School of Allied Health Professions, COMP enrolled 49 students in the charter class and hired five faculty members for the program. The two-year, four-month MPT program educates physical therapists to function as generalists in the field who are also concerned about wellness, health promotion and a humanistic approach to the care of the whole patient.

In 1991 the institution achieved the status of an academic health center (ACH) due to its multi-faceted programs in medical and allied health education. The academic health center formed a partnership with San Bernardino County Medical Center, which moved to a state-of-the-art facility in Colton, California, and changed its name to the Arrowhead Regional Medical Center (ARMC) in the spring of 1999. The partnership, known as the Academic Center for Excellence in the Health Sciences (ACEHS), provides the University with a primary teaching hospital. ARMC sponsors the largest family practice residency training program in California and the second largest in the nation.

In August of 1996, in order to better reflect its stature, COMP was restructured into a university with a new name: Western University of Health Sciences. The College of Pharmacy also welcomed its charter class into the Doctor of Pharmacy (PharmD) program at that time. This program was the fourth college of pharmacy to be established in the State of California and prepares students in a humanistic, interdisciplinary tradition to become competent, qualified professionals. Graduates of Western University's College of Pharmacy complement other health care team members by offering their expertise in comprehensive drug therapy management.

In March of 1998 Western University created a College of Graduate Nursing in order to satisfy an increasing demand for advanced practice nurses. The College offers a Master of Science in Nursing (MSN) degree, a Family Nurse Practitioner (FNP) certificate program, and a joint MSN/FNP program for advanced practice nurses in a distance-learning format. The arrival of the World Wide Web as an electronic information management tool provides the university a unique opportunity to offer students individualized learning experiences that would be impossible through other media. Online discussion forums and e-mail also provide important lines of communication and support among distance learners, faculty, and other program personnel.

Western University founded the College of Veterinary Medicine-its fifth college-in August 1998. Shirley D. Johnston, DVM, PhD, was hired as the founding dean the following month. She is the first female dean of a veterinary college in the United States. Western University is committed to providing an AVMA-accredited educational program that will serve as a new paradigm in veterinary education. Western University's College of Veterinary Medicine will enroll its charter class of students in the fall of 2003.

The University also founded the Center for Disability Issues and the Health Professions in August 1998. Headed by Brenda Premo, MBA, the former director of the Department of Rehabilitation for the State of California under Governor Pete Wilson, the Center works to improve the capabilities of primary health care providers to meet the growing needs of people with disabilities.

In August 1999, the University changed its Primary Care Physician Assistant certificate program to the master's degree level, effective with the class entering in August 2000. Students who complete the two-year program will be awarded the Master of Science (MS) degree in Physician Assistant Studies. Current with this program change, the faculty developed an on-line Master of Science in Health Sciences degree program, designed for licensed physician assistants who possess a bachelor's degree and seek advanced education at the graduate level.

In 2001, the Department of Health Professions Education in the College of Allied Health Professions merged the MS in Health Professions Education with the MS in Health Sciences program. The Department was renamed the Department of Health Sciences to be consistent with this degree change.

In this, the 2003-2004 academic year, Western University enroll its charter students in the Doctor of Veterinary Medicine and in its Doctor of Physical Therapy programs. In addition, the College of Pharmacy will begin offering a MS in Pharmaceutical Sciences degree program this year. A new Veterinary Medicine Center will open in conjunction with the matriculation of the first class of veterinary medicine students in August, 2003.

#### **KEY FACTS ABOUT WESTERN UNIVERSITY**

- Students in all educational programs consistently score at the top on national boards and state licensure examinations.
- Graduates of COMP are sought by top residency programs nationally and many serve as chief residents in their chosen specialties.
- Total number of degrees awarded (1982 - 2002) is XXXX
- Enrollment 2002-2003 (as of Jan.. 15, 2003) was XXXX
- College of Osteopathic Medicine of the Pacific: 684
- College of Allied Health Professions: 312
  - Physical Therapy: 97
  - Health Professions Education: 17
  - Physician Assistant: 195
  - Health Sciences – LPAT: 1
- College of Pharmacy: 392
- Master of Science in Nursing/Family Nurse Practitioner: 38

#### **DIVERSITY STATEMENT**

The students, faculty, administration and staff of Western University of Health Sciences place great value on diversity. For us, it is a philosophy of inclusion, where pluralism and academic freedom are at its foundation. Western University is committed to an open environment that promotes, accepts and celebrates different points of view.

Western University is comprised of a community of individuals in which diversity is recognized as being the core of our intellectual, social, cultural, physical, emotional and moral lives. We are enriched by our encounters with one another and we strive to learn from each other in an atmosphere of positive engagement and mutual respect. Our understanding and acceptance of one another in the campus environment contributes to our ability to care for our patients who live in a diverse society.

The University, in accordance with various laws and beliefs, does not discriminate on the basis of race, color, ethnicity, national origin, religion, politics, disability, gender or sexual orientation in any of its policies, procedures or practices. Sexual harassment is unacceptable.



We acknowledge our guaranteed rights of free expression under the First Amendment to the Constitution of the United States. However, we also hold unique responsibilities as individuals, answerable for our own behavior and fully accountable for our actions. Seeking balance between rights and responsibilities makes us keenly aware of the dangers of defamatory, libelous or obscene behavior, the value of community and the importance of respecting our differences and commonalities.

As individuals committed to health professions education in the osteopathic tradition, we embrace the important principle of caring for the whole person-in body, mind and spirit.

## **FREQUENTLY CALLED NUMBERS**

President	(909) 469-5200
Academic Affairs	(909) 469-5578
Finance and Administration	(909) 469-5693
Admissions (DO)	(909) 469-5335
Admissions (All Other Programs)	(909) 469-5542
Student Affairs	(909) 469-5340
Office of Student Services	(909) 469-5616
Western University Medical Center	(909) 865-2565
Department of Physical Therapy Education	(909) 469-5300
Department of Physician Assistant Education	(909) 469-5378
Department of Health Professions Education	(909) 469-5397
College of Osteopathic Medicine of the Pacific	(909) 469-5505
Director of Student Services	(909) 469-5414
Clinical Rotations	(909) 469-5260
Assistant Dean of Educational Affairs	(909) 469-5257
College of Allied Health Professions	(909) 469-5390
College of Graduate Nursing	(909) 469-5523
College of Pharmacy	(909) 469-5500
College of Veterinary Medicine	(909) 469-5628
Financial Aid	(909) 469-5353
Learning Enhancement and Academic Development	(909) 469-5408
Bursar	(909) 469-5403
Technical Support Services	(909) 469-5432
Multimedia Services	(909) 469-5432
Registrar	(909) 469-5342
Bookstore	(909) 469-5416
Center for Disability Issues & the Health Professions	(909) 469-5380
Security	(909) 469-5475
Library	(909) 469-5323

# STUDENT LIFE: CAMPUS FACILITIES AND SERVICES

Western University of Health Sciences  
309 E. Second Street  
Pomona, CA 91766-1854  
(909) 623-6116

The main campus of Western University is in Pomona (see map, inside back cover), a city of approximately 150,000 residents, located about 35 miles east of Los Angeles near the foothills of the San Gabriel Mountains. It is an area with a high concentration of private and state colleges and universities. Mountain resorts are nearby, and Pacific Ocean beaches, Palm Springs, Hollywood, Pasadena, Los Angeles, arboretums, theme parks, museums, art galleries, libraries, theaters, and concert halls are all within about an hour's drive.

**Alumni Center** Building Hours: 7:00 am to 5:00 pm weekdays  
Closed Weekends and Holidays

The Alumni Center is a 32,000 square-foot facility, located at the corner of Gibbs and Second Streets. The main level of the Alumni Center includes the office of Alumni and Constituent Relations and three lecture halls: Cooper Hall, Swift Hall and Trendle Hall. The lower level of the Alumni Center accommodates the microbiology (The Rene, and Namey laboratories, the Oswald Suter Microbiology Prep Room) laboratories, a multipurpose teaching lab, The Roy and Marion Kramer Research Laboratory, other research labs and student lockers.

**Booth University Bookstore** Building Hours: 8:00 am to 5:00 pm weekdays  
Closed Weekends and Holidays (except on special occasions)

The Booth University Bookstore is a convenient source for required textbooks, supplies, and insignia gift items. Personal checks, Visa®, MasterCard, and DiscoverCard® are accepted. Telephone and mail orders are accepted with shipment made via UPS. The bookstore is open from 7:30 am until 5:30 pm Monday through Friday. Located in the rear of the bookstore is a popular gathering place, the Hop Shoppe.

**Business Center** Building Hours: 7:00 am to 5:00 pm weekdays  
Closed Weekends and Holidays

The Business Center houses the departments of Business Services (Bursar's Office, Accounting and the Treasurer's Office), Office of University Building and Security, and Human Resources.

**Health Professions Center (HPC)** Building Hours: 6:30 am to midnight weekdays  
6:30 am to midnight weekends  
8:00 am to 5:00 pm holidays, except  
closed on Thanksgiving weekend and during Winter Break

The Health Professions Center includes facilities for the College of Pharmacy, the College of Graduate Nursing, and the College of Osteopathic Medicine of the Pacific (COMP) as well as other university services.

The first floor includes a 54-seat auditorium; a 200 seat lecture hall; three "in-the-round" high-tech classrooms; break-out rooms for small group learning activities; Feldsher Hall; a large student lounge with two kitchens, 80-inch screen television, pool table, ping pong table, and vending machines; administrative and faculty offices for the College of Pharmacy; and a pharmacy/medical office museum. The offices of the Center for Academic and Professional Education and the office of Learning Enhancement and Development are also located on the first floor of the Health Professions Center.

The second floor of the HPC has a 200-seat lecture hall, administrative and faculty offices for the College of Osteopathic Medicine of the Pacific and the College of Graduate Nursing, clinical skills

laboratories, research laboratories, conference rooms, and offices for the Multimedia Department and the Department of Strategic Planning and Institutional Effectiveness.

**Health Sciences Center (HSC)** Building Hours: 7:00 am to 11:00 pm weekdays;  
7:00 am to 10:00 pm weekends;  
8:00 am to 5:00 pm holidays, except  
closed on Thanksgiving weekend and during Winter  
Break

The 72,000 square-foot Health Sciences Center features a unique central staircase. The first floor consists of two large amphitheater-style lecture halls; Tribute Walk, a donor recognition area; and Compatriot's Hall, an elegant meeting room with kitchen facilities. The first floor also houses the administrative and faculty offices of the College of Allied Health Professions, including the departments of Physician Assistant Education and the Master of Science in Health Professions Education, and some faculty offices for the College of Veterinary Medicine.

The second floor of the Health Sciences Center consists of an anatomy laboratory, the administrative and faculty offices of the Physical Therapy Education Department; physical therapy clinical skills laboratories; physical therapy faculty research laboratories, the osteopathic manipulative medicine teaching laboratory; and temporary offices for the faculty and administration of the College of Veterinary Medicine.

**Harriet K. and Philip Pumerantz Health Sciences Library and Learning Resources Center**

Building Hours: 7:00 am to 11:00 pm Monday through Thursday  
7:00 am to 6:00 pm Fridays  
11:00 am to 7:00 pm weekends  
Closed on Holidays

The Health Sciences Library and Learning Resources Center houses the University's book, journal and media collections. It also provides office space for the library and Informational Technology staff. The ground floor is reserved for library circulation services, the Edward Tessier Learning Center, historical museum, and study space where students may use laptops and connect to the University's network. Books and serial collections are housed on the second and third floors, respectively. Offices for library and information technology staff are found on the fourth floor. The basement serves as the University's Network Operations Center and provides office and work space for the Technical Support Staff.

The mission of the Health Sciences Library is to educate by providing library materials and information services to students, faculty and staff of the University. To further student adaptability and life-long learning, it has become the goals of the staff of the Health Sciences Library to:

- monitor and evaluate the growing electronic sources on the Internet;
- add links to these sources to our internal computer collection; and
- educate our students, faculty, administration, staff and alumni so that they are able to use these resources at home, in the office, and at public and hospital libraries.

**Student Services Center/South Campus Building** Building Hours: 7:00 am to 5:00 pm weekdays  
Closed weekends and holidays

The offices of Student Affairs/Registrar and University Admissions are located on the first floor of the Student Services Center. The second floor houses the office of Financial Aid.

**University Administration Center** Building Hours: 7:00 am to 5:00 pm weekdays  
Closed weekends and holidays

The University Administration Center houses the University's executive offices. The first floor contains the offices for the Senior Vice President for Executive Affairs, Vice President of University Advancement, and the offices of Major Gifts, Special Events, Communications, Publications, University Counsel, and Foundation, Corporate and Government Relations. The offices of the Center for Disabilities and the Health Professions is located in the basement.

The Office of the President and the Office of the Executive Vice President of Academic Affairs are located on the second floor. The Saul Bernat Board Room and the VIP Lounge with a kitchen provide space for meetings and special events.

### **Veterinary Medicine Center**

The Veterinary Medicine Center, a building of 25,000 square feet, will open at the start of the 2003-2004 academic year. It houses administrative and faculty offices of the College of Veterinary Medicine, Problem Based Learning break-out rooms, conference and meeting rooms, and a gross anatomy laboratory.

### **Western University Campus Gourmet**

The Western University Campus Gourmet is a food court providing a Subway sandwich shop, a TCBY yogurt store, and Mamma Ilardo's pizza. The 1950s diner-themed eating establishment is designed to serve the Western University community, shoppers at Antique Row, neighboring business populations, and the general public. A lounge for Western University students occupies the back part of the Campus Gourmet building (Open 7:00 am to 3:30 pm weekdays). Hours of the food court are: 7:30 am to 6 pm Monday through Friday and Saturdays and Sundays from 10 am until 4 pm.

### **Western University Medical Center**

Building Hours: 8:00am -12:00 noon; 1:00pm- 7:00 pm  
Monday, Tuesday, Thursday and Friday. Closed Wednesday,  
weekends and holidays

The Western University Medical Center is located three two blocks south of the main campus at:

**360 E. Mission Boulevard  
Pomona, CA 91766-1889  
(909) 865-2565**

Opened in 1984, Western University Medical Center is an ambulatory, primary care medical center that addresses the health care needs of Pomona's less advantaged communities, as well as those from participating managed care organizations, and provides clinical learning opportunities for Western University students. Osteopathic family physicians and physician assistants, who are also Western University faculty, and support personnel staff the medical center. In addition to health care services, the Center provides health screenings for youth athletic programs. The Center is also a member of the Pomona Clinic Coalition, made up of the County of Los Angeles Department of Health and a group of area health providers, which provides preventive and primary care health services to people who do not have medical insurance or can not afford medical care.

The physicians and physician assistants who work at Western University Medical Center have faculty appointments at Western University of Health Sciences and are involved in both the didactic and clinical teaching aspects of the curriculum.

## **PERSONAL SAFETY**

The University strongly suggests the following precautions for its students, faculty and staff:

- Since some streets through the campus are open to vehicular traffic, please use extreme caution when crossing between buildings and do not congregate on the street.
- Please make sure your car is locked at all times in the parking lot.
- You should be advised that the doors to some buildings are locked at 5:00 p.m. It would be to your advantage to walk to the parking lot with a friend or close associate if you are leaving after business hours. If you find it necessary to work or study late, you should advise security personnel on campus before leaving the building so that someone can watch you walk to your car.
- During the daytime hours, security guards are assigned to patrol the parking lots directly north, and northeast behind the North Campus buildings along First Street, and they patrol the lots behind the South Campus building, Health Sciences Center and Health Professions Center. It is strongly

suggested that you do not leave your car overnight in any of the parking lots or streets surrounding the campus, as a security guard is not on duty after 11:00 p.m. Mondays - Thursdays, after 7:00 p.m. on Fridays, and after 10:00 p.m. on Saturdays and Sundays.

- Do not admit an unknown person into the building. If someone says they need help, offer to call the proper person (police, paramedics, etc.).

In case of emergency, if someone from the University needs to be informed or contacted, please call:

Campus Security

(909) 623-6116, ext. 3000

# STUDENT SERVICES

## Recreational Facilities

Western University provides YMCA or designated fitness club individual memberships for students at no cost. If interested, students may sign up at registration. The YMCA is within walking distance of the Pomona campus and offers coeducational facilities for swimming, racquetball, basketball, exercise programs, etc. The fitness club provides non-prime time racquetball courts, Nautilus exercise equipment, aerobics, Jacuzzi, steam rooms, etc. Family memberships may be purchased at reduced rates throughout the year.

On the campus, the Health Professions Center Student Commons provides billiards, television, ping pong, and the parks offer picnic tables, basketball and volleyball. There are also numerous tennis courts, golf courses, ski slopes, and hiking trails in the immediate area.

Upon request, a discount entertainment booklet is available in the Student Affairs Office.

## Community Activities

The Western University "This Week," which is updated every week, lists Western University seminars and events that are open to students, faculty, staff and families.

Area colleges publish monthly calendars of social, cultural and educational events that are posted on the student bulletin board behind the lecture halls. Events are usually open to the public.

## Student Government

Nearly 40 organizations have been established within the student body. The umbrella for all of the other organizations is the Student Government Association, which is charged with official representation of the student body.

Student Government Association - Students are encouraged, individually and collectively, to express their views on issues and administrative policy on campus. Through the elected representatives of the student body and membership on various University committees, students have the opportunity to participate in the administrative activities of the University. This body represents the students in all matters of concern with regard to faculty and administration.

The objective of the Student Government Association is:

- a. To act as elected representatives of the student body in all matters with regard to the faculty, administration, fellow professionals and the public-at-large.
- b. To ascertain and express student opinion in matters pertaining to the University.
- c. To formulate and execute policy on matters relative to the student body.
- d. To budget and disburse funds for student activities or other related functions.
- e. To organize and implement various educational, social and community service projects.

Students are invited to select representatives on the following University committees:

**Commencement Committee** - The purpose of this committee is to plan and, in some areas, implement the University's graduation ceremony and related events. The committee submits to the President the results of its deliberations for this consideration and approval. The committee and its chair are appointed by the President. The Student Government Association President and the President (or an appointee) of the MSIV class are also voting members.

**The Humanism in Health Sciences Committee** - To create a climate for defining, teaching, and implementing humanism and diversity through various ongoing programs. These programs are grounded in a philosophy that fosters valuing the diversity and humanness of persons on our campuses and in our communities. The committee will support and encourage scholarly activities that promote humanism and diversity.

**Library Committee** - One representative from each class on campus will be a voting member. The duty of the Committee is to advise the Librarian in matters of concern to the faculty and students relevant to the Library.

**University Student Conduct Committee** - The function of the Student Conduct Committee is to investigate alleged violations brought to its attention by the Academic Deans. The Committee may recommend a course of action if a violation has been identified.

In addition, the Student Government Association has authorized the establishment of several committees:

**Academic Committee** – The purpose of this committee is to review and make recommendations to the Student Senate on student complaints and grievances concerning academic matters. This committee also reviews and makes recommendations on proposed academic policy changes arising from the faculty or administration of the University.

**Finance Committee** – The elected Treasurers from each class are voting members of the Financial Aid Committee. The purpose of this committee is to formulate annual budget recommendations, and review long range CGA activity projections and needs. Upon request from the SGA or the Student Senate, review the existing or proposed University budget and funding priorities contained therein. The Finance Committee shall serve as the Student Government Association Travel Committee. The student members may be excluded from certain meetings if the discussion includes confidential material from other students' files.

**Bylaws Committee** - Each Class President shall be a member of this Committee. The purpose of the Committee is to review legislation that has been referred to the Committee by the Student Senate, review the Student Body Bylaws for contraction, ambiguity, or unconstitutionality, and generate legislation regarding such matters with the purpose of correcting them.

**Community Outreach Committee** - The Community Outreach Committee's purpose is to serve the local community and foster students' service efforts. Funds are allocated to this Committee from the SGA budget to execute SGA-sponsored community outreach activities.

**Newsletter Committee** - Chaired by the Student Body President, this committee publishes the student body newsletter, which presents the accomplishments, positions and activities of the SGA. The newsletter is made available to the entire campus.

**Campus Recreation Committee** - This committee coordinates campus recreation and sporting events.

**Student Relations Committee** - Chaired by the Student Body Secretary, this committee serves to facilitate communication between the SGA and the student body. It works with students, university faculty and administration and campus media to disseminate information affecting students.

## STUDENT ORGANIZATIONS

The following organizations are currently approved and active on campus:

**American College of Osteopathic Family Physicians (ACOFP)** - Promotes the training of osteopathic family physicians and provides a better understanding of the scope of services rendered by the osteopathic family physician. Advisor Emeritus: Dr. Burton Routman.

**American Geriatric Society (AGS)** – Educates students in geriatric medicine, enhances the visibility of Western University's Geriatrics Program, and provides a forum in which students and clinicians can interact and serve as a link between students and outside organizations. Advisors: Drs. Karen Shapiro, and Reza Taheri.

**The American Medical Women's Association (AMWA) and the National Osteopathic Women Physicians' Association (NOWPA)** - These are two national and on-campus organizations that exist for the purpose of supporting women in medicine. Our on-campus chapters are very active in supporting women medical students by hosting both DO and MD speakers, sending members to National Women's Health Care Conventions, networking through the annual Mentor Dinner, running the Nursery Nutrition Project, supporting the Los Angeles Babies with AIDS Walk-a-Thon and developing Board Review Notes. In addition, both organizations have access to low interest student loans, grants and fellowships. Most importantly, AMWA and NOWPA exist for the purpose of making friends, lending support and rendering service within our campus and local community. Advisors: Drs. Kay Kalousek and Francis Yang.

**American Pharmaceutical Association-Academy of Students (APhA-ASP)** - APhA exists to serve its members, to enhance pharmacists' abilities to provide pharmaceutical care, and to further the public's recognition of the pharmacists' value as a health resource. As an academy of APhA, ASP promotes the professional practice interests of pharmacy students, establishes programs/activities for members, and provides a means for members to participate in APhA's policy-making process. Advisor: Dr. Jack Chen.

**Asian-American Health Profession Student Association (AAMSA)** - Enhances the awareness of the Asian communities to the osteopathic profession and provides services to the University and Asian communities. Advisor: Dr. Stanley Wong.

**Biomedical Research & Literature Club (BIOMED R & L)** - Reviews current medical literature and presents reviews and case studies. Advisor: Dr. James Martin

**California Doctors Ought to Care (CAL-DOC)** - Through patient education, to get people to stop smoking, and thereby have them live longer, healthier lives. Advisor: Dr. Richard Sugarman.

**California Society of Health-System Pharmacists-Western University (CSHP-Western University)** - The purpose of CSHP-Western University is to provide students an opportunity to become knowledgeable about pharmacy practices in organized healthcare settings. Advisor: Dr. Sam Shimomura.

**Catholic Fellowship Club** - The purpose of this club is to promote fellowship and faith sharing among Catholic and other students and to promote a better understanding of the Catholic faith.

**Christian Medical/Dental Society (CMDS)** - Encourages and aids Christian students in their spiritual and professional growth through weekly meetings and other special events. Advisor: Ms. Bonnie MacKay

**Digital Medicine Association (DMA)** – The purpose of the DMA is to explore the integration of information technology in health care and to enhance health professions education programs through the inclusion of informatics. Advisor: Dr. Scott Helf.

**Emergency Medicine Club (EMC)** - Promotes the interest and education of students in emergency medicine and exposes them to a variety of common emergencies. Students will be exposed to practical procedures they can use in their third and fourth years. Instruction and practice will be provided of invaluable techniques necessary in the field of emergency medicine. Advisor: Dr. Francis Yang.

**Golf Association** – Unites golfers of any caliber from all disciplines within the university. Advisor: Dr. Donald Krpan.

**Hillel** - Provides access on the Western University campus to Jewish culture. Meets to discuss pertinent aspects of Jewish life through seminars and invited speakers. Also seeks to establish a link between students and the surrounding Jewish community. Advisor: Dr. Richard Sugarman.

**Humor and Medicine (HAM)** – Brings humor into the lives of patients in hospitals and nursing homes. Advisor: Dr. David Redding.

**International Medicine Club** - Promotes cross-cultural experience and community involvement to better appreciate primary care. Students invite physicians to share their experiences in international health. The club also sponsors medical student foreign exchange through the International Federation Medical Student Association (IFMSA). Advisor: Dr. Rafi Younoszai.

**Islamic Medical Society of Western University** - Serves as a religious outlet and meeting place for the growing number of Muslim students on the Western University campus. Activities include campus celebrations of two holidays, Eld ul'Fitre, Eld ul'Adha, speakers and a companion program with Pilgrim Place, a convalescent home in Claremont. Advisors: Drs. Nadir Kahn and Rafi Younoszai.

**Latino Medical Student Association (LMSA)** – Serves as part of a statewide communication and support network for medical and pre-medical students interested in developing health care services for Hispanic underserved communities. Advisor: Ms. Susan Hanson.

**Latter-Day Saints Student Association (LDSSA)** - This organization was founded to establish and provide a spiritual balance to medical education through discussions and activities geared to that purpose. Advisor: Dr. Steven O'Barr.

**Los Angeles County Medical Association – Medical Student Section**, Western University of Health Sciences Osteopathic Chapter. The Western U chapter of the LACMA – Medical Student Section promotes osteopathic principles and practice in Los Angeles County via educational presentations to other health professionals and potential practitioners. The organization serves educate members about issues pertinent to the field of medicine and provide students with access to legislative policy surrounding organized medicine. Students serve on policy-making committees and attend seminars, conventions and political rallies to insure adequate representation of COMP. Advisor: Dr. “Viv” Davis.

**Middle Eastern Medical Students Organization (MEMSO)** - This organization is to unite students of Middle Eastern background and promote their cultures on campus. Advisor: Dr. Reza Taheri.

**Military Club** - The Military Club is open to all students regardless of military affiliation. Those students on military scholarships will have the opportunity to join student chapters of the Association of Military Osteopathic Physicians and Surgeons (AMOPS) and the Uniformed Services Academy of Family



Physicians (USAFP). The primary goals of the club are to: provide information concerning rotations, internships and residencies in military facilities, provide information concerning the practice of osteopathic medicine and family practice medicine within the armed forces, to provide information concerning life and opportunities in the military in general. Advisor: Dr. Richard Sugarman.

**Montclair Clinic** - Students volunteer to provide health services at a "free" clinic in Montclair. Advisor: Ms. Marsha Richter.

**Neocortex Yearbook** - A yearbook is published annually for the University. Students write, draw, design, edit and take photos for the yearbook. Advisor: Ms. Tonii Lawrence.

**Osteopathic Physicians and Surgeons of California - Medical Students Section (OPSC-MSS)** - Provides an avenue for student input to the state medical association and allows early involvement in OPSC. Helps DO candidates to enhance their career opportunities through collegial relationships with practicing physicians via participation in CME seminars; clinical preceptorships, and guidance of physician mentors. Advisors: Drs. Jay Porcelli and Alan Cundari

**Outdoor Adventure Club** – Encourage fellow students to enjoy the outdoors. Provide stress relief via outdoor activities. Immediate Goal: set-up club hub, find out van rental and group rates at local snow areas as well as write student- by-laws. Future: establish a solid club that will continue after graduation. Continue to provide outdoor events each semester and involve the community. Advisor: Dr. Michael Burney.

**Physical Therapy Awareness Club (PTAC)** - Provides opportunities for all students to partake in various PT related lectures, convocations, debate panels including current issues and legislation and technique demonstrations. Activities include guest speakers, participation in APTA functions and hands-on treatment techniques. Advisors: Dr. LeeAnne Carrothers and Ms. Nancy Bjerke.

**Pomona Community Health Action Team (PCHAT)** - The purpose of this club is to provide and serve the medical needs of the Pomona Community. Advisors: Drs. Rafi Younoszai, Burt Routman and Francis Yang.

**Santa's Workshop** - Western University students provide assistance to disadvantaged families during the holiday season. Advisor: Ms. Tonii Lawrence.

**SANUS:** The World's Only Osteopathic Theater Troupe - Promotes health through artistic expression. Theatrical production company composed of production staff and cast who will select two plays to be presented annually. Advisor: Dr. Jeffrey Felton.

**Sigma Sigma Phi** - This fraternity was established to provide service to the University and profession and is the official osteopathic honorary fraternity. It promotes educational programs for the entire student body and participation in community projects, health fairs, high school athletic physicals and blood pressure checks. Advisor: Dr. George Charney.

**South Asian Student Association (SASA)** - The purpose of this organization is to raise awareness of South Asian Students in osteopathic medicine and to provide an interdisciplinary forum for South Asian students to share their cultural identity. Advisor: Dr. Nadir Khan.

**Sports Medicine Club** - The purpose of this group is to provide seminars, speakers and other educational avenues for students interested in Sports Medicine. Also, to sponsor school and club health checks, act as liaison to area athletic events and possibly engage in research. Advisor: Dr. Alan Cundari.

**Student Associate Auxiliary (COMplements-SAA)** - COMplements is the Student Associate Auxiliary (SAA) for spouses and partners of students and is chartered by the national Auxiliary to the American Osteopathic Association (AAOA). It has been organized by the Auxiliary to the Osteopathic Physicians and Surgeons of California to further the goals of the University and the osteopathic medical profession, to serve the local community and to promote fellowship and unity within the school. SAA COMplements regularly plans social, cultural and charitable activities for the benefit of the students, spouses, University and community. Advisors: Mrs. Jeanne Charney and Ms Tonii Lawrence.

**Student National Medical Association (SNMA)** - Fosters a commitment for students to excel and mentor. Our goal is to produce quality health care team members armed with the knowledge, skill and insight needed to practice medicine within underrepresented communities. Advisor: Dr. Beverly Guidry.

**Student Osteopathic Internal Medicine Association (SOIMA)** - the purpose of this organization is to represent aspiring internists through an early exposure to the field of internal medicine. Advisor: Dr. Michael Finley.

**Student Osteopathic Medical Association (SOMA)** - Provides community service to increase awareness of osteopathic medicine. Sponsors lecturers, blood pressure clinics, etc. Advisor: Dr. Donald Krpan.

**Student Osteopathic Surgical Association (SOSA)** - Provides opportunities for all students to learn about surgery as a career and helps students develop basic skills for their clinical rotations. Activities include operating room shifts for all interested students and procedure workshops including suturing, casting, central lines, chest tubes and lumbar puncture. Advisor: Dr. Jonathan Leo.

**Undergraduate American Academy of Osteopathy (UAAO)** - Promotes the instruction and understanding of unique osteopathic principles and technique. Guest lecturers are invited to the campus to speak to members on manipulative therapy and osteopathic philosophy. Advisor: Dr. David Redding

**Women's Health Interest Group** - To further the interest of students considering a career in Obstetrics and Gynecology, Family Medicine, or other Primary Care women's health. Advisor: Drs. Kay Kalousek and Frances Yang.

**Western University of Health Sciences/Physician Assistant Student Society (WUHS/PASS)** - To promote the Physician Assistant profession and represent the University at the national level. Advisor: Mr. Roy Guizado.

## STUDENT EMPLOYMENT

Because of the nature of the academic program of the University, students are urged to use great caution in seeking employment during the academic year.

The University does have a work-study program for students who qualify. For more information, contact the Financial Aid Office.

## HARRIET K. AND PHILIP PUMERANTZ HEALTH SCIENCES LIBRARY AND LEARNING RESOURCES CENTER

Location: Corner of Third and Gibbs Streets – entrance is on Gibbs Street

Hours:	Monday – Thursday	7:00 am to 11:00 pm
	Friday	7:00 am to 6:00 pm
	Saturday, Sunday	11:00 am to 7:00 pm

**Study Rooms** – The library has seven study rooms that may be used for study groups on a first-come, first-served basis. Laptops may be used on the first floor or on the second and third floors in the study rooms only.

**Audio-Visual Lab** – The lab may be used by WesternU students, faculty and staff only. Videos and slides are available for use with televisions, VCRs, and slide projectors. There are also six computers that may be used with several CD-ROMs that are available in the Lab.

**Computer Lab** – This lab may be used by Western University students, faculty and staff. There are twelve computers that may be used to search the Library's WebCat (online public catalog), or do research on the Internet. Workshops will be held in this lab periodically.

**Interlibrary Loan** – Material not owned by the University Library may be requested via interlibrary loan by Western University faculty, staff and students. There is a charge for this service.

**Borrowing Privileges and Policies** – Western University faculty, staff and students are eligible to borrow library materials. Other interested users may be eligible and should inquire at the Circulation Desk.

- **Books:** On campus students may check out items for seven days and renew them twice if there is not a hold at that time. Students on rotation and distance education students may check out items for one month with no renewal. Fines are charged for overdue books. Renewals may be made by phone. A "hold" may be placed on books that are charged out. **You must have your student ID/employee ID with you in order to borrow books.**
- **Journals:** Bound or unbound journals (periodicals, newsletters, etc.) do not circulate.

Note: More detailed information regarding library policies and procedures may be found on the Library's Web site, or in the *Library Handbook* at the circulation desk.

## **CENTER FOR DISABILITY ISSUES AND THE HEALTH PROFESSIONS (SECOND FLOOR, HEALTH SCIENCES CENTER)**

The Center for Disability Issues and the Health Professions assists students with disabilities from the time of admission to graduation. The Center is located in the basement of the Administration Center on campus at 309 E. Second Street/College Plaza, (909) 469-5385 voice, (909) 469-5520 TDD or email [bpremo@westernu.edu](mailto:bpremo@westernu.edu).

### **CDIHP Services**

Each student at Western University is unique. Only upon consultation with the student, dean and faculty member can specific plans for accommodations be made. To assist with a documented disability, staff from CDIHP may communicate, when appropriate, with the instructor and may also ask the student to discuss his/her needs with the instructor. Decisions on appropriate accommodations, auxiliary aids and/or services are made following an individualized assessment of each request and after discussion of the options available with one of the CDIHP staff.

The following is a sample list of the types of services and accommodations that might be provided, based upon CDIHP's assessment of each student's specialized needs:

- academic modifications
- disability management advising
- auxiliary aids
- examination accommodations
- mobility assistance
- physical access and architectural modification (i.e., building platforms or adding disabled parking spots)
- reader services
- study skills advisement
- taping of academic lectures
- transcription services for specific classes
- extended time for examinations
- a private, quiet, well-lit room for examinations
- alternative testing formats
- consultation with staff of CDIHP and professors regarding facilitation of education of students with disabilities

It is a student's responsibility to provide timely and sufficient written medical documentation about the student's disability or disabilities. Students must check with the Center about documentation requirements. Students must request services or accommodations directly from the Center, which in consultation with the student, can recommend the appropriate services or accommodations. There is no charge to students for services that are specifically needed to support the educational program.

For additional information, contact Ms. Sharon McCrary at (909) 469-5447; TDD (909) 469-5520 or check the Center's web page at [www.westernu.edu/cdihp](http://www.westernu.edu/cdihp).

### **OFFICE OF INTERNATIONAL AND CROSS-CULTURAL PROGRAMS**

The Office of International and Cross-cultural Programs (OICP) was established in 1989 to promote student cross-cultural experiences locally and internationally. The program's goals are to:

- Develop foreign-based clinical training opportunities for interested Western University students to experience primary health care in foreign countries as part of their professional growth;
- Instill in students the knowledge and skill needed to provide quality health promotion and disease prevention services in cross-cultural settings;
- Develop student and faculty awareness of the principles and goals of the international primary health care movement and its adaptation locally to improve the status of primary health care in our communities, the state, and the country;
- Encourage research in cross-cultural primary health care delivery and education in foreign countries; and

- Advocate for osteopathic approaches to health care delivery and education in foreign countries.

### **HUMANISM AND THE HEALTH SCIENCES (BASEMENT, UNIVERSITY ADMINISTRATION CENTER)**

In 1996 the University established the Humanism in the Health Sciences Committee. The committee's working definition of humanism is: Humanism is a way of caring that is fundamental to positive interaction and is manifested as a responsiveness to the needs of fellow human beings through respect, compassion, empathy and understanding.

The mission statement of the Humanism in the Health Sciences Committee states: To create a climate for defining, teaching, and implementing humanism throughout the University. Programs are grounded in the philosophy, which fosters valuing the diversity and humanness of persons at our locations and in our communities. The committee will support and encourage scholarly activities that promote humanism.

Activities of the committee include:

- The annual publication of a scholarly journal, *Humanism in the Health Sciences*, which features articles, poetry, commentaries and essays. The journal is student run, edited and produced;
- Curriculum development: Belief System and Patient Care Program funded by the National Institute of HealthCare Research; and
- Care Teams and Monthly Care Teams News.

### **STUDENT HOUSING**

The University does not provide on-campus or off-campus housing accommodations for its students; however, there is an off-campus housing referral system to help students locate houses, apartments, roommates, etc. A local map, the real estate sections of local newspapers, and information on activities in the surrounding communities are available in the Student Affairs Office and on the WesternU website. Incoming students may wish to subscribe to the local newspapers: the Claremont Courier, 111 South College Avenue, Claremont, 91711; and the Inland Valley Daily Bulletin, 2041 E. 4th Street, Ontario, 91761-1020.

All students on clinicals/clerkships are responsible for making their own housing arrangements. Some hospitals offer housing on a first-come, first-served basis during your assignment at their facility. It is the student's responsibility to contact the hospital for information regarding availability and cost of housing. The COMP Office of Clinical Rotations has a housing book available for the perusal of DO students and will assist as much as possible with guidance regarding housing, but the final responsibility for housing arrangements will be the student's.

Please note: the University provides a housing referral service as a courtesy only. The University assumes no responsibility for the accuracy of information provided by property owners or other third parties, and each student should independently verify the condition of any property, its amenities, security arrangements, etc. Under no circumstances shall the University have any responsibility or be liable for damages, losses, injuries or liabilities of any nature relating to any housing provided by third parties.

### **STUDENT PARKING**

Students have the option to purchase an annual parking sticker for \$180. The purchase of a yearly parking sticker can be included as part of a student's Financial Aid package, with the submission of a paid receipt.

The collection of the funds will be conducted by the Bursar's Office, and students will be permitted to charge the parking fees on their student accounts.

The University will provide full-time security for this parking lot between the hours of 7:00 a.m. to 6:00 p.m. Monday through Friday. If students are planning to be on campus after 6:00 p.m. during the week, they should move their cars to the Health Sciences Center parking lots after 6:00 p.m. Students should park their cars in the Health Sciences Center parking lots on Saturdays, Sundays or holidays.

City Parking Lots - Annual parking permits are also available at a significant discount (\$140, or quarterly at \$40) through the City of Pomona for those individuals wishing to pay for their parking in this manner. Applications are available in the Student Affairs Office, or contact the Pomona City Hall Treasurer's Office, 505 South Garey Avenue, Pomona, CA 91766, (909) 620-2262. Those who elect to park in the metered lots without a permit will be required to pay 75 cents per day per vehicle.

Parking along the streets is permitted with certain posted restrictions.

Secured bicycle parking is available on the west side of the Student Services building. Motorcycles must be parked in the parking lots.

**PSYCHOLOGICAL COUNSELING SERVICES:  
877- WESTRNU (877-937-8768) OR (949) 650-2217**

In an effort to respond to the needs of our students, the University has developed a student assistance program, which provides confidential psychological counseling services for students and their families. This service is provided by Mental Health Alternatives and assists students with problems of living (including personal, marital, family, stress, financial and legal issues) that may impair a student's ability to perform adequately in his or her professional training program. The service is accessible 24 hours a day, 365 days per year.

Mental Health Alternatives  
Dominic J. Bronell, Ph.D.  
W. Doyle Edson, Ph.D.

Locations

4B-4 Village Loop Road  
Phillips Ranch, CA 91766

881 Dover Drive #390  
Newport Beach, CA 92663

**OFFICE OF LEARNING ENHANCEMENT AND ACADEMIC DEVELOPMENT**

(Second Floor, Room 235, Health Professions Center)

The Office of Learning Enhancement and Academic Development (LEAD) is a division of Student Affairs. The LEAD Office's goal is to help each Western University student successfully complete his or her course of instruction. The Office assists students in many ways. The Director interviews students in academic difficulty and evaluates their respective approaches to learning, study and processing information. The Director devises and implements methods to solve identified barriers to successful learning and aids individual students during their processes of resolution. The Director plans and implements group workshops to enhance learning skills each year for students in each Western University program. The Director also prepares and distributes handouts to students on learning styles, time management, group study, processing information, memory, test preparation, group study, anxiety and stress management, listening, note taking, comprehension, and critical reading and thinking. Additional learning enrichment forums, workshops, and the establishment of on-campus reviews for course exams or licensing/certifying examinations are developed by this Office in response to the expressed needs and interest of students.

The LEAD Office administers the Tutorial Assistance Program (TAP), working with tutors, tutees, and the faculty as a team. TAP provides supplemental academic instruction for students in academic difficulty. Competent and sensitive peer tutors selected by the faculty from each college facilitate course content instruction. Students are scheduled individually or in small groups to work with a tutor. The LEAD Office works closely with the tutors and tutees during the tutoring process to ensure that effective tutoring is maintained.

The LEAD Office assist in the administration of the Summer Anatomy Prematriculation Program (SAPP). SAPP is a three-week program designed to orient incoming, first-year osteopathic medical students to the Western University campus and community, and to ease adjustment to the demands of their academic environment. It serves as a "head-start" for students with little or no background in anatomy. The LEAD Office endeavors to enhance all students' sense of belonging by working closely with individual students in overcoming environmental, social, cultural, or academic barriers that may interfere with their learning.

The LEAD Office serves all Western University students. All academic and personal counseling and referrals to other campus services are completely confidential. The Director is available for students on a walk-in basis or appointments can be made by phone or e-mail. The office is located in the Health Professions Center on the second floor, Room 235. Office hours are 8:30 a.m. to 4:30 p.m., Monday through Friday. The Director can be reached by phone at (909) 469-5408 or e-mail [dhacker@westernu.edu](mailto:dhacker@westernu.edu).

## **UNIVERSITY REGISTRAR (FIRST FLOOR, STUDENT SERVICES CENTER)**

### **Student Files: Access and Privacy**

The Family Educational Rights and Privacy Act of 1974, also known as the Buckley Amendment, (a) establishes a post-secondary student's general right to inspect and review his/her academic records and (b) generally prohibits outside parties from obtaining the information contained in such records without the student's written consent. A student may choose to waive access to certain confidential recommendations placed in the file.

The paragraphs below delineate the procedures under which Western University will meet the law's requirements. Western University currently maintains the following types of educational records that are directly related to its students.

### **Admissions Files**

The Director of Admissions is responsible for maintaining files that contain letters of recommendation for admission to the University, transcripts of work performed at other institutions, required standardized test scores, plus the applicant's supplementary application. The Director of Admissions, Members of the Admissions Committee and the President have access to these files for the purpose of carrying out the admissions function. After an applicant has been admitted and is actually registered, the files are combined with those of the Registrar.

### **Registrar's Files**

The Registrar is responsible for maintaining files that contain official Western University transcripts and copies of occasional letters written by faculty and administration, along with students' replies. These letters generally concern academic progress, examinations, etc. Members of the faculty and administration have access to the files for use in student advisement. The Registrar also has access to the files to maintain them and to provide authorized data to authorized persons. In addition, the Registrar may also release student information (name, address, etc.) to selected third party agencies working on behalf of the University. A listing of third party agencies currently receiving student information may be accessed by contacting the Registrar's Office at (909) 469-5491.

If any material or document in the educational record of the student includes information on other students, the University will not supply the actual material or document. Instead, only the specific information contained therein that directly relates to the student seeking access will be provided. In addition, no student may have access to:

- (a) Financial records of parents or any information contained therein, or
- (b) Any confidential recommendations to which the student has properly waived the right of access.

A student who desires to have any material in the files altered or expunged on the grounds that such material is inaccurate or misleading, or that is being maintained in violation of his/her right to privacy or other rights, may obtain a hearing before a special committee. The special committee will be composed of representatives of students, faculty, and administrators. At the hearing, the student will be afforded a full and fair opportunity to present evidence relevant to the issues raised. The committee's decision will be made in writing within a reasonable period of time after the conclusion of the hearing. The committee's conclusions may then be appealed by means of a complaint filed with the U.S. Department of Education. Whether or not a student requests a hearing and regardless of the outcome of any such hearing, the student may in any event insert into his/her files a personal written explanation concerning any material the student believes is inaccurate, misleading, or otherwise inappropriate.

### **Reviewing the File**

Students and former students may review any of the above files that directly relate to them upon completion of a form available from the Registrar. On this form the student will specify the records he/she wishes to examine. The Registrar will then collect the desired material. In no case will access be withheld more than 45 days after the proper request has been made. If the student wishes, the University will also supply copies of material in the file at 25 cents per page.

The privacy of student files is and will continue to be scrupulously maintained. Western University will make public without consent only certain "directory information." This information consists of a student's name, address, telephone listing, e-mail address, photograph, class schedule, full- or part-time status, major field of study, dates of attendance, degrees and awards received, and the most recent previous educational institution or agency attended by the student. A student who prefers that some or all of such "directory information" not be made public, must notify the Registrar in writing.

Except for directory information and except as to certain parties listed in FERPA, the University will not release to outsiders any student's file, or information contained in it, unless prior written consent has been obtained from the student. The outside parties excepted by the Act generally consist of certain federal and state officials, accrediting organizations, educational agencies who need the information for valid educational purposes, and financial aid lenders. The University is also authorized to release information contained in a student's file in any emergency situation involving the need to protect the health or safety of the student or other persons.

A student (or applicant for admission) is permitted to waive access to confidential recommendations written on his/her behalf regarding, (1) admission to any educational agency or institution, (2) an application for employment, or (3) the receipt of an honor or honorary recognition.

A student who consents to release to outside parties any part of his/her file must do so in writing, personally signed and dated. Such writing must specify the records to be released, the reasons for such release, and the names of the parties to whom such records will be released. A form is available in the Registrar's Office for this purpose. A student whose consent is required may also request a personal copy of the specific records in question. As stated previously, there is a copying fee.

The University will maintain a record identifying all outside parties who have requested or obtained access to a student's educational records and the specific interest they had in obtaining such access. This record will be available only to the student and to the University officials previously named who are responsible for maintaining the various files.

All such records are made available to students with the following limitations:

- a. Recommendations submitted to the department by third parties under conditions of confidence, e.g., letters of recommendation, will be shown only upon receipt of a signed release by the third party;
- b. Student records requiring the interpretation of a professional, i.e., medical, psychiatric, psychological testing, etc., must be reviewed in consultation with the appropriate professional;
- c. Generally, the school must have written permission from the student before releasing any information from a student's record. However, the law allows schools to disclose records, without consent, to the following parties:
  - School employees who have a need-to-know
  - Other schools to which a student is transferring
  - Certain government officials in order to carry out lawful functions
  - Appropriate parties in connection with financial aid to a student
  - Organizations doing certain studies for the school
  - Accrediting organizations
  - Individuals who have obtained court orders or subpoenas
  - Persons who need to know in cases of health and safety emergencies
  - State and local authorities to whom disclosure is required by state laws adopted before November 19, 1974.

Three items of information from student records are considered "public" information:

- the fact of attendance
- the dates of attendance and
- the fact and date of graduation

With the exception of the above, no other student record information is divulged or released to persons or agencies outside the University without the expressed written request or authorization of the student.

- d. Under certain circumstances, the program may request written permission of the student to provide demographic data such as names, addresses, etc., to persons or agencies outside the University conducting research or other scholarly activities.

**Other Student Files:** Records of students and graduates are maintained by the program in accordance with University rules. The original application and supporting materials are maintained by the Registrar. In addition, the program maintains an academic profile record for each student, including information related to academic and clinical performance in all phases of the program. Course grades are recorded on the appropriate profile sheet as soon as computed. This file is maintained for department and student use. It is NOT meant to serve as an official record of grades. Final course grades are submitted to the University Registrar and only then become part of the official record/transcripts.

Transcripts of the work completed are maintained and may be requested from the University Registrar.

## **TRANSCRIPTS**

Enrolled students may view their transcript on-line. No verbal grades or class ranks will be given at any time. A grade change report will be generated upon request whenever a grade change occurs.

No grade will be changed unless the instructor certifies in writing to the Registrar that an error occurred in computing or recording the grade or that the student has remediated an Unsatisfactory grade after being directed to do so by the appropriate Academic Dean as recommended by the committee in each respective College responsible for student academic progress. All recorded grades remain on the official transcript unless a clerical error occurs. Remediated grades are recorded next to a grade of "U" or "I". Only the remediated grade is calculated into the GPA.

To request an official transcript, a form must be completed in the Registrar's Office. There is a \$5.00 fee for an official transcript. Official transcripts are mailed directly to the recipient by the University. Official transcripts bear the signature of the Registrar and the seal of the University. In extreme emergencies, transcripts may be faxed for a fee of \$10.00, provided that a Fax Disclaimer form is completed and the fee is paid. Transcripts will not be provided to students who are delinquent in their financial obligations to the University, including the Library, or to any of its affiliated hospitals or clinics. Transcript requests will be processed within two weeks. If the University has knowledge that a student or graduate is in default on any federal, state, outside agency, institutional loan or service obligation, the University will withhold all official transcripts, State or National Board Scores, and letters of recommendation for internships, residencies, employment, staff privileges, specialty certification, and licensing. Remember to allow two weeks for processing of transcript requests. Rush transcripts are available for a \$20 fee each. Transcripts ordered by 5 p.m. will be available for pickup after 9 a.m. the following working day.

To maintain the integrity of academic transcripts, educational institutions certify only academic work completed at that institution. This is the expectation of Western University when it issues its own official transcripts, and this is what Western University respects when official transcripts are entrusted to it during the application process. Therefore, the university will not produce or certify copies of official transcripts from other institutions.

## **DIPLOMAS**

Diplomas will be issued approximately six to eight weeks after the Registrar receives all final grades verifying that a student has completed all academic requirements for a specific program.

## **CLASS RANK**

Student's class ranking, with the exception of MSHPE, FNP/MSN and PharmD, may be obtained from the Registrar's Office in writing, with appropriate identification. The class ranking is based on letter grades and/or percentages.

## **STUDENT LOAN DEFERMENT PROCESSING**

Western University of Health Sciences participates in the National Student Clearinghouse, located in Herndon, Virginia. Three times a semester, the University submits a report of students' enrollment status to the Clearinghouse, which in turn supplies verification of enrollment to lending agencies.



A number of lenders and loan servicing organizations that are members of the Clearinghouse participate in a Paperless Deferment Process. With this process, no paper forms need to be completed by either students or schools - the student simply calls his or her servicer to request a deferment. The servicer then posts a deferment to the student's account after the student's verbal order is matched against the Clearinghouse electronic data verifying in-school status.

If a lender needs a deferment form processed, bring it to the Registrar's Office. The Registrar's Office will then forward all deferment forms to the Clearinghouse, which will verify the student's enrollment to the lender. Western University of Health Sciences does not supply this information directly to lending agencies that participate in the National Student Clearinghouse.

If a student has registered late, this information may not be reported until the submission of the next tape. The Clearinghouse requests the student take the following steps if a collection letter has been received:

1. Call the lending agency to see if a deferment form was received between the time the Clearinghouse supplied the information and the lending agency sent the collection letter.
2. If, after calling the servicer, it still appears that the deferment has not been processed, the student may call the Clearinghouse at (703) 742-7791 and ask for a Student Service Representative. The representative will verify the date on which the deferment form was received by the Clearinghouse, the date the deferment was certified and mailed, the enrollment status that was certified, and where the forms were sent.
3. If an emergency exists -- for example, the student is 150 days delinquent and being threatened with default -- the Clearinghouse will intervene on the student's behalf by faxing another enrollment certification to the servicer. Further, it will work with the servicer to ensure that the form is processed on a high-priority basis.

The Registrar's Office will continue to process deferment requests to lending agencies that do not participate in the Clearinghouse, however.

# UNIVERSITY POLICIES AND PROCEDURES

## NON-DISCRIMINATION

The Western University of Health Sciences, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and Sections 102 and 302 of the Americans With Disabilities Act of 1990, does not discriminate on the basis of race, color, national origin, religion, handicap or sexual orientation in any of its policies, procedures, or practices. In accordance with sex discrimination laws, the University will not tolerate acts of sexual harassment. In compliance with the Age Discrimination in Employment Act of 1967, Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, and Section 12940 of the State of California Government Code, the University does not discriminate against any employees or applicants for employment on the basis of age, ethnic origin, marital status, sexual orientation, or because of their status as disabled veterans or veterans of the Vietnam Era, or because of medical condition (as defined in Section 12926 of the California Government Code); nor does the University discriminate on the basis of citizenship, within the limits imposed by law. This non-discrimination policy covers admission, access, and service in the University programs and activities, and application for and treatment in University employment.

### Discrimination Complaint Procedure

Any student believing that he/she has been discriminated against in violation of the above policy of non-discrimination may file a complaint with the Dean of Student Affairs or her designee. Complaint forms may be obtained from the Dean of Student Affairs office. Retaliation against a person who reports, complains about, or participates in the investigation of alleged discrimination is prohibited. A student who believes that he/she is the victim of sexual harassment should follow the procedures specified in Western University's Sexual Harassment Policy (See below).

All complaints of discrimination shall be investigated promptly and resolved equitably. The Dean of Student Affairs will refer the matter to the appropriate Academic Dean, the Executive Vice President for Academic Affairs/CAO, or to Treasurer/Chief Financial Officer, (the "responsible official"), depending upon the nature of the discrimination that is believed to have occurred. The responsible official will investigate the complaint, and make a decision with regard thereto. The responsible official may appoint an ad hoc committee to conduct a hearing, and to make recommendations concerning any corrective action to be taken. The responsible official, taking into consideration the recommendations of the ad hoc committee (if applicable), will decide, in writing, what action is appropriate under the circumstances.

If a student is dissatisfied with the decision of the responsible official, he/she may appeal the decision to the President. The appeal shall be made, in writing, within seven working days of the written decision of the responsible official, and shall state any reasons why the person filing the appeal believes that the decision of the responsible official is incorrect. The President may affirm or reverse the decision, modify the action to be taken, or remand the matter for further proceedings. For purposes of action to be taken by Western University, the decision of the President shall be final. Any person who believes that he/she has been the victim of discrimination is, however, entitled to file a complaint with an applicable state or federal agency at any time during Western University's proceedings.

## UNIVERSITY FACILITIES, RESOURCES, AND SERVICES FOR STUDENTS WITH DISABILITIES

### General Policy:

The University endeavors to provide a welcoming and supportive community environment for students with disabilities.

Western University is committed to the fundamental principles of non-discrimination and accommodation in all of its academic programs as set forth in the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. These laws establish that students with disabilities may not, on the basis of their disabilities, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity at Western University.

In that spirit, the University acknowledges its obligations to make reasonable adjustments and accommodations to provide students with disabilities access to its programs in the most integrated setting possible.

1. Programs and Facilities:

a. While the University cannot provide a totally barrier-free environment, it does provide students with disabilities access to its programs and activities. Thus, while not every academic and nonacademic building is fully accessible, sufficient access exists to allow students with disabilities the equal opportunity to participate in the academic and social life of the University.

b. Although the University endeavors to make its programs accessible to individuals with disabilities, it recognizes that some disabilities may preclude an individual from successfully completing a given academic program. To provide guidance to individuals with disabilities, the University provides a description of what it considers to be the Minimum Technical Standards for Admission and Matriculation to each of its programs. Because it is not possible to address every possible circumstance, these Minimum Technical Standards should be considered as guidelines. Any student with a disability who believes that he or she is unable to meet the Minimum Technical Standards, but believes that a reasonable accommodation will permit that student to complete the program successfully, should contact the Learning Enhancement and Academic Development Office (LEAD) as soon after admission as possible. The University will determine whether it is appropriate to modify its Minimum Technical Standards.

c. As soon after admission to the University as possible, students with disabilities should contact the Learning Enhancement and Academic Development Office, which serves to coordinate disability services and to discuss any reasonable accommodation that may be required. Each case is dealt with on an individual basis.

d. Since the University is prohibited by law from making pre-admission inquiries regarding disability, the University relies on the voluntary provision of whatever information it needs to make reasonable accommodation for students with disabilities.

2. Resources, Services, and Auxiliary Aids:

The University provides certain services and reasonable accommodations, the nature and extent of which are based on the Center for Disability Issues and the Health Profession's assessment of individual need to achieve academic success. Those services and accommodations, provided in consultation with the student, are intended to allow qualified students with disabilities to pursue their educational careers in the most equitable and independent fashion possible.

3. Accessibility and Construction:

The Western University of Health Sciences, in compliance with sections 503 and 504 of the Rehabilitation Act of 1973, and in compliance with the Americans with Disabilities Act of 1990, does not discriminate on the basis of disability in any of its policies, procedures or practices. It is the policy of the University to provide qualified persons with disabilities with access to its programs in the most integrated setting possible. The following statement on construction, renovation, and alteration flows from the spirit of that non-discrimination principle.

a. Construction of New Buildings and Facilities:

1. New construction will comply with the guidelines and regulations set forth in Section 504, Title 234, and relevant state and local building codes. The primary standards for such construction are derived from the Uniform Federal Accessibility Standards (UFAS, 1984), the Amended Architectural Barriers Act (1984), and the Americans With Disabilities Act of 1990.

2. The University endeavors to employ the most barrier-free design and materials in new construction to provide superior access to the functions and programs that take place in those new facilities. The University's goal is to ensure full accessibility and usability of its new buildings.

b. Renovation and Alteration of Existing Buildings and Facilities:

1. The renovation and alteration of existing facilities will comply with Section 504 and applicable federal regulations, as well as relevant state and local codes, to enhance program accessibility. The University recognizes that Section 504 does not require structural changes to existing facilities where other methods are effective in achieving overall accessibility to the programs and services of the University.

2. Any renovation or alteration will, to the maximum extent feasible, be pursued in a way that makes the renovated or altered portion of the building accessible to a student with a disability. However, the design of many existing facilities makes it impractical or prohibitively expensive to renovate or alter them in such a way as to make them barrier-free.

## **SEXUAL HARASSMENT**

It is the policy of Western University that all persons, regardless of their gender, should enjoy freedom from discrimination of any kind. Sexual harassment is a form of sexual discrimination, and Western University will not tolerate such conduct by any member of the University community.

For purposes of this policy, "sexual harassment" means unwelcome sexual advances, requests for sexual favors, and other verbal, visual, or physical conduct of a sexual nature, made by someone from or in the educational setting, under any of the following circumstances:

1. Submission to the conduct is explicitly or implicitly made a term or a condition of an individual's employment, academic status, or progress.
2. Submission to, or rejection of, the conduct by the individual is used as a basis of employment or academic decisions affecting the individual.
3. The conduct has the purpose or effect of having a negative impact upon the individual's work or academic performance, or of creating an intimidating, hostile, or offensive work or educational environment.
4. Submission to, or rejection of, the conduct by the individual is used as the basis for any decision affecting the individual regarding benefits and services, honors, programs, or activities available at or through Western University.
5. Creating, transmitting, uploading, or downloading obscene materials not intended for academic use is strictly prohibited.

Examples of sexual harassment include, but are not limited to: pressure, subtle or overt, for sexual favors, accompanied by implied or overt threats concerning one's job, grades, or letters of recommendation; inappropriate display of sexually suggestive objects or pictures; unnecessary touching, pinching, patting or the constant brushing against another's body; use of sexually abusive language (including remarks about a person's clothing, body or bodily movement, or sexual activities).

Any student believing that he/she has experienced sexual harassment should resist such harassment and may file a complaint with the Dean of Student Affairs, or her designee. Complaint forms may be obtained from the Dean of Student Affairs' office.

To protect all parties involved, Western University handles sexual harassment complaints as confidentially as the circumstances permit. If the student believes that any official specified in these procedures was involved in any act of sexual harassment, he/she may file a complaint with another appropriate official specified in these procedures. Retaliation against a person who reports, complains about, or participates in the investigations of sexual harassment is prohibited.

All complaints of sexual harassment shall be investigated promptly and resolved equitably. Charges of sexual harassment may be handled through formal procedures, or, with the consent of both the complaining party and the alleged harasser, through informal procedures. Informal resolution of a charge of sexual harassment may take any of the following forms:

- a. A meeting among the Dean of Student Affairs, or her designee, the complainant, and the alleged harasser;
- b. A meeting among the Dean of Student Affairs, or her designee, and the alleged harasser; or
- c. A recommendation of professional counseling for either principal.

If a formal grievance procedure is requested by either the complainant or the alleged harasser, the Dean of Student Affairs will refer the matter to an appropriate official of Western University, as follows:

- a. In the case of an offending student, the complaint will be directed to the appropriate Academic Dean. The responsible official will investigate the complaint, and may refer the matter to the Student Conduct Committee. In this event, the hearing and appeal procedures applicable to the Student Conduct Committee shall apply.
- b. In all other cases regarding administrators, faculty or staff, the complaint will be made to the Executive Vice President for Academic Affairs/CAO, the Treasurer/Chief Financial Officer, or the Director of Human Resources. The responsible official may appoint an ad hoc committee to conduct a hearing, and

to make recommendations concerning the appropriate disciplinary action to be taken if the alleged harasser is found to have violated Western University's policy against sexual harassment. Both the complainant and the alleged harasser will be given notice of, and an opportunity to participate in, any hearing by the ad hoc committee.

Except for matters referred to the Student Conduct Committee, the responsible official, taking into consideration the recommendations of the ad hoc committee (if applicable), will decide, in writing, what action is appropriate under the circumstances. If either the complainant or the alleged harasser is dissatisfied with the decision of the responsible official, he/she may appeal the decision to the President. The appeal shall be made, in writing, within seven working days of the written decision of the responsible official, and shall state any reasons why the person filing the appeal believes that the decision of the responsible official is incorrect. The President may affirm or reverse the decision, modify the action to be taken, or remand the matter for further proceedings. For purposes of action to be taken by Western University, the decision of the President shall be final. Any person who believes that he/she has been the victim of sexual harassment at Western University is, however, entitled to file a complaint with an applicable state or federal agency at any time during Western University's proceedings.

### **DRUG-FREE ENVIRONMENT**

Western University is committed to maintaining a drug-free environment in compliance with applicable laws. The unlawful possession, use, distribution, sale or manufacture of controlled substances is prohibited on the University's campuses or any of its medical facilities. Violation of this policy may result in the appropriate disciplinary action up to and including termination or dismissal.

The illegal use of controlled substances can injure the health of fellow students seriously; adversely impair the performance of their responsibilities; and endanger the safety and well being of other students and members of the general public. Therefore, the University urges students engaged in the illegal use of controlled substances to seek professional advice and treatment. Any student who has a drug problem is invited to contact the Student Affairs Office anonymously at (909) 469-5341, to obtain information about available assistance. The Western University counseling center, (contact the Student Affairs Office for name and phone number), offers assistance to students. Students are encouraged to check with their private insurance carrier for available programs. For those with Western University insurance, the name and phone number for the insurance carrier is Renaissance, (800) 537-1777.

No one is immune from state or federal laws regarding the use of drugs. Anyone using drugs runs the risk of legal action and court conviction. Examples of local and state laws are listed below:

- Unlawful possession of a narcotic drug is punishable by imprisonment in the state prison.
- The purchase, possession or consumption of any alcoholic beverage (including beer and wine) by any person under the age of 21 is prohibited.
- It is not permissible to provide alcohol to a person under the age of 21.
- Selling, either directly or indirectly, any alcoholic beverage to anyone, except under the authority of the California alcoholic beverage control license, is prohibited.
- It is a felony to induce another person to take various drugs and "intoxicating agents" with the intent of enabling oneself or the drugged person to commit a felony. The person who induced the other may be a principal in any crime committed.
- It is a misdemeanor for any person found to be under the influence of an intoxicating liquor or drug in a public place and unable to care for his/her own safety or disorderly conduct.

As a condition of employment, an employee of the University, including any work-study students, shall notify his/her supervisor if he/she is convicted of a criminal drug offense occurring in the workplace within five days of the conviction. Failure to report a conviction may be grounds for dismissal. In the event that any such conviction involves an employee working on a federal grant or contract, the University is obligated to notify the granting or contracting federal agency within ten days of receiving notice of the conviction.

Students are required to notify the Dean of Student Affairs within five days of a conviction if they are convicted of a criminal alcohol or drug offense occurring on the campus. For the purpose of this policy, "campus" includes all experiential sites. Remedial actions and/or sanctions may be applied, up to and including dismissal.

Students who are Pell Grant recipients must report convictions for criminal drug violations, occurring on or off campus, in writing to the Director of Grants and Contracts Service at the U.S. Department of Education within 10 calendar days of such conviction.

This statement is being set in accordance with the Drug-Free Workplace Act of 1988 (Public Law 100-690) and the Drug-Free Schools and Communities Act Amendments of 1989 (Public Law Nos. 101-226, 103 stat 1928 - enacted December 12, 1989). The University will continue its efforts to maintain a drug-free environment by adhering to the above policy and providing drug awareness programs.

### **STUDENT HEALTH AND SAFETY**

Matriculants into Western University's health professions programs must submit evidence that they are in good health and should, therefore, be able to withstand the physical and mental pressures commonly placed upon professional students. The nature of health professions education necessarily brings students in close contact with a variety of illnesses and diseases, and the following policy has been established as a protective mechanism for students and patients alike. Students must maintain a health insurance policy for the duration of their education at Western University. Proof of such coverage is required at the time of each registration. Health insurance is available through the University at a reasonable cost.

### **DRESS CODE/IDENTIFICATION**

Students are required to dress in a professional manner at all times.

During classroom lectures, students are required to wear clothing that is in good repair (no patches). Footwear is required at all times. Dress for skills labs should not be worn outside the laboratory area. Tank tops, halters, scrubsuits and headgear (hats/helmets) are not to be worn in the classrooms. Shorts may be worn, but no more than 3" above the knee. Hair, beards, and mustaches must be clean, net, trimmed at all times. Students are expected to conform to the commonly acceptable social standards of personal hygiene.

White clinic jackets must be worn at Honors Day, Awareness Conferences, Health Fairs, and in all clinical settings.

Name pins must be worn at all times on rotations. University identification badges are also provided and must be worn at all times while on campus.

Students must dress professionally throughout the duration of every clinical rotation/assignment unless the preceptor of that rotation/assignment directs otherwise.

Exceptions to the dress code may be requested from the appropriate Academic Dean.

### **SMOKING**

As a graduate university of medical health sciences committed to training and educating health care professionals, we have a responsibility to be a role model for proper health maintenance and prevention. We are concerned about the health and well-being of all individuals who learn and work here, as well as those who visit. Out of respect and loyalty to the University, its mission and its constituents, smoking is not permitted inside campus buildings, health care facilities where patient care is delivered, or inside University vehicles.

### **REQUIRED IMMUNIZATIONS**

Since students will have some exposure to patients during the first year, **NO STUDENTS WILL BE ALLOWED TO MATRICULATE UNTIL THEY HAVE SUPPLIED PROOF THAT THEY ARE CURRENT ON THE FOLLOWING IMMUNIZATIONS AND HEALTH SCREENINGS:** MMR (measles, mumps, rubella) (proof of immunization or serologic titers showing immunity), Polio, Tetanus/Diphtheria (within 10 years), Hepatitis B (proof of completion of 3 shot series or serologic titers showing immunity), P.P.D. (Purified Protein Derivative) (within the last six months) or chest x-ray (within the last year), Varicella (chicken pox) - proof of completion of the age appropriate immunization series or positive serologic titers. Students entering the DVM program must also show proof of completion of the primary rabies vaccination series. These immunizations/tests may require updating on a more frequent

basis prior to beginning clinical training if specified in the affiliation agreement with the clinical training site. **POSITIVE PPD OR CHEST X-RAY MUST BE FOLLOWED UP AT THE UNIVERSITY CLINIC.**

Such proof is not required for an individual who submits an affidavit or certificate signed by a physician, duly registered and licensed to practice in the United States, in which it is stated that, in the physician's opinion, the immunization required would be injurious to the health and well-being of the student or any member of his or her family or household. Unless a lifelong condition is specified, the affidavit or certificate is valid for only one year from the date signed by the physician and must be renewed each year for the exclusion to remain in effect.

No student will be permitted to register or attend classes without having proof of completing required immunizations.

### **FOOD IN LECTURE HALLS, LABORATORIES AND LIBRARY**

Food is not allowed in the lecture halls or laboratories. Drinks in closed containers are permitted. Occasionally, noon-hour lectures or seminars are scheduled in lecture halls. At these times, students are permitted to bring their lunches; however, care must be taken to dispose of all refuse in trash containers after the lecture. The student lounges may be used for eating.

Food is allowed on the first floor of the library only.

### **VIDEOTAPING, AUDIOTAPING, STILL PHOTOGRAPHY AND DIGITIZED NOTE TAKING IN LABORATORIES AND LECTURE HALLS**

Videotaping, audiotaping, still photography and digitized note taking are not permitted in University laboratories and lecture halls without the express permission of the involved instructor. If a student wishes to utilize one of these recording methods, each student must request permission of the instructor prior to or at the first day of a given lecture series or laboratory class. The Center for Disability Issues and the Health Professions will obtain permission from the instructor on behalf of any students requiring such approved accommodations prior to the start of a given semester or course, or as soon as possible if a student's disability arises or is declared after the start of a semester or course.

Such materials are only for the personal use of the individual student, and any further duplication, dissemination or retransmission of these materials in any format is prohibited without the expressed written permission of the instructor and the Office of Academic Affairs.

### **ELECTRONIC COMMUNICATIONS**

Every student of Western University is provided access to a westernu.edu e-mail address. Most official communications to students will be sent to this e-mail address. It is therefore expected that each student will check their e-mail on a regular basis to keep informed. Computer terminals are available in the computer lab on the second floor of the Health Sciences Center for student use.

### **NETWORK ACCEPTABLE USE POLICY**

Western University Computing Resources (WUCR) are intended to support and enhance the mission of the University. This Acceptable Use Policy (AUP) states the rules regarding the use of these technologies. This AUP complements and supplements, rather than replaces, other policies concerning appropriate conduct of employees and students of Western University. WUCR includes any computer, computer-based network and supporting infrastructure, computer peripheral, operating system, software or any combination thereof, owned by Western University or under the custody or control of Western University. This policy also applies to any of the above mentioned items which fall under company and or personal ownership, used in conjunction with any portions of the Western University Networked infrastructure. In this regard, use of Western University Computing Resources is granted based on the acceptance of the following rules.

Users shall:

1. be responsible for using these computing resources in an effective, ethical and lawful manner.

2. use only those facilities for which they have authorization, whether these facilities are at Western University or at any other location accessible through a network.
3. take all reasonable steps to protect the integrity and privacy of the WUCR including software and data. In particular, users shall not share with others the access codes, account numbers, passwords or other user privileges that have been assigned to them.
4. respect the copyrights of the owners of all software and data they use.
5. respect the privacy of others. This includes, but is not limited to, respecting the confidentiality of email, files, data and transmissions.
6. refrain from using WUCR for any unauthorized or illegal purposes. Such purposes might include destruction or alteration of data owned by others, interference with legitimate access to computing resources or harassment of users of such resources at Western University or elsewhere, unauthorized disruption of WUCR, attempts to discover or alter passwords or to subvert security systems in WUCR or in any other computing or network facility.
7. properly identify themselves in any electronic correspondence and provide valid, traceable identification if required by applications or servers within the WUCR or in establishing connections from the WUCR.
8. be responsible for checking their individual Western University e-mail on a regular basis. Western University may send official University correspondence to employees and students using their Western University e-mail address.

The level of privacy granted users does not exceed that of reasonable expectations. System failures or design faults may compromise this privacy, and users should also recognize that authorized Western University personnel may have access to data and software stored on WUCR while performing routine operations or pursuing system problems. Users should further recognize that, as specified in the relevant policies at Western University, authorized Western University personnel have the obligation to take reasonable and appropriate steps to ensure the integrity of the Western University Computing Resources, and to ensure that these policies are observed.

Individuals are advised that improper use of University resources, as described in this policy, may violate State and/or Federal regulations and subject the University and the individual to legal action. The University will take appropriate, necessary steps to insure its ongoing compliance with all State and Federal laws and protect the University from any legal actions.

Western University reserves the right to revise, amend, or modify its Acceptable Use Policy at any time and in any manner. Notice of any revision, amendment, or modification will be posted.

Please note: The on-line version of this policy may be updated from time to time. Use the on-line version as the authoritative and current source.

Questions concerning this policy should be directed to the Technical Support Desk. Please call (909) 469-5342, or email [techsupport@westernu.edu](mailto:techsupport@westernu.edu).



# GENERAL ACADEMIC POLICIES AND PROCEDURES

The University endeavors to provide an environment in which students may develop into effective health care providers. Freedom of inquiry and expression are essential to a learning environment. Students are encouraged to develop a capacity for critical judgment and engage in an independent search for truth. The responsibility for securing an environment conducive to freedom of inquiry and learning is shared by the students, faculty and administration. As a part of that shared responsibility, the University has adopted Standards of Academic and Professional Conduct.

## **Educational Philosophy**

The educational programs of Western University are based on the belief that schooling not be allowed to get in the way of education and that the content and substance of the curriculum, as well as the instructional and planning processes used to carry it out, reflect a humanistic approach. In short, the University strives to provide people-oriented programs so that its students become people-centered practitioners.

### **1. Standards of Academic and Professional Conduct**

Complete confidence in the honor and integrity of the health professions student and health care professional is essential. Such confidence depends entirely on the exemplary behavior of the individual health care provider in his or her relations with patients. Strict honesty as a personal way of life should be nurtured during the period of education for professional service. The student shall conduct all aspects of his or her life with honor and integrity. This includes accountability to oneself and to relationships with fellow students, future colleagues, faculty, and patients who come under the student's care and contribute to his or her training and growth.

Upon accepting admission to the University, each student subscribes to and pledges complete observance to the Standards of Academic and Professional Conduct as outlined in this Catalog. A violation of these standards is an abuse of the trust placed in every student and could lead to suspension or dismissal.

### **2. Orientation/Registration**

Attendance at Orientation is mandatory for all incoming first-year students for the DO, PharmD, DPT, DVM, MSPA, and MSN/FNP programs.

- a. Students will be required to register in person on the registration day specified in the University Calendar or as otherwise directed by the Registrar. Assessed tuition and fees and all prior debts must be paid in full on or before registration day each academic year.
- b. Matriculation is subject to satisfactory completion of all academic requirements and payment of all outstanding debts to the University.
- c. The receipt of final transcripts from undergraduate colleges and a physical examination with documentation of required immunizations are additional requirements for incoming students.
- d. All DO, DPT, DVM, MSPA, PharmD and MSN/FNP students must show proof of current health insurance coverage at the time of registration. This coverage must be maintained in effect throughout the period of matriculation at Western University. If there is no proof of current coverage, a health insurance policy provided by the University is available.

### **3. Withdrawal from University/Program**

Matriculation at the University is a privilege granted in consideration of specified levels of performance and of maintaining the established standards of scholarship and personal and professional conduct. The University reserves the right to require withdrawal at any time it deems necessary to safeguard its standards of scholarship, conduct and orderly operation. The student concedes this right by act of matriculation. See Program Specific sections of this Catalog.

Application for voluntary withdrawal from the University/Program must be made in writing to the appropriate Academic Dean. Except in rare and special circumstances, the application will be accompanied by a personal interview. Every effort should be made by the student to assure that no misunderstandings or errors occur in the withdrawal process. Students who leave the University/Program without notifying the office of the Dean and the office of the Registrar, and without completing the established withdrawal procedures within 30 days, will be terminated automatically from the University.

In addition, students must report to the Registrar's Office to sign the withdrawal form to officially withdraw from the University/Program. Students who do not complete this application for voluntary withdrawal will not be considered for re-admission at a later date.

Students who withdraw "in good academic standing" are not assured of re-admission unless it is a part of the final decision and/or agreement made between the appropriate Academic Dean and the withdrawing student. This final decision and/or agreement must be in writing so that it is clear to all parties involved. Students who are granted re-admission following withdrawal in good academic standing usually re-enter at the beginning of the next academic year and register for all courses scheduled during the academic year of their withdrawal, including those previously completed and passed, unless so stipulated.

Students who withdraw "not in good academic standing" must request re-admission through the University's Admissions Application process unless otherwise stipulated.

#### **4. Leave of Absence**

A student may request a Leave of Absence with the occurrence of a medical problem, serious personal problems, or health related issues.

Students requesting a Leave of Absence must apply in writing to the appropriate Academic Dean. In the event of a medical problem, the request must be accompanied by a letter from a physician describing the nature of the disability for which the leave is requested and the estimated length of time needed for recovery.

After consultation with the student, the respective Academic Dean will decide whether or not the leave is to be granted and the conditions under which the student may return to school. A student requesting a leave of absence during or at the end of the academic year must go through the following procedure:

- a. In writing, request a Leave of Absence from the appropriate Academic Dean.
- b. Obtain a Leave of Absence form from the Registrar. After completing the student's portion, meet personally with the appropriate Academic Dean or designee to discuss the reason for the leave. After consulting with the appropriate Academic Dean/designee, the Dean/designee will sign the Leave of Absence form indicating his/her approval to proceed with the remainder of the exit process.
- c. Take the form to the faculty advisor, who will provide counsel and sign the form.
- d. Take the signed Leave of Absence form to the other listed administrative officials for their signatures.
- e. Return the signed form to the Registrar, who will sign and date the Leave of Absence form.

Provided the leave of absence is approved, the official date of the leave of absence will be the original date of receipt of the student's request and any tuition charged will be in accordance with the institution's refund policy.

Leaves of absence requested for a full academic year will be for one year only with expected reinstatement at registration for the following year. Leaves of absence requested after registration for any given academic year will be granted for a period not to exceed the number of months remaining until the registration date for the next academic year. During the leave of absence, students are entitled to library privileges with the exception of checking out books, use of the student lounges, and participation in student clubs. It is required that the student maintains a health insurance plan throughout the period of the leave.

A student who is granted a leave of absence for one year or more, must submit a letter of intent to re-enroll to the appropriate Academic Dean, at least three months prior to the requested date of return. The letter must also be accompanied by a \$500 tuition deposit. It is the student's responsibility to keep the Registrar informed of any change of address while on a leave of absence.

If the student has not paid 100% of the tuition during the year in which the leave is granted, the balance of the tuition plus any increase of tuition or fees will be payable in the next year of attendance. All appropriate tuition and mandatory fees are due prior to graduation.

Leaves of absence will be limited to a maximum of 2 years.

The term and conditions of any leave will be determined by the appropriate Academic Dean.

#### **5. Academic Advisement**

Students will be assigned a faculty advisor upon matriculation. Advisement by a faculty advisor should be viewed by the student as a part of the academic process. If either the student or faculty member does not find the relationship helpful, either is free to seek a change. This request should be made to the appropriate

Academic Dean or designee. It is the student's responsibility to meet periodically with his/her advisor. A student on probation must contact his/her faculty advisor at least once a month.

**6. Attendance and Absences**

Attendance is required at all scheduled instructional periods. Absence from instructional periods for any reason does not relieve the student from responsibility for the material covered during the periods missed.

**7. Student Academic Progress Committee**

See the appropriate **Program Specific** section of this catalogue.

**8. Standards of Professional Conduct: Statement and Procedures**

Complete confidence in the honor and integrity of the health professional is essential. Such confidence depends entirely on the exemplary behavior of the individual in his/her relations with patients, faculty and colleagues. Strict honesty as a personal way of life should be nurtured during the period of education for professional service.

The student shall conduct all aspects of his/her life with honor and integrity. This includes accountability to oneself, to relations with fellow students, future colleagues, faculty and patients who come under the student's care or contribute to his/her training and growth, and members of the general public. This applies to personal conduct that reflects on the student's honesty and integrity in both academic and non-academic settings, whether or not involving a University sponsored activity.

Professional Concerns - Upon accepting admission to the University, each student agrees to abide by basic standards of honesty and academic integrity. Students should only matriculate here if they agree with these basic standards. They include, but are not limited to, the following:

- a. A student never represents the work of others as his/her own.
- b. A student should acknowledge the other members of the group when work is carried out jointly.
- c. A student never gives or receives assistance during an exam.
- d. A student is always accountable to clinical faculty while on clinical training.

Acts of dishonesty, invasion of privacy, theft, acts of violence, sexual harassment and disrespect for personal and University property are examples of unacceptable behavior.

The administration, faculty and staff are here to serve the students. Personal gifts are discouraged, and monetary gifts are prohibited.

**Reporting Alleged Violations** - Upon witnessing a possible professional violation, any member of the academic community should report the incident to the respective Academic Dean or other appropriate University official. If the conduct involves a particular course of program, the classroom instructor or the clinical training program supervisor should be advised. Depending on the nature of the conduct, an individual witnessing a possible violation may choose to talk to the transgressor on an individual basis to attempt to resolve the problem before reporting it to University officials. The individual receiving the report will dispose of the violation in an appropriate manner. If there appears to be adequate cause, a report should be submitted in writing to the appropriate Academic Dean. The report should include the name and signature of the individual making the report.

In most circumstances, the Academic Dean will meet with the student to discuss the nature of the possible violations that have been reported and the actions, if any, that the Dean intends to take. The Dean may resolve the matter without convening a hearing before the Student Conduct Committee, unless the student requests that a hearing be convened. In some circumstances, the Academic Dean or the Executive Vice President for Academic Affairs/Chief Academic Officer may refer the matter directly to the Student Conduct Committee for hearing.

When a matter is referred to the Student Conduct Committee, the University shall prepare appropriate written charges based on all information reported or known. Any appropriate representative of the University acting with the consent of the Dean or the Executive Vice President of Academic Affairs/Chief Academic Officer may prepare the written charges. The Chair of the Student Conduct Committee, or the chairperson of the hearing panel that will hear the matter, will notify the student of the time and date of the hearing and shall provide the student with a copy of the written charges.

## **9. Student Conduct Committee**

**Purpose** - The Student Conduct Committee considers violations of the Standards of Professional Conduct when requested by the respective Academic Dean.

**Composition** - The Student Conduct Committee is composed of elected faculty members and student representatives. The Dean of Student Affairs is a non-voting, *ex officio* member of the committee. When the Dean of Student Affairs is absent or unavailable, a designated representative will participate in Student Conduct Committee proceedings or hearings. Student representatives shall participate as members of hearing panels when a matter concerning a student is referred to the Student Conduct Committee for hearing.

**Hearing Panels** - When a matter concerning a student is referred to the Student Conduct Committee, it will be determined by a hearing panel comprised of three faculty members serving on the Student Conduct Committee and two student representatives. Student representatives shall be from the same College as the student involved, and shall be selected from the Vice Presidents and Secretaries of each class on campus. The Chair of the Student Conduct Committee shall appoint the individuals who will serve on the hearing panel, and shall designate one member of the hearing panel as its Chairperson. If it is not reasonably feasible for the Chair of the Student Conduct Committee to appoint hearing panel members from the foregoing individuals, either because of a conflict of interest or for any other reason, the Chair may appoint alternate faculty members or student representatives to serve on the hearing panel. The Dean of Student Affairs, or a representative of the Dean of Student Affairs, is entitled and normally participates as a non-voting, *ex officio* member of each hearing panel. Each hearing panel acts with the full authority of the Student Conduct Committee, and the hearing panel's determination constitutes the determination of the Student Conduct Committee as a whole.

### **Protocol for Meetings on Alleged Violations of Professional Conduct -**

- a.** The chairperson of the Student Conduct Committee, or the chairperson of the hearing panel, will notify the student in writing of the specific charges and the time and date of the hearing when the charges will be considered. The notice also shall state whether expulsion from the University may be considered if the charges are found to be true.
- b.** Except as provided below, the meeting will be closed to all individuals not directly involved. The hearing panel may exclude witnesses, except during the time they are testifying.
- c.** If the notice of the hearing states that expulsion from the University will be considered if the charges are found to be true, or if other circumstances warrant, the student may request permission for a mentor to appear at the meeting to assist the student. The advisor is normally limited to advising the student and is not permitted to examine witnesses or otherwise participate directly in the proceeding. However, the hearing panel may permit the mentor to participate directly where special circumstances are shown that warrant such participation. The student shall make any request for permission for a mentor to appear or participate in writing, which shall identify the mentor the student desires and provide any additional information the student deems relevant to the request. Normally, the chairperson of the hearing panel will inform the student within three business days of receipt of the request whether the mentor will be permitted to attend the hearing.
- d.** If requested, the specific charges will be read to the student by the chairperson of the hearing panel. If the charges are not read, the charges will be deemed to be those specified in the notice of the hearing.
- e.** The student may testify and present evidence and witnesses on his/her behalf. The student is subject to questioning by members of the hearing panel, as are all witnesses.
- f.** The student may question witnesses called by the hearing panel.
- g.** The hearing panel may, if it chooses, consider affidavits, declarations and other written statements and documents. Under normal circumstances, the student shall be provided copies of any such documents at least two days prior to the hearing. If the student desires to present any written documents, they must be provided to the hearing panel at least two days prior to the hearing. The hearing panel shall give such weight to the documents, as it deems appropriate under the circumstances.
- h.** The chairperson of the hearing panel, at his/her discretion, may continue any hearing if warranted due to the unavailability of a person considered important to the hearing or due to other circumstances. It shall be the responsibility of the student to present all evidence he/she deems relevant at the scheduled hearing unless such evidence cannot be presented due to circumstances beyond the student's control.
- i.** The hearing panel shall determine whether, based on the evidence presented, it is more likely than not that the charges made are true.

j. The hearing panel determines that the charges are true, it shall also make a recommendation with respect to sanctions to be imposed. The hearing panel may consider any prior disciplinary action against the student and any other information it deems pertinent in making a recommendation. The student shall have the right to present evidence of any mitigating circumstances he/she deems relevant, but such evidence must normally be submitted within two days of notification to the student that the hearing panel has found the charges to be true.

k. No deviation from the procedures specified herein shall be grounds for objection by the student unless the student calls an error to the attention of the hearing panel in time to permit the hearing panel to conform to the specified procedure. Moreover, procedural deviations shall not be grounds of objection where, under all of the facts and circumstances, the student has been provided fair notice of the charges and a fair hearing.

l. The hearing panel will make its recommendations to the appropriate Academic Dean.

Status of Student Pending Action - Pending a determination by the appropriate Academic Dean following a hearing and a recommendation by a hearing panel of the Student Conduct Committee, the status of the student will not be altered except for reasons of his/her physical and emotional well being or for reasons relating to the safety of other students and University personnel. Thereafter, the status of the student will not be altered pending determination of a timely appeal by the student, except that the Executive Vice President for Academic Affairs/Chief Academic Officer shall have the discretion and authority to suspend the student or take other action at any time during the appeal process, if consistent with the decision of the Academic Dean. The University further reserves the right to withhold the award of any degree at any time disciplinary charges are pending against a student.

Right of Appeal - See Student Appeal Process

## 10. Promotion

Promotion is defined as progression from one academic year or program phase to the next.

a. A student will be recommended to the appropriate Academic Dean for promotion by the respective Student Academic Progress Committee.

b. A student may not be recommended for progression from one academic year to the next with any outstanding grades of "I", "U", "R", or "NCr" on his/her academic record or with a yearly grade point average or cumulative percentage score of less than the minimum required for promotion (see appropriate **Program Specific** section of this catalogue).

c. When considering a student for promotion, his/her professional, ethical, and personal conduct may also be taken into consideration (as described under **Probation a-3**).

d. A student will be promoted provided that all academic, legal and financial requirements of the University, as stated elsewhere in the *University Catalogue*, have been satisfied.

## 11. Probation

a. Probation is defined as a period of time, specified by the appropriate Academic Dean, during which the student's progress will be closely monitored by the respective Student Academic Progress Committee and the respective Dean. To monitor a student on probation closely during clinical training, the individual program reserves the right to assign his/her remaining clinical rotations/assignments. A student will be placed on probation for any of the following reasons:

1. Inadequate academic progress as determined by the specific Student Academic Progress Committee (see appropriate **Program Specific** section of this Catalog).

2. When directed to repeat a year for academic reasons.

3. Seriously deficient ethical, professional, or personal conduct.

Professional and personal conduct includes: attendance, cooperation with instructors, interest shown in assigned work, attitude toward fellow students and associates and toward personnel of hospitals, approach to and interaction with patients, as well as personal appearance appropriate to the circumstances.

The terms of probation for ethical, professional, or personal conduct will be specified at the time the student is placed on probation.

- b. When a student is placed on probation, he/she will be notified in writing by the appropriate Academic Dean and the reasons will be stated. Notification must be sent by Certified Mail or hand-delivered and acknowledged by signatures of the student and the appropriate Academic Dean or his designee. Copies of the letter will be placed in the student's permanent file and distributed to the Chairman of the Student Academic Progress Committee and the student's Faculty Advisor. The Student Academic Progress Committee will consider when the terms of the academic probation have been satisfied and recommend to the appropriate Academic Dean that probation can be rescinded.
- c. A student on probation may not serve as an officer of any official University or College club or organization and should not engage in time-consuming extracurricular activities. No student on probation will be permitted to enroll in an elective course.
- d. On-campus students on probation must meet with their faculty advisor at least once each month. Off-campus students on probation must contact their faculty advisor once a month. It is the student's responsibility to contact the faculty advisor to arrange for these meetings.
- e. A student will remain on probation until the program specific minimal acceptable academic standards are met again.
- f. A student will be removed from probation when the specified terms of probation for ethical, professional, or personal conduct are met. The student will be notified in writing.

## **12. Remediation**

Every effort will be made to provide each student ample opportunity to demonstrate competency in each area of the academic program. Please see appropriate **Program Specific** section.

## **13. Remediation: Financial Aid Policy**

Students who are required to repeat coursework due to an unsuccessful prior attempt must contact a Financial Aid officer in regard to financial aid eligibility.

Students who have been recommended by the Student Academic Progress Committee and appropriate Academic Dean to repeat the year due to unsatisfactory progress (GPA) or in cases where there is a satisfactory GPA, but deficiencies are noted that impede promotion, the following criteria must be met to be eligible for financial aid:

- a. Full time attendance recorded.
- b. Placed on one-year probation.
- c. Must be tested and graded.
- d. Must be monitored closely.

It is the student's choice to audit course work to strengthen skills as long as he/she has met satisfactory progress such as GPA and is fully aware that he/she will not be eligible to apply for any financial aid to cover these audit costs. The student will be financially responsible for himself/herself until promoted by the appropriate Academic Dean.

If, at the end of the academic year, the student is still considered to be making unsatisfactory progress and must remediate, he/she is removed from the list of Title IV and Title VII financial aid recipients.

Summer remediation is not covered by financial aid and cannot be considered an expense item on the next year's budget

Appropriate tuition and fees will be determined by the Treasurer/Chief Financial Officer.

## **14. Summary Suspension**

Each student is expected to govern his/her conduct with concern for other individuals and for the entire University community. Actions that threaten or endanger, in any way, the personal safety and/or well being of self or others, or that disrupt or interfere with the orderly operation of the University are cause for immediate disciplinary action.

Either the President, Executive Vice President for Academic Affairs/CAO, or appropriate Academic Dean has the authority to summarily suspend a student when the student admits to guilt or when, in the opinion of the President, Executive Vice President for Academic Affairs/CAO or appropriate Academic

Dean, such action is appropriate to protect the health or safety of any individual, or to preserve the orderly operation of the University.

When a student is summarily suspended, the student shall be informed, in writing, of the specific charges on which such suspension is based. Such notice shall be delivered personally to the student or mailed by certified mail within forty-eight (48) hours of the imposition of the suspension. Such conduct by a student shall be considered a violation of the Standards of Professional Conduct and suspected violations will be handled by the procedures outlined under Standards of Professional Conduct section of this Catalog.

Appeal of the decision of the respective Academic Dean can be made to the Executive Vice President for Academic Affairs/CAO. Any student who has been summarily suspended may also request, in writing to the appropriate Academic Dean, a hearing by the Student Conduct Committee, and a hearing shall be convened within ten (10) working days of the date such request is made. Students who are suspended are not entitled to remain in class or on clinical rotations/assignments during the appeal.

## **15. Dismissal**

The University may dismiss at any time it deems necessary to safeguard its standards of scholarship, conduct and orderly operation. The Student Academic Progress Committee or the Student Conduct Committee may recommend dismissal of a student for any reason it deems appropriate. Furthermore, conviction of a felony while a matriculant at Western University may be grounds for dismissal.

The Student Academic Progress Committee may recommend dismissal of a student as provided in the Program Specific section of this Catalog.

The Student Conduct Committee may recommend dismissal of a student for matters pertaining to suspected personal or professional misconduct that include, but are not limited to: academic integrity, unsatisfactory attendance, inappropriate interaction with instructors, fellow students, and University and hospital personnel, improper approach to and interaction with patients, and inappropriate personal dress/appearance.

In its deliberations, the Student Conduct Committee/Student Academic Progress Committee may consider the student's academic record and will also consult with the student's faculty advisor, the student, and other faculty and administrators when appropriate. After considering all pertinent information, the Student Conduct Committee/Student Academic Progress Committee will forward its written recommendation regarding dismissal to the appropriate Academic Dean.

The decision will be made by the appropriate Academic Dean, based upon the recommendation of the Student Academic Progress Committee or Student Conduct Committee. The Student Academic Progress Committee or Student Conduct Committee will base its recommendation not only on the student's academic record, but will also consult with the student's faculty advisor, other faculty and administrators, and the student involved, when appropriate.

## **16. Student Appeal Process**

The appropriate Academic Dean shall have the authority to make decisions regarding a student's status in matters of academic suspension, student conduct, academic progression/promotion, and graduation. The decision will be based on input from appropriate sources that may include the following: individual instructors, faculty, and appropriate committees.

- a. Within five (5) working days following written notification to the student of the action of the respective Academic Dean, the student may appeal the decision in writing to the Executive Vice President for Academic Affairs/CAO. Upon written request from the student, the Executive Vice President for Academic Affairs/CAO shall review the case and, within seven (7) working days, shall issue a decision in writing to the student, which may affirm, modify, or reverse the previous action. A copy of that letter shall be sent to the Dean, and other appropriate individuals.

The decision of the Executive Vice President for Academic Affairs/CAO will be final.

- b. The student may remain in class or on clinical rotations/assignments pending the outcome of appeals, except in cases of summary suspension, and except when the Executive Vice President for Academic Affairs/Chief Academic Officer has suspended the student or has otherwise determined that it is inappropriate for the student to remain in class or participate in clinical rotations/assignments, consistent with the decision of the Academic Dean that is being appealed.

c. If a student is suspended for any reason, all student financial aid will be withheld until the appeal process is resolved by reinstatement of the student or dismissal of the student. If reinstated, the financial aid funds can be released to the student. If the student is dismissed, the funds will be returned to the proper agency/lender respectively.

#### **17. Protocol for Input on Matters of Student Concern**

When a student has a personal concern involving a teacher or course that is not of general interest to the class, he/she should speak to the professor directly.

If the concern might involve more of the class, he/she should take the concern to the appropriate class representative (e.g., curriculum representative or class president) so they might sample class opinion to find out the extent of concern.

If, in the opinion of the class representative, the concern is valid, the class representative should bring the matter to the attention of the class professor with the object of resolving it at that level.

If the matter cannot be solved between the class and the professor, it should be taken to the Academic Dean or designee. If the matter cannot be handled properly by the respective Dean, or if the students feel it was not, it should be taken to the Executive Vice President of Academic Affairs/CAO, whose decision shall be final.

**Note:** Grade appeals may not be pursued under this protocol.

#### **18. Legal Limitations on Practice of Health Care**

It is a violation of the law and contrary to the policy of this University for any unlicensed person to attempt to engage in professional practice of health care. Students, therefore, are cautioned to confine such activities to duly licensed and supervised teaching clinics.



## TUITION AND FEES

Tuition and fees are subject to change without notice upon approval by the Board of Trustees. Mandatory fees for each student are non-refundable. For complete information about tuition and fees, refer to the appropriate section for each program.

### FUTURE TUITION RATE INCREASES

You can expect that tuition increases will be part of your educational experience at Western University; however, one should know that the Board of Trustees and the administration of this University strive each year to keep tuition at a reasonable level. While we are committed to quality educational programs, the inevitable increases in operating costs each year make it necessary to adjust tuition accordingly. The administration will communicate tuition rate adjustments as soon as they are determined by the Board of Trustees.

### TUITION AND MANDATORY FEES

#### Tuition and Fee Payments

Tuition is assessed in two installments. The first assessment of tuition and fees occurs at the beginning of each academic year, and the second is assessed approximately half-way through the academic year. Depending on the academic program, each required payment corresponds to a “period of enrollment.”\* A refund policy for a withdrawal or a leave of absence has been established to address the receipt of private payment and Title IV Student Financial Aid funds (see **Tuition Refund Policy** below).

Western University charges tuition based on an “academic” year and covers two period of enrollment. The number of weeks of instructional time during the period of enrollment is measured beginning on the first day of class and/or rotation and ends on the last day of class and/or rotation.

*\*Students in the Master of Science in Health Professions Education program will pay tuition and fees on a trimester year. Refunds will be based on the trimester.*

#### Other Fees

- a. Audit/Remediation Fee: The fee charged for auditing or remediating a class will be calculated on a prorata basis.
- b. Other Fees and Expenses

Late Registration Fee	\$ 30 per day
Breakage Fee	Cost of Replacement
Lost I.D. Badge	\$ 10
Lost Locker Key	\$ 40
Copy of Official Transcript (each)	\$ 5
Faxed Transcript	\$ 10
Copy of Student File Material	25 cents per page

### PRE-PAID TUITION PLAN

The Prepaid Tuition Plan allows for payment of future years’ tuition at the current tuition rate. This option will assist in avoiding future tuition increases. The payment must be received at least one year before the start of the next academic year.

Mandatory fees will be charged annually and are not included in the prepayment provisions. For additional information, please contact the Financial Aid Office at (909) 469-5354 or the Bursar’s Office at (909) 469-5403.

## **WESTERN UNIVERSITY TUITION REFUND POLICY**

Western University has established a refund policy for all students who find it necessary to withdraw from the University. Students who elect to withdraw or take a leave of absence during the academic year must submit prior written notification to the appropriate Academic Dean according to the procedures specified in this Catalog for their program. Western University may amend its institutional refund policy at any time. Amendments will become effective for the academic year that follows official notification of the amendment. Any questions concerning Western University's refund policy should be directed to the Bursar's Office.

### **Calculation of Amount of Eligible Tuition Refund**

The amount of tuition refund for which the student is eligible is computed as follows:

- If the day the student withdrew was on or before the student completed 60 percent of the enrollment period for which tuition was paid, the percentage refund is computed as one hundred percent minus the percentage of the enrollment period that has elapsed up to the date of withdrawal.
- Students who withdraw after completing 60 percent of the enrollment period for which tuition was paid are not entitled to a refund.

### **Determining the Withdrawal Date**

The withdrawal date is:

- a. The date the student begins the withdrawal process prescribed by the respective College;
- b. The date that the student otherwise provided official notification to the respective College of the intent to withdraw; or
- c. The midpoint of the payment period for which Student Financial Aid Programs Assistance was disbursed or a later date documented by the respective College, if the student did not begin the withdrawal process or otherwise notify the respective College of the intent to withdraw.

If the College determines that a student did not begin the withdrawal process or otherwise notify the respective College of the intent to withdraw due to illness, accident, grievous personal loss or other circumstances beyond the student's control, the College may determine the appropriate withdrawal date.

For additional information regarding refund policies for student participating in Student Financial Aid Programs, see **Financial Aid** below.

## **COMPREHENSIVE HEALTH PLAN**

It is mandatory that all Western University students have a health insurance plan in force at the time of registration. If a student can show valid proof of personal health insurance to the Plan Administrator, at least equal in benefits to the plan recommended by the University, it will not be necessary to purchase any additional insurance. If valid proof of other insurance cannot be shown, the student will automatically be enrolled in the health insurance plan made available by the University. This is described in the health plan brochure provided at the time of registration. There are several available options. The plan with the better benefits is recommended. Dependent coverage, although not required, is optional at an additional premium (see Health Plan Brochure).

## FINANCIAL AID

Financial aid is not intended to replace the financial responsibility of the student; rather, it is intended to supplement what the family can provide. Students are required to complete the Free Application for Federal Student Aid (FAFSA) each year they are seeking financial aid. The information provided is used to create an analysis of each student's financial ability to contribute toward their educational costs. Students may complete the FAFSA application via the Internet at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Students are required to inform Western University's Financial Aid Office of all financial assistance (including scholarships) they receive.

More detailed information on the various types of scholarships and awards can be found at Western University's website under "Financial Aid." Western University reviews and administers all of its programs without discrimination as to race, creed, sex, national origin, or non-disqualifying handicap.

### FINANCIAL AID AND THE WORLD OF PRIVATE PHILANTHROPY

Beyond the various federal, state, and other public and commercial funding sources, there is another sector that provides valuable support to Western University students. It is the world of private philanthropy: those individuals, corporations, and foundations who willingly accept the responsibility of serving as good citizens of the larger society. These benefactors contribute to assisting students in achieving their education goals and, ultimately, to the quality of health care delivered to the public.

### DEPARTMENT of EDUCATION

#### TITLE IV PROGRAMS

##### Federal Financial Aid Program Criteria

To be eligible for federal financial aid programs, students must be U.S. citizens or permanent residents of the United States, attending at least half-time, and making satisfactory progress toward their degrees. The amount of financial aid awarded by the school can never exceed the educational cost of attendance. Students can not be in default on any educational loan or owe a refund on any state or federal educational grant. In addition, all male students must have completed U.S. Selective Service registration requirements to qualify.

**Federal Subsidized Stafford Loan:** Available to undergraduate and graduate students by participating lending institutions and guaranteed by the federal government. The interest on these loans is subsidized (paid) by the federal government while the student is enrolled at least half-time in school.

**Federal Unsubsidized Stafford Loan:** Available to undergraduate and graduate students by participating lending institutions and guaranteed by the federal government. However, the federal government does not pay the interest while the student is in school. Subsidized Stafford loan eligibility must be determined first, before a student can apply for an Unsubsidized Stafford loan.

**Federal Subsidized and Unsubsidized Annual Loan Limits:** The maximum annual Subsidized and Unsubsidized Stafford loan limits per program are as follows for the 2002/2003 academic year:

	<u>Subsidized</u>	
<u>Unsubsidized</u>		
Doctor of Osteopathic Medicine (DO) Program		
First Year	\$8,500	\$32,222
Second Year	\$8,500	\$32,222
Third Year	\$8,500	\$36,667
Fourth Year	\$8,500	\$34,444
Doctor of Pharmacy (PharmD) Program		
First Year	\$8,500	\$23,889
Second Year	\$8,500	\$23,889
Third Year	\$8,500	\$26,667
Fourth Year	\$8,500	\$23,889

Master of Science in Health Professions Education (MSHPE) Program	\$8,500	\$10,000
Master of Physical Therapy (MPT) Program	\$8,500	\$26,667
Master of Physician Assistant (MSPA) Program	\$8,500	\$26,667
Master of Science Nursing/Family Nurse Practitioner (MSN/FNP) Program	\$8,500	\$26,667
Master of Science Nursing (MSN) Program	\$8,500	\$26,667
Master of Science Nursing Harbor Program	\$8,500	\$26,667
Family Nurse Practitioner (FNP) Program	\$2,625	\$ 4,000

**Aggregate Loan Limits for Subsidized & Unsubsidized Stafford Loans:** The total loan debt a student may have outstanding from all Stafford loans combined is different depending on their academic program. Outstanding loans include student loans received while the student completed undergraduate and graduate work. The Family Nurse Practitioner (FNP) certificate program has a subsidized aggregate of \$23,000 and a total combined aggregate of \$46,000.

For the graduate and professional programs, the subsidized Stafford maximum may not exceed \$65,500.

**MSHPE Program:** \$138,500 (less the aggregate amount of any subsidized loans made to the student).

Because Western University participated in the Health Education Assistance Loan (HEAL) program before its phase out in 1998, students who are enrolled full time are allowed an increase in annual unsubsidized Stafford loan amounts. As a result, they also have a higher aggregate as indicated below.

**DO Program:** \$189,125 (less the aggregate amount of any subsidized loans made to the student). Within this aggregate, the additional HEAL unsubsidized maximum is \$80,000.

**PharmD, MPT, MSPA, and MSN/FNP Programs:** \$189,125 (less the aggregate amount of any subsidized loans made to the student). Within this aggregate the additional HEAL unsubsidized maximum is \$50,000.

**Federal Perkins Loan:** For eligible undergraduate and graduate students and subject to availability of funds. The amount awarded varies, depending on financial need and federal allocation to our school. The Perkins undergraduate aggregate is \$20,000, and graduate students have a \$40,000 total aggregate. Perkins loans have a fixed interest rate at five percent.

#### **DEPARTMENT OF HEALTH AND HUMAN SERVICES TITLE VII PROGRAMS LOANS & SCHOLARSHIPS**

**Loans for Disadvantaged Students (LDS):** Provides long-term, five percent interest loans to eligible osteopathic medical students from disadvantaged backgrounds, subject to fund availability.

**Primary Care Loans (PCL):** For eligible students and subject to availability of funds. The long-term five percent fixed simple interest loan amounts vary, depending on financial need and federal allocation. Students must provide parental income information and sign a contract to practice in primary care until the loan is paid in full.

## Scholarships with Service Requirements

**National Health Service Corps Scholarships (NHSC):** This scholarship provides full tuition, fees, books, and a monthly stipend for osteopathic medical, physician assistant, and family nurse practitioner students. Students must serve in a designated medically underserved area (rural, inner city or Indian health). Minimum obligation is two years and a student must be an U.S. citizen.

**Military Health Professions Scholarships:** The Army, Navy and Air Force offer Health Professions Scholarship programs to medical students for tuition, fees, books and supplies, and a monthly stipend. While in school, students are expected to serve forty-five days of active duty per year, when possible, with pay. One year of active service as a medical officer (after internship and/or residency) is required for each year of support in the scholarship program, with a minimum requirement of three years.

## UNIVERSITY ADMINISTERED SCHOLARSHIPS

**The Dr. Robert E. Corey Memorial Scholarship Fund:** Established January 1983 as a memorial to Robert Corey, DO. Recipients are selected from second, third and fourth year students for their commitment to osteopathic medicine, outstanding community service and demonstrated financial need as determined by the institution.

**The Albert Victor and Mary P. Kalt Scholarship Fund:** Established June 1977, and is available for students of all disciplines who express a desire to work in primary care in an underserved/rural area.

**Asian American Scholarship:** Awarded to students of Asian descent, who are in good academic standing, demonstrates financial need and is dedicated to serving the Asian community.

## UNIVERSITY ADMINISTERED LOANS

**WesternU Emergency Loan Programs:** Limited funds made available on a short-term basis to meet financial emergencies. The maximum loan is \$500 interest-free. Since this is a revolving loan fund, it is expected to be repaid in ninety days.

**Roger E. Coe Loan Fund #1:** Established in March 1981 by a gift from Roger M. and Ruby M. Coe. Two loans of \$2,500 are made in the spring of each year. Loans will be made to osteopathic medical students who have completed their second or third year at Western University and are particularly interested in osteopathic manipulative skills. Interest begins to accrue at the time the loan is disbursed at the rate of eight percent. First payment begins immediately after graduation with full repayment of loan funds within five year.

## VETERANS' EDUCATIONAL BENEFITS

The Student Affairs Office will provide certification of enrollment services for veterans attending Western University. The Financial Aid Office will serve as a direct liaison between our University and Veterans' Administration regarding underpayment, overpayment, or non-payment benefits. Students expecting to collect educational benefits may obtain further information from Western University's Financial Aid Office. As of this publication DO, MSN/FNP, MPT, MSPA, and PharmD programs are eligible. In order to continue collecting benefits, a veteran must be making satisfactory progress towards a degree.

## GRADUATE TEACHING FELLOWS IN THE DEPARTMENT OF OSTEOPATHIC MANIPULATIVE MEDICINE

This Fellowship program in the Department of Osteopathic Manipulative Medicine of the College of Osteopathic Medicine of the Pacific (COMP) is designed to expand the educational opportunities for osteopathic medical students while they assist in all phases of the department's operation. OMM Fellows assist in lecturing and teaching practical skills to graduate students. In order to participate in the Fellowship program, each student takes five years, instead of four, to complete all of their educational requirements, including hospital and private practice clinical rotations, for the Doctor of Osteopathic Medicine degree. Fellows receive a full tuition/fees waiver their third and fourth years and an annual stipend for the fifth year. Fellows are selected from each MSII class annually.

## **TUITION REFUND POLICY**

Western University of Health Sciences has adopted the Department of Education refund policy for all students who find it necessary to withdraw from the University or take a leave of absence during the academic year. It is a universal policy that applies to all students, those receiving and not receiving financial aid. Students who elect to withdraw or take a leave of absence during the academic year must submit prior written notification to the appropriate Academic Dean according to the procedures specified in the Catalogue for their program. Western University may amend its institution refund policy at any time. Amendments will become effective for the academic year that follows official notification of the amendment. Any questions concerning Western University's refund policy should be directed to the Bursar's Office.

If a recipient of Student Financial Aid (SFA) loan funds withdraws from school after beginning attendance, the amount of SFA loan assistance earned by the student must be determined. If the amount disbursed to the student is greater than the amount the student earned, unearned funds must be returned. If the amount disbursed to the student is less than the amount the student earned, and for which the student is otherwise eligible, he or she is eligible to receive a post-withdrawal disbursement of the earned aid that was not received. Title IV funds are awarded to a student under the assumption that the student will attend school for the entire period for which the assistance is awarded. When a student withdraws, the student may no longer be eligible for the full amount of Title IV funds that the student was originally scheduled to receive.

### **Definition of a Title IV recipient**

A recipient of loan assistance is a student who has actually received Title IV funds or has met the conditions that entitle the student to a late disbursement. If the student never actually began attendance for the payment period or period of enrollment, the refund policy does not apply. Similarly, if a student began attendance, but was not and could not have been disbursed Title IV funds prior to withdrawal, the student is not considered to have been a Title IV recipient and the requirements of this refund policy do not apply.

### **Funds to include in the Calculation**

The calculation of earned Title IV program assistance loan funds that were disbursed or could have been disbursed to a student. This includes Subsidized and Unsubsidized loan funds, and funds from the Federal Perkins Loan Program.

### **Title IV Aid Disbursed**

A student's Title IV funds are disbursed when the school credits a student's account with the funds or pays a student directly with Title IV funds received from the Department and/or Federal Family Education Loan (FFEL) funds received from a lender. A student's aid is counted as disbursed for the calculation if it is disbursed as of the date of the institution's determination that the student withdrew.

### **Calculation of Amount of SFA Program Assistance Earned**

The amount of SFA Program assistance earned is the percentage of SFA Program assistance earned multiplied by the total amount of SFA Program assistance that was disbursed (and that could have been disbursed) for the payment period as of the day the student withdrew. The percentage earned is one of the following:

- If the day the student withdrew on or before the student completed 60 percent of the enrollment period for which the assistance was awarded, the percentage earned is equal to the percentage of the enrollment period from which assistance was awarded.
- If the day the student withdrew after the student has completed 60 percent of the payment period the percentage earned is 100 percent.

**Determining the Withdrawal Date**

The definition of withdrawal date is for determining the amount of aid a student has earned. The chart below lists the withdrawal date for the various types of withdrawals, as well as the date of the institution’s determination that the student withdrew for each type of withdrawal.

<b>Withdrawal Type</b>	<b>Circumstance</b>	<b>Student’s Withdrawal Date*</b>	<b>Date of the Institution’s Determination that the Student has Withdrawn**</b>
<b>Official Notification</b>	The student begins the school’s withdrawal process, or  The student otherwise provides official notification to the school of intent to withdraw.	The date the student begins the school’s withdrawal process, or  The date that the student otherwise provides the notification.  (If both circumstances occur, use the earlier withdrawal date.)	The date the student provides official notification or begins the withdrawal process whichever is later.
<b>Official Notification Not Provided</b>	Official notification not provided by the student because of circumstances beyond the student’s control.  All other instances where student withdraws without providing official notification.	The date that the school determines is related to the circumstance beyond the student’s control.  The midpoint of the payment period or period of enrollment, as applicable.	The date that the school becomes aware that the student has ceased attendance.
<b>Leave of Absence Related</b>	The students does not return from an approved leave of absence, or  The student takes an unapproved leave of absence	The date that the student began the leave of absence.	The earliest of the dates of the end of the leave of absence or the date the student notifies the school he or she will not be returning to that school. (In the case of an unapproved absence, the date that the student began the leave of absence.)
<b>Withdrawal After Rescission of Official Notification</b>	The student withdraws after rescinding a previous official notification of withdrawal.	The student’s original withdrawal date from the previous notification.	The date the school becomes aware that the student did not, or will not, complete the program period or period of enrollment.

\*In place of the dates listed, a school may always use as a student’s withdrawal date the student’s last date of attendance at an academically related activity, if the school documents that the activity is academically related and that the student attended the activity.

\*\*For a student who withdraws without providing notification to the school, the school must determine the withdrawal date no later than 30 days after the end of the earlier of the (1) payment period or period of enrollment (as appropriate), (2) academic year, or (3) education program.

**Return of Unearned SFA Program Funds**

When a return of Title IV funds is due, the school and the student both have a responsibility for returning funds. Whatever funds are not returned by the school must be returned by the student. Although this requirement speaks in terms of returning funds, a school is not required to actually return its share

before the student. Rather, it is the calculation of the amount of assistance the school is responsible for returning to the Title IV accounts that must be calculated first. The student's repayment obligation is determined after the school's share is calculated. If the student receives more SFA Program assistance than the amount earned, the school, or the student, or both, must return the unearned funds as required. Western University must return the lesser of

- The amount of SFA Program funds that the student does not earn; or
- The amount of institutional costs that the student incurred for the payment period or period of enrollment multiplied by the percentage of funds that was not earned.

The student must return or repay, as appropriate, the remaining unearned SFA Program funds.

#### **Order of Return of Title IV Funds**

A school must return Title IV funds to the program from which the student received aid during the payment period or period of enrollment as applicable, in the following order, up to the net amount disbursed from each source:

- Unsubsidized Federal Stafford Loans
- Subsidized Federal Stafford Loans
- Federal Perkins Loans

#### **Method of Order of Return of SFA Program Refunds**

The student returns funds to loan programs in accordance with the terms of the loan. In other words, the student will repay any unearned loan funds in the same manner that he or she will be repaying earned loan funds.

**Reference:** Department of Education, *Student Financial Aid Handbook, 2001-2002 Award Year*.



## WESTERN UNIVERSITY CALENDAR\*

INDEPENDENCE DAY Classes resume	Friday, Jul. 4, 2003 Monday, Jul. 7, 2003
CONVOCATION	Saturday, Aug. 9, 2003
LABOR DAY (no classes)	Monday, Sept. 1, 2003
COLUMBUS DAY (no classes)	Monday, Oct. 13, 2003
THANKSGIVING RECESS Last Day of Classes Classes Resume	Wednesday (noon), Nov. 26, 2003 Monday, Dec. 1, 2003
WINTER RECESS Last Day of Classes Classes Resume	Friday, Dec. 19, 2003 Monday, Jan. 5, 2004
MARTIN LUTHER KING HOLIDAY (no classes)	Monday, Jan. 19, 2004
PRESIDENTS DAY (no classes)	Monday, Feb. 16, 2004
HONORS DAY	Monday, Apr. 12, 2004
COMMENCEMENT	Friday, May 14, 2004
MEMORIAL DAY (no classes)	Monday, May 31, 2004

\*The College of Osteopathic Medicine of the Pacific, the College of Pharmacy, the College of Graduate Nursing, the College of Veterinary Medicine and the programs of the College of Allied Health (DPT, PA, and MSHS) maintain specific, detailed program calendars. Please consult the appropriate program to determine additional official dates.

# **COLLEGE OF OSTEOPATHIC MEDICINE OF THE PACIFIC**

## **Doctor of Osteopathic Medicine Program**

### **Accreditation**

The academic program of the College of Osteopathic Medicine of the Pacific (COMP) is accredited by the Bureau of Professional Education of the American Osteopathic Association.

### **The Osteopathic Philosophy**

Osteopathic medicine is a contemporary school of medical thought and practice, founded on the concept that the normal state of a person is health. The philosophy of osteopathic medicine has its roots in antiquity, long before the life of its founder, Dr. Andrew Taylor Still. The philosophy of Dr. Still can be directly related to the concepts and teachings of the Greek physician-philosopher, Hippocrates. This “father of medicine” taught that disease is a natural process and that natural powers are the healers of disease. The physician must assist nature, said Hippocrates, but attention should be focused on the patient rather than on the disease. Dr. Still revived this concept and gave it a new meaning and implementation with a system of diagnosis and treatment that made it the cornerstone of osteopathic medicine.

There are four fundamental principles of osteopathic diagnosis and treatment:

1. The body tends to be self-healing and self-regulatory in the disease processes. The ability to maintain integrity in a continually changing external environment is mediated through an elaborate communication network. The communication network embraces the circulatory and neuromusculoskeletal systems.
2. Intimate interrelationships exist between structure and function at all levels of biologic organization.
3. Abnormalities of the neuromusculoskeletal system are invariably present during disease. When subjected to manually applied forces, these abnormalities are ameliorated coincidentally with the clinical improvement of the patient.
4. Health is an equilibrium state and maintaining this state requires constant biological adjustment.

While employing osteopathic manipulation, the osteopathic physician utilizes other recognized modalities for diagnosis and treatment. All modalities of treatment are based upon an evaluation of the patient’s personal developmental stage, and family and social environment.

### **COLLEGE MISSION**

The mission of the College of Osteopathic Medicine of the Pacific is to educate clinically competent, professional, and compassionate osteopathic physicians who serve society by providing comprehensive, patient-centered healthcare with the distinctive osteopathic philosophy. In service of this mission, students engage in learning activities structured by the classroom, lab, clinic, and through research and community service.

### **PERSONAL COMPETENCIES FOR ADMISSION AND MATRICULATION**

A candidate for admission to the Doctor of Osteopathic Medicine Program must have the use of certain sensory and motor functions, or reasonable accommodations, to permit him/her to carry out the activities described in the sections that follow. Graduation from the program signifies that the individual is prepared for entry into osteopathic postgraduate training programs. It follows that graduates must have the knowledge and skills needed to function in a broad variety of clinical situations and to render a wide spectrum of osteopathic patient care. The osteopathic medical student must be able consistently, quickly, and accurately to integrate all information received by whatever sense(s) are employed. Also, he/she must have the intellectual ability to learn, integrate, analyze, and synthesize data.

A candidate for the DO degree must exhibit abilities and skills in the five areas identified below. When appropriate technological assistance is provided in the program, it may be permitted only as a reasonable

accommodation. Under all circumstances, a candidate should be able to perform the following in a reasonably independent manner:

**Observation:** Candidates and students must have sufficient vision to be able to observe demonstrations, experiments, and microscopic laboratory exercises. They must be able to observe a patient accurately at a distance and close at hand.

**Communication:** Candidates and students must be able to communicate with patients and colleagues. They should be able to hear with or without reasonable accommodations. Candidates and students must be able to read English.

**Motor:** Candidates and students should have sufficient motor functions to enable them to execute movements (with or without reasonable accommodations) which are reasonably required to provide general care and emergency treatment of patients (i.e., palpation, auscultation, percussion, and other diagnostic and therapeutic modalities). Examples of emergency treatment reasonably required of osteopathic physicians include: cardiopulmonary resuscitation, administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers and osteopathic manipulation. These actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

**Intellectual, Conceptual, Integrative, and Quantitative Abilities:** Students must demonstrate problem solving skills, which involve intellectual, conceptual, integrative and quantitative abilities. These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical intellectual skill demanded of an osteopathic physician, requires all of these intellectual abilities. In addition, candidates and students should be able to comprehend three-dimensional relationships and understand the spatial relationships of structures.

**Behavioral and Social Attributes:** Candidates and students must possess the emotional health required for full utilization of the intellectual abilities, the exercise of good judgement, the prompt completion of all responsibilities attendant to the assessment and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates and students must be able to tolerate physically taxing workloads, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities to be assessed during the admissions and educational processes.

The Doctor of Osteopathic Medicine program, along with all other programs at Western University of Health Sciences, shares a commitment to develop creative ways of opening the DO curriculum to competitive, qualified individuals with disabilities. In doing so, however, the DO degree program must maintain the integrity of its curriculum and preserve those elements deemed essential to educating candidates to become effective osteopathic physicians.

## **ADMISSIONS POLICIES AND PROCEDURES**

Western University/COMP accepts applications from all qualified candidates. More applications are received from qualified candidates than can be admitted. While grades and Medical College Admission Test (MCAT) scores are important in selecting candidates for admission and may suggest future academic success, the Admissions Committee recognizes that these statistics, by themselves, do not guarantee later success as a physician. Therefore, non-academic criteria are also important in making the selection. Western University/COMP seeks a diverse and balanced student population and considers factors such as a well-rounded background, work experiences, letters of recommendation, interest in and knowledge of osteopathic medicine, and professional promise. To ascertain these factors, an on-campus interview is required prior to action on an application. The College may exercise its discretion to rely upon additional considerations. Western University/COMP is committed to admitting competitive, qualified individuals with disabilities.

### **Early Admission Decision Program**

Western University COMP is pleased to offer an Early Admission Decision Program. Qualified applicants may take advantage of the Early Admission Decision Program if they apply only to Western University/COMP and submit their application to ACOMAS prior to June 15.

Highly qualified candidates who have a strong preference for Western University/COMP are eligible for an early admission decision. Candidates must have a minimum science GPA of 3.30, a minimum overall GPA of 3.30, and a minimum average MCAT score of 9. All prerequisite coursework must be completed at the time of application. The AACOMAS application must be filed prior to June 15. The Western University/COMP supplementary application and all supporting documents must be filed prior to August 1. Interviews and decisions are granted August through September. If you apply as an Early Admission Decision candidate, you must apply only to Western University/COMP. For further information, and to request an Early Admission Decision Program application form, contact the Admissions Office at (909) 469-5335, or write to:

Western University of Health Sciences  
College of Osteopathic Medicine of the Pacific  
Admissions Office  
309 E. Second Street  
Pomona, CA 91766-1854

### **Entrance Requirements**

Candidates for admission to Western University/COMP must meet these requirements at the time of application:

- Completion of ninety semester hours, or three-fourths of the credits required for a baccalaureate degree, from a regionally accredited college or university.
- Completion of one academic year (or its equivalent) in English, biology, physics, inorganic chemistry, organic chemistry, and behavioral sciences.

Applicants must submit their Medical College Admission Test (MCAT) scores. Information concerning this test may be obtained from the pre-professional advisor at one's college or directly from the MCAT Program Office, 2255 North Dubuque Road, P.O. Box 4056, Iowa City, Iowa, 52243; phone (319) 337-1357. This examination is offered in the spring and summer. Applicants are encouraged to take the examination in the spring of their junior year. To be considered for admission, the MCAT examination must be taken prior to January of the entering year.

Please note that the majority of candidates accepted for admission will have completed four or more years of pre-professional study prior to matriculation, and that the quality of Western University/COMP students is therefore relatively high. Successful candidates typically have both science and overall grade point averages of 3.2 or above on a 4.0 scale and a mean MCAT score over 8.0. Please keep in mind that academic grades and the MCAT score are just two of the factors used in the evaluation process.

### **AACOMAS**

Western University /COMP, along with the other colleges of osteopathic medicine, participates in a centralized application service through the American Association of Colleges of Osteopathic Medicine Application Service, 5550 Friendship Blvd., Suite 310, Chevy Chase, Maryland 20815-7231. Individuals interested in applying to Western University/COMP should write directly to AACOMAS for information and application materials or obtain application request cards from the Western University/COMP Admissions Office. At this time, applicants should also make arrangements to have official transcripts of all prior undergraduate and graduate course work forwarded to AACOMAS.

Upon receipt of the initial application and transcript(s), AACOMAS will collate materials, compute grades, and transmit standardized information to the applicant and to those osteopathic medical colleges that the applicant designates. AACOMAS takes no part in the evaluation or selection of applicants. After Western University /COMP conducts a review of the AACOMAS application, if both a minimum grade point average of 2.5 on a 4.0 scale has been achieved overall, as well as in the sciences, and a minimum of 90 semester hours has been completed, the Admissions Committee may request additional information from the applicant for further consideration. The above grade point average is a minimum, and candidates in the 2.5 GPA range need to be sure this represents sufficient academic strength to meet the academic challenges at Western University/COMP. Previously, candidates admitted to Western University/COMP have had substantially higher grade point averages.

Additional information will include the following:

- A supplementary application provided by Western University/COMP. This will be sent only after receipt of the initial application from AACOMAS. There is a non-refundable supplementary application fee of \$60.
- An evaluation of the applicant's work and accomplishments submitted by the Pre-Health Professions Committee of the applicant's college. If the college has no such committee, the student may submit evaluations from three classroom professors, two of whom must be in the sciences.
- A letter of recommendation from a physician. A letter from a DO is preferred.

The supplementary required information must be returned within 30 days to the Director of Admissions, Western University of Health Sciences/COMP, 309 E. Second Street, Pomona, California 91766-1854.

After the applicant's file is complete, the Admissions Committee reviews it to determine whether the candidate will be granted an interview. If a candidate is deemed promising, he or she is invited to the campus at his or her expense. The candidate should plan to spend a full day on campus for orientation and the interview. Orientation consists of information on the curriculum, financial aid, student services, and clinical rotations; lunch with a Western University/COMP student; a personal interview with members of the Admissions Committee and faculty; and a tour of the facilities. The Committee evaluates the candidate's application and interview. The candidate is notified regarding the status of his or her application in approximately three weeks.

Note: Candidates accepted to Western University/COMP must have a complete set of official transcripts mailed to the Admissions Office no later than July 1. AACOMAS retains the original set of transcripts it receives from applicants.

### **Transfers from Other Schools**

Western University/COMP offers a transfer program for persons who have completed one or more years of medical studies at a medical school accredited by the American Osteopathic Association (AOA).

Candidates seeking transfer must be in good academic standing at the school where they are enrolled and be eligible for continuation there. Candidates are expected to meet the minimum entrance requirements that are required of our entering first-year students. Please refer to the Admissions Policies and Procedures section in the catalog for specific information regarding these requirements.

Transfers from an LCME accredited medical school or college to Western University/COMP requires that no less than the last fifty-percent (50%) of instruction is completed at Western University/COMP. In the case of such transfers, requirements for osteopathic manipulative medicine must be completed before graduation.

Transfer applications are available from the Admissions Office after September 1. The application deadline for students wishing to transfer into the second year is March 1<sup>st</sup>. The deadline for students wishing to transfer into the third year is January 1. Requests for transfer into the fourth year are not accepted.

Transfer candidates must provide:

- Official transcripts from all colleges and universities attended.
- Official transcripts showing the successful completion of studies at the osteopathic medical school where currently enrolled.
- Official MCAT scores.
- Letters of recommendation from three science professors at your college of osteopathic medicine are required, as is a letter from a DO.
- A completed transfer application, accompanied by a non-refundable application fee of \$100

Upon request, candidates must submit a letter of good academic standing from the Academic Dean of the osteopathic medical school where currently enrolled. If an interview is granted, candidates are invited to the campus at their own expense. Candidates should plan to spend a half day on campus for orientation and interview. Approximately three weeks after the interview, candidates will receive a letter stating the decision of the Admissions Committee. Acceptance of a transfer student will be dependent upon the student's current academic good standing, qualifications, and academic compatibility, and available space at Western University/COMP. Confirmation of available seats does not occur until mid-June.

Decisions of the Admissions Committee regarding the admission of applicants to the Doctor of Osteopathic Medicine program are final.

Applications materials are to be sent directly to:

Western University/COMP, Admissions Office

309 E. Second Street  
Pomona, California 91766-1854

## REGISTRATION

First year students are required to register by the registration date specified in the University Calendar by the Registrar. Students in subsequent years must complete registration materials, including financial arrangements, prior to the dates specified in the Program Calendar (below). Matriculation and graduation are subject to the satisfactory completion of all academic requirements and payment of all outstanding debts to the University. The receipt of a final transcript from an undergraduate college and a physical examination with documentation of required immunizations prior to registration are additional requirements for incoming students. Also, all students must show proof of current health insurance coverage at the time of registration. This coverage must be in effect throughout the academic year. If there is no proof of current coverage, a policy provided by the University is available. Attendance at Orientation is mandatory for all incoming first-year students.

## TUITION AND FEES

By action of the Board of Trustees, DO tuition and fees for the 2003-04 academic year (subject to change) are as follows:

### ACADEMIC YEAR 2003 - 2004

\$31,115 Tuition (Annual)

For DO applicants accepted at Western University, the tuition deposit is \$1,000, payable within two weeks after notification of acceptance. This payment is nonrefundable. An additional payment of \$1,000 is due by May 15 for those accepted for admission prior to May 1 and by June 15 for those accepted after May 1. This additional payment is non-refundable. Upon matriculation the entire \$2,000 is applied toward the total tuition. For applicants who are granted deferred admission to the DO program, the entire \$2,000 deposit required to hold a seat in the next year's class is non-refundable. An additional enrollment deposit of \$500 is due on May 15 of the entering year. This total deposit of \$2,500 is non-refundable and will be applied toward tuition, upon registration and matriculation. If an applicant fails to register, all tuition deposits are forfeited.

\$40 Student Body Fee (1<sup>st</sup> and 2<sup>nd</sup> year). Covers student government expenditures, social activities and public relations.

\$20 Student Body Fee (3<sup>rd</sup> and 4<sup>th</sup> year)

### Other Fees and Expenses

\$600	Medical Equipment
\$800	Required and Recommended Texts-Fall
\$300	Required and Recommended Texts-Spring
\$45	Anatomy Supplies-Gloves, Scrub, Dissection Kit
\$30	(per day) Late Registration Fee
\$50	Special Examination Fee
\$40	Lost Locker Key
\$10	Lost ID Badge
\$5	(each) Copy of Official Transcript
\$0.25	(per page) Copy of Student File Material
Replacement cost	Breakage Fee

### National Board Fees

The College requires students to take all sections of COMLEX Level 1 and Level 2 of the National Board of Osteopathic Medical Examiners as one of the requirements for graduation. These fees, which are subject to change by NBOME, are currently as follows:

\$315 NBOME, COMLEX Level 1 (end of second year)

\$315 NBOME, COMLEX Level 2 (end of fourth year)

## Clinical Rotations Expenses

During the third and fourth years, some students may elect to do some clinical rotations away from the Pomona area. In addition, students are required to return to campus several times during the clinical years for various educational experiences, conferences, etc. Any travel, food, housing or other expenses incurred by these activities or plans are the student's responsibility. Some rotations done at or through other institutions (e.g., certain hospitals or other medical schools) may involve application fees and/or other charges. Because of the elective and individual nature of the experience, these fees are also the student's responsibility.

## ACADEMIC REQUIREMENTS

### Academic Advisement

Students will be assigned a faculty advisor upon matriculation. The academic advisor-student relationship can become one of the most valuable aspects of medical education. It provides an opportunity to develop sustained individual contacts between faculty and students on both academic and personal levels. If either the student or the instructor does not find the relationship helpful, either is free to seek a change. Such changes are arranged through the Director of COMP Student Services.

### Grading Policies and Credit Hours

Official grades are turned in to the Registrar from the Dean of COMP, at which time the online student records system, BanWeb, is updated. Official grade reports and unofficial transcripts will be available on the BanWeb student records system throughout the academic year. For more information on how to access the BanWeb student records system, visit the Registrar's website at <http://www.westernu.edu/registrar>.

COMP uses a combination of numeric scores and letter grades. A numeric score—listed as a percentage—is used in the MS I and II years. A 4-value letter grade is used in the last two years.

Grades are reported according to the following values:

MS I, II		MS III, IV	
<u>Percentage</u>	<u>Interpretation</u>	<u>Letter Grade</u>	<u>Equivalent Percentage*</u>
90-100	Excellent (numeric range 90-100)	A	(95)
80-89	Good (numeric range 80-89)	B	(85)
70-79	Satisfactory (numeric range 70-79)	C	(75)
Below 70	Unsatisfactory (numeric range less than 70)	U	(69)
I	Incomplete		0
M	Missing		0
W	Withdrawal		0
Cr	Credit		0
NCr	No Credit		0
Cert	Certification		0
AU	Audit		0

\*Percentages are used in the third and fourth years only to calculate cumulative numeric scores and class rankings.

**Credit Calculations:** Courses are rated at one credit hour for each 12 hours of lecture or 24 hours of laboratory and/or practice sessions. Credit hours of 2.5 will be assigned for each week of clinical rotations. A cumulative numeric score/grade point average will be calculated and posted on the transcript. Class ranking is also computed, and will appear on the transcript at the student's request only. Class ranking is also available upon request in the Registrar's Office. Cumulative class ranking for transfer students will not be calculated. Osteopathic undergraduate teaching fellows will not be ranked until their final year.

**Cumulative Numeric Scores/Grade Point Average:** The cumulative numeric score will be calculated at the end of each semester during the first two years of the curriculum with the average of all course numeric scores weighted by the number of course credit hours attempted. The grade point average will be calculated at the end of each semester for 3<sup>rd</sup> and 4<sup>th</sup> year students with the sum of earned grade points divided by the sum of credit hours passed and failed. If a course, system, or clinical rotation is repeated or remediated, only the last score/grade earned enters into the computation of the cumulative numeric score/grade point average, but the original numeric score/grade remains on the student's transcript.

After completion of the second year program, a student with a cumulative numeric score of 75% or less may have all third year clinical rotations assigned by the Associate Dean for Academic Affairs & Clinical Education.

**Grade Changes:** No numeric score or grade will be changed unless the instructor certifies in writing to the Associate/Assistant Dean for Academic Affairs and the Registrar that an error in computing or recording the grade/score occurred. Changes are also recorded when the student has remediated a numeric score of below 70% or an Unsatisfactory grade after being directed to do so by the Dean of Osteopathic Medicine, as recommended by the Student Academic Progress Committee.

For on-campus courses, students have a maximum of two weeks from the time examination results are returned to them to bring any errors or irregularities in grading to the attention of the instructor. All recorded grades remain on the official transcript unless a clerical error has occurred. Remediated grades are re-recorded along with the original numeric score in the first two years. Only the remediated score/grade is calculated into the GPA/cumulative numeric score.

For third- and fourth-year students, no grade will be changed after one month from the time the grade is recorded in the Office of the Registrar. Within the above-designated time, grade changes for clinical rotations will be considered only under the following three conditions:

1. When the Office of Clinical Rotations receives a signed written statement from the preceptor specifying that a clerical error has been made regarding a grade, and that the purpose of the change is to correct that clerical error.
2. When the preceptor to whom the student was assigned submits a signed written request to have the grade changed. The request must include justification for making the change.
3. When a remediation process that has been directed by the Student Academic Progress Committee and authorized by the Dean is completed and a written evaluation is received in the Office of Clinical Rotations.

All grade changes must have the approval of the Dean of Osteopathic Medicine or his/her designee. The student should make every effort to discuss his/her evaluation(s) with the assigned preceptor(s) prior to leaving the clinical rotation.

**Incomplete Rotations:** If a student leaves a rotation before it is finished without the permission of the Assistant Dean for Academic Affairs, or is asked to leave a rotation by the Preceptor or the Director of Medical Education of a hospital, a grade of “U” on that rotation may be assigned by the Dean of Osteopathic Medicine or Assistant Dean for Academic Affairs.

**Incomplete Grade (I):** An Incomplete (I) indicates that a student has not been able to finish all required work for issuance of a letter grade. An “I” is not counted in the grade point calculations until a letter grade is issued to replace the “I.” An “I” must be replaced before the student registers for the next academic term, unless other arrangements are made with the instructor and the Dean of Osteopathic Medicine.

Replacement of an “I” will be under the direction of the instructor with the approval of the Dean or his/her designee. If the required work is not completed within the specified time, the “I” will be converted to the score provided by the faculty. It is to the student’s advantage to arrange to make up any incomplete work as soon as possible. The incomplete (I) remains on the transcript indicated by an asterisk and followed by the grade/numeric score earned.

**Credit Courses (Cr/NCr):** Courses graded for Credit/No Credit are those designated by the faculty as courses required for promotion but not assigned letter grades. The student must satisfy the requirements of these courses to receive credit.

### **Exemption from Individual Core Curriculum Course**

Students with advanced work or degrees in a particular subject may formally petition the professor and the Dean of Osteopathic Medicine for credit for an individual core curriculum course. The petition must include the reasons for the request and all necessary documentation, and must be submitted by the end of the first week of class. The student must comply with the attendance policy until notification that exemption has been granted. The professor(s), before recommending exemption, will require acceptable performance on an examination. The professor(s), in consultation with the Dean of Osteopathic Medicine, may suggest other alternative or additional criteria for determining exemption.



### **Standards of Satisfactory Progress**

Students must maintain a cumulative numeric score of at least 70% on a yearly basis during the first two years and a “C” average during the last two years to be considered making satisfactory academic and professional progress. A final numeric score below 70% during the first two years or a “U” in the last two years must be remediated for promotion or graduation.

### **Examination Policies**

For most examinations, students may be given assigned seats and are expected to place themselves accordingly, unless prior arrangements have been made with the appropriate coordinator or instructor.

Students will rigorously avoid any situation that lends either the opportunity to give, or the appearance of giving, information that can benefit another student’s examination score. Students are not to discuss examination questions with other students during any examination that is administered in segments or over extended time periods.

During scheduled examination hours, students will not be allowed to leave the exam room except in an emergency and as excused by the proctor. If a student is excused to leave the room temporarily, the proctor will hold the student’s examination until his/her return.

Once a student finishes an exam and leaves the examination room, he or she will not be permitted to re-enter the room until the exam is declared over.

All students’ belongings, such as notebooks, calculators, headwear, and headsets, will be kept in front of the room. No food or drink will be allowed during examinations.

No student questions related to the exam or its content will be answered during the examination period. Students are permitted to point out typographical errors in the examination notebook.

### **Violations of Examination Policies**

Violations of these examination policies or the Standards of Professional Conduct will be brought to the attention of the Dean and, subsequently, may be brought before the Student Conduct Committee.

Students who observe a suspected violation during an exam should report this to the proctor rather than attempt a personal intervention. Persons making verbal allegation must submit a written report to the Dean or his/her designee during the same day that the incident occurs.

The Dean may make an executive decision on the matter or, if deemed appropriate, convene the Student Conduct Committee as soon as possible to investigate the allegation. The student may also request a convening of the Committee. If conclusive evidence that a violation has occurred is presented to the Student Conduct Committee, recommendations to the Dean may include, but are not limited to, the following sanctions:

1. Dismissal from the academic program.
2. Suspension from the program for a designated period of time.
3. Academic probation, the period to be recommended by the Committee.
4. Make-up examination, including written and/or oral. The numerical grade on a make-up examination will be 80% of the grade attained.

While an alleged violation is being examined by the Student Conduct Committee, the status of the students involved in the case will remain unchanged pending the outcome of the investigation on this issue.

In the case of insufficient evidence, the committee will recommend to the Dean that no action be taken against the student(s).

After the receipt of the recommendation of the Student Conduct Committee by the Dean, the disposition of the incident will be conveyed to the involved student(s) by the Dean, in writing, as soon as possible.

### **Students on Clinical Rotations – COMLEX Examinations**

Students on rotation when the COMLEX Levels 1 and 2 examinations are offered may arrange to take time off immediately prior to and during administration of the examination. Western University/COMP requests all training program directors and/or preceptors to release students three working days (weekends included) before the exam. Students should be released by 7:00 a.m. and expected to return to duty by 7:00 a.m. on the day after the examination is concluded. For example, if the exam is administered on Tuesday and Wednesday, the student should be released from duty on Saturday morning at 7:00 a.m., returning by 7:00 a.m. on Thursday morning. For clarification and assistance on these matters, students on rotations may contact the Rotations Office toll-free at 1-800-249-9131.

## **Promotion**

Promotion is defined as academic and professional progression from one academic year to the next. The Student Academic Progress Committee will recommend a student to the Dean of Osteopathic Medicine for promotion. A student may not be recommended for progression from one academic year to the next with an outstanding grade of "I," "NCr" in a required course, a "U" or final numeric score of less than 70%, or a yearly cumulative numeric score of less than 70% (or grade point average below 2.0).

When considering a student for promotion, ethical, professional, and personal conduct may also be taken into consideration (see Probation in University Academic Policies section).

A student will be promoted provided that all legal and financial requirements of the University, as stated in the University Catalog, have been satisfied. All academic requirements must be met within a maximum of six academic years as a condition for recommendation for graduation.

All students entering after July 1, 2001 are required to pass Level 1 of the COMLEX examination before they are allowed to enter into the fourth year. Students will have taken and passed Clinical Performance Evaluation before promotion to the third year.

## **Veterans**

Veterans who fail to maintain satisfactory progress for more than one semester will not be certified to receive any Veteran's benefits until they have corrected the situation and are making satisfactory progress.

## **Graduation**

A student will be recommended for the degree Doctor of Osteopathic Medicine provided he/she:

1. Has completed at least four years in an accredited osteopathic college or equivalent.
2. Has been enrolled in Western University of Health Sciences/COMP during his/her final two academic years.
3. Is not on probation and has completed all prescribed academic requirements with a cumulative numeric score of at least 70% (a grade point average of at least 2.0) and has no outstanding grade of I or U or a grade of "NCr" in a required Credit/No Credit course.
4. Has successfully taken all sections of Level 1 of the COMLEX examination of the NBOME. Beginning with the Class of 2003 (entering in 1999), he/she has taken all sections of Level 1 and Level 2 of the COMLEX.
5. Has demonstrated appropriate ethical, professional, or personal conduct, as defined in the University Catalog, "General Academic Policies and Procedures" section, thus making it appropriate to award the degree of Doctor of Osteopathic Medicine.
6. Has complied with all the legal and financial requirements of the University as stated in the University Catalog.
7. Is expected to complete all requirements for graduation by the subsequent December 31 and is expected to march with his/her class in the graduation ceremony. Diplomas will be dated as appropriate to the completion date of the academic requirements.
8. Unless special permission has been granted by the President of the University, all students must participate in person in the commencement program at which the degree is conferred. If the President grants special permission to be excused from graduation, the graduate may be required to present himself or herself at a later date to the Dean of Osteopathic Medicine to receive the diploma and take the required oath.

## **Probation**

Students may be placed on Probation for the following reasons (these are in addition to the reasons listed in the General Academic Requirements section on Probation):

1. Inadequate academic progress as determined by the Student Academic Progress Committee. These include, but are not limited to, receiving a numeric score less than 70% in the first two years in any course or system, a grade of NCr in a required Cr/NCr course, or a "U" in any clinical rotation or EFM course.
2. A cumulative percentage score of less than 70% in the first two years, or a GPA of less than 2.0 in the last two years.
3. When directed to repeat a year for academic reasons.

4. Seriously deficient ethical, professional, or personal conduct.

On campus students on probation must meet with their faculty advisor at least once a month. Off campus students on probation must contact their faculty advisor once a month. It is the student's responsibility to contact the faculty advisor to arrange these meetings.

A first or second year student on probation for a score less than 70% in the first semester will be removed from probation after one semester provided he/she has regained a cumulative score of at least a 70% and has remediated the course.

A first or second year student will be removed from probation when all scores below a 70% have been remediated satisfactorily according to the following **Remediation** section.

A third or fourth year student on probation because of a "U" grade in a clinical rotation or in an EFM course must remediate the "U." The student will then be reviewed by the Student Academic Progress Committee at the end of the academic year and may be recommended for continuation of, or removal from, probation.

Students on probation are to remove themselves from all leadership roles in co-curricular activities associated with the University and/or with professional associations.

### **Remediation**

The educational objectives that underlie remedial teaching and evaluation should be the same as the educational objectives that underlie regular courses in the curriculum.

Students who receive a final numeric score below 70% in a course or system during the first two years, a cumulative numeric score below 70%, or a "U" in a clinical rotation in years three or four, will be reviewed by the Student Academic Progress Committee.

Where deemed appropriate, the Student Academic Progress Committee, after consultation with the course instructor, system coordinator, and/or Director of Clinical Rotations, may recommend any one of the following options:

1. Take a comprehensive examination.
2. Complete special projects or studies in the deficient area(s).
3. Repeat the course, system, or rotation
4. Repeat the academic year.
5. Withdraw from the University (see Dismissal section for criteria for this option).

The score/grade achieved by remediation will be the score/grade recorded except that the highest score/grade a student may earn by options 1 or 2 (above) is a score of 70% in the first two years and a "C" in the last two years. The score/grade achieved by remediation will be re-recorded on the transcript along with the original score/grade.

Numerical scores or grades earned during an attempted remediation of a course, system, or clinical rotation will be reviewed critically by the Student Academic Progress Committee, Associate/Assistant Dean for Academic Affairs, and the Dean of Osteopathic Medicine. Failure to earn at least a 70% in the first two years or a "C" in the last two years or "Cr" may result in dismissal from the College or repeating the academic year.

Decisions regarding remediation will be made on an individual basis after considering all pertinent circumstances. The decision will be made by the Dean of Osteopathic Medicine, based upon the recommendation of the Student Academic Progress Committee. The Committee will base its recommendation on the student's academic record and other considerations after consultation with the student's faculty advisor, course instructor, system coordinator, Director of Clinical Rotations, clinical preceptor, and the student involved, as is appropriate.

A student who is required to remediate a course must be notified in writing by the Dean of Osteopathic Medicine at least 15 working days prior to the remediation date, or within 15 working days after the close of the academic year in which the student is presently enrolled, whichever comes first.

Notification must either be sent by Certified Mail or hand-delivered to the student and must be acknowledged with the signatures of the Dean of Osteopathic Medicine or his/her designee and the student.

### **Remediation: Financial Aid Policy**

If the student, at the end of the academic year, is still considered to be making unsatisfactory progress and must remediate, he/she is removed from the list of eligible Title IV and Title VII financial aid recipients.

Remediation of courses during the summer is not covered by any financial aid and cannot be considered an expense item for the following year. Students will attend at their own expense. Appropriate tuition and fees will be determined by the Treasurer/Chief Financial Officer in consultation with the Executive Vice President for Academic Affairs and the Dean of Osteopathic Medicine.

**Five Year Program**

Effective July 1, 2000, students will no longer be admitted to the Five Year program. The following rules and requirements remain applicable only for students currently enrolled in the Five Year Program.

The decision to enter the Five Year Program is a one-time student option. At the time the student opts for the Five Year Program, prior courses completed and graded will be shown on the transcript. The words “Five Year Program” will be printed at the beginning of the transcript.

During the second semester of the first year (I-A portion), the student will audit the Dermal, Neurosensory, Musculoskeletal Systems, and Introduction to Clinical Medicine. These will be listed on the transcript along with the designation “Au.” If a student chooses to take the examinations in audited courses and does well, it will not be possible to convert the “Au” to a grade.

Before going on the Five Year Program, the student will be required to repeat any courses that were completed and graded in which a “U” grade was received. Courses that are remediated will be taken concurrently with the courses taken in the second year (I-B portion) of the Five Year Program. Recommendations for remediation will be made to the Dean of Osteopathic Medicine by the Student Academic Progress Committee.

The student’s progress will be monitored carefully each semester by the Student Academic Progress Committee, the Associate/Assistant Dean for Academic Affairs, and the Dean of Osteopathic Medicine. Students in the first two years of the Five Year Program will be dismissed if their grade point average is below 2.0 at the end of any semester or if they receive a final grade of “U” or “NCr” in any course.

Students admitted to this program will be charged one year of full tuition for year I-A of the Five Year Program. Western University charges tuition for five years, however, the tuition charged for years IB, II, III and IV are seventy-five percent of the published tuition for other DO students.

Five Year Program Schedule

YEAR I-A:

First Semester	Credit Hours	Second Semester	Credit Hours
Gross Anatomy	14.5	OP&P	2.5
OP&P	2.0	Medical Ethics	Cr
Embryology	1.0	Substance Abuse	Cr
Histology	2.0	BCLS (during orientation)	
<b>TOTAL</b>	<b>19.5</b>	<b>TOTAL</b>	<b>2.5</b>

(Audit: Introduction to Clinical Medicine, Dermal, Neurosensory, and Musculoskeletal Systems)  
 Summer I: Enrollment in and successful completion of a Study Skills Course

YEAR I-B:

First Semester	Credit Hours	Second Semester	Credit Hours
Biochemistry	4.5	Introduction to Clinical Medicine Week	2.0
Microbiology	5.5	Dermal System	4.0
Pathology	2.5	Neurosensory System	19.0
Physiology 1.5		Musculoskeletal System	8.5
Pharmacology 3.5			
<b>TOTAL</b>	<b>17.5</b>	<b>TOTAL</b>	<b>33.5</b>

(The student must attend the MS I Classes that OP&P TA’s attend and, at the discretion of the OP&P Department Chair, may be used as an OP&P TA.)

YEARS II, III, & IV: In year II, the student will re-enter the standard COMP curriculum, and will continue in the standard curriculum throughout years II, III and IV.

## **Dismissal**

The University may require withdrawal at any time it deems necessary to safeguard its standards of scholarship, conduct, and orderly operation. The Student Academic Progress Committee may recommend dismissal of a student for the following reasons:

1. Receiving a cumulative numeric score of less than 70% at the end of the first or second year.
2. Receiving a final percentage scores below 70% in two or more courses or systems totaling more than 25% of the total credit hours for the first or second year.
3. Receiving unsatisfactory grades in three clinical rotations in one academic year.
4. Receiving a final percentage score of below 70% (in the first two years) or a “U” (in the last two years) in a remediated course, system, or clinical rotation.

In addition, the Student Conduct Committee may recommend dismissal (see **General University Academic Policies** section of this catalog for more information.)

## **Student Academic Progress Committee**

The Student Academic Progress Committee is comprised of five faculty members with the following ex officio members: the Director of COMP Student Services, the University Dean of Student Services, the Assistant/Associate Deans for Academic Affairs, and Director of the LEAD Office.

The Student Academic Progress Committee shall periodically review the academic achievements and performance of all students. The Registrar shall provide the names and grades of students in academic difficulty to the Student Academic Progress Committee. Additional input may be obtained as appropriate from the Dean of Osteopathic Medicine and the Office of Clinical Education.

After reviewing a student’s performance records, the Student Academic Progress Committee may recommend to the Dean any of the following courses of action: promotion, probation, remediation, dismissal from the College, educational assessment and other appropriate recommendations. It may also recommend that no action be taken.

The Student Academic Progress Committee also has the responsibility of recommending to the Faculty as a whole the awarding of the degree of Doctor of Osteopathic Medicine to all students who satisfactorily complete all requirements for graduation as stated in the University Catalog.

All recommendations of the Student Academic Progress Committee shall be in writing to the Dean, who will make the information available to the affected student.

## **Attendance and Absences**

Attendance is required at all scheduled instructional periods. Absence from instructional periods for any reason does not relieve the student from responsibility for the material covered during the periods. Frequent absences will be viewed as violations of the Standards of Academic and Professional Conduct.

Implementation of the attendance policy for on-campus courses will be the responsibility of the Assistant/Associate Dean for Academic Affairs.

Students are required to be present for all scheduled examinations and cannot begin an examination more than 15 minutes after the scheduled time without permission from the Assistant/Associate Dean for Academic Affairs or his designee. For a student to be considered to take any examination at other than the scheduled time, the student must have prior approval by the Assistant/Associate Dean for Academic Affairs. A student who cannot attend an exam due to unforeseen circumstances, including illness, should phone or e-mail the Assistant/Associate Dean for Academic Affairs and Course instructor/System Coordinator as soon as possible prior to or after the exam has been administered. A written explanation of the absence (including documentation on physician letterhead, in the case of illness) must be provided to the Office of the Associate/Assistant Dean for Academic Affairs and the Course Instructor/System Coordinator the next day the student is on campus.

If a student misses an examination, the Assistant/Associate Dean for Academic Affairs, in consultation with the Course Instructor/System Coordinator, will determine whether the absence is excused or unexcused. If the absence is excused, the student will be permitted to take a make-up examination, the nature and time of which will be at the discretion of the Course Instructor/System Coordinator; the student will receive full credit for the make-up examination.

If the absence is unexcused (e.g., failure to show up for a written or practical examination without a valid excuse as determined by the Assistant/Associate Dean for Academic Affairs and the Course Instructor/System Coordinator), this is grounds for summary failure (a score of zero) for that examination.

In the case of an unexcused absence, the student who fails the examination will be referred to the Student Academic Progress Committee for recommendations regarding remediation or dismissal. In this case, if the Student Academic Progress Committee recommends that the student take a remediation examination, the maximum score that the student can achieve on the examination will be 70%. If the student fails to take either a make-up or a remediation examination at the time designated by the Course Instructor/System Coordinator, without a valid excuse as delineated above, this will be grounds for summary failure (a score of zero) of that examination and referral to the Student Academic Progress Committee, as described above. In such a case, a written report will be sent by the Course Instructor/System Coordinator to the Office of the Assistant/Associate Dean for Academic Affairs, with a copy sent to the Chair of the Student Academic Progress Committee and the Dean of Osteopathic Medicine for appropriate disposition.

Policies for attendance and absences during the third and fourth years are published in the COMP Clinical Rotations Manual.

## **CURRICULUM**

The curriculum at COMP is a four-year, full-time academic and clinical program leading to granting the degree of Doctor of Osteopathic Medicine (DO). This curriculum stresses the interdependence of the biological, clinical, behavioral, and social sciences. The emphasis is on educating physicians for primary care medicine, employing the distinctive osteopathic principles, for the maintenance of health and treatment of disease.

COMP's educational program is centered around the basic concepts of osteopathic medicine. The College of Osteopathic Medicine of the Pacific identifies and develops the knowledge, the cognitive and psychomotor skills, and the personal and professional behaviors required of an osteopathic primary care physician in order to provide competent and comprehensive health care to all members of a family on a continuing basis. This academic program is intended to meet the following goals:

- To accord primacy to the role of the musculoskeletal system in the total body economy.
- To recognize and emphasize the inherent capacity within the total person to overcome disease and maintain health; to educate physicians to cooperate with this therapeutic capacity in their methods of treatment.
- To provide sufficient academic training to make students aware of health needs that must be referred to a specialist.

A primary care physician must be skilled in problem solving and demonstrate expertise in diagnosis. In order to achieve this goal, the COMP curriculum emphasizes the integration of basic and clinical sciences in medical practice. With this approach, practice in problem solving becomes a part of the learning experience.

The curriculum is divided into three phases:

1. Introduction to the basic sciences.
2. Correlated system teaching, incorporating basic and clinical sciences in the study of ten (10) organ systems of the body.
3. Clinical experiences.

Various extracurricular activities also contribute to the personal and professional growth of students.

The four-year curriculum has been developed to prepare the graduate for the post-doctoral training years of his/her choice.

### **Summer Preparatory Program**

The College offers an optional three-week introductory preparatory program to a selected number of incoming DO students. Students will purchase a workbook and remit a tuition fee of \$300. (See course description for DO 5001 below for additional information.)

## **PRE-CLINICAL CURRICULUM**

### **PHASE I: First Year, First Semester (Core courses)**

The first semester of the first year is designed to introduce the students to the basic concepts of anatomy (gross, embryology, and histology), biochemistry, microbiology, pathology, pharmacology, and physiology. Osteopathic principles and practice are interwoven throughout the curriculum.

DO 5010 Biochemistry (4.5 credit hours)

DO 5025 Medical Genetics (1 credit hour)

DO 5030 Gross Anatomy (9.5 credit hours) or DO 5002 (9.5 credit hours)  
DO 5035 Developmental Histology (3 credit hours)  
DO 5050 Microbiology (5 credit hours)  
DO 5060 Pathology (2.5 credit hours)  
DO 5070 Pharmacology (2.5 credit hours)  
DO 5080 Physiology (1.5 credit hours)  
DO 5090 Osteopathic Principles and Practice I (2 credit hours)

**PHASE II: First year, second semester through second year, second semester**

This phase begins in the second semester of the first year and continues throughout the second year. The basic and clinical sciences concerned with one particular organ system of the body are integrated in classroom instruction. This approach emphasizes the relevance of basic sciences to clinical practice. The osteopathic approach is continually emphasized by lecture and laboratory demonstration, including manipulative techniques. Other courses not directly related to a system are also included in Phase II.

**First Year, Second Semester:**

DO 5110 Dermal System (3.5 credit hours, 4 weeks)  
DO 5120 Neurosensory System (15.5 credit hours, 10 weeks)  
DO 5130 Musculoskeletal System (6.5 credit hours, 4 weeks)  
DO 5140 Medical Ethics (Cr/NCr)  
DO 5150 Introduction to Clinical Medicine (ICM) I (2 credit hours, 1 week)  
DO 5160 Behavioral Science and Substance Abuse (4 credit hours)  
DO 5170 Head and Neck Anatomy (3 credit hours)  
DO 5190 Osteopathic Principles and Practice II (2.5 credit hours)

**Second Year, First Semester**

DO 6010 Blood and Reticuloendothelial System (6.5 credit hours, 3 weeks)  
DO 6020 Cardiovascular System (9.5 credit hours, 9 weeks)  
DO 6030 Public Health (1.5 credit hours, 1 week)  
DO 6040 Respiratory System (9 credit hours, 7 weeks)  
DO 6050 Psychiatry (2 credit hours)  
DO 6090 Osteopathic Principles and Practice III (2.5 credit hours)

**Second Year, Second Semester**

DO 6110 Renal System (5 credit hours, 3 weeks)  
DO 6120 Endocrine System (5.5 credit hours, 3 weeks)  
DO 6130 Reproductive System (7 credit hours, 4 weeks)  
DO 6140 Gastrointestinal System (11 credit hours, 7 weeks)  
DO 6150 Introduction to Clinical Medicine (ICM) II (Cr/NCr)  
DO 6160 Medical Jurisprudence (1.5 credit hours)  
DO 6171 Differential Diagnosis (Cr/NCr)  
DO 6172 Emergency Medicine (Cr/NCr)  
DO 6173 Geriatrics (Cr/NCr)  
DO 6174 Human Sexuality (Cr/NCr)  
DO 6175 Nutrition (Cr/NCr)  
DO 6176 Pediatrics (Cr/NCr)  
DO 6190 Osteopathic Principles and Practice IV (2.5 credit hours)

\*Clinical Performance Evaluation will be administered at the end of Phase II of the curriculum. Students are required to pass this evaluation in order to be promoted to Phase III of the curriculum.

**PHASE III: Clinical Training - Third and Fourth Years**

**Rotations Office**

The Director of Clinical Education and the Rotations Office staff are dedicated to providing our students with the best possible clinical education and providing exceptional service to everyone with whom they interact. The Office assists COMP and its students with planning for and completion of their clinical training in the third and fourth years.

## Goals

The goals of COMP's clinical curriculum include preparing each COMP student with the knowledge, attitudes, and skills to excel in their chosen postdoctoral training program. Specifically, the student will be able to:

- Identify the wide range of normal human functioning.
- Recognize, diagnose and treat the most commonly encountered health conditions in a primary care practice.
- Recognize, diagnose and treat the acute, life-threatening conditions encountered by the primary care physician.
- Differentiate common health problems from less common diseases.
- Recognize conditions or situations that are best handled by consultation and/or referral.
- Provide continuity of health care beginning with initial patient contact.
- Assess and treat chronic medical conditions in various stages of progression.
- Develop appropriate, professionally intimate relationships with patients.
- Understand patients' individual concerns and incorporate those concerns into routine patient care.
- Integrate osteopathic philosophy and practices into routine patient care.
- Access medical references, including up-to-date medical literature, to understand current medical knowledge and thought.
- Understand and apply the concepts of community-oriented primary care, epidemiology, health screening, and prevention.
- Understand and work with the family unit to improve the health and welfare of the individual patient and his/her family.

## Clinical Curriculum

COMP's clinical curriculum consists of the following four-week rotations:

### Third Year

- 1 Family Practice
- 3 Internal Medicine (2 General; 3<sup>rd</sup> General or other, such as GI, Cardiology, or Pulmonology)
- 1 Surgery (General)
- 1 Pediatrics
- 1 Psychiatry
- 1 Obstetrics/Gynecology
- 1 Osteopathic Manipulative Medicine
- 1 Primary Care Selective (Geriatrics, Family Medicine, Internal Medicine, Pediatrics, Ob/Gyn)
- 1 Elective
- 1 Vacation (not as first rotation)

### Fourth year

- 1 Family Practice
- 2 Internal Medicine (General and or subspecialty such as GI, Cardiology, Pulmonology, or Neurology)
- 1 Surgery (General or subspecialty)
- 1 Emergency Medicine
- 5 Electives
- 1 Vacation

Each year's curriculum requirements may be completed in any order. There is a mandatory four-week break at the end of the MS III year. The minimum length of a rotation is four weeks. Rotations may not be split. A substantial number of rotations may be assigned for MS III and IV years by the Rotations Office, including a block of rotations (four to six). The student may express a preference for preceptors and geographic locations for the remaining rotations.

## Implementation

Preceptors and hospitals will implement the curriculum in a manner that balances the learning needs of the students and the educational resources available at the site. Preceptors and sites are encouraged to use a variety of teaching techniques including observation, monitored participation, video and audio recordings,



computers, readings, individual discussions, and presentations by students, faculty and others to enhance learning.

### **Non-Clinical Experiences**

Non-clinical experiences like conferences, tumor boards, quality assurance meetings, hospital committees, etc., are important for students to observe in order to help them understand and appreciate the full spectrum of activities expected of physicians. Supervising physicians are encouraged to invite students to participate in as many non-clinical experiences as are practical.

### **Procedural Skills**

Part of the College's expectation is that students will gain a knowledge and understanding of various procedural skills. In addition to proficiency in the manual aspects of procedural skills, the College expects that the student will understand the indications, contraindications, risks, benefits, and alternatives for various procedures. Student performance of any procedure on a patient must be under the direct supervision of the assigned preceptor or their professional designee.

### **Evaluation of Students on Clinical Rotations**

The "preceptor of record" is the physician to whom the student is assigned for a given rotation according to the Rotations Office records. That physician is responsible for the rotation evaluation, including assigning a rotation grade. If the preceptor of record does not assign a grade, the Assistant Dean for Academic Affairs will determine a grade for the rotation.

### **Recording of Grades**

For any reason other than a clerical error, no grade may be changed more than 20 business days after the Clinical Rotations Office reports it to the Registrar. Within those 20 days, a grade may be changed only if the Rotations Office receives a signed statement from the preceptor specifying that such a clerical error had been.

## **COURSE DESCRIPTIONS**

Courses listed in this catalog are subject to change through normal academic channels. New courses and changes in existing course work are initiated by the appropriate disciplines, departments, or programs, approved by the Curriculum Committee, the faculty, the Dean of Osteopathic Medicine, and the Executive Vice President of Academic Affairs. COMP uses a combination of numeric scores and letter grades. A numeric score—listed as a percentage—is used in the MS I and II years and a 4-value letter grade is used in the last two years.

### **DO 5001 Summer Preparatory Program (0 credit hours, Cr/NCr)**

The Summer Preparatory Program prepares incoming students for the Gross Anatomy course and provides an introduction to Biochemistry. The anatomy component focuses on the skeletal, muscular, cardiovascular and nervous systems, and a brief overview of other body systems. Presentations also focus on enhancing student study and test-taking skills. Designed for students without prior coursework in human anatomy. Acceptance into this program is at the discretion of the instructor/coordinator. The course is elective and does not meet any requirements of the Doctor of Osteopathic Medicine curriculum. A separate tuition of \$300 is charged.

### **DO 5002 Intensive Summer Anatomy Course (ISAC) (9.5 credit hours, Numeric Score)**

Prerequisite: Application to the course and permission of instructor. The Intensive Summer Anatomy Course (ISAC) is equivalent to the DO5030, given in 6.5 weeks (covering the first semester of the course) to highly qualified incoming students. In addition to this Summer Phase, students will complete the final section of the course in January, along with the students enrolled in DO5030. ISAC students who score 80% and above at the end of this initial 6.5-week period are selected to serve as facilitators (peer leaders) in the regular gross anatomy course. Facilitators participate in peer-led team learning (PLTL) and experiential learning during the regular gross anatomy course. Properly trained facilitators lead dissection and discussion groups at intervals during the course, and some are selected as teaching assistants for the ISAC the following summer.

**DO 5010 Biochemistry (4.5 credit hours, Numeric Score)**

This course presents the molecular basis of life and how human physiology can be understood in biochemical terms, providing a foundation for future presentations on the biochemistry of each organ system, the disease states caused by biochemical abnormalities, and the biochemical basis for clinical diagnosis and therapy.

**DO 5025 Medical Genetics (1 credit hour, Numeric Score)**

This course presents an introduction to genetic principles and practices applicable to the contemporary practice of medicine. Topics may include (but are not limited to) pedigree analysis, structural gene mutations, the human genome, X-linked genetic transmission, triple repeat diseases, inborn errors of metabolism, and newborn screening.

**DO 5030 Gross Anatomy (12.5 credit hours, Numeric Score)**

This course presents an understanding of the structure and arrangement of the gross anatomical features of the human body. Through lectures and laboratory dissection of cadavers, students are introduced to the language of anatomy and to clinically important relationships. Models, radiographs and special demonstrations are employed to emphasize areas useful to the physician.

**DO 5035 Developmental Histology (3 credit hours, Numeric Score)**

This course traces, through lectures and demonstrations, the basic developmental stages of the human from fertilization to organogenesis. Specific attention is given to anomalies of early development. The student is also introduced to an understanding of the structure and function of cells and tissues, utilizing images from light and electron microscopy. Emphasis is on the structural specialization, function, and interaction of cells in forming the four basic tissues and the study of structural arrangements of the basic tissues in organs. A Web-based laboratory provides an opportunity for visual examination of cells, tissues, and organs.

**DO 5050 Microbiology (5 credit hours, Numeric Score)**

This course presents the major groups of microorganisms responsible for infectious diseases, enabling students to recognize and describe them. The course stresses the structure, physiology, and genetics of microorganisms in relation to their pathogenicity. The salient features of bacteria, fungi, protozoa, viruses, and viroids are discussed. In addition, the host-parasite relationship, including characteristics of organisms contributing to disease and host-defense mechanisms, are stressed. Fundamental concepts of immunology, including the structure of antigens and antibodies, serological reactions, their underlying principles, and their diagnostic applications are emphasized. Through laboratory experiments, students appreciate the functioning of a diagnostic laboratory.

**DO 5060 Pathology (2.5 credit hours, Numeric Score)**

This course presents the basic pathogenesis and morphology of disease. Cell injury and death, inflammation, the repair process, hemodynamic changes, neoplasia, and chemical and physical injuries are discussed. The laboratory is designed to supplement the lectures, utilizing various instructional technologies. Lectures on introductory laboratory medicine are presented.

**DO 5070 Pharmacology (2.5 credit hours, Numeric Score)**

This course orients medical students to the effects of drugs on biological systems. The course deals initially with general principles in pharmacology, including drug absorption, distribution, action, toxicity, biotransformation and elimination. The course then focuses on chemotherapeutic agents used in treating infectious diseases. Concepts and principles are introduced that are vital for the rational evaluation and utilization of drugs in the practice of osteopathic medicine.

**DO 5080 Physiology (1.5 credit hours, Numeric Score)**

This course presents the general physiology of cells, with a special emphasis on excitable cells such as the neuron and muscle cell. Basic concepts on the functions of cells and control of cellular activities are

reviewed. The course provides a foundation for the first-year medical student in basic physiologic theory, organ and system function, and an appreciation of total-body physiology.

**DO 5090 Osteopathic Principles and Practice (2 credit hours, Numeric Score)**

This course presents osteopathic history, philosophy, principles, problem-solving and patient management, incorporating direct and indirect, traditional, and contemporary manipulative techniques.

**DO 5110 Dermal System (3.5 credit hours, Numeric Score)**

This course presents problems of the skin from a clinical perspective. Lectures are coordinated with embryology, histology, physiology, biochemistry, pharmacology, microbiology, pathology, and dermatopathology.

**DO 5120 Neurosensory System (15.5 credit hours, Numeric Score)**

This course presents basic understandings of the brain, spinal cord, and peripheral nervous system. Basic science topics include embryology, histology, neuroanatomy, biochemistry, physiology, and pharmacology. Clinical topics include infections of the nervous system, pathology, neurology, ophthalmology, otorhinolaryngology, overviews of sleep disorders, cerebrovascular disorders, aging, and dementia.

**DO 5130 Musculoskeletal System (6.5 credit hours, Numeric Score)**

This course presents common conditions and disorders of the musculoskeletal system. The course also presents embryology, histology, and functional anatomy—including kinesiology, biochemistry, pharmacology, physiology, and microbiology. The pathology and clinical aspects of this system are discussed, as are the related aspects of sports medicine, rehabilitative medicine, exercise, rheumatoid diseases and orthopedics. Focus is on the relevance of these topics to the primary care practice of osteopathic medicine.

**DO 5140 Medical Ethics (0 credit hours, Cr/NCr)**

This course is an introduction to the ethical principles and methods of analysis used in medical ethics. The course presents a systematic framework for resolving ethical dilemmas encountered in the practice of medicine. Medical Ethics is covered in Phases II and III.

**DO 5150 Introduction to Clinical Medicine I (ICM I) (2 credit hours, Numeric Score)**

The Introduction to Clinical Medicine sequence prepares students for clinical rotations. This preparation emphasizes doctor-patient communication and clinical skills. ICM-I is designed to introduce the clinical skills that are essential to becoming an osteopathic physician. This introductory course is presented during the MS I year. Students are presented with basic history taking and physical examination skills. The course emphasizes the cognitive and affective skills needed for clinical reasoning and for effective doctor-patient communication. Utilizing both actual and simulated patients, verbal and non-verbal communication techniques are illustrated.

**DO 5160 Behavioral Science and Substance Abuse (4 credit hours, Numeric Score)**

This course presents biological, psychological, and social aspects of behavior in relation to medical practice. Major topics include etiology and treatment of substance abuse, the physician-patient relationship, emotion and personality, etiology of gender identity and sexual orientation, evolutionary origins of behavior, genetic, and environmental aspects of behavioral disorders. The course addresses how patients' behaviors contribute to their health and/or disease. The physician's role in the education of, and behavior change in, patients, peers, and the community are also discussed.

**DO 5170 Head and Neck Anatomy (3 credit hours, Numeric Score)**

**DO 5190 Osteopathic Principles and Practice II (2.5 credit hours, Numeric Score)**

Continuation of DO 5090.

**DO 6010 Blood and Reticuloendothelial System (6.5 credit hours, Numeric Score)**

This course presents the embryology, histology and biochemistry of the hemopoietic and lymphoreticular organs. During this system, the influences of microbiologic and pharmacologic agents are discussed. Basic immunology, the mechanisms of immunologic injury and immune tolerance, transplantation, tumor immunology, and the immunodeficiency states are also covered. The pathology and clinical aspects of hematologic diseases and diseases of the lympho-reticular system are presented along with the pertinent laboratory tests. Laboratory experience provides opportunities to examine normal and abnormal blood smears, perform blood tests, and examine lymph node neoplasms.

**DO 6020 Cardiovascular System (9.5 credit hours, Numeric Score)**

This course presents the embryology, histology, and gross anatomy of the heart and blood vessels. The biochemistry, pharmacology, physiology, and microbiology as related to this system are also discussed. Cardiovascular pathologies are presented, along with the clinical diagnostic and treatment modalities.

**DO 6030 Public Health (1.5 credit hours, Numeric Score)**

This course presents an understanding of public health and its importance to the practicing physician. Epidemiology, community health, immunization procedures, communicable disease control, environmental, and occupational health are discussed. Interaction of the physician with public health agencies is stressed, as are skills in working with public health statistics.

**DO 6040 Respiratory System (9 credit hours, Numeric Score)**

This course presents the embryology, histology, and gross anatomy of the lungs and nasotracheobronchial tree. Respiratory physiology and defense mechanisms, as well as microbiology, biochemistry, and pharmacology relating to the system are discussed. Pathology of the upper and lower respiratory system is presented along with clinical presentations of diagnostic and treatment modalities.

**DO 6050 Psychiatry (2 credit hours, Numeric Score)**

This course builds upon the bio-psycho-social foundation presented during Behavioral Science. Major DSM-IV diagnoses will be explored. Implications for medical practice will be emphasized. The course develops the physician's ability to recognize and deal with, or to refer, specific psychiatric cases. Perspectives on the use of ancillary personnel, and on cooperating with psychiatrists, are presented.

**DO 6090 Osteopathic Principles and Practice III (2.5 credit hours, Numeric Score)**

Continuation of DO 5190.

**DO 6110 Renal System (5 credit hours, Numeric Score)**

This course presents basic science topics in embryology and histology of the kidneys and urinary system, the biochemistry, physiology, and pharmacology of fluid and electrolyte balance with emphasis on kidney function, microbiology, pharmacology. Clinical topics include management of urinary infections, and the identification, diagnosis, and treatment of renal and urinary disorders.

**DO 6120 Endocrine System (5.5 credit hours, Numeric Score)**

This course explores the anatomy of the hormone secreting glands, the biochemical description of a hormone, how hormones are studied and measured, and the physiology of homeostasis. Pathologies of the endocrine system and the pharmacology of endocrine drugs are presented. Clinical manifestations of endocrine disorders of various ages are presented, with emphasis on identification, diagnosis, and treatment. The course also considers the evaluation and management of endocrine emergencies.

**DO 6130 Reproductive System (7 credit hours, Numeric Score)**

This course presents the anatomy, embryology, and histology of both the female and male reproductive systems. The physiology, biochemistry, pathology, pharmacology, and microbiology of both reproductive systems are also discussed. In addition, the basic science disciplines present principles regarding the relationships between mother and fetus during pregnancy. Clinical lectures on obstetrics, gynecology, perinatology, and nutrition, and the problem of child abuse and the management of pregnancy, are presented. Perspectives on human sexuality are also presented.

**DO 6140 Gastrointestinal System (11 credit hours, Numeric Score)**

This course presents various aspects of the gastrointestinal system, including its embryology and histology. The biochemistry, physiology, the influence of pharmacology, and the problems with microbiology are presented along with the clinical and pathological aspects of the system. The nutrition course is incorporated into this system.

**DO 6150 Introduction to Clinical Medicine II (0 credit hours, Cr/NCr)**

This course presents opportunities to practice clinical patient assessment skills during the pre-clinical phase of medical education. These clinical experiences provide the opportunity to learn the skills, values, and attitudes essential for the development of compassionate osteopathic physicians. ICM-II is taught in conjunction with each major system. All ICM segments are aligned with the system being presented concurrently in the curriculum. ICM-II is required for promotion to the clinical phase.

**DO 6160 Medical Jurisprudence (1.5 credit hours, Numeric Score)**

Using California laws as a base, this course presents the general rules of medical practice. The obligations of the physician to the community, the patient, the hospital, colleagues, and society are explored. The course discusses the physician's duties and responsibilities in the context of the medical, legal, and ethical aspects of medicine. Standards of care, vicarious liability, and negligence are discussed. Additional symposia are conducted during the Essentials of Family Medicine courses in Phase III of the curriculum.

**DO 6171 Differential Diagnosis (0 credit hours, Cr/NCr)**

This course provides students with exposure and practice in case presentations and in the application of differential diagnosis skills to selected problems in formulating evaluation or therapeutic intervention plans. Facilitators provide for case-based clinical thinking and experience to assist students in developing these skills. This course prepares students for conducting case presentations during clinical rotations, and for demonstrating skill in case evaluation and management. The course is integrated with each of the systems.

**DO 6172 Emergency Medicine (0 credit hours, Cr/NCr)**

This course is taught during the systems in Phase II, with subsequent lectures interspersed within Phase III. The course presents the basics of emergency medicine. Areas covered are physical and emotional trauma, poisonings, the paramedic system, and emergency cases from various areas of clinical medicine as they relate to a given body system.

**DO 6173 Geriatrics (0 credit hours, Cr/NCr)**

This course provides supervised clinical education in geriatrics, which may be provided in the nursing home, hospital inpatient ward, outpatient clinic, private home, or assisted living setting. Students will gain knowledge in clinical management, interpretation of diagnostic data, patient education, development of diagnostic and management plans, procedural skills, inter-professional communication, and skills related to working within a multidisciplinary team.

**DO 6174 Human Sexuality (0 credit hours, Cr/NCr)**

This course promotes student understanding of human sexuality by presenting issues related to both normal and dysfunctional sexuality. Taught as a segment of the Reproductive System (DO 6130), the course covers human sexuality issues, including the anatomy and physiology of reproduction, pathology, normal sexual response, and psychosexual development throughout the life cycle. The theory and practice of treatment for sexual dysfunction are considered. Current therapeutic concepts and techniques are discussed, along with case reviews, which include diagnosis, treatment plans, and prognosis.

**DO 6175 Nutrition (0 credit hours, Cr/NCr)**

This course provides the basic information on which to evaluate the nutritional requirements of the body in health and disease. A review of vitamins and their indications and limitations, the use and need for the trace minerals, and the proportions of carbohydrates, fats, and proteins in a balanced diet are discussed. Clinical nutrition is emphasized. This course is presented during the Gastrointestinal System (DO 6140).

**DO 6176 Pediatrics (0 credit hours, Cr/NCr)**

This course is devoted to the special problems of childhood. These subjects are integrated during Phase II in each system as appropriate. All systems contain an element of pediatrics and this course is designed to cover those aspects that are particular to pediatrics (infancy to adolescence). Additional pediatric presentations are given in Phase III during the Essentials of Family Medicine courses.

**DO 6190 Osteopathic Principles and Practice IV (2.5 credit hours, Numeric Score)**

Continuation of DO 6090.

**DO 7010 Family Practice I (10 credit hours, Letter Grade)**

This course provides supervised clinical education in family medicine, including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and inter-professional communication. In subsequent courses in this series, students are exposed to progressive involvement and independence in patient management. Repeatable to a maximum of 20 credit hours.

**DO 7020 Internal Medicine I (10 credit hours, Letter Grade)**

This course provides supervised clinical education in general internal medicine including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and inter-professional communication. In subsequent courses in this series, students are exposed to progressive involvement and independence in patient management.

**DO 7021 Internal Medicine II (10 credit hours, Letter Grade)**

Prerequisite: DO 7020. Continuation of DO 7020.

**DO 7022 Internal Medicine III (10 credit hours, Letter Grade)**

This course provides supervised clinical education in general internal medicine and/or in an internal medicine subspecialty such as gastroenterology, pulmonology, or cardiology. Expected competencies include clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and inter-professional communication. In subsequent courses in this series, students are exposed to progressive involvement and independence in patient management. Prerequisite: DO 7020. Repeatable to a maximum of 20 credit hours.

**DO 7030 Surgery I (General) (10 credit hours, Letter Grade)**

This course provides supervised clinical education in general surgery including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and inter-professional communication. In subsequent courses in this series, students are exposed to progressive involvement and independence in patient management.

**DO 7050 Elective (10 credit hours, Letter Grade)**

This course provides supervised clinical education in one of the clinical disciplines including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and inter-professional communication. The discipline and clinical training site must be approved in advance by the Office of Rotations.

**DO 7060 Osteopathic Manipulative Medicine (10 credit hours, Letter Grade)**

This course provides supervised clinical education in osteopathic manipulative medicine including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and inter-professional communication.

**DO 7070 Pediatrics (10 credit hours, Letter Grade)**

This course provides supervised clinical education in pediatrics including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of

diagnostic and management plans, and inter-professional communication. Repeatable to a maximum of 20 credit hours.

**DO 7080 Psychiatry (10 credit hours, Letter Grade)**

This course provides supervised clinical education in psychiatry including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and inter-professional communication. Prerequisite: DO 7010 or DO 7020.

**DO 7090 Obstetrics/Gynecology (10 credit hours, Letter Grade)**

This course provides supervised clinical education in obstetrics/gynecology including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and inter-professional communication. Prerequisite: DO 7010 or DO 7020. Repeatable to a maximum of 20 credit hours.

**DO 7100 Geriatrics (10 credit hours, Letter Grade)**

This course provides supervised clinical education in geriatrics including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and inter-professional communication.

**DO 7510 Family Practice II (10 credit hours, Letter Grade)**

Prerequisite: DO 7010. Continuation of DO 7010.

**DO 7520 Internal Medicine IV (10 credit hours, Letter Grade)**

This course provides supervised clinical education in general internal medicine and/or in one of the internal medicine subspecialties such as gastroenterology, pulmonology, neurology, or cardiology. Expected competencies include clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and inter-professional communication. In subsequent courses in this series, greater involvement and independence in patient management are expected. Prerequisite: DO 7021 and 7022.

**DO 7521 Internal Medicine V (10 credit hours, Letter Grade)**

This course provides supervised clinical education in general internal medicine and/or in an internal medicine subspecialties such as gastroenterology, pulmonology, neurology, or cardiology. Expected competencies include clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans and inter-professional communication. Prerequisite: DO 7520.

**DO 7530 Surgery II (10 credit hours, Letter Grade)**

This course provides supervised clinical education in general surgery or one of the surgical subspecialties such as ophthalmology, orthopedics, urology or cardiovascular/thoracic. Expected competencies include clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and inter-professional communication. In subsequent courses in this series, greater involvement and independence in patient management are expected. Prerequisite: DO 7030.

**DO 7540 Emergency Medicine (10 credit hours, Letter Grade)**

This course provides supervised clinical education in emergency medicine including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education, development of diagnostic and management plans, and inter-professional communication. Prerequisite: DO 7010 or DO 7020.

**DO 7550 Elective (10 credit hours; repeatable to a maximum of 50 credit hours, Letter Grade)**

This course provides supervised clinical education in one of the clinical disciplines including clinical management, technical and procedural skills, interpretation of diagnostic data, patient education,

development of diagnostic and management plans, and inter-professional communication. The discipline and clinical training site must be approved in advance by the Office of Rotations.

**DO 8050 Essentials of Family Medicine I (EFM-I) (3.5 credit hours, Letter Grade)**

The Essentials of Family Medicine-I course is taken during the MS III year and serves as a review of, and assessment tool for, basic clinical knowledge. This program reviews and amplifies clinical material presented during the MS I and MS II years. It also provides the opportunity for the student to obtain information and skills essential to rotations, residency, and medical practice. Topics include clinical, legal and ethical issues that are presented from a primary care perspective. Additionally, the course addresses special topics such as medical professionalism, cultural sensitivity, and alternative healthcare. Throughout the course, the tools essential to becoming a competent practicing physician and lifelong learner are emphasized. Guided learning is accomplished through on-line projects that enable students to demonstrate competence in completing clinically-oriented problems and case scenarios. Information may also be presented through one or more on-campus sessions held on designated weekends. Participation in the on-line projects and attendance at on-campus session(s) are mandatory. EFM-I must be successfully completed in order for the student to be advanced to MS IV status.

**DO 8550 Essentials of Family Medicine II (EFM-II) (3.5 credit hours, Letter Grade)**

Essentials of Family Medicine-II builds upon the essential knowledge and skills learned during the student's first three years of Osteopathic medical school, with the goal of helping the student to be able to successfully transition into his or her post-graduate training program and future medical practice. This is accomplished by enabling the student to apply general knowledge to specific clinical applications. In addition, EFM-II emphasizes medical professionalism and helps the student to sharpen skills vital to lifelong learning. Information is presented through one or more on-campus sessions held on designated weekends. Guided learning is also accomplished through on-line projects that enable students to demonstrate competence in completing clinically-oriented problems and case scenarios. Attendance at the on-campus session(s) and participation in the on-line projects are mandatory. Successful completion of EFM-II is a requirement for graduation.

**HONORS AND AWARDS**

The following awards for DO students are presented annually on Honors Day in April:

Auxiliary to the Osteopathic Physicians and Surgeons of California Scholarship Award  
The President's Society Award  
Joseph and Dorothy Gendron Journalism Award  
Linda Fox Memorial Endowment Fund Award  
Arthur Madorsky, MD Memorial Scholarship Award  
Dean's Award  
Russell B. McCaughan Award  
Class of 1989 Award  
Rotary Club Community Service Award  
Osteopathic Physicians and Surgeons of California Award  
Community Clinic Service Award  
The Rafi Younoszai MSIV Elective Scholarship Award in International/Cross-cultural Health  
William G. Woodman, MD, Humanitarian Memorial Award  
Jeff Plumb Memorial Award  
William G. Stahl, DO, FACOS, Memorial Scholarship  
Clem Parsons Memorial Scholarship Award  
Mickey and Nell Clamage Memorial Scholarship Award  
Louise Kramer Memorial Scholarship Award  
Dr. V. Gladys Shutt Memorial Award  
Glen Scheresky Memorial Scholarship Award  
Anthony Joseph Ronzo, Sr., Memorial Award  
American Association of Colleges of Osteopathic Medicine  
Council of Student Council Presidents Student DO of the Year Award  
National Dean's List Nominations



Who's Who Among Students in American Universities and Colleges Nominations

The following awards are presented annually to graduates at Commencement:

President's Award

The President's Award

Dean's Award

Rev. & Mrs. Al & Verna Braswell Award

Edward B. Parris and Jacqueline A. Parris Award

Leonard E. Peck, Sr. Memorial Award

Pauline Weiss Pumerantz Memorial Award

Dr. Alex M. Rene Memorial Award

Charles Vowels, MD Memorial Award

Joseph Weiss Memorial Scholarship Award

Osteopathic Physicians and Surgeons of California Award

Dr. Frank T. Carr Memorial Award

Janet M. Glasgow Memorial Achievement Citation of the American Medical Women's Association

Undergraduate Fellowship of Osteopathic Principles and Practice Recognition Award

Society of Academic Emergency Medicine Excellence in Emergency Medicine Award.

American Osteopathic Foundation: The Donna Jones Moritsugu Memorial Award

American College of Osteopathic Family Physicians Award

Alumni Memorial Award

**ACADEMIC CALENDAR 2003-2004  
DO PROGRAM**

Friday, May 23, 2003 Fall Semester Registration Forms Due (4 <sup>th</sup> years)	Fall Semester Registration (1 <sup>st</sup> years)
Friday, May 23, 2003 Fall Semester Registration Forms Due (3 <sup>rd</sup> years)	Wed.-Fri., Aug 7-9, 2002 Orientation
Friday, Jul. 11, 2003 Fall Semester Registration Ends (2 <sup>nd</sup> years)	Thursday, August 7, 2003 Fall Semester Tuition Due (1 <sup>st</sup> & 2 <sup>nd</sup> years)
Thursday, Jun. 5, 2003 ISAC Registration Forms Due	Saturday, Aug. 9, 2003 Convocation/White Coat Ceremony
Monday, Jun. 9, 2003 Fall Semester Tuition Due (ISAC Students)	Monday, Aug. 11, 2003 Classes Begin (1 <sup>st</sup> and 2 <sup>nd</sup> years)
Friday, Jun. 7, 2003 ISAC Orientation	Tues.-Wed., Aug. 26-27, 2003 COMLEX Level 2
Monday, Jun. 9, 2003 ISAC Begins	Monday, Sept. 1, 2003 Labor Day - no classes
Monday, Jun. 16, 2003 Fall Semester Rotations Begin (3 <sup>rd</sup> & 4 <sup>th</sup> years) Fall Semester Tuition Due (3 <sup>rd</sup> & 4 <sup>th</sup> years)	Monday, Oct. 13, 2003 Columbus Day - no classes
Friday, Jul. 4, 2003 Independence Day	Tuesday, Wednesday, Oct. 7-8, 2003 COMLEX Level 1
Friday, Aug. 1, 2003	Monday, Nov. 3, 2003 Spring Semester Tuition Due (4 <sup>th</sup> years)

Monday, Nov. 10, 2003  
Spring Semester Rotations Begin (4<sup>th</sup> years)

Wednesday, Nov. 26, 2003  
Thanksgiving Recess – Noon

Monday, Dec. 1, 2003  
Classes Resume (1<sup>st</sup> & 2<sup>nd</sup> years)  
Spring Semester Tuition Due (3<sup>rd</sup> years)

Friday, Dec. 5, 2003  
Last Day of Fall Semester Rotations (3<sup>rd</sup> years)

Monday, Dec. 8, 2003  
Spring Semester Rotations Begin (3<sup>rd</sup> years)  
Spring Semester Tuition Due (3<sup>rd</sup> years)

Tuesday, Wednesday, Dec. 9-10, 2003  
COMLEX Level 3

Friday, Dec. 19, 2003  
Last Day of Fall Semester Classes (1<sup>st</sup> and 2<sup>nd</sup> years)  
Spring Semester Tuition Due (1<sup>st</sup> and 2<sup>nd</sup> years)

Monday, Dec. 22, 2003  
Winter Recess Begins

Monday, Jan. 5, 2004  
Spring Semester Begins (1<sup>st</sup> & 2<sup>nd</sup> years)

Tuesday, Wednesday, Jan. 13-14, 2004  
COMLEX Level 2

Monday, Jan. 19, 2004  
Martin Luther King Holiday - no classes

Monday, Feb. 16, 2004  
President's Day - no classes

Friday - Sunday, Feb. 28-Mar. 2, 2003  
On-campus EFM Weekend (4<sup>th</sup> years)

Monday, Mar. 15, 2004  
Spring Vacation Begins

Monday, Mar. 22, 2004  
Classes Resume

Monday, Apr. 12, 2004  
Honors Day

Friday, Apr. 23, 2004  
Last Day of Classes (4<sup>th</sup> years)

Friday, May 14, 2004  
Commencement

Friday, May 16, 2003  
Last Day of Classes (2<sup>nd</sup> year)

Friday, May 23, 2003  
Last Day of Classes (1<sup>st</sup> year)

Tuesday, Wednesday, Jun. 8-9, 2004  
COMLEX Level 1

Tuesday, Wednesday, Jun. 15-16, 2004  
COMLEX Level 3

### **THE OSTEOPATHIC OATH**

I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform fruitfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery. I will be ever vigilant in aiding the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it be asked of me. I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices. I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathic medicine as taught by my profession. In the presence of this gathering I bind myself to my oath.

# COLLEGE OF PHARMACY

## Doctor of Pharmacy Program

### ACCREDITATION

The College of Pharmacy is accredited by the American Council on Pharmaceutical Education.

### PHARMACY: ABOUT THE PROFESSION

The practice of pharmacy has evolved from a historical emphasis on the preparation and distribution of drug products to new activities and responsibilities that focus on the rational, safe and cost-effective use of drugs. Just as it is generally assumed that physicians are primarily involved in providing medical care and nurses in providing nursing care, pharmacists are the primary providers of pharmaceutical care. The mission of the pharmacy profession, therefore, is to meet the pharmaceutical care needs of the public. Pharmaceutical care is patient-centered, outcome-oriented, contemporary pharmacy practice that requires the pharmacist to work in concert with the patient and the patient's other health care providers to promote health, prevent disease, and assess, monitor, initiate and modify medication use so that pharmacotherapy is safe and effective.

The provision of pharmaceutical care to patients requires an understanding of the chemistry of drug entities, the delivery characteristics of dosage formulations, the disposition of drugs within the body, the physiologic and pharmacologic outcome of drugs' interactions with the human body and the social systems in which medications are used.

As a pharmacist you will be able to care for your patients in many important ways:

- Participate in the planning and implementation of effective drug therapy.
- Monitor and evaluate drug therapy to identify and solve patient-specific drug therapy problems.
- Evaluate clinical literature.
- Prepare medications.
- Select the drug product dosage form.
- Calculate the dose and determine the dosing schedule.
- Educate and counsel patients, and;
- Work with other health care providers and the patient to promote health and prevent disease.

### THE DEGREE

The Doctor of Pharmacy degree (PharmD) is awarded in recognition of the highest level of professional education in pharmacy in the United States. To earn the PharmD degree, students complete four years of professional study following a minimum of two years of preprofessional education at an accredited college or university.

Students who complete this program are eligible to take state pharmacy licensing examinations. After passing this examination, graduates are licensed to perform all the duties and responsibilities of a practicing pharmacist.

### CAREER OPPORTUNITIES

Our graduates find a vast array of exciting career pathways open to them. The opportunities below represent only a small list of possible career options.

#### Community Practice

Pharmacy offers a variety of professional opportunities in the community setting. Independent pharmacies, corporately owned pharmacies and neighborhood health care clinics all provide opportunities for direct patient care. Other examples of community practice include specialized home health care, consulting for nursing home patients and conducting patient education programs.

**Institutional Practice**

Pharmacists in hospitals and other health care institutions may be involved in direct patient care, teaching, drug use evaluation, clinical research studies, public service and administration.

**Managed Care Pharmacy**

Pharmacists practice in a variety of managed care organizations including health maintenance organizations and preferred provider organizations. In these settings, pharmacists develop formularies, implement drug utilization reviews and analyze physician prescribing patterns.

**Pharmaceutical Companies**

Research and development, testing of drugs in humans, production, quality control, marketing, public relations, sales, and management are some of the career opportunities available in industry.

**Public Service Practice**

Pharmacists practice in federal government agencies and services including the Food and Drug Administration (FDA); Drug Enforcement Administration (DEA); the Army, Navy and Air Force; Public Health Service; and Department of Veterans Affairs.

**Academia**

Opportunities for careers in colleges or schools of pharmacy include administration, teaching, research and clinical service. Additional opportunities in teaching, research, or practice may require post-graduate education or training beyond the doctor of pharmacy degree.

**THE COLLEGE OF PHARMACY**

A major goal of the College of Pharmacy is to prepare competent and caring practitioners. We are prepared to offer you a quality educational experience.

**Modern Facilities**

You will receive instruction in a modern facility with classrooms and breakout rooms furnished with state-of-the-art equipment.

**A Friendly Environment**

You will be treated as a colleague and a professional who is seeking to become a competent pharmacy practitioner.

**Supportive Faculty**

You will receive instruction from faculty members who are committed to excellence in pharmaceutical education. Many faculty members are practicing clinical pharmacists who are actively providing primary care or consultative services to patients in a variety of practice settings.

**A Rich Student Life**

You will have an opportunity to participate in a number of professional pharmacy organizations as well as other school-wide activities.

**ACADEMIC COURSE WORK**

To obtain the PharmD degree you will complete a curriculum that contains both didactic and clinical components.

**The Didactic Component**

In the core didactic component of the program, you will learn about biological systems and about drugs and their effect on the body. You will take courses in areas such as therapeutics, health care administration, pharmacology and pharmacokinetics and learn how to apply this knowledge to pharmacy practice. Your studies will include communication skills, patient counseling, laws about drugs and pharmacy practice, health care systems, physical assessment and evaluation of the drug literature.

## **The Clinical Training Component**

In several different patient-centered training sessions, particularly during the third and fourth years, you will be given an opportunity to put into practice what you have learned in the classroom. Under the supervision of a clinical pharmacist faculty member, you will assess and counsel patients and monitor their drug therapies. You will spend a total of 42 weeks in these training sessions, called advanced pharmacy practice experiences. Such pharmacy practice experiences will take place in hospitals as well as in clinics, community pharmacies and other settings where pharmacists practice.

## **ADMISSIONS POLICIES AND PROCEDURES**

Admission to the College of Pharmacy is on a highly competitive basis. Each year we receive many more applications than we can accommodate in our program. At Western University, we retain smaller class sizes, offering you a closer relationship with your faculty and fellow students. The College of Pharmacy is looking for individuals who have excellent communication skills, who care for people and are compassionate, who are dedicated and determined, who are dependable and who display good judgment.

### **Application Requirements**

The College of Pharmacy Admissions Committee will consider applicants with a minimum of two years of college (60 academic semester hours or 90 quarter hours) of pre-pharmacy study at an accredited college or university. The minimum cumulative prepharmacy and science grade point average requirement is 2.5. Grades of "C-" in any of the prerequisite courses are not accepted. Prerequisite courses are subject to review each year.

Candidates who have received or will receive a baccalaureate degree or who have completed units in excess of the minimum will be considered more favorably than applicants who have fulfilled only minimum requirements. For the latest information, you should consult our web site at [www.westernu.edu](http://www.westernu.edu).

#### 1. Prerequisite Courses

College English (1 semester)

English Composition (1 semester)

Speech Communication (1 semester)

General Chemistry with lab (2 semesters)

Organic Chemistry with lab (2 semesters)

Human Anatomy with lab\* (1 semester)

Human Physiology with lab\* (1 semester)

Microbiology with lab-Medical Microbiology is preferred (1 semester)

Biochemistry (2 semesters – lab is optional)

Calculus (1 semester)

Electives (2 semesters)-Electives must be met from two of the three following areas: public speaking/debate, social sciences, or economics.

\*If anatomy and physiology are combined, we will accept a minimum of 5 semester units. Anatomy and physiology must be taken out of the anatomy, physiology, A&P, biology or zoology departments.

We will accept a minimum of 1 semester of biochemistry if the course is at least 5 semester units. The course should cover the following topics: molecular biology, amino acids and proteins, and carbohydrate and lipid metabolism.

We do not accept substitutions or waive any of the prerequisite courses. English as a Second Language (ESL) courses are not accepted for the English requirement. All prerequisite course work in progress must be completed no later than the spring semester or quarter immediately preceding matriculation.

#### 2. Test of English as a Foreign Language (TOEFL)

TOEFL (including essay) is required for all applicants submitting course work from foreign schools, and all permanent and temporary residents of the United States. **EXCEPTION:** The TOEFL exam will be waived for students graduating with a confirmed baccalaureate or higher degree from a United States institution at the time of application. A minimum score of 550 on the paper based test or 213 on the computer-based test is required. TOEFL scores must be submitted at the time of application. TOEFL scores are valid for 2 years.

### 3. Recommendations

Three satisfactory recommendations (forms are provided by the College) are required as part of the admissions application. The recommendations should state the nature and extent to which the recommender knows you and should elaborate on the applicant's attributes and abilities including communication skills, ethics, interpersonal skills, motivation toward the profession and maturity.

### **Application Procedures and Deadlines**

Beginning with the entering class of August 2004, the PharmD program will be participating in the pharmacy college application service. The Pharmacy College Application Service (PharmCAS) will begin accepting applications in May, 2003. PharmCAS offers a web-based application service and will allow applicants to use a single application and one set of materials to apply to multiple PharmD programs.

Western University's application deadline to apply to PharmCAS is November 1, 2003. Application materials must be complete (including TOEFL scores) and submitted to PharmCAS by the deadline. It can take approximately 4-5 weeks for PharmCAS to process application materials and forward them to Western University.

To request an information brochure and/or an application from PharmCAS, contact the Admissions Office or PharmCAS at:

Office of Admissions	PharmCAS
Western University of Health Sciences	<a href="http://www.pharmcas.org">http://www.pharmcas.org</a>
309 E. Second Street	
Pomona, CA 91766-1854	
(909) 623-6116	

In addition to the PharmCAS application, Western University requires applicants to submit a supplemental application along with three recommendation evaluation forms (provided by Western University) and an application fee of \$60.00. Applicants who meet the minimum GPAs of 2.5 overall and 2.5 sciences will be eligible to receive a supplemental application. The supplemental application packet is due within 30 days from your receipt of the supplemental application or February 1, 2004 (final deadline), whichever comes first.

Applicants who wish to use course work completed outside of the United States must submit their transcripts for evaluation to World Education Services, Josef Silny and Associates, Educational Credential Evaluators, Inc., International Education Research Foundation, Inc., or the American Association of Collegiate Registrars and Admissions Officers Foreign Education Credential Service. A course-by-course evaluation is required and all course work must be designated as undergraduate, graduate, or professional. Western University will only honor evaluations from one of the above services. The evaluation must be included with the application packet.

Faculty in the College of Pharmacy will screen each applicant's admissions file to determine whether or not an applicant will be granted an on-campus interview. Candidates selected for an interview will participate in an assessment of written and verbal communication skills. Depending upon the number of applications received, interviews may be conducted on a rolling admissions basis. The College of Pharmacy would review completed applications, conduct interview and make admissions decisions throughout the admissions cycle. Decisions of the Admissions Committee regarding the admission of applicants to the Doctor of Pharmacy program are final.

### **TUITION AND FEES**

In estimating costs for one academic year of study at Western University's College of Pharmacy, you should include tuition and fees, laptop computer and printer, books and supplies, room and board, and other miscellaneous expenses. Actions of the Board of Trustees setting tuition and fees for the academic year are established during the previous spring term. The most current tuition and fees are as follows:

- Tuition - \$28,475 in 2003-2004 Academic Year.
- Student Body Fee \$40 per year
- Other Mandatory fees specific to the College of Pharmacy will be provided separately.
- Application Fee - Non-refundable \$60 fee for those applying to the Western University College of Pharmacy.

- Enrollment Deposit- \$500 for students admitted to the College of Pharmacy. Upon enrollment, this deposit is applied toward the tuition for the academic year. Persons who fail to enroll forfeit the entire deposit.

#### Other Fees

\$30	(per day) Late Registration Fee
\$40	Lost Mail Locker Key
\$5	(each) Copy of Official Transcript
\$10	(each) Copy of Official Transcript Faxed
\$10	Lost ID Badge
\$0.25 (per page) (replacement cost)	Copy of Student File Material Breakage Fee

The College of Pharmacy requires that each enrolled student have a notebook or laptop computer during class, after class hours and while on rotations.

#### FINANCIAL ASSISTANCE

All PharmD students are eligible to apply for need-based financial aid. For information, please write to the Financial Aid Office, Western University of Health Sciences, 309 E. Second Street, Pomona, California 91766-1854

#### ACADEMIC POLICIES AND PROCEDURES

##### Grading Policy

Students are required to meet a specified set of outcome objectives in each block in the curriculum. The block facilitator will provide the student with a syllabus at the beginning of the block that includes the required outcome objectives, instructional methods, assessment methods, a day-by-day schedule, and grading criteria. Achievement of the outcome objectives will be assessed through individual quizzes, examinations, and individual performance on any assignments given in that block. The minimum passing score (P) in any block is 80%. Students who earn a grade of 90% or higher will receive a grade of “high pass” (HP). A student who fails to meet the minimum requirement of 80% will receive a grade of “no pass” (NP) and will be automatically placed on academic probation (see **Probation** below). Policies requiring remediation of failed blocks are set forth under **Failure to Meet Standards**, below. All recorded grades will remain on the official transcript except in cases where clerical errors have occurred. The grading policies for the professional practice component of the curriculum (the Introductory Professional Practice Experience [IPPE], the Advanced Pharmacy Practice Experiences [APPE] and the Advanced Electives [AEs]) are set forth in separate policies.

##### Grading procedures

Block grades: end of block grades will be assigned as follows:

HP	=	High Pass; a student has achieved a minimum of 90%.
P	=	Pass; a student has achieved a minimum of 80%.
NP	=	No Pass; indicates the student has not achieved the minimum of 80% in the block (See <b>Failure to Meet Standards</b> section).
NP/P	=	Indicates a student has successfully remediated a block. The “NP” will remain on the student’s transcript.
I	=	Incomplete (Refer to the policy on <b>Attendance and Absences</b> ).
I/P	=	Indicates a student has successfully completed a block following receipt of an incomplete grade. The “I” will remain on the student’s transcript.
I/NP	=	Indicates a student has unsuccessfully completed a block following receipt of an incomplete grade.
M	=	Missing



W = Withdrawal (Refer to the **General Academic Policies and Procedures** above).

Advanced Pharmacy Practice Experiences (APPE)/Advanced Electives (AE) grades will be assigned as follows:

P = Pass.  
NP = No Pass; student has not achieved the rotation outcomes.  
NP/P = Indicates a student has successfully remediated APPE/AE. The NP will remain on the student's transcript.  
I = Incomplete (Refer to the policy on **Attendance and Absences** and on **Student Progress**).  
I/P = Indicates a student has successfully completed an APPE/AE following receipt of an incomplete grade. The "I" will remain on the student's transcript.  
I/NP = Indicates a student has unsuccessfully completed an APPE/AE following receipt of an incomplete grade.  
M = Missing  
W = Withdrawal (Refer to the **General Academic Policies and Procedures** above).

### Credit hours

To be eligible for graduation, a student must complete the following required components of the Doctor of Pharmacy program:

Year	# of Credits per year
1	40
2	40
3	44
4	50
Total	174

### Learning Assurance

Competency-based education provides students opportunities to achieve block outcomes, thus, learning assurance will be provided in each block. Block faculty will work with students to help them achieve the required standards as stated in the block syllabus. Assessment methods are intended to ensure that outcomes are met, and if not, they are to be used as a means of assessing the area(s) of difficulty. Various methods will be employed to help students via the block syllabus. If additional points are assessed for any assignment or examination for which learning assurance has been provided, the actual numerical score will be recorded as no greater than 80%.

### Failure to Meet Standards

Students who fail to achieve the 80% standard in a block will be given a grade of "NP" and will be placed on academic probation automatically by the Dean (See **General Academic Policies and Procedures** on Probation). Students who receive a designation of "NP" in up to two blocks during one academic year will be required to enroll for remediation for each block for which a grade of "NP" has been recorded. Block remediation may include a variety of activities such as faculty-student conferences, independent study and other types of coursework. However, in all cases, a final comprehensive remediation examination will be required to demonstrate successful attainment of the required standards. It is the student's responsibility to prepare for the comprehensive remediation examination and other assigned coursework that may be required. Students will be required to pay a fee of \$250 for each block remediated. The Academic Performance and Standards Committee will coordinate the block remediation schedule.

If remediation is successful, the student's transcript will reflect a grade change of NP to NP/P. The original grade of NP will remain on the official transcript. If a student fails any block remediation, he/she may be dismissed from the program. The Academic Performance and Standards Committee will review each case of failure of block remediation and make a recommendation to the Dean.

#### Remediation for Blocks in the First and Second Professional Years

The Office of the Association Dean for Academic Affairs will post the schedule for the comprehensive remediation examinations the week following the end of the last block of the academic year. Comprehensive remediation examinations will take place during the four weeks following the last block of the academic year. Students must be available for any scheduled comprehensive remediation examination they are required to take.

One comprehensive remediation examination will be administered that covers all block objectives (those areas the student failed plus all other required competencies). Each block requiring remediation will have a separate examination. Students must pass the comprehensive remediation examination to be promoted to the next academic year. Students will be required to pay a fee of \$250 for each comprehensive remediation examination.

#### Remediation for Blocks in the Third Professional Year

The Office of the Associate Dean for Academic Affairs will post the schedule for the comprehensive remediation examinations the week following the end of the last block of the third year. The comprehensive remediation examinations for P3 students (Blocks 3.1-3.5) will be scheduled in January. Students will not be scheduled to start Advanced Pharmacy Practice Experiences (APPEs) until all blocks are successfully remediated. The Academic Performance and Standards Committee must approve any exceptions. One comprehensive remediation examination will be administered that covers all block objectives within each block the student failed (those areas the student failed plus all other required outcomes). Each block requiring remediation will have a separate exam. The consequences of not passing remediation are outlined below under **Student Progress**.

#### **Attendance and Absences**

Students are to be in class Monday-Friday from 8 am to 3 p.m., unless the block schedule notes otherwise.

When a student must be absent, he/she must contact the Block Facilitator as soon as possible. If unable to reach the Facilitator, the student must leave a message with a contact telephone number. Accommodation for excused absences will be made, whenever possible, to assist students in situations involving illness or other emergencies. The Block Facilitator may require documentation of the reason(s) for the absence. The Block Facilitator/Faculty will determine how the missed materials will be completed.

If the absence is over three class days in duration, the case will be referred to the Academic Performance and Standards Committee, to determine, in consultation with Block Faculty, if ongoing accommodation can be made given the anticipated length of absence. The Committee may, at its discretion, recommend that the student be assigned an Incomplete Grade (I) for the block. Refer to **Student Progress** (below) for procedures to remove an Incomplete Grade. If the Committee determines that it is not possible for the student to continue in the program, a leave of absence may be recommended. Leaves of absence are governed by University policy. The Academic Performance and Standards Committee will make these determinations on a case-by-case basis after review of the facts and forward a recommendation to the Dean.

This policy also applies to students on APPE/AE. These students are also governed by policies contained in the Syllabus of Advanced Pharmacy Practice Experiences and by rotation-specific requirements.

**Independent Study:** Because of the unique and intensive nature of the College of Pharmacy's curriculum, the collaborative teaching and learning processes among team members, and the sequencing of key blocks, the Faculty does not believe that independent learning of core coursework meets the goals of the Doctor of Pharmacy program. In special cases, e.g. involving illness, reasonable accommodation will be made to permit the student to continue in his/her course of study if possible. Additionally, the collaborative learning process among team members is a critical element of the curriculum. Students accepted into the program must understand that their grades require successful collaboration with team members. Independent study of blocks in the core curriculum in the College of Pharmacy is not permitted either in summer or during the academic year. The only independent study that is permitted is via learning assurance and remediation.

**Holidays:** Western University publishes an annual list of holidays recognized by the University. A student who requests time off for a holiday other than those observed by Western University must do so in

writing to the Block Facilitator a minimum of 5 school days before the start of the block in which the holiday falls. If the request is approved, the student is responsible for any work missed on the date(s) absent. All assignments must be completed by the scheduled time. However, if the student fails to notify the Block Facilitator in the timeframe noted, the absence will be considered an unexcused absence, and no remediation will be permitted. The Western University holiday schedule does not apply to students on Advanced Pharmacy Practice Experiences and on off-campus Advanced Electives. Students will follow the rotation site holiday schedule on Advanced Pharmacy Practice Experiences and on Advanced Electives.

**Professional Meetings and Other Related Absences:** All students are required to attend one professional meeting each year as indicated on the College's academic calendar.

### **Policy for Academic Dishonesty**

The faculty takes the position that honesty and integrity are among the most valued traits of a professional person. As future professionals, each student must assume personal responsibility for honesty and integrity.

The College of Pharmacy faculty will not tolerate academic dishonesty. **Verification of an offense is grounds for dismissal.** Academic dishonesty includes, but is not limited to activities such as changing examination answers after the graded examination has been returned, cheating, plagiarism, bringing in unauthorized resources to exams or other assessed exercises, and signing another student's name on attendance records or team examinations/assignments.

All incidents that compromise academic integrity must be documented and referred to the Dean for review. This Dean will investigate all allegations, and either resolve the issue or forward the issue to the University Student Conduct Committee. The student may appeal the action following policies listed in the **General Academic Policies and Procedures** section of this Catalog.

### **Student Examination and Assignment Policies and Grade Appeals**

**Excused Absence from an Exam:** Excused absences are for emergencies. In the case of an emergency the student must notify the Block Facilitator at the earliest time possible (see **Attendance and Absences** Section above). Students who are excused from an examination/assignment will be permitted to take/complete the examination/assignment at a time designated by the block faculty. **[NOTE:** Examination/Assignment refers to any graded assessment in the block.] The student will be eligible to earn full credit for the examination/assignment under these circumstances. However, a student who does not take/complete the individual examination/assignment and who is not excused by the Block Facilitator will receive a zero for the examination/assignment. If emergencies arise that require a student to miss more than one examination or assignment in a block, the student's performance will automatically be referred to the Academic Performance and Standards Committee for review.

**Requests for an Examination or Assignment Regrade:** This section applies to all graded assessments. Any request by a student to have an examination or assignment regraded must be made in writing and submitted to the Block Facilitator **within two working days** of return of the examination or assignment. The student must specify which question(s) and answer(s) are to be reconsidered in the request. The request should be accompanied by lecture notes or referenced sources that support the student's original answer. On receipt of the request, the Block Facilitator will consider the request and document the decision regarding the request in writing to the student. The Block Facilitator will maintain a copy of the request and action taken. If the request for a regrade concerns a faculty member other than the Block Facilitator, the faculty member has the option of regrading the examination/assignment in its entirety. The Block Facilitator will respond to the student within two working days of receiving the written request.

If the student disagrees with the decision and has adhered to the timelines specified for regarding, he/she may petition the Academic Performance and Standards Committee for an appeal of the regrade decision.

**Grade Appeals:** A Grade Appeals Sub-Committee, if required, shall be constituted by the Academic Performance and Standards Committee. It shall consist of at least one member of the Academic Performance and Standards Committee, who shall serve as Chair, two voting faculty members not on the Committee, and one student representative. All members of the Grade Appeals Sub-Committee have full voting privileges. The Committee will conduct its own investigation in conjunction with such an appeal following established procedural guidelines for handling student appeals of an academic nature. An alternate appointed by the Dean will replace members of the Committee who may have a conflict of interest

in a particular case, e.g., a faculty member on the Committee may be the person who administered the grade that is being appealed.

### **Appeal Process**

Students may appeal decisions regarding suspension, student conduct, academic progression/promotion and graduation according to the regulations listed in the **General Academic Policies and Procedures** section in the front section of this Catalogue.

### **Student Progress**

**Academic Progression Blocks 1.1 through 3.5:** To progress to the next academic year, a student must pass all blocks in the current academic year. The Academic Performance and Standards Committee will review each student's progress at the end of every block.

**Failure to Meet Standards – First Block Actions:** When a student does not achieve the required standard in a block, the Dean will automatically place him/her on academic probation. The Dean will notify the student in writing within two weeks of receiving his/her final block grade. Letters will be distributed either by the Dean or via certified and regular mail delivery. Student confidentiality will be maintained. The terms of probation will be specified at the time a student is placed on probation. If a student is placed on probation, he/she must meet with his/her faculty advisor monthly and may not hold office in any University or College organization. The student will develop a corrective plan and submit it to his/her faculty advisor within five working days. This plan should include problems the student is experiencing (e.g., the number of hours the student is working, illness), the need for assistance from the Learning Enhancement & Academic Development (LEAD) program, and actions the student will take to prevent further difficulties. The faculty advisor will approve the plan and make appropriate referrals as necessary. Both the student and the faculty advisor will sign the plan, and both parties will retain a copy. The student will submit a copy of the plan to the Academic Performance and Standards Committee in a timely manner. On a monthly basis, the student and faculty advisor will evaluate the plan and make changes as necessary.

**Failure to Meet Standards – Second Block Actions:** When a student does not achieve the required standard in a second block in an academic year, the Academic Performance and Standards Committee will schedule a meeting with the student. The student may invite his/her faculty advisor to the meeting. During the meeting the corrective plan previously developed will be reviewed carefully, revised, and appropriate additional referrals will be recommended, if needed. The student will continue on probation.

**Failure to Meet Standards – Third Block Actions:** When a student does not achieve the required standards in a third block in an academic year, he/she will meet with the Academic Performance and Standards Committee. The student may invite his/her faculty advisor to the meeting. At this time, the Committee may recommend one of the following actions to the Dean: (1) The student may be required to withdraw from the program "not in good academic standing," and allowed to repeat the entire academic year; or (2) be dismissed from the program (see Dismissal in **General Academic Policies and Procedures** section). A recommendation regarding the disposition of a particular student's case will be made by the Academic Performance and Standards Committee based on review of the student's overall academic performance and with input from the student's advisor, block faculty or other individuals the Committee may consult. The Committee will send a written recommendation to the Dean, who will make a final decision regarding the course of action to be taken. The student has the right to appeal this decision according to established policy (see Student Appeal Process in **General Academic Policies and Procedures** section). If a student is required to repeat an entire year of the program, he/she is responsible for meeting with the Associate Dean for Academic Affairs to establish his/her schedule to ensure that all required blocks are completed.

**Incomplete grade (I):** An Incomplete grade (I) indicates that a student has not been able to complete all required work for issuance of a letter grade. An incomplete grade must be replaced before the student registers for the next academic year, unless other arrangements are made with the Dean. The activities to replace an incomplete grade may vary depending on individual circumstances. In some cases, Faculty may require the student to take the block in the year following. The procedures for making up an incomplete grade must not be in conflict with the College's policy on Independent Study. The Block Facilitator and Block Faculty should have a plan for removing the incomplete grade when assigning the I grade. Replacement of an incomplete will be under the direction of the Block Facilitator and Block Faculty and

will be processed by the Office of the Associate Dean for Academic Affairs. A fee may be assessed. The incomplete grade (I) remains on the transcript followed by the Pass grade when earned (I/P).

**Eligibility to participate in Advanced Pharmacy Practice Experiences (APPEs):** Courses in the first through third years must be completed successfully before beginning APPEs. Students may not start an APPE until the Academic Performance and Standards Committee has been notified that all blocks have been remediated successfully. The Academic Performance and Standards Committee will ensure that students are eligible to begin APPEs.

**Progression to the Fourth Professional Year:** Students must have completed at least three rotations successfully by the end of July in their P3 year to progress to the fourth year of the program. As a general rule, no “off rotations” will be given during the first three APPEs unless a student is required to remediate a block during Rotation 1 or if there is an extenuating circumstance (e.g., maternity leave, illness). The Academic Performance and Standards Committee will monitor the progress of any student who is on academic probation.

**Failure to Meet Standards on APPE:** When a student receives a NP or an Incomplete grade (I) in a rotation, the faculty member directing APPE assignments will notify the committee in a timely manner. He/she will make recommendations to the committee regarding remediation. The Academic Performance and Standards Committee will approve the remediation plan. The student will be placed on academic probation until he/she remediates the APPE. To monitor the quality of a student’s performance on APPEs, all students must complete at least one APPE with a voting, full-time faculty member. If a student drops or fails this required APPE, he/she must complete another APPE successfully with another voting, full-time faculty member.

**Progression to Advanced Electives/Comprehensive Review and Assessment:** Students may not begin elective requirements (coursework, Advanced Electives, Research Elective) until all APPE rotations are completed successfully. Students may not complete the Comprehensive Review and Assessment until all other requirements are completed. Any students requesting an exception to this policy will be considered on a case by case basis by the Academic Performance and Standards Committee. The recommendation of the Academic Performance and Standards Committee will be forwarded to the Dean for his/her action.

### **Professional Association Day**

First and second year students are required to participate in one designated professional meeting per year in order to become familiar with the professional responsibilities and activities of a practicing pharmacist. Students must participate for one or more days of the professional meeting. Third and fourth year students are not required to attend, but are strongly encouraged to do so. Each student will be responsible for his/her own meeting fees (e.g., registration, travel, food, etc.). Students are expected to act and dress professionally while attending the meeting.

### **Failure to Participate in Professional Association Day**

Participation in Professional Association Day is 5% of the total score possible in the last Foundation of Clinical Practice block of the first and second years. A score of 0 will be entered for students who fail to participate in Professional Association Day. This score will be reflected in the final grades of these blocks.

### **Incivility**

The College of Pharmacy does not tolerate incivility by any member of the College/University community. This includes faculty, staff, students, guests, and visitors. Examples of incivility include rude, sarcastic, obscene, disruptive or disrespectful behavior, threats, and damage to property. Complaints of incidences of incivility will be reported to the Dean. Should violations by students be determined to have occurred, the Dean either will resolve the issue or forward the issue to the Student Conduct Committee. Students have the right of appeal through the Student Appeal Process.

### **Veterans**

Veterans who fail to maintain satisfactory progress for more than five (5) blocks will not be certified to receive any Veterans’ benefits until they have corrected the situation and are making satisfactory progress.

### **Research Activities**

Students in the College of Pharmacy are encouraged to participate in research under the direction of faculty advisor(s). Students with appropriate interests and academic preparation may participate in research as part of the elective program.

### **Program Completion and Eligibility for Graduation**

All coursework in the College of Pharmacy must be completed within six (6) years of beginning the program. Exceptions may be made only upon recommendation of the Academic Performance and Standards Committee in consultation with the Dean. Students eligible for graduation must be approved by a vote of the College Faculty.

### **Graduation**

A student will be recommended for the Doctor of Pharmacy degree provided he/she:

- Has been enrolled in the Western University of Health Sciences, College of Pharmacy, for the duration of the Pharm.D. program.
- Is not on probation and has completed all prescribed academic requirements and has no outstanding grade of "I" or "NP".
- Has demonstrated no serious deficiencies in ethical, professional, or personal conduct that would make it inappropriate to award the Doctor of Pharmacy degree.
  - Has complied with all the legal and financial requirements of the University as stated in the University Catalogue.

No student will receive his/her diploma until that student has successfully completed all requirements for graduation.

All students must attend and participate in the Commencement program at which time the degree is conferred, unless special permission has been granted by the President of Western University of Health Sciences. If the President grants special permission to be excused from graduation, the graduate may be required to present himself or herself to the Provost, Executive Vice President of Academic Affairs or appropriate Dean at a later date in order to take the required oath (if relevant) to receive his or her diploma.

### **DESCRIPTION OF BLOCKS/COURSE DESCRIPTIONS**

Blocks listed in this catalog are subject to change through established academic channels. New blocks and changes in existing blocks are approved by the College of Pharmacy Curriculum Committee and the Faculty.

#### **FIRST YEAR**

The 5000 series is assigned to didactic blocks in the Basic Science Foundations and Professional Practice Foundation blocks for the first-year pharmacy students (P1).

#### **PHRM 5111 Foundations of Clinical Practice I (4 credits)**

This block is designed to introduce the student to the knowledge, skills and attitudes necessary for successful completion of the Pharm.D. curriculum, and to begin to develop foundation skills for patient-centered pharmacy practice. General topics include an introduction to contemporary pharmacy practice and the role of the pharmacist as a health care provider, written and verbal communication skills, developing team collaboration skills, humanism, introduction to ethics and professionalism, time management, resume writing, pharmacy abbreviations and equivalents, medical terminology, pharmaceutical calculations, pharmacy law, introduction to over the counter medications and pharmaceutical care, introduction to drug information, and introduction to the US health care system. (Formerly PHRM 5101)

#### **PHRM 5112 Foundations of Clinical Practice II (4 credits)**

This block is designed to further advance and reinforce the knowledge, skills and attitudes initially introduced to the student in PHRM 5111 and to develop clinical foundation skills necessary for patient-centered pharmacy practice. General topics include written and verbal communication skills, developing team collaboration skills, medical terminology, pharmaceutical calculations, pharmacy law, over the counter medications and pharmaceutical care, introduction of patient medical history and the patient medical record,

drug information, the top 200 drugs and drug cards, physical assessment skills, patient counseling skills, belief systems and pharmaceutical care, introduction to pharmacy practice-community pharmacy and inpatient hospital pharmacy clerkships. Prerequisite: PHRM 5111. (Formerly PHRM 5105)

**PHRM 5113 Foundations of Clinical Practice III (4 credits)**

This block is designed to further advance and reinforce the knowledge, skills and attitudes initially introduced to the student in PHRM 5111, and further enhanced in PHRM 5112, and to develop clinical foundation skills necessary for patient-centered pharmacy practice. General topics include written and verbal communication skills, developing team collaboration skills, medical terminology, pharmaceutical calculations, pharmacy law, over the counter medications and pharmaceutical care, introduction to patient SOAP notes, the top 200 drugs and drug cards, First Aid certification, patient counseling skills, introduction to pharmacy practice-community pharmacy and inpatient hospital pharmacy clerkships, current issues in pharmacy practice and the medication use system. Prerequisite: PHRM 5112. (Formerly PHRM 5110)

**PHRM 5114 Comprehensive Review (1 credit)**

This block summarizes and provides a final integration of materials and skills learned during the first year. A final comprehensive examination and a clinical skills assessment examination are administered and year-long team assignments are finalized with presentations and poster sessions.

**PHRM 5221 Integrated Biological Sciences I (3.5 credits)**

This series of blocks (PHRM 5221, 5222, 5223 and 5224) presents general principles of biochemistry, molecular biology, physiology, pharmacology and medicinal chemistry. The purpose of these blocks is to demonstrate their interdependence and to provide an integrated, scientific basis for the development and therapeutic use of drugs. The series focuses on the human system and provides the organizational knowledge and background relevant to the management of homeostasis blocks of the second and third years. The biochemistry and molecular biology portions build on the students' background in organic (functional group) chemistry and present the common features of most biochemical pathways and their relevance in diagnosing and treating disease, as well as developing therapeutic agents. With physiology, the organization of biological systems (homeostasis) is emphasized with the objective of demonstrating how the breakdown of organization leads to disease and the manipulation (interference or enhancement) of organization provides the basis for therapeutic intervention. The intent is to demonstrate how an understanding of biochemistry and molecular biology is fundamental toward developing an appreciation of medicinal chemistry and the development of drug entities. Principles addressing cellular and tissue physiology provide a conceptual framework to introduce pharmacology by emphasizing commonalities of drug mechanism with drug classification. Fundamental principles are emphasized with the intent of providing their relevance for prevention and treatment of disease using therapeutic agents, which themselves can be considered as modifications of intrinsic, biological compounds. (Formerly PHRM 5112)

**PHRM 5222 Integrated Biological Sciences II (3.5 credits)**

Continuation of PHRM 5221. Prerequisite: PHRM 5221. (Formerly PHRM 5213)

**PHRM 5223 Integrated Biological Sciences III (3.5 credits)**

Continuation of PHRM 5222. Prerequisite: PHRM 5222. (Formerly PHRM 5214)

**PHRM 5224 Integrated Biological Sciences IV (3.5 credits)**

Continuation of PHRM 5223. Prerequisite: PHRM 5223. (Formerly PHRM 5215)

**PHRM 5301 Pharmaceutics/Biopharmaceutics I (3.5 credits)**

This block introduces the student to physicochemical principles and their applications in order to develop an understanding of the manufacture, compounding, and proper use of liquid (homogeneous and disperse systems) and solid dosage forms. Prerequisite: PHRM 5211. (Formerly PHRM 5107)

**PHRM 5302 Pharmaceutics/Biopharmaceutics II (3.5 credits)**

This block deals with the manufacture, compounding and proper use of different dosage forms (topicals, suppositories, aerosols, parenterals and novel drug delivery systems). Additionally, students will be

introduced to innovations in biotechnology processes and products. Prerequisite: PHRM 5301. (Formerly PHRM 5108)

**PHRM 5401 Immunology (3.5 credits)**

The first part of this block introduces students to the basics of immunology including cells, organs and effector systems involved in both cell mediated and humoral mediated immune activity. The second part of the block focuses on regulatory interactions between different components of the immune system and the deleterious effects of aberrant immune processes. (Formerly PHRM 5106)

**PHRM 5501 Pharmacokinetics (3.5 credits)**

This block gives the student an introduction to principles of pharmacokinetics. The relationships between physicochemical characteristics and physiological factors to drug disposition are discussed. The relevance of pharmacokinetics to drug therapy is presented. Prerequisites: PHRM 5111, PHRM 5301 and PHRM 5302. (Formerly PHRM 5109)

**SECOND YEAR AND FIRST HALF OF THE THIRD YEAR**

The 6200 series describes the didactic curriculum for second-year pharmacy students (P2). The 6300 series denotes the didactic curriculum for the first half of the third year (P3).

**PHRM 6201 Pharmacy Practice I (4 credits)**

This block focuses on drug information and an introduction to research methodology and biostatistics. Students will use these tools in this block to begin to review and evaluate peer-reviewed clinical studies. They will continue to use these tools in subsequent blocks to evaluate clinical studies pertaining to specific therapeutic topics.

**PHRM 6202 Pharmacy Practice II (4 credits)**

Continuation of PHRM 6201. This block introduces homeostasis and covers materials from basic biochemistry to advanced pharmacotherapeutics as they relate to nutrition. Introductory topics such as laboratory interpretations, fluid-electrolytes, and acid-base disorders will be covered in addition to the nutrition related topics. Accordingly, the overall goal of this block is to equip pharmacy students with elemental tools essential for providing pharmaceutical care as well as to integrate knowledge, skills, and attitudes to provide an individualized nutrition pharmacotherapeutic plan for a given patient. (Formerly PHRM 6212; Formerly PHRM 6207)

**PHRM 6203 Pharmacy Practice III (4 credits)**

Continuation of PHRM 6202. This block focuses on providing the student with an understanding of the gastrointestinal and the hepatobiliary systems. Specific emphasis is placed on the pharmacological treatment of peptic ulcer disease, inflammatory bowel disease, alcoholic liver disease, and hepatitis. (Formerly PHRM 6202; Formerly PHRM 6213)

**PHRM 6204 Pharmacy Practice IV (4 credits)**

Continuation of PHRM 6203. This block is designed to teach the student how to solve patient-based pharmacotherapeutic problems in nephrology (kidney diseases) and pulmonology (lung diseases). Hypertension pathophysiology and treatment are introduced in this course, including national guidelines for diagnosis and treatment. Nephrology topics include evaluation of renal function, acute renal failure, chronic renal failure (e.g. diabetic nephropathy and primary glomerular diseases), complications of renal failure (e.g. fluids and electrolytes, anemia, and secondary hyperparathyroidism), renal transplant, and appropriate drug dosing in renal disease. Pulmonary topics include asthma (adult and pediatric), chronic bronchitis, emphysema, and cystic fibrosis. Students learn the proper use of inhalers, spacers, nebulizers, and peak flow meters. Several critical care medicine topics and venous thromboembolism are also components of this block. Major concepts of prior block material is reinforced throughout the block. (Formerly PHRM 6214)

**PHRM 6205 Pharmacy Practice V (4 credits)**

Continuation of PHRM 6204. This block is designed to allow the student an opportunity to strengthen their knowledge in the content areas previously covered in the second year blocks. Students will engage in



team case discussions, which incorporate and integrate aspects of those disease states previously covered. In addition, students will continue to expand their knowledge of individual drug therapies by the construction of individual drug cards. Skills (e.g., counseling, patient education, calculation applications, drug information applications) relevant to the practice of pharmacy will be practiced in this block. Students will receive certification for the administration of immunizations. Prerequisite: PHRM 5113. (Formerly PHRM 6215)

**PHRM 6206 Practice Pharmacy VI (4 credits)**

Continuation of PHRM 6205. This block provides students with the knowledge, skills and attitudes to manage pharmacotherapeutic regimens in endocrine-related diseases, such as diabetes and thyroid disorders, and reproductive medicine. Gender-related health concerns are also addressed. (Formerly PHRM 6216)

**PHRM 6207 Pharmacy Practice VII (4 credits)**

Continuation of PHRM 6206. This block contains epidemiology, anatomy, physiology, pharmacology, and pharmacotherapy as they relate to cardiology. Accordingly, the overall goal of this block is to enable students to integrate their knowledge of these topics in the context of formulating an individualized pharmacotherapeutic plan for a given patient with cardiac disease(s). (Formerly PHRM 6217)

**PHRM 6208 Pharmacy Practice VIII (4 credits)**

Continuation of PHRM 6207. This block focuses on the pathophysiology, pharmacology, and pharmacotherapy relevant to diseases affecting the central nervous system. The main goal of this block is to provide students with the fundamental knowledge, skills and attitudes required to provide optimal pharmaceutical care to patients with neurologic disorders. Disease states covered include dementias, epilepsy, headache, Parkinsonism, acute and chronic pain and stroke.

**PHRM 6209 Pharmacy Practice IX (4 credits)**

Continuation of PHRM 6208. The purpose of this block is to enable students to integrate the pathophysiology, medicinal chemistry, pharmacology and therapeutic knowledge in the management of specific disease states. The content of the block will span psychiatric diseases, substance abuse and toxicological states. Students are provided the opportunity to practice clinical problem assessment and therapeutic drug monitoring in preparation for providing pharmaceutical care.

**PHRM 6210 Pharmacy Practice X (4 credits)**

Continuation of PHRM 6209. This block is designed to allow the student an opportunity to strengthen their knowledge in the content areas previously covered in the second year blocks. Students will engage in team discussions, which incorporate and integrate aspects of those disease states previously covered. In addition, students will continue to expand their knowledge of individual drug therapies by the construction of individual drug cards. Skills (e.g., counseling, patient education, calculation applications, drug information applications) relevant to the practice of pharmacy will be practiced during this block. Students will receive instruction on the pharmacist's role in investigational drug services. Prerequisite: PHRM 6205.

**PHRM 6301 Practice Pharmacy XI (4 credits)**

A continuation of topic areas begun in the second year, this block is an integrated approach to microbiology, antimicrobial pharmacology and infectious disease syndromes. The initial part of the block deals with the identification, laboratory diagnosis, epidemiology and modes of spread of the medically important pathogens. Pharmacology of the major classes of antimicrobial agents will be discussed. The latter part of the block will focus on the microbiology, epidemiology, pathogenesis, pathophysiology, diagnosis, clinical features, preventive and infection control measures associated with major infectious syndromes due to common bacteria and parasites.

**PHRM 6302 Pharmacy Practice XII (4 credits)**

This block is an extension of PHRM 6301 with a focus on special patient populations and opportunistic infections, including fungal and viral infections. Pharmacology of antiviral and antifungal agents and the

applications in treating infections will be discussed. The latter part of the block will focus on basic pharmacology of immunotherapeutic agents and their applications in transplantation.

**PHRM 6303 Pharmacy Practice XIII (4 credits)**

This block provides students an overview of pharmacy practice management in the community and hospital pharmacy settings. Students are familiarized with the conceptual underpinnings and applications of operations of pharmacy practice management, such as marketing, financial analysis, human resource management, purchasing and inventory control. Disease state management is emphasized as an important component of community pharmacy practice management. In the hospital setting, the importance of drug information, utilization review and clinical therapy guidelines and protocols is stressed.

**PHRM 6304 Pharmacy Practice XIV (4 credits)**

The objective of this block is to provide an introduction in the pathophysiology, medicinal chemistry, pharmacology, and therapeutic knowledge in the management of hematological disorders, hematological malignancies and solid tumors. Students will receive instruction in the following areas: appropriate cancer screening and prevention information to the general public; basic pharmacology of the commonly used antineoplastic agents in clinical settings; supportive care in oncology and patient specific treatments; and appropriate treatments for the common types of hematological disorders.

**PHRM 6305 Pharmacy Practice XV (4 credits)**

This block provides students with an understanding of the fundamentals of pharmacoeconomics (PE) and its value to decision making in health care. The block introduces students to the concepts and terminology associated with pharmacoeconomics, including cost-of-illness, cost-minimization, cost-effectiveness, cost-benefit, cost-utility and decision analysis models. Other topics include an evaluation of the humanistic impact of drug therapy on quality-of-life, and use of sensitivity analyses in increasing the external validity of PE studies. Students will read and evaluate different types of PE studies published in the scientific literature. Student teams will be responsible for reading and analyzing selected PE literature and writing a comprehensive evaluation of each article, using their knowledge of research methods, biostatistics and pharmacoeconomics.

**ADVANCED PHARMACY PRACTICE EXPERIENCES (APPEs): SECOND HALF OF THE 3RD YEAR (P3) AND FIRST HALF OF THE 4TH YEAR (P4)**

The APPE rotations provide one year of supervised clinical education. Students advance their knowledge in areas such as taking drug histories, providing patient education, interpreting diagnostic data and dispensing and compounding medications. The 7000 series are designated for the APPE rotations.

Required rotations:

**PHRM 7110 Ambulatory care externship (8 credits)**

Supervised patient care experience in an outpatient setting under the supervision of a preceptor or faculty member of the College of Pharmacy.

**PHRM 7120 Institutional care externship (8 credits)**

Supervised patient care experience in a hospital or other institutional setting under the direct supervision of a preceptor or faculty member of the College of Pharmacy.

**PHRM 7210 Ambulatory care clinical (8 credits)**

Supervised clinical pharmacy experience emphasizing the development of pharmaceutical care skills in an out-patient setting.

**PHRM 7220 Institutional care clinical (8 credits)**

Supervised clinical pharmacy experience emphasizing the development of pharmaceutical care skills in a hospital or other institutional setting such as a long term care facility.

**Elective Rotations:**

**PHRM 7330 Elective clerkship I (8 credits)**

Supervised education in clinical, administrative or research settings that provide additional experience in specialty areas such as pediatrics, geriatrics, infectious disease, drug information, oncology, pharmaceutical research, pharmacy administration, etc.

**PHRM 7340 Elective clerkship II (8 credits)**

Supervised education in clinical, administrative or research settings that provide additional experience in specialty areas such as pediatrics, geriatrics, infectious disease, drug information, oncology, pharmaceutical research, pharmacy administration, etc. Prerequisite: PHRM 7330.

**PHRM 7350 Elective clerkship III (8 credits)**

Supervised education in clinical, administrative or research settings that provide additional experience in specialty areas such as pediatrics, geriatrics, infectious disease, drug information, oncology, pharmaceutical research, pharmacy administration, etc.

Prerequisite: PHRM 7340.

**Electives:**

**FOURTH YEAR (P4):** 16 credits of elective coursework and 2 credits in the comprehensive review and assessment are required.

The 8000 series is designed for elective coursework and the comprehensive assessment/review weeks. The elective program is a capstone experience designed to prepare the student for his/her role as an entry level practitioner. Electives are offered in areas such as research, teaching, and advanced clinical practice. A project is required of each student. Finally, each student completes a required comprehensive two-week review and assessment at the end of the program.

**PHRM 8200 Elective Coursework (4 credits)**

Advanced level coursework in an area of special interest beyond that presented as part of the previous didactic coursework of the Doctor of Pharmacy Curriculum. Repeatable to a maximum of 16 credits.

**PHRM 8400 Elective Apprenticeships (16 credits)**

Advanced clinical educational experiences in an area of special interest beyond that provided as part of the previous clinical coursework of the Doctor of Pharmacy curriculum. Repeatable to a maximum of 16 credits.

**PHRM 8600 Research Electives (16 credits)**

Supervised participation in pharmacy related research under the direct supervision of a faculty member. Repeatable to a maximum of 16 credits.

**PHRM 8800 Other Electives (4-16 credits)**

Individualized, supervised educational experiences in an area of special interest related to pharmacy practice beyond that provided by previous coursework in the Doctor of Pharmacy curriculum and not eligible for credit within PHRM 8200, 8400 or 8600. Repeatable to a maximum of 16 credits.

**PHRM 8999 Comprehensive Review and Assessment (2 credits)**

A two-week series of didactic and other educational experiences designed to provide students with a review of the Doctor of Pharmacy Curriculum and conduct assessments of the student's competency for pharmacy practice.

**Sample Schedule:** The following schedule represents an example of the schedule for the blocks in one academic year. This schedule is subject to change.

<b>Year</b>	<b>Block No.</b>	<b>Block Title</b>
<b>First Year</b>		
<b>Fall</b>	5111	Foundations of Clinical Practice I
	5112	Foundations of Clinical Practice II
	5221	Integrated Biological Sciences I
	5222	Integrated Biological Sciences II
	5301	Pharmaceutics/Biopharmaceutics I
	5302	Pharmaceutics/Biopharmaceutics II
<b>Spring</b>	5113	Foundations of Clinical Practice III
	5223	Integrated Biological Sciences III
	5224	Integrated Biological Sciences IV
	5401	Immunology
	5501	Pharmacokinetics
	5114	Comprehensive Review
<b>Second Year</b>		
<b>Fall</b>	6201	Pharmacy Practice I
	6202	Pharmacy Practice II
	6203	Pharmacy Practice III
	6204	Pharmacy Practice IV
	6205	Pharmacy Practice V
<b>Spring</b>	6206	Pharmacy Practice VI
	6207	Pharmacy Practice VII
	6208	Pharmacy Practice VIII
	6209	Pharmacy Practice IX
	6210	Pharmacy Practice X
<b>Third year</b>		
<b>Fall</b>	6301	Pharmacy Practice XI
	6302	Pharmacy Practice XII
	6303	Pharmacy Practice XIII
	6304	Pharmacy Practice XIV
	6305	Pharmacy Practice XV
<b>Spring</b>	R1	Inpatient Care Experiential (IX)
	R2	Ambulatory Care Experiential (AX)
	R3	Inpatient Care Clinical (IC)
<b>Fourth Year</b>		
	R4	Ambulatory Care Clinical (AC)
	R5	Elective rotation
	R6	Elective rotation
	R7	Elective rotation
	R8	Off
	January-May	Advanced Electives: Apprenticeships, coursework, research
	May	Comprehensive assessment and review

## **HONORS AND AWARDS**

The following awards for PharmD students are presented annually on Honors Day in April.

President's Society Award  
The Joseph and Dorothy Gendron Journalism Award  
Arthur Madorsky, MD Memorial Scholarship Award  
Linda Fox Memorial Endowment Fund Award  
Dean's Award  
American Society of Health Systems Pharmacists Student Leadership Award  
National Association of Chain Drug Stores (NACDS) Award  
APhA-ASP Outstanding Graduate Award  
APhA-ASP Mortar and Pestle Professionalism Award  
Who's Who Among Students in American Universities and Colleges Nominations

The following awards are presented annually to graduates at the Commencement Dinner Dance:

Alumni Memorial Award  
Merck Award  
Perrigo Award for Excellence in Nonprescription Medication Studies  
Mylan Pharmaceuticals Award  
TEVA Pharmaceuticals Outstanding Student Award  
Facts & Comparisons Award of Excellence in Clinical Communication  
Pfizer Consumer Healthcare Non-Prescription Drug Therapy Award  
Glaxo SmithKline Award  
Pfizer US Pharmaceuticals Outstanding Leader Award  
Eli Lilly and Company Award  
Dean's Award

**Academic Calendar 2003-2004**  
**PharmD PROGRAM**  
(subject to change)

Friday, May 23, 2003 Fall Semester Registration Forms due (4 <sup>th</sup> years)	Columbus Day
Monday, Jun. 23, 2003 Fall Semester Tuition Due (4 <sup>th</sup> years)	Wednesday, Nov. 26, 2003 (12:00 noon) Thanksgiving recess
Friday, Jul. 11, 2003 Fall Semester Registration Forms due (2 <sup>nd</sup> years)	Monday, Dec. 1, 2003 Classes Resume Spring Semester Tuition Due (4 <sup>th</sup> years)
Friday, Jul. 18, 2003 Fall Semester Registration Forms due (3 <sup>rd</sup> years)	Monday, Dec. 1-Friday, Dec. 5, 2003 Spring Semester Registration (1 <sup>st</sup> & 2 <sup>nd</sup> years)
Friday, Aug. 1, 2003 Fall Semester Registration (1 <sup>st</sup> years)	Friday, Dec. 19, 2003 Last Day of Classes, Autumn Semester Spring Semester Tuition Due (1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> years)
Monday, Aug. 4, 2003 Fall Semester Tuition Due (1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> years)	Wednesday, Jan. 2, 2002 Spring Semester Tuition Due (1 <sup>st</sup> , 2 <sup>nd</sup> & 4 <sup>th</sup> years)
Tuesday, Aug. 5-Friday, Aug. 8, 2003 Orientation	Monday, Jan. 5, 2004 Spring Semester Classes begin (all years)
Saturday, Aug. 9, 2003 Convocation/White Coat Ceremony	Monday, Jan. 19, 2004 Martin Luther King Holiday
Monday, Aug. 11, 2003 Fall Semester Tuition Due (4 <sup>th</sup> years)	Monday, Feb. 16, 2004 Presidents Day
Monday, Aug. 11, 2003 Classes begin (1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> years)	Friday, May 14, 2004 Commencement (4 <sup>th</sup> years)
Monday, Aug. 19, 2002 Fall Semester Classes Begin (4 <sup>th</sup> years)	Friday, May 21, 2004 Last Day of Spring Semester (1 <sup>st</sup> & 2 <sup>nd</sup> years)
Monday, Sept. 1, 2003 Labor Day:	Monday, May 31, 2004 Memorial Day
Friday, Oct. 3, 2003 Professional Association Day	Friday, Jun. 25, 2004 Last Day of Spring Semester (3 <sup>rd</sup> years)
Monday, Oct. 13, 2003	

# COLLEGE OF VETERINARY MEDICINE

## Doctor of Veterinary Medicine Program

### ACCREDITATION

Colleges of Veterinary Medicine are accredited by the Council on Education of the American Veterinary Medical Association (AVMA-COE). The College of Veterinary Medicine at Western University of Health Sciences received a *Letter of Reasonable Assurance* (pre-accreditation status) from the AVMA-COE on March 5, 2001. The College will be eligible for full accreditation following the graduation of the charter class in the Spring of 2007.

### MISSION STATEMENT

The College of Veterinary Medicine, a major academic unit of Western University of Health Sciences, serves society and nature by preventing disease in and promoting the health of animals through its programs in veterinary medical education, scholarship, patient care and community service. It prepares students for the practice of veterinary medicine as competent, caring, ethical professionals, and provides an environment open to the free exchange of ideas, where professionalism, scholarship, and cooperative learning can flourish.

### THE DEGREE

The Doctor of Veterinary Medicine degree (DVM) is awarded in recognition of the highest level of professional education in veterinary medicine in the United States. To earn the DVM degree, students must complete four years of professional study subsequent to completion of their undergraduate, pre-professional prerequisites at an accredited college or university. Students who successfully complete this program are eligible to take national and state veterinary licensing examinations. Information on the North American Veterinary Licensing Examination is available at <http://www.nbec.org/navle.html>. Information on obtaining a state license to practice veterinary medicine is available from each state's Veterinary Medical Board. In California, the Veterinary Medical Board is a division of the Department of Consumer Affairs, and is located at 1420 Howe Avenue, Suite 6, Sacramento CA 95825, 916-263-2610 (<http://www.vmb.ca.gov>). After passing state licensing examinations, graduates may perform all of the duties and responsibilities of a practicing veterinarian as defined by their state's Veterinary Medicine Practice Act.

### ADMISSION POLICIES AND PROCEDURES

The College of Veterinary Medicine at Western University accepts applications from all qualified candidates. More applications are received from qualified candidates than can be admitted. As a result, academic, personal and professional potential, and collaborative ability are considered in accepting students into each year's class. The College of Veterinary Medicine seeks to admit a diverse student population with demonstrated academic competency and commitment to serve the public and animal health care interests of the veterinary profession.

Beginning in May, 2003, the College of Veterinary Medicine at Western University will participate in the centralized application service of the American Association of Veterinary Medical Colleges (AAVMC). This service, called the Veterinary Medical College Application Service (VMCAS), can be accessed as follows: by mail at AAVMC, 1101 Vermont Avenue, NW Suite 710, Washington, DC 20005; Phone (202) 371-9195; VMCAS Student Line: 1-877-VMCAS-40 (1-877-862-2740); FAX: (202)842-0773, e-mail ([vmcas@aavmc.org](mailto:vmcas@aavmc.org)) or via the internet (<http://www.aavmc.org/vmcas/vmcas.htm>)

### Application Requirements

The College of Veterinary Medicine Admissions Committee will consider applicants who have earned a grade of C or above on all prerequisite courses. Grades of "C-" (C minus) in any of the prerequisite courses are

not accepted. Applicants also must maintain a minimum overall grade point average of 2.5 or higher in all pre-professional course work taken prior to application and matriculation. Prerequisite courses are subject to revision each year, and for the latest information, prospective students should consult the university web site at <http://www.westernu.edu>. Application procedures and materials are subject to revision each year, and the information below provides only general guidelines. Prospective applicants are directed to the VMCAS web site and the university web site after July 1 of each year to ascertain the application window that will end the following October 1 and the most accurate application requirements.

**(1) Prerequisite Courses**

- General (inorganic) chemistry (including laboratory): 1 sequence (year-long)
- Organic chemistry (including laboratory): 1 sequence (year-long)
- Biochemistry: 1 course
- Biological Sciences (including one upper division course and one laboratory), e.g., biology, zoology, physiology, anatomy, cell biology, botany, embryology, mammology, animal science: 2 courses
- Microbiology: 1 course
- Nutrition: 1 course
- Genetics: 1 course
- Statistics: 1 course
- Computer Skills: 1 course
- General Physics (including laboratory): 1 sequence (1 year-long)
- English Composition: 1 course
- Technical/scientific Writing: 1 course
- Public Speaking: 1 course
- Humanities/Social Sciences (at least one course must be taken in either psychology or sociology): 3 courses
- Macroeconomics: 1 course

Each required course must be no less than one academic quarter in length. No remedial courses will be accepted. Honors courses are acceptable and are encouraged when offered by the institution. Prerequisite courses must be completed at a regionally accredited college or university in the U.S. or Canada. Applicants with foreign course work, who wish to have course work completed outside the U.S. considered, must submit a course-by-course evaluation that has been performed by:

**[World Education Services](#)**

P.O. Box 745, Old Chelsea Station  
New York, NY 10113-0745  
212.966.6311  
[www.wes.org](http://www.wes.org)

**[Josef Silny & Associates](#)**

P.O. Box 248233  
Coral Gables, FL 33124  
305.666.0233  
[www.jsilny.com](http://www.jsilny.com)

**[Educational Credential Evaluators, Inc.](#)**

P.O. Box 514070  
Milwaukee, WI 53203-3470  
414.289.3400  
[www.ece.org](http://www.ece.org)

**[International Educational Research Foundation, Inc.](#)**

P.O. Box 3665  
Culver City, CA 90231-3665  
310.258.9451  
[www.ierf.org](http://www.ierf.org)

For each required course, the applicant must have received a grade of “C” (or its equivalent) or higher to count the course as meeting the admissions requirement. Required science courses specified here (Biochemistry, Biological Sciences, Microbiology, Nutrition, Genetics, Statistics, and Computer Skills) must be completed satisfactorily in no less than eight calendar years prior to the time the student would matriculate in the Western University-CVM. Applicants with required courses completed more than eight years prior to application may provide for consideration objective criteria that would demonstrate their current knowledge of the subject in question.



## **(2) Test of English as a Foreign Language (TOEFL)**

TOEFL (including essay) is required for all applicants who are not U.S. citizens and for whom English is a second language. **EXCEPTION:** The TOEFL exam will be waived for students who are graduating with a confirmed baccalaureate or higher degree from an accredited United States institution of higher education at the time of application. Applicants must attain a minimum score of 550 (paper-based exam) or 213 (computer-based exam). Official TOEFL scores are valid for 3 years, and valid scores must be submitted at the time of application.

## **(3) Standardized examinations**

Each applicant is required to take the Medical College Admissions Test (MCAT) or Graduate Records Examination (GRE) within five years of matriculation and must submit his/her scores to Western University-CVM for consideration in the admissions process.

## **(4) Animal related experience**

The College requires that each applicant has worked in a major animal medical, farm animal production, regulatory animal control, animal entertainment or animal research environment for no less than 500 hours. The nature of the work must go beyond volunteer effort and generate demands whereby a supervisor may speak to the applicant's work habits, interest in animal well-being and personal integrity.

## **(5) Recommendations**

Three letters of recommendation are required from among the following: previous employers, supervisors of extended volunteer activities or academic personnel responsible for courses taken by the individual.

## **(6) Optional Application Materials**

Within federal guidelines, the applicant may submit and/or the College may request additional information documenting a basis for reasonable consideration under the diversity goals of the College. Scientific publications, or significant academic papers prepared as part of a course work requirement with evaluations included, may be submitted by the applicant and reviewed by the Admissions and Scholastic Standing Committee in assessing the abilities and experiences of the applicant.

## **Student selection process**

The Western University Student Affairs/Admissions Office assists the College in the preparation, distribution and handling of all admissions-related materials, as well as in application processing. Applications are then forwarded to a seven-member Admissions and Scholastic Standing Committee. This Committee considers each application using uniform criteria, including but not limited to: academic achievement, standardized test performance, animal experience, and letters of reference as well as any other supporting materials. The Admissions and Scholastic Standing Committee recommends applicants for interview, and coordinates the interview process. Following the interview, the Admissions and Scholastic Standing Committee makes recommendations to the Dean on applicant admission to the veterinary curriculum. The Dean of the College shall have the final authority on admission decisions, and invitations to successful applicants shall originate in the Dean's Office, signed by the Dean. International applicants (persons who are not U.S. residents) will be considered for admission to the DVM program.

## **REGISTRATION**

First year students are required to register by the registration date specified in the University Calendar by the Registrar. Students in subsequent years must complete registration materials, including financial arrangements, prior to the dates specified in the Academic Calendar. Continued matriculation and graduation are subject to satisfactory completion of all academic requirements and payment of all outstanding debts to the University. The receipt of a final transcript from an undergraduate college and a physical examination with documentation of required immunizations are required of incoming students prior to registration. Also, all students must show proof of current health insurance coverage at the time of registration. This coverage must remain in effect throughout the academic year. If there is no proof of current coverage, a policy provided by the University will be made available. Attendance at Orientation Week is mandatory for all incoming first-year veterinary students.

## **TUITION AND FEES**

By action of the Board of Trustees, the College of Veterinary Medicine tuition for the 2003-2004 academic year (subject to change) is \$28,800. For CVM applicants accepted at Western University, a tuition deposit of \$500 is payable before April 10, 2003. Upon matriculation, this \$500 is applied toward the total annual tuition. If an applicant fails to register, the tuition deposit is forfeited.

In addition to tuition, students are assessed a \$40 Student Body Fee in years one and two of the curriculum, and a \$20 Student Body Fee in years three and four of the curriculum. This fee supports student government activities and expenditures.

#### **Other Fees and Expenses, Estimated**

Late Registration Fee, per day	\$ 30
Recommended Text Books, per year (estimate)	1,000
Required equipment, per year (laboratory coats, scrubs, coveralls, boots, stethoscopes, CD's) (estimate)	250
Required laptop computer, range	1,500 to 2,000
Lost Identification Badge Fee	10
Copy of Official Transcript	5
Copy of Student File Material, per page	0.25

#### **Laptop Computers**

Each veterinary student at Western University of Health Sciences is required to have a laptop computer with a CD-ROM drive that meets specifications on the Western University web site at <http://www.westernu.edu/computing/computingtoolbox.html?laptops.htm~MAIN>. The laptops will be used for e-mail communication with classmates and faculty, for accessing computer- and server-based course information and instructional software, for searching online bibliographic databases and creating electronic bibliographies, and for participating in exercises in production medicine and practice economics. In addition, each student must have access to a printer. Computers will be needed by students on campus as well as at their local residences, and therefore laptop computers are required instead of desktop models. Students have assigned lockers in which to secure their laptops on campus. More information on required laptops is provided to prospective students at the time of on-campus interviews (February).

#### **Clinical Rotations Expenses**

During the third and fourth years of the curriculum, students will rotate through off-campus clinical experiences. Some students may elect to complete some clinical rotations away from the Pomona area. In addition, students are required to return to campus several times during the clinical years for various educational experiences. Any travel, food, housing or other expenses incurred by participating in these activities are the responsibility of the student.

#### **Licensing Examination Fees**

Licensing examinations may be taken during the fourth year of the curriculum. Fees and application requirements are determined by national and state examination services, not by the CVM. Western University CVM students may take the North American Veterinary Licensing Examination (NAVLE) during a two-week period in November/December or April of their 4<sup>th</sup> year. Application procedures and fees are described at <http://www.nbec.org/navle.html>. The web site for the California Veterinary Medical Board is <http://www.vmb.ca.gov>.

### **ACADEMIC REQUIREMENTS**

#### **Academic Advisement**

Students are assigned a faculty advisor upon matriculation. The academic advisor-student relationship can become one of the most valuable aspects of veterinary medical education. It provides an opportunity to develop sustained, individual contacts between faculty and students on both academic and personal levels. If the student or the instructor does not find the relationship helpful, either is free to seek a change. Such changes are arranged through the Associate Dean for Preclinical Programs.

#### **Admissions and Scholastic Standing Committee**

The Admissions and Scholastic Standing Committee is comprised of seven faculty members. This Committee reviews the academic achievements and performance of all students at least once each semester and reports on performance to the Faculty as a whole, recommending students for promotion, academic probation, remediation, dismissal from or readmission to the veterinary curriculum. The Registrar provides the names and

grades of students in academic difficulty to the Admissions and Scholastic Standing Committee. Additional input may be obtained, as appropriate, from course faculty and from the Office of the Dean of the College of Veterinary Medicine. All recommendations of the Admissions and Scholastic Standing Committee shall be in writing to the Dean, who will make the information available to those students experiencing academic difficulty.

The Admissions and Scholastic Standing Committee also has the responsibility of recommending to the Faculty as a whole the awarding of the degree of Doctor of Veterinary Medicine to students who satisfactorily complete all requirements for graduation as stated in the University Catalog.

### **Attendance and Absences**

Attendance is required at all scheduled instructional periods, including PBL group meetings with tutors, scheduled educational laboratories and experiences, and all clinical rotations. Absence from instructional periods for any reason does not relieve the student from responsibility for the material covered during these periods. Students are required to be present for all scheduled examinations and cannot begin an examination more than 15 minutes after the scheduled starting time without permission from an Associate Dean or her/his designee. For a student to be allowed to take any examination at other than the scheduled time, the student must have approval from the Associate Dean for Preclinical Programs.

Absence from an examination due to unforeseen circumstances, including illness, should be reported to the Associate Dean for Preclinical Programs and the Course Coordinator by telephone as soon as possible prior to or after the exam has been administered (at 909-469-5628). A written explanation of the absence (including documentation on physician letterhead, in the case of illness) must be provided to the Associate Dean for Preclinical Programs the next day the student is on campus. If a student misses an examination, the Associate Dean for Preclinical Programs, in consultation with the Course Coordinator, will determine whether the absence is excused or unexcused. If the absence is excused, the student will be permitted to take a make-up examination, the nature and time of which will be determined at the discretion of the Course Coordinator. If the absence is unexcused, a score of zero will be recorded for that examination.

### **Examinations**

Examination schedules will be provided at the beginning of every course. In general, an examination week is scheduled after every eight (8) weeks during the curriculum for the four year program, subject to faculty discretion. Students are required to be present for all scheduled examinations. In addition, unannounced examinations may occur during any portion of the curriculum.

### **Policy on Academic Dishonesty**

Honesty and integrity are among the most valued traits of a veterinarian, and each student is expected to assume personal responsibility for honesty and integrity. Academic dishonesty includes cheating, plagiarism, using unauthorized resources during examination(s), and signing another person's name to an attendance or examination document.

Students who observe suspected academic dishonesty during an examination are required to report this to the proctor or course leader rather than attempt personal intervention. Persons making verbal allegation must submit a written report to the Dean or her/his designee within 48 hours of the time that the incident occurs. Please see the **General Academic Policies and Procedures** section in the front portion of the Catalogue for more information regarding matters of student conduct. The Dean may investigate the allegation and make a decision on the matter or, if deemed appropriate, convene the university Student Conduct Committee to investigate the allegation. The student suspected of dishonesty may also request a convening of the Committee. If conclusive evidence that a violation has occurred is presented to the university Student Conduct Committee, recommendations to the Dean may include, but are not limited to:

1. dismissal from the academic program,
2. suspension from the program for a designated period of time,
3. academic probation, the period to be recommended by the Committee, and/or
4. make-up examination.

While an alleged violation is being investigated by the university Student Conduct Committee, the status of the students involved in the case will remain unchanged pending the outcome of the investigation. After receipt of the recommendation from the Student Conduct Committee to the Dean, the disposition of the incident will be conveyed to the involved student(s) by the Dean, in writing.

## Grading Policies

Official grades are turned in to the Registrar by the Office of the Dean of the College of Veterinary Medicine, at which time the online student records system, BanWeb, is updated. Official grade reports and unofficial transcripts are available on the BanWeb student records system throughout the academic year. For more information on how to access the BanWeb student records system, visit the Registrar's website at <http://www.westernu.edu/registrar>.

The College of Veterinary Medicine uses letter grades A through U, IP (in progress) and Cr/NCr (credit/no credit) grades. Credit/No Credit courses are those designated by the faculty as required for promotion, but not assigned letter grades. The student must satisfy the requirements of these courses to receive credit.

Course syllabi and instructor remarks at the beginning of each course inform students of academic accomplishment required for each grade.

Letter grades are reported according to the following values:

A (4.0)	Excellent
B (3.0)	Good
C (2.0)	Satisfactory
D (1.0)	Unsatisfactory
U (0.0)	Fail
IP (0)	In Progress
Cr/NCr (0)	Credit/No Credit
Au (0)	Audit
I (0)	Incomplete
W (0)	Withdrawal

A semester and a cumulative grade point average are calculated and posted on each student's transcript. Class ranking also is computed, and appears on the transcript at the student's request only. Class ranking also is available upon request from the Registrar's Office.

## Recording of Grades and Grade Change

For first- and second-year students, no grade will be changed unless the instructor certifies in writing to the Associate Dean for Preclinical Programs and the Registrar that an error in computing or recording the grade occurred. For on-campus courses, students have a maximum of two weeks from the time examination results are returned to them to bring any errors or irregularities in grading to the attention of the instructor. All recorded grades remain on the official transcript unless a clerical error has occurred.

For third- and fourth-year students, no grade will be changed after one month from the time the grade is recorded in the Office of the Registrar. Within the above-designated time, grade changes for clinical rotations will be considered only under the following circumstances:

1. When the Associate Dean of Clinical Programs receives a signed written statement from the clinical site coordinator specifying that a clerical error has been made regarding a grade, and that the purpose of the change is to correct that clerical error.

2. When the clinical site coordinator to whom the student was assigned submits a signed written request to have the grade changed. The request must include justification for making the change.

All third and fourth year grade changes must have the approval of the Associate Dean of Clinical Programs or his/her designee. The student should make every effort to discuss his/her evaluation(s) with the assigned clinical site coordinator prior to leaving the clinical rotation.

## Satisfactory Progress

Students must maintain a semester and cumulative grade point average of C (2.0) on a yearly basis during all four years of the curriculum to be considered making satisfactory academic and professional progress. All "I" grades must be successfully completed, and "D", "U" or "NCr" grades in any course must be satisfactorily remediated prior to promotion or graduation. If a student leaves a clinical rotation before it is finished without the permission of the Associate Dean for Clinical Programs, or is asked to leave a rotation by the Clinical site coordinator, a grade of "U" for that rotation will be assigned.

## **Promotion**

Promotion is defined as academic and professional progression from one academic year to the next. The Admissions and Scholastic Standing Committee will recommend students to the Faculty for promotion. A student may not be recommended for progression from one academic year to the next with an outstanding grade of “I,” “D,” “U” or “NCr” in a required course, or a semester GPA less than 2.0 for two consecutive semesters. When considering a student for promotion, ethical, professional, and personal conduct will be taken into consideration (see **University Academic Policies** section).

## **Academic Probation**

Students may be placed on Academic Probation by the Faculty following recommendation by the Admissions and Scholastic Standing Committee for any of the following reasons:

1. inadequate academic progress, including but not limited to earning in any required courses or rotations a grade less than C (2.0) or a grade of NCr (0),
2. a semester GPA of less than 2.0,
3. a pattern of unexcused absences from scheduled learning activities, or
4. deficient ethical, professional, or personal conduct as defined in the University Catalog.

First-, second- and third-year students who are on probation must meet with their faculty advisor to monitor progress at least once a month. Fourth-year students who are on probation must contact their faculty advisor once a month. It is the student’s responsibility to contact the faculty advisor to arrange these meetings or contacts. Students on academic probation must bring their cumulative GPA to greater than a C (2.0) average and/or satisfactorily remediate failed courses within two semesters of the imposition of academic probation, after which they will be removed from probation. If they do not meet these goals, they will be dismissed from the veterinary medicine curriculum. Students on academic probation are not permitted to hold leadership positions in co-curricular activities associated with the University and/or with professional associations.

## **Remediation**

The educational objectives that underlie remedial teaching and evaluation are the same as the educational objectives that underlie regular courses in the curriculum. The academic progress of students who fail a course, including a clinical rotation, or who fail to attain a semester GPA of 2.0 or greater for any semester, will be reviewed by the Admissions and Scholastic Standing Committee. Where deemed appropriate, this Committee, after consultation with the course instructor and relevant Associate Dean, may recommend one or more of the following remedial strategies:

1. The taking, and passing, of a comprehensive examination.
2. Completion of special projects or studies in the deficient area(s).
3. Repeating of the course or clinical rotation
4. Repeating of the academic year.

The grade(s) achieved in remediation will be the grade(s) recorded on the student's transcript, except that the highest grade a student may earn by options 1 or 2 (above) is a “C”. The grade achieved by remediation will be recorded on the transcript with a notation identifying the original grade. Grades earned during remediation of a course or clinical rotation will be reviewed critically by the Admissions and Scholastic Standing Committee.

Decisions regarding remediation and withdrawal will be made by the Dean of the College of Veterinary Medicine, based upon the recommendation of the Admissions and Scholastic Standing Committee and the Faculty. The Committee will base its recommendation on the student’s academic record and other considerations after consultation with the student’s faculty advisor, course instructor, Associate Dean(s), and the student involved, as appropriate.

A student who is required to remediate a course must be notified in writing by the Dean of the College of Veterinary Medicine at least 15 working days prior to the remediation date, or within 15 working days after the close of the academic year in which the student is presently enrolled, whichever comes first. Notification must either be sent by Certified Mail or hand-delivered to the student and must be acknowledged with the signatures of the Dean of the College of Veterinary Medicine or her/his designee and the student.

## **Dismissal from the Program**

The Faculty of the College of Veterinary Medicine may require withdrawal of a student from the veterinary curriculum for failure to meet standards of scholarship, attendance, or conduct. The Admissions and Scholastic Standing Committee may recommend dismissal of a student for failing to meet standards of scholarship for:

1. earning a semester grade point average of less than 2.0 for two consecutive semesters,
2. failing more than one required course in the curriculum, including clinical rotations, and/or
3. failing to successfully remediate any required course as determined by the Admissions and Scholastic Standing Committee.

In addition, the University Student Conduct Committee may recommend dismissal (see **General University Academic Policies** section of this catalog for more information).

### **Readmission**

Students dismissed from the program for inadequate academic progress may apply to the Admissions and Scholastic Standing Committee for reinstatement. Students dismissed for the second time, or second-, third- or fourth-year students who have attained semester GPA's of less than 2.0 in more than 40 percent of the semesters enrolled, or students who have incomplete (I) grades in required courses will not be considered for readmission.

The Admissions and Scholastic Standing Committee, upon granting readmission, will stipulate the courses to be repeated and the level of performance that must be achieved. Failure to achieve these requirements will result in permanent dismissal from the program. If permitted to return, students will be placed on probation, and may be dismissed again any time their performance is unsatisfactory.

### **Graduation**

A student will be recommended for the degree Doctor of Veterinary Medicine at Western University provided he/she:

1. has completed all required courses in the four year curriculum with a cumulative GPA greater than or equal to 2.0,
2. has no outstanding grade of "I," "IP," "D" or "U," or a grade of "NCr" in a required Credit/No Credit course,
3. has demonstrated appropriate ethical, professional, and personal conduct, as defined in the University Catalog, "General Academic Policies and Procedures" section, and
4. has complied with all the legal and financial requirements of the University as stated in the University Catalog and has paid all required fees.

Unless special permission has been granted by the President of the University, all students must participate in person in the commencement program at which the degree is conferred. If the President grants special permission to be excused from graduation, the graduate may be required to present himself or herself at a later date to the Dean of the College of Veterinary Medicine to receive the diploma and take the Veterinarian's Oath.

### **CURRICULUM**

Veterinary medicine is unique in that through comparison of species it bridges medicine, agriculture, and biology. The professional degree curriculum emphasizes the acquisition and development of skills, values, and attitudes at least as much as the acquisition of a core of veterinary knowledge. The curriculum and educational process is designed to initiate and promote lifelong learning in each professional degree candidate while instilling an appreciation of the breadth and scope of the profession's broad, diverse responsibilities and opportunities. It provides ample opportunities for each student to: 1) gain an understanding of the underlying basis of health and disease in a broad range of domestic species; 2) acquire fundamental clinical skills in a variety of species; and 3) develop the values, attitudes, and behaviors necessary to address responsibly the health and well-being of animals in the context of individual clients and society as a whole.

Courses listed in this Catalog are subject to change through normal academic procedures. New courses and changes in existing course work are initiated by the faculty, reviewed and approved by the Curriculum Committee, the faculty, the Dean of the College of Veterinary Medicine, and the Executive Vice President for Academic Affairs.

**REQUIRED PROFESSIONAL CURRICULUM OF WESTERN UNIVERSITY OF HEALTH SCIENCES  
COLLEGE OF VETERINARY MEDICINE DVM DEGREE**

<b>Year 1</b>	<b>1<sup>st</sup></b>	<b>Credits</b>	<b>Year 1</b>	<b>2nd</b>	<b>Credits</b>
<b>Courses</b>	<b>Semester</b>		<b>Courses</b>	<b>Semester</b>	
CVM 5000	PBL Module	8	CVM 5100	PBL Module	8
CVM 5020	PBL Module	8	CVM 5120	PBL Module	8
CVM 5030	Molecular/Cellular Bio	1	CVM 5130	Molecular/Cellular Bio	1
CVM 5040	Veterinary Issues	2	CVM 5140	Veterinary Issues 2	2
CVM 5050	Clinical Skills	<u>2</u>	CVM 5050	Clinical Skills	<u>2</u>
<b>Total</b>		<b>21</b>	<b>Total</b>		<b>21</b>

<b>Year 2</b>	<b>3rd</b>	<b>Credits</b>	<b>Year 2</b>	<b>4th</b>	<b>Credits</b>
<b>Courses</b>	<b>Semester</b>		<b>Courses</b>	<b>Semester</b>	
CVM 6000	PBL Module	8	CVM 6100	PBL Module	8
CVM 6020	PBL Module	8	CVM 6120	PBL Module	8
CVM 6030	Molecular/Cellular Bio	1	CVM 6130	Molecular/Cellular Bio	1
CVM 6040	Veterinary Issues2	2	CVM 6140	Veterinary Issues	2
CVM 5050	Clinical Skills	<u>2</u>	CVM 5050	Clinical Skills	<u>2</u>
<b>Total</b>		<b>21</b>	<b>Total</b>		<b>21</b>

<b>Year 3</b>	<b>5<sup>th</sup> and 6<sup>th</sup> Semesters</b>	<b>Credits</b>
<b>Courses</b>		
CVM 7000	Introduction to Practice Management	1
CVM 7010-7013	Small Animal Mixed Practice (4)	8
CVM 7020-7021	Livestock Mixed Practice (2)	4
CVM 7025	Population Health and Production	2
CVM 7030-7031	Equine Practice (2)	4
CVM 7035	Humane Society/Shelter Medicine	2
CVM 7040	Diagnostic Laboratory and Pathology	2
CVM 7045	Laboratory Animal and Research	2
CVM 7050	Zoo Animal and Wildlife	2
CVM 7055	Veterinary and Environmental Public Health	2
CVM 7060	Food and Feed Safety	2
CVM 7065	USDA Accreditation, Foreign Animal Diseases, and International Veterinary Medicine	1
CVM 7090	Junior Student Presentation	
<b>Total</b>		<b>33</b>

<b>Year 4</b>	<b>7<sup>th</sup> and 8<sup>th</sup> Semester</b>	<b>Credits</b>
<b>Courses</b>		
CVM 7510-7580	Selective Rotations (8)	32
CVM 8090	Senior Students Presentations	2
CVM 8999	Independent Research (Thesis) option	(4)
<b>Total</b>		<b>34 / (38)</b>

**SUMMARY**

<b>Year</b>	<b>Credits</b>	<b>Instruction</b>	<b>Exams</b>	<b>Other</b>
YEAR I	42	32 wks	4 wks	1 wk orientation
YEAR II	42	32 wks	4 wks	-----
YEAR III	33	32 wks	4 wks	-----
YEAR IV	<u>34 (38)</u>	<u>32 wks</u>	<u>2 wks</u>	-----
<b>Totals</b>	<b>151 (155)</b>	<b>128 wks</b>	<b>14 wks</b>	

## **COURSE DESCRIPTIONS**

### **CVM 5000 Problem-Based Learning Modules I (8 credits)**

These courses promote the self-directed study of fundamental concepts of primary basic medical sciences (such as animal Anatomy, Behavior, Biochemistry, Epidemiology, Genetics, Immunology, Microbiology, Nutrition, Parasitology, Pathology, Pharmacology, Physiology and Toxicology) within the context of simulated patient problems or cases of health and disease in animals. Students are randomly assigned to groups of 6 to 8 (average 7) with a faculty facilitator and learn through hypothesis formation, hypothesis testing, and deductive reasoning to identify and master learning issues associated with the cases. Students master basic science content, information access, and group dynamic and communication skills, and begin to develop hypothetico-deductive reasoning skills of health care providers. For each module, cases are conceived within organ system(s) themes with interdisciplinary focus. Correlative lectures, laboratories, and other learning experiences are provided to supplement cases.

### **CVM 5020 Problem-Based Learning Modules II (8 credits)**

Taken concurrently with CVM 5000, focusing on other veterinary problems.

### **CVM 5100 Problem-Based Learning Modules III (8 credits)**

Continuation of CVM 5000 and 5020.

### **CVM 5120 Problem-Based Learning Modules IV (8 credits)**

Taken concurrently with CVM 5100, focusing on other veterinary problems.

### **CVM 5030 Molecular and Cellular Biology I (1 credit)**

These courses provide correlative lectures to the Problem-Based learning cases, focusing on the central biological principles and mechanisms that underlie animal health and disease at the molecular and cellular level, and their influence on organ, organismal, and population manifestations.

### **CVM 5130 Molecular and Cellular Biology II (1 credit)**

Continuation of CVM 5030.

### **CVM 5040 Veterinary Issues I (2 credits)**

This course introduces the student to significant issues facing the veterinary profession, which may include issues on public policy, biomedical ethics, legislation affecting animals or the veterinary profession, animal welfare, public health, and veterinary career opportunities. The format includes invited lectures, small group discussions and assigned readings and projects. This and subsequent courses include material on the California Veterinary Medical Practice Act.

### **CVM 5140 Veterinary Issues II (2 credits)**

Continuation of CVM 5040.

### **CVM 5050 Clinical Skills (8 credits)**

This four-semester-long course provides supervised as well as student-initiated mastery of veterinary clinical skills in the context of common clinical procedures in domestic animals. The course will be administered concurrently with the PBL courses, and activities will be pertinent to the PBL problem in session, when appropriate. Various instructional arenas will be employed to accomplish learning these required skills; these include, but are not limited to, the Anatomy and Surgery Center, the PsychoMotor Proficiency Facility, the Multidisciplinary and Microbiology Laboratories, the Primary Care Companion Animal Clinic, the Inland Valley Humane Society, Cal Poly Pomona Animal Units, and various ambulatory experiences. A grade of IP will be recorded for students demonstrating adequate progress during each semester; a final grade and credits will be awarded at the conclusion of the fourth semester.

### **CVM 6000 Problem-Based Learning Modules V (8 credits)**

Continuation of CVM 5100 and 5120.



**CVM 6020 Problem-Based Learning Modules VI (8 credits)**

Taken concurrently with CVM 6000, focusing on other veterinary problems.

**CVM 6100 Problem-Based Learning Modules VII (8 credits)**

Continuation of CVM 6000 and 6020.

**CVM 6120 Problem-Based Learning Modules VIII (8 credits)**

Taken concurrently with CVM 6100, focusing on other veterinary problems.

**CVM 6030 Molecular and Cellular Biology III (1 credit)**

Continuation of CVM 5130.

**CVM 6130 Molecular and Cellular Biology IV (1 credit)**

Continuation of CVM 6030.

**CVM 6040 Veterinary Issues III (2 credits)**

Continuation of CVM 5140.

**CVM 6140 Veterinary Issues IV (2 credits)**

Continuation of CVM 6040.

**CVM 7000 Introduction to Practice Management (1 credit)**

This course is an on-campus orientation to practice management and practice economics in the 3<sup>rd</sup> year rotations and focuses on all aspects of modern veterinary practice management.

**CVM 7010 Small Animal Mixed Practice I (2 credits)**

Supervised clinical education in the academic and practical aspects of small animal (canine, feline, pet birds, reptiles) medicine and surgery in carefully selected high quality, high volume private practices within a 60-mile radius of the campus. Students see a wide variety of cases and directly manage medical and surgical examinations, diagnosis and management. Students are active participants in the diagnostic and therapeutic management of patients, and, as such, perform physical diagnosis and actively manage or participate in diagnostic problem-oriented decision making. Students have the opportunity to observe clinicians as role models and become familiar with how clinicians apportion their time spent with clients, staff and other hospital matters. Students also consult with hospital managers to learn about hospital management and issues including records, inventories, and client billing. One of these 4 Small Animal Mixed Practice rotations is an emergency medicine practice.

**CVM 7011 Small Animal Mixed Practice II (2 credits)**

Continuation of CVM 7010.

**CVM 7012 Small Animal Mixed Practice III (2 credits)**

Continuation of CVM 7011.

**CVM 7013 Small Animal Mixed Practice IV (2 credits)**

Continuation of CVM 7012.

**CVM 7020 Livestock Mixed Practice I (2 credits)**

Supervised clinical education with ambulatory veterinarians operating high quality practices emphasizing current individual animal as well as herd-health preventive programs. Clients include local livestock production units. Students are active participants in the diagnostic and therapeutic management of patients, and as such, perform physical diagnosis and actively manage or participate in diagnostic problem-oriented decision making. Individual animal surgery, theriogenology and medicine are included. Students are exposed to a range of livestock production systems to learn the economics of modern animal agribusiness. Interacting with the practitioner allows the students to become familiar with the business aspects of livestock-based practices.

**CVM 7021 Livestock Mixed Practice II (2 credits)**

Continuation of CVM 7020.

**CVM 7025 Population Health & Production (2 credits)**

This rotation is staged from campus, with off-campus field trips. Each student is required to prepare a data-based analysis of the current health and production status of an animal population of his/her choosing. This could include a livestock herd or flock, a stable, companion animal kennel or cattery, pet store, humane society, rescue shelter, quarantine facility, poultry flock, or fish farm. Faculty members arrange visits to selected populations and assist with offsite expertise as needed to support this exercise. A defensible proposal to improve the animal health status (diseases, nutrition, genetics, housing, environment, etc.) also is included in this exercise. Students present their results to peers and faculty for critical evaluation.

**CVM 7030 Equine Practice I (2 credits)**

Supervised clinical education in ambulatory equine practices within 60 miles of the campus. High quality practitioners are used to instruct students in common equine problems. Students are active participants in the diagnostic and therapeutic management of patients, and, as such, perform physical diagnosis and actively manage or participate in diagnostic problem-oriented decision making. They are exposed to preventive care programs as well as emergency cases. In addition students are exposed to the economics of the equine industry and the business aspects of an equine practice as well as to a referral equine surgery practice.

**CVM 7031 Equine Practice II (2 credits)**

Continuation of CVM 7030.

**CVM 7035 Humane Society/Shelter Medicine (2 credits)**

Supervised clinical experience in the Inland Valley Humane Society (IVHS) in Pomona, CA three miles from the Western University campus. Responsibilities during this rotation are in two areas, the Veterinary Care Facility and Animal Control/Regulation. Students are responsible for the pre-operative evaluation of, surgical sterilization of, post-operative recovery of, and client education for adopted and client-owned dogs cats and rabbits. They also provide veterinary care for all shelter-housed animals as determined by shelter staff or first and second year Western University students involved in the Clinical Skills course. Students receive, examine, diagnose and treat patients in the public primary care veterinary practice setting at IVHS. Each student is expected to complete on average 30 ovariohysterectomies and/or castrations each rotation. Animal Control responsibilities include riding with the humane officers during routine surveillance and emergency calls, participating in protocols for animal acquisitions to IVHS, and interacting with the public on animal control/regulation issues (rabies vaccination and exposures, animal abuse, animal neglect, nuisance animals/behavior problems, etc.).

**CVM 7040 Diagnostic Laboratory & Pathology (2 credits)**

Supervised clinical instruction in a veterinary diagnostic laboratory facility and clinical pathology laboratory. Students are active participants in the diagnostic examination of specimens from animal patients. Students gain practical pathology experience in necropsy of a wide range of animal and avian species under the supervision veterinary pathologists. Practical training in laboratory tests and their interpretation including clinical pathology, toxicology, microbiology, serology and parasitology occurs. Students in this rotation present one necropsy rounds for peers and faculty where cases of interest are summarized in terms of history, clinical signs, treatment, and pathology.

**CVM 7045 Laboratory Animal & Research (2 credits)**

Supervised clinical instruction in laboratory animal facilities at government, university, or private research organizations. Students are active participants in the diagnostic and therapeutic management of laboratory animal patients, and perform physical diagnosis and actively manage or participate in diagnostic problem-oriented decision making. They observe and review routine programs of laboratory animal health care, surgery, biosecurity, and sanitation with board-certified laboratory animal veterinarians. Regulatory and ethical issues relating to the use of animals in biomedical research are discussed. Each student is required to review and critique a published paper involving the use of animals or alternatively prepare a research proposal involving the use of animals. These are presented and defended to peers and faculty during the rotation.

**CVM 7050 Zoo Animal & Wildlife (2 credits)**

Supervised clinical instruction in regional zoos in the diagnosis, treatment, and control of zoological animal diseases. Students are active participants in the diagnostic and therapeutic management of patients, and, as such, actively manage or participate in diagnostic and therapeutic problem-oriented decision making. This is undertaken under the direct supervision of the veterinary staff of these institutions. Issues relating to the conservation of wildlife, including non-consumptive uses and environmental toxicology, also are discussed. All students are given a practical problem for research and required to make an oral presentation to peers and faculty.

**CVM 7055 Veterinary and Environmental Public Health (2 credits)**

Supervised clinical instruction by public health veterinarians from the Los Angeles, Orange or San Bernardino counties permits students to become familiar with typical local veterinary public health programs and responsibilities. The major emphasis is on the diagnosis, surveillance, control and prevention of zoonoses and diseases common to humans and animals. Topics related to the human-animal bond, pet-facilitated therapy and animal and human abuse also are discussed. Occupational and recreational health problems relating to animals, especially injuries, are included. State and Federal laws and regulations relating to livestock confinement and other animal populations with regard to environmental concerns are reviewed in detail. These include the various legal options available for carcass and infectious/toxic waste disposal. Awareness and preparedness for animals in natural or man-made disasters are simulated. Each student is required to research a real-life veterinary public health or environmental problem and prepare a defensible oral and written response for peers and faculty.

**CVM 7060 Food & Feed Safety (2 credits)**

Instruction in issues related to the safety of foods of animal origin for people as well as feeds for livestock and companion animals. Visits are made to livestock markets, dairy (milk) plants, slaughter (livestock and poultry) plants and egg production plants to observe inspection procedures. Visits are made to rendering and commercial animal feed manufacturing plants. Hazard Analysis Critical Control Points (HACCP) and its application to feed and food safety, both off- and on-farm, are reviewed for both microbiological and chemical residue prevention. Principles of cleaning and disinfection will be reviewed. All students are required to participate in a simulated feed/food/water borne disease outbreak investigation. Students are required to participate in both a group and an individual problem solving exercise involving a food or feed safety issue and present their conclusions to peers and faculty.

**CVM 7065 USDA Accreditation, Foreign Animal Diseases & International Veterinary Medicine (1 credit)**

Students meet with representatives from the area office of USDA-APHIS and the California Department of Food and Agriculture Animal Health and Food Safety Service to review their professional, legal, and ethical responsibilities after becoming accredited. This will include reportable diseases, animal movements, import/export, quarantine, and program diseases such as tuberculosis and brucellosis. Practical demonstrations of tuberculin and other testing procedures are carried out. USDA and other veterinarians with expertise in the clinical and laboratory diagnosis of foreign animal diseases (FAD) provide lectures and demonstrations. A simulated outbreak exercise of a FAD in California is conducted. The role of USDA in international activities including UN organizations such as FAO and WHO, as well as OIE will be discussed. Finally, veterinarians and other health professionals with experience in livestock and health projects in developing countries describe opportunities for graduates in both short and long-term assignments.

**CVM 7090 Junior Student Presentation (1 credit)**

Each student is required to make an oral presentation with a written report of a case, series of cases, or a herd/flock problem with which they have been involved during Phase I and/or Phase II of the curriculum. The approach to presentation follows the dictums of 'Evidence-Based Medicine,' defined as "the conscientious, explicit and judicious use of current, best-evidence in making decisions with regard to either the care of individual animals or a group of animals." For example, the accuracy and precision of diagnostic tests, power of prognostic markers and the efficacy and safety of therapeutic or preventive regimens will be investigated. Students, in preparing their case presentations, carry out a thorough literature search and evaluate the strengths

of relevant published materials as it may apply to their case(s). Presentations, both oral and written, are evaluated by faculty using formal criteria, and students are encouraged to be both critical and analytical in their reports.

**CVM 7510 Selective Rotation I (4 credits)**

Supervised clinical instruction in high quality specialized learning experiences available at institutions and practices in North America and throughout the world, to include specialty practices, species practices, other colleges of veterinary medicine, and other public and private biomedical institutions. Current information on fourth year, CVM 601-609 sites available for student selection is available online at: [www.westernu.edu/vetmed/curriculum.htm](http://www.westernu.edu/vetmed/curriculum.htm). Selective rotations for each student must be chosen with the advice of the student's advisor, and approved by the faculty Committee on Specialty Instruction.

**CVM 7520 Selective Rotation II (4 credits)**

Continuation of CVM 7510.

**CVM 7530 Selective Rotation III (4 credits)**

Continuation of CVM 7520.

**CVM 7540 Selective Rotation IV (4 credits)**

Continuation of CVM 7530.

**CVM 7550 Selective Rotation V (4 credits)**

Continuation of CVM 7540.

**CVM 7560 Selective Rotation VI (4 credits)**

Continuation of CVM 7550.

**CVM 7570 Selective Rotation VII (4 credits)**

Continuation of CVM 7560.

**CVM 7580 Selective Rotation VIII (4 credits)**

Continuation of CVM 7570.

**CVM 8090 Senior Student Presentation (2 credits)**

Each student is required to make an oral presentation with a written report of a case, series of cases, or a herd/flock problem with which they have been involved during the curriculum. The approach to the presentation is similar to that of CVM 7090, except that a greater depth of research and higher standard of analysis and presentation are expected. Students carry out a thorough literature search and evaluate the strengths of relevant published materials as it may apply to their presentation. Presentations, both oral and written, are evaluated by faculty using formal criteria, and students are encouraged to be both critical and analytical in their reports. All senior presentations are collected and published in-house by Western University College of Veterinary Medicine annually.

**CVM 8999 Independent Research with Thesis (Optional) (4 credits)**

Students are encouraged to conduct scholarly research and submit a thesis during their four-year curriculum. The thesis should explore an original question relating to the basic sciences, a clinical problem, or a public or environmental health issue involving veterinary medicine. Students are supervised by faculty members from the CVM or jointly by faculty from other institutions. Students who successfully complete a thesis will be acknowledged at graduation, and their achievements recorded in their permanent academic records.

## HONORS AND AWARDS

The following awards are presented annually at the University's Honors Day ceremony in April:

- The President's Society Award
- The Joseph & Dorothy Gendron Journalism Award
- Linda Fox Memorial Endowment Fund Award
- Arthur Madorsky, MD Memorial Scholarship Award
- Allan H. Hart, BVSc Scholarship
- Dean's Award
- Initiation into the Society of Phi Zeta, the Honorary Society of Veterinary Medicine, 3<sup>rd</sup> year and 4<sup>th</sup> year students
- The Buddy Award from Hill's Pet Nutrition, 4th year student

## ACADEMIC CALENDAR

### Fall, 2003

Monday, Jul. 1, 2003

Fall Semester Registration Begins

Friday, Aug. 1, 2003

Fall Semester Registration Ends

Monday, Aug. 4, 2003

Orientation Week Begins (required)

DVM '07 Fall Semester Tuition Due

Saturday, Aug. 9, 2003

Convocation

Monday, Aug. 11, 2003

Classes begin

Monday, Sept. 1, 2003

Labor Day (no classes)

Monday, Oct. 13, 2004

Columbus Day (no classes)

Wednesday, Nov. 26, 2003

Thanksgiving Recess (noon)

Monday, Dec. 1, 2003

Classes resume

Friday, Dec. 19, 2003

Last day of Fall Semester classes

DVM '07 Spring Semester Tuition Due

TBA, Spring Semester Registration Begins

TBA, Spring Semester Registration Ends

### Spring, 2004

Monday, Jan. 5, 2004

Classes begin

Monday, Jan. 19, 2004

Martin Luther King Day (no classes)

Monday, Feb. 16, 2004

President's Day (no classes)

TBA

Spring Break

Monday, Apr. 12, 2004

Honors Day

Friday, May 14, 2004

Last day of Spring semester classes

Friday, May 14, 2004

University Commencement

**Veterinarian's Oath**

Being admitted to the profession of veterinary medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health, the relief of animal suffering, the conservation of animal resources, the promotion of public health, and the advancement of medical knowledge.

I will practice my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics.

I accept as a lifelong obligation the continual improvement of my professional knowledge and competence.

*Adopted by the American Veterinary Medical Association in November, 1999*

# **COLLEGE OF ALLIED HEALTH PROFESSIONS**

## **MISSION**

The College of Allied Health Professions supports the mission of Western University of Health Sciences by providing high quality professional and graduate education. The College utilizes the team approach to develop competent and compassionate professionals who provide service to the community and continually develop their skills, knowledge, and abilities through independent lifelong learning activities.

## **GOALS**

1. To educate an allied health workforce that helps to meet the healthcare and educational needs of the State of California and the west.
2. To achieve an environment and culture that support all members of the College.
3. To ensure an environment and culture that empower all persons in the College to maximize their potential as contributing members in the education of students, in research and clinical activities, and in service to the community.

# **COLLEGE OF ALLIED HEALTH PROFESSIONS**

## **Master of Science in Health Sciences Program**

### **THE DEPARTMENT OF HEALTH SCIENCES**

The Department of Health Sciences aims to sustain an integrative response to methodological issues in order to equip students with a critical appreciation of the diverse approaches now practiced in science and medicine. In order to improve the quality of health care, the Department recognizes its responsibility by ensuring and improving the quality of graduate health science educational experiences. Students are urged to enrich their professional preparation by integrating knowledge in other disciplines within Health Sciences. The Department of Health Sciences supports Western University of Health Sciences' mission to increase the availability of health care providers and to serve the needs of the people living in the western region. The Department of Health Sciences' aims provide educational programs to students with diverse backgrounds, who are committed to rational, compassionate health care. Classes are offered in an environment intended to foster respect for the uniqueness of humanity. The students are provided with classroom, clinical, and on-line experiences designed to prepare them to function as competent health care practitioners and educators.

Faculty includes scholars, researchers and administrators from a variety of backgrounds and disciplines. All are committed to the improvement of teaching and practice in the health professions through the process of professional development. The future of health care is rapidly expanding through technology and other changes thereby increasing the demands made upon the health care professional. The graduating student should be able to participate in and adapt to the ever-changing environment.

### **Academic Programs**

The Department of Health Sciences offers opportunities for students to pursue degrees in two concentrations: Health Professions Education and Advanced Physician Assistant Practice. Both concentrations lead to a Master of Science degree in Health Sciences. The broad interest of the faculty provides special opportunities to cross the boundaries between various health care fields and education, depending on the field of experience of the student. The curriculum is designed to meet the educational demands on health care education and delivery within an integrated context of theory and practice that meets the academic requirements for a graduate degree in Health Sciences. Course work is formulated and designed to promote knowledge, values and skills essential for competent clinical teaching and continuing education.

The Health Professions Education concentration is designed for professionals who are planning or currently teaching in the health sciences. The Department of Health Sciences utilizes learning activities based on the functional requirements of health professionals to illustrate educational concepts and methodologies in varied settings. In addition to acquiring expertise in the principles of teaching and learning theory, program planning and evaluation, students are encouraged to develop educational research projects that benefit the academic endeavors in Health Science Education and supporting advances in patient care, community service, research and education.

The Advanced Physician Assistant Practice concentration is designed for clinically practicing physician assistants who wish to complete their Master of Science in Health Science degree through a combination of online and traditional classroom approaches. Licensed physician assistants can choose opportunities for continuing education and advanced education for clinical practice, focusing on community health and education.

### **Goals of the Department of Health Sciences**

The Department of Health Sciences, through the two selective areas of concentration, provides students with the necessary background and skills in theory and practical application in both clinical and non-clinical settings. In fulfillment of the mission of the University, the Department's goals are to:

1. Provide educational experiences, which will enable the health care professional to function as teachers in a variety of health care settings.
2. Promote and encourage graduates and students to maintain life long learning and the pursuit of supporting advances in patient care, community service, research and education.
3. Educate health care professionals who will function as academic leaders in various health care settings.



4. Assist students in the integration of theory and practice to ensure health care education will be relevant to the needs of society.
5. Encourage students to engage in productive professional relationships to acquire, evaluate and communicate information about the health sciences.
6. Create and be responsive to the needs of health care professionals, thereby providing opportunities for educational expansion.
7. Enhance continuing professional education in health care.
8. Further develop clinical education partnerships through the United States (West).
9. Continue to provide educational service to all professionals in the health care community.

### **Objectives of the Department of Health Sciences**

The department is designed to prepare health care professionals with skills in teaching, learning, scholarship and research. Upon completion of the program, students will be able to:

1. Demonstrate proficiency in adult education practices based upon rational principles and theories.
2. Apply educational theories, models and concepts in the health care setting.
3. Create, implement and analyze valid research projects in health professions education or the clinical environment.
4. Collaborate with academic health care specialists to further the advancement of the health sciences.
5. Maintain a high standard of academic excellence and pursuit of learning.
6. Contribute scholarly research to the health care professions.

### **PERSONAL COMPETENCIES FOR ADMISSION AND MATRICULATION**

A candidate for admission to the degree programs in the Department of Health Sciences must have the use of certain sensory and motor functions, or reasonable accommodations thereto; to permit them to carry out the activities described in the sections that follow. Graduates of the program are eligible for employment in a wide variety of academic and clinical teaching programs, using an extensive variety of educational methodologies. As a result, they must have the intellectual ability to learn, integrate, analyze, and synthesize numerical, visual and textual information in the health professions fields. They must also be able to effectively and accurately integrate this information and communicate it to others by both oral and written means.

A candidate for the degree programs in the Department of Health Sciences ordinarily must have abilities and skills of five general varieties, including: (1) observation; (2) communication; (3) motor; (4) intellectual, conceptual, integrative and quantitative; and (5) behavioral and social. Reasonable accommodations will be provided in appropriate situations. Under all circumstances, however, a candidate should be able to perform in a reasonably independent manner. The following provides an overview of the five general varieties of minimal technical standards that must be met by all successful applicants to the degree programs in the Department of Health Sciences.

1. Observation: Candidates and students must have sufficient vision, with or without reasonable accommodations, to be able to observe demonstrations and presentations by faculty and other students.
2. Communication: Candidates and students must be able to communicate with students and colleagues. They should be able to hear, with or without reasonable accommodations. Candidates and students must be able to read, write, and speak English.
3. Motor: Candidates and students should have sufficient motor function, or reasonable accommodations to enable them to operate commonly used educational equipment (including, but not limited to, computers, videotape players, overhead projectors) and design and produce educational materials. These activities require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch or vision.
4. Intellectual, Conceptual, Integrative, and Quantitative Abilities: Students must demonstrate problem-solving skills, which include measurement, calculation, reasoning, analysis, and synthesis. Instructional design and the preparations of a thesis or special project require all of these intellectual abilities.
5. Behavioral and Social Abilities: Candidates and students must possess the emotional health required for full utilization of the intellectual abilities, the exercise of good judgment, the prompt completions of all responsibilities attendant to an instructor in an educational setting, and the development of mature, sensitive, and effective relationships with students and colleagues. Candidates and students must be able to adapt to changing environments and display flexibility in dealing with students at

various educational levels in the health professions. Compassion, integrity, concerns for others, interpersonal skills, interest, and motivation are all personal qualities to be assessed during the admissions and educational processes.

### **ADMISSIONS POLICY AND PROCEDURES**

Admission to the degree program is through the Department of Health Sciences. Students may apply for either the fall or spring semesters. Western University is committed to admitting competitive, qualified individuals with disabilities.

#### **Application Requirements: Advanced Physician Assistant Practice students**

Candidates must meet the following academic requirements:

1. A bachelor's degree from an accredited institution.
2. A 2.5 GPA or above for undergraduate work, 3.0 for graduate work.

Applicants must also submit the following materials for application:

1. Copy of State PA licensure and NCCPA card (for applicants still in the licensure process, proof of an interim PA license will satisfy this requirement)
2. Official transcripts from all undergraduate and graduate institutions attended.
3. Completed application form and \$35.00 a nonrefundable application fee.

#### **Application Requirements: HPE students**

Applicants to the HPE concentration should be a health professional or in a career that involves education of health professionals. Candidates must meet the following academic requirements:

1. A bachelor's degree from an accredited institution is preferred. However, consideration will be given on a case-by-case basis to applicants holding an advanced professional degree, provided that the applicant has completed at least 90 semester hours at the undergraduate level from a regionally accredited college or university. Thirty (30) units must consist of upper division coursework, i.e., junior or senior level courses.
2. A 2.5 GPA or above for undergraduate work, 3.0 or above for graduate work.

Applicants must also submit the following materials for application

1. Official transcripts from all undergraduate and graduate institutions attended.
2. Completed application form and a \$35.00 nonrefundable application fee.

#### **Application Procedures and Deadlines**

Students are advised to submit applications materials as early as possible prior to the semester in which they wish to begin their program of studies. Deadline for receipt of application materials is no later than 30 days prior to the first day of classes for each semester.

To request an informational brochure and/or an application, contact the admissions office at

Office of Admissions  
Western University of Health Sciences  
309 E. Second Street  
Pomona, CA 91766  
(909) 469-5336

Or on the internet at <http://www.westernu.edu>.

#### **Transfer of Credits**

The maximum number of graduate units that may be transferred from another institution offering programs of graduate studies is six semester units. Only graduate credit relevant to the Master of Science in Health Science degree concentration at Western University, which has been completed within the last five years, may be applied toward completion of the Master of Science degree. To be considered for transfer credit, the course must have been taken after the award of a bachelor's degree and be eligible for graduate studies credit at the issuing institution. The student must have received a grade B or above in the course. An official transcript and a course description should be submitted to the Chair of the Department of Health Sciences for consideration of

the faculty. The Department of Health Sciences faculty will determine whether or not courses undertaken at other institutions qualify for transfer. No transfer credit will be given HSCI 5999, HSCI 5300, or HSCI 5208.

### **Continuing Education and Non-degree students**

An applicant who has a bachelor's degree and/or advanced degree and does not wish to pursue a master's degree in health sciences at Western University of Health Sciences at the present time, but who wishes to engage in graduate study for (a) personal development, (b) continuing education, or (c) other professional development needs, may consider enrollment as a non-degree student. A limited number of applicants may enroll as non-degree students each semester. The usual admission and registration procedures must be followed. Admission as a non-degree student does not assure acceptance as a degree candidate, should the student at a later time wish to change enrollment status. An unlimited number of semester units may be completed while in non-degree status. Should the student wish to change enrollment status, the usual admission procedures must be followed. Questions about transferring from non-degree to degree status should be directed to the Chairperson, Department of Health Sciences.

### **REGISTRATION POLICIES AND PROCEDURES**

Prior to each semester, a class schedule mailed to students by the Registrar. All candidates for the MSHS degree are required to register on-line or in person. Advisement is available from the Department Chair and faculty in order to promote greater efficiency in the registration and enrollment process. Enrollment occurs during the week prior to the first class meetings, on an appointment basis. Enrollment is available biannually, during the Fall and Spring semesters.

Students may be denied admission to a specific class due to availability or limited enrollment. Courses with less than three students registered may be cancelled. An individual must enroll for a minimum of three semester hours of credit for each semester in which they wish to be identified as students.

### **New Graduate Students**

New graduate students are notified by electronic or US mail of their admission status. This notification will include a list of courses available during the next semester and the necessary registration materials. Completed registration materials and fees may be submitted through the US mail, or in person, two weeks prior to the first week of classes.

### **Readmission**

Graduate students who have not been enrolled for more than one calendar year must submit a new application form and fee, unless other arrangements have been made at the time of withdrawal/leave from the program. The application will be assessed according to the current admissions policies, and students will be required to fulfill program requirements in place at the time of readmission.

### **Continuing Graduate Students**

Continuing students will receive registration information and materials on-line prior to the beginning of the semester. Should this information not arrive for any reason, it is the student's responsibility to contact the office of Student Affairs for the appropriate materials. Completed registration materials and fees may be submitted to the Registrar through the mail or in person, two weeks prior to the first week of classes.

### **Late Registration**

Students must follow the registration procedures and timelines printed in the Class Schedule provided at the beginning of each regular semester. The days of registration and late registration are listed in the Schedule of Courses mailed to each student prior to the start of the semester by the Registrar. Appropriate fees for late registration will be assessed.

### **Add/Drop and Withdrawal from Courses**

In order to add or drop a class, the student must obtain a Change of Registration form on-line or from the Health Sciences Department office, complete and submit it prior to the end of the third week of classes of each semester. Withdrawal from a course (not the program) requires completion and submission of the appropriate withdrawal form. Please note that this will not result in an "incomplete" (I) grade.

## ACADEMIC POLICIES AND PROCEDURES

### Course Load

A graduate student at Western University of Health Sciences in the Master of Science in Health Sciences program must enroll in at least eight semester hours per term to be considered full-time. To be considered full-time when enrolled in fewer than eight hours, the student must be registered in all remaining courses necessary for completion of the graduation requirements for the degree.

### Reasonable Academic Progress

All students are expected to make reasonable progress each year toward the degree objective. Full-time graduate students are considered to be making reasonable academic progress when they maintain an overall GPA of at least 3.0 and complete 16 semester hours during the calendar year. Both part-time and full-time students must complete the graduation requirements within the time limits described under Graduation Requirements.

For part-time students, reasonable academic progress will be determined by the faculty on an annual basis upon consultation with the student.

### Student Rights and Responsibilities

It is the responsibility of the student to be familiar with the contents of the catalog and to observe all policies and procedures relative to the completion of requirements for the graduate degree that were in effect at the time of initial enrollment in the specific degree concentration in the Department of Health Sciences.

A student may opt to complete the program of study and degree requirements described in the catalog at the time of his or her graduation, provided all revised policies of the later catalog are followed. Students are required to keep the Registrar informed of their current address and telephone number. Forms for this purpose are available in the Student Affairs office.

### Grading System

Official grades are turned in to the Registrar from the Dean of Allied Health Professions, at which time the online student records system, BanWeb, is updated. Official grade reports and unofficial transcripts will be available on the BanWeb student records system throughout the academic year. For more information on how to access the BanWeb student records system, visit the Registrar's website at <http://www.westernu.edu/registrar>.

Western University of Health Sciences makes use of letter grades, which may include a plus/minus (+ / -) system of grading. The Department of Health Sciences makes use of letter grades only. A four-valued letter grade scale will be given, indicating:

Grade			Quality Points
A	-	Excellent	4
B	-	Good	3
C	-	Satisfactory	2
U	-	Unsatisfactory	0
I	-	Incomplete	0
Au	-	Audit	0
W	-	Withdrawal	0
Cr	-	Credit	0
NCr	-	Non-credit	0

Courses are rated at one semester hour for each 12 contact hours. The grade point average is calculated at the end of each semester as the sum of earned grade points divided by the sum of semester hours passed and failed. A cumulative grade point average will be calculated and posted on the transcript.

No grade will be changed unless the instructor certifies in writing that an error in computing or recording the grade has occurred or that the student has completed course requirements for an Incomplete grade or remediated an Unsatisfactory grade.

### Incomplete

An Incomplete grade ("I") will only be assigned to students whose professional commitments and/or personal responsibilities prevent him or her from completing the requirements of the course. A student may remove an incomplete by completing course requirements within the following academic semester. Should extenuating

circumstances arise, the student may petition the instructor in writing for a one-semester extension to complete the course work. Prior to the end of the semester in which the original incomplete grade was assigned, the instructor must approve arrangements for the Incomplete and its removal. The instructor must certify any grade changes.

### **Academic Standing**

An overall grade point average of 3.0 (B) must be maintained during graduate work undertaken at Western University of Health Sciences in order to qualify for advancement to candidacy. A 2.0 (C) grade earned in any class may be applied toward graduation only if the overall grade point average at the time of application for graduation continues at a minimum 3.0 (B) overall grade point average. Any grade below a 2.0 (C) may not be applied toward graduation. Any student whose grade point average falls below a 3.0 average will be placed on probation.

### **Graduation Requirements**

A 32-unit requirement exists for the award of the Master of Science in Health Sciences degree. A total of 9 credit hours of Core Master of Science in Health Science courses are required of all MSHS candidates. Students also need to complete the Required Core credit hours in their degree concentration (15 credit hours for HPE concentration and 14 credit hours for the APAP concentration). The remaining credit hours required for the degree will be taken from among the selective courses available in the particular concentration.

### **REQUIRED CORE COURSES, MASTER OF SCIENCE IN HEALTH SCIENCES**

<u>Course Number</u>	<u>Course Name</u>	<u>Credit Hours</u>	<u>Delivery Mode</u>
HSCI 5014	Introduction to Community Health	3	traditional
HSCI 5016	Success Strategies for Distance Learning	1	online
HSCI 5106	Research Methods I	2	online
HSCI 5206	Research Methods II	3	online
<b>Total:</b>		<b>9</b>	

### **HEALTH PROFESSIONS EDUCATION CONCENTRATION REQUIRED CORE** (15 credit hours)

<u>Course Number</u>	<u>Course Name</u>	<u>Credit Hours</u>	<u>Delivery Mode</u>
HSCI 5100	Teaching and Learning Theory	3	traditional
HSCI 5102	Principles of Instructional Design and Clinical Teaching	6	traditional
HSCI 5104	Evaluation Methods	3	traditional
HSCI 5108	Instructional Technology	3	traditional
<b>Total:</b>		<b>15</b>	

### **ADVANCED PHYSICIAN ASSISTANT PRACTICE CONCENTRATION REQUIRED CORE** (14 credit hours)

<u>Course Number</u>	<u>Course Name</u>	<u>Credit Hours</u>	<u>Delivery Mode</u>
HSCI 5000	Pathophysiology	3	online
HSCI 5010	PA Assessment	2	online
HSCI 5012	Pharmacotherapeutics	3	online
HSCI 5071	Advanced Studies in Special Populations I	3	online
HSCI 5072	Advanced Studies in Special Populations II	3	online
<b>Total:</b>		<b>14</b>	

### **HEALTH PROFESSIONS EDUCATION CONCENTRATION SELECTIVES**

Students will select a minimum of eight (8) credit hours from the following:

HSCI 5071	Advanced Studies in Special Populations I	3	online
HSCI 5200	Historical Issues in Health Professions Education	3	traditional
HSCI 5202	Legal and Ethical Issues in Health Professions Education	3	traditional
HSCI 5204	Educational Administration/Leadership	3	traditional
HSCI 5208	Special Topics	3	traditional/online
HSCI 5210	Disabilities in the Health Professions	3	traditional
HSCI 5300	Directed Field Experience	1-3	traditional
HSCI 5302	Independent Study	1-3	traditional
HSCI 5999	Thesis/Special Project	3-6	traditional

### **ADVANCED PHYSICIAN ASSISTANT PRACTICE CONCENTRATION SELECTIVES**

Students will select a minimum of nine (9) credit hours from the following:

HSCI 5018	Practicum in Community Health Education	3	online
HSCI 5160	Health Care Delivery Systems	3	online
HSCI 5200	Historical Issues in Health Professions Education	3	traditional
HSCI 5202	Legal/Ethical Issues in Health Professions Education	3	traditional
HSCI 5208	Special Topics	3	traditional/online
HSCI 5999	Thesis/Special Project	3-6	traditional

#### **Time Limits**

All requirements for the degree must be fulfilled within five years from the date of initial registration. Extensions of this time limit may be granted through petition to the faculty.

#### **Advancement to Candidacy**

At least one semester prior to when the student plans to complete the unit requirements, he or she must file an "Application for Advancement to Candidacy". The Master of Science in Health Sciences degree is awarded following satisfactory completion of all coursework, including thesis/special project. Names of candidates for graduation are presented to the Student Academic Progress Committee the Dean of Allied Health Professions, and to the Western University of Health sciences faculty for approval.

#### **Final Integrative Exercise**

The Master of Science in Health Sciences degree is awarded following satisfactory completion of all coursework. The student select and complete either (1) a thesis, (2) a special project, or (3) a comprehensive examination. Prior to graduation, the student must complete the Master of Science in Health Sciences graduation requirements options form and return it to the Chairperson, Department of Health Science.

All students who have completed graduation requirements must attend, in person, and participate in the Commencement program at which time the degree is conferred. The President may approve exemptions to this requirement.

#### **Thesis/Special Project Option**

A student who selects either the thesis or special project option is responsible for selecting a Thesis/Special Project Committee. This committee consists of a committee chair and one additional committee member. After a student has been advanced to candidacy, the candidate is responsible for obtaining and completing the Master of Science Committee form from the chair of the Department of Health Sciences. Students are responsible for meeting with the Department of Health Sciences chairperson, who will assist the student in obtaining a thesis/special project committee chairperson. The committee chairperson must be a full-time employee at Western University with a faculty appointment in the Department of Health Sciences. Students must also obtain a committee member from the thesis/special project option. The committee members may be a scholar from outside the University, but must be approved by the Department Chairperson. The student has five years from the date of matriculation to complete the Master of Science in Health Sciences degree requirements.

## Summary

A student will be recommended for the degree of Master of Science in Health Sciences provided he or she:

1. Has satisfactorily completed the 32-unit course requirement in the MSHS curriculum, of which 26 units must be completed at Western University of Health Sciences in the MSHS degree concentration of their choice.
2. Has completed one of the following: 1) thesis, 2) special project, or 3) comprehensive examination
3. Is not on probation.
4. Has complied with all the legal and financial requirements of the University as stated in the University Catalog.
5. Has demonstrated no serious deficiencies in ethical, professional, or personal conduct, as defined previously.
6. Attends in person and participates in the commencement program at which time the degree is awarded, unless special permission has been granted by the President of the University. If the President grants special permission to be excused from graduation, the graduate may be required to present himself or herself to the Dean at a later date to receive his or her diploma.

## TUITION AND FEES

### Schedule of Fees

\$225 Unit cost per semester hour (32 semester hours minimum for MSHS degree)

### Other Fees and Expenses

\$35. Application Fee  
\$50. Continuous Registration Fee  
\$30. (per day) Late Registration Fee  
\$10 Lost ID Badge  
\$5. (each) Copy of Official Transcript  
\$0.25 (per page) Copy of Student File Material

Tuition and fees are subject to change without notice upon approval by the Board of Trustees. All fees are mandatory for each student and are non-refundable. Obligation for payment in full of tuition and fees is due upon matriculation. The Department of Health Sciences can offer a schedule of divided payments for students demonstrating financial need (for more information see the Bursar).

## PROGRAM OF STUDIES

The Master of Science in Health Sciences is designed to be completed in one to two academic years. The curriculum is multi-disciplinary, with a specialized focus for each degree concentration.

## COURSE DESCRIPTIONS

The courses listed below comprise all course offerings of the Department of Health Sciences offered by the Western University of Health Sciences.

### **HSCI 5000 Pathophysiology (3 credit hours)**

This course integrates basic knowledge of human anatomy and physiology with pathological changes in various body systems to facilitate the diagnosis and treatment of common, acute, chronic, and complex health problems. The differential impact of these health problems and their treatment on patients throughout the life cycle (e.g. pediatric, adult/family, obstetric, geriatric) will also be discussed.

### **HSCI 5010 PA Assessment (2 credit hours)**

The PA assessment course provides prospective Masters students with a means of validating their current knowledge of Physician Assistant practices. This comprehensive course, which is based on concepts assessed through the Physician Assistant National Certification Exam or PANCE, may be completed entirely through

independent study, using materials provided over the World Wide Web. This course is open only to Board Eligible Physician Assistants.

**HSCI 5012                      Pharmacotherapeutics                      (3 credit hours)**

This course presents advanced pharmaceutical principles and practices that will facilitate the PA's ability to prescribe and monitor the effects of medications on patients with common, acute, chronic, and complex health problems.

**HSCI 5014                      Introduction to Community Health Education                      (3 credit hours)**

This course provides an overview of the development and implementation of patient education programs in the community and in acute, long-term clinical settings. Models for preparing health education programs will be presented, including design considerations, appropriate for age, ethnic, cultural, and socioeconomic differences. Assessment of need, developing objectives, designing learning activities, implementation, and evaluation are emphasized. Practical application will include the design and implementation of one curriculum unit of instruction based on a health education subject.

**HSCI 5016                      Success Strategies for Distance Learning                      (1 credit hour)**

This course is a requirement for all entering students and provides new students with a comprehensive introduction to Western University's distance learning courses. Following an overview of the most important University policies, instructional methods, and resources, the students will have an opportunity to assess their own readiness for distance learning. Knowledge and skills derived will help ensure successful completion of distance learning courses.

**HSCI 5018                      Practicum in Community Health Education                      (3 credit hours)**

This course provides students working in the community with an opportunity to demonstrate their application of community health education principles in the practice setting. The student will be expected to design a community health project to improve health care outcomes.

**HSCI 5071                      Advanced Studies in Special Populations I (formerly PA 5071)                      (3 credit hours)**

This course surveys issues confronted by health care providers while treating and evaluating patients with existing disabilities. Topics include the history of disabilities in the health professions, ethics, communication, language, accessibility, and the responsibilities of health care providers under the Americans with Disabilities Act. **Not open to students with credit for PA 5071.**

**HSCI 5072                      Advanced Studies in Special Populations II (formerly PA 5072)                      (3 credit hours)**

This second exploration of special populations builds on themes and concepts presented in HSCI 5071. **Not open to students with credit for PA 5072.**

**HSCI 5100                      Teaching and Learning Theories (formerly HPE 5100)                      (3 credit hours)**

This survey course is designed to introduce the student to teaching and learning theories as they apply to the adult learner. The interrelationship between learning and teaching styles and how these impact the learning environment are covered. Teaching methods and strategies designed to enhance classroom learning in the health professions are emphasized. The design of practical learning activities is underscored. **Not open for students with credit for HPE 5100.**

**HSCI 5102                      Principles of Instructional Design and Clinical Teaching (formerly HPE 5102)                      (6 credit hours)**

This course is designed to provide the student with the skills needed to develop educational programs in the health professions and incorporating the role of the clinical instructor. Practice is given in applying descriptive principles of teaching and learning to the design of a unit of instruction. Included will be the construction of a needs assessment, data analysis, writing instructional objectives, defining instructional strategies, designing learning activities, selecting media and planning evaluation. **Not open for students with credit for HPE 5102.**



**HSCI 5104                      Evaluation Methods (formerly HPE 5104)                      (3 credit hours)**

The purpose of this course is to assist the student to acquire the skills necessary to conduct student performance and program evaluations. Measurement of student performance in the formal educational and clinical setting includes construction and use of written examinations, simulations, rating scales, chart audits, observation techniques, and other measures of cognitive, affective and psychomotor behavior. Included is an overview of procedures for item analysis and test validation. **Not open for students with credit for HPE 5104.**

**HSCI 5106                      Research Methods I (formerly HPE 5106)                      (2 credit hours)**

This introductory course is designed to prepare the health professions student to understand principles for the analysis and interpretation of quantitative data in health professions education research. It will include measurement theory, the graphical presentation of data, probability theory, and the use of descriptive and inferential statistics in the interpretation of data. As a result, the student will be able to read original research reports in a more critical manner. **Not open for students with credit for HPE 5106.**

**HSCI 5108                      Instructional Technology (formerly HPE 5108)                      (3 credit hours)**

This course provides an overview of the principles and applications of instructional media in the realm of adult and health education settings. The goal of this course is to provide for competence in the planning, selection and use of various forms of instructional technology for health care training programs. Emphasis will be made on an understanding of the principles of teaching and learning. Utilizing those principles, practical applications will be addressed, including the design and development of various instructional approaches as well as the appropriate selection and application of the various media forms. Students will function as members of a seminar, will produce a media-based instructional presentation and will write a limited research paper on current trends in instructional technology applications. **Not open for students with credit for HPE 5108.**

**HSCI 5160                      Health Care Delivery Systems (formerly PA 5160) (3 credit hours)**

This course provides an overview of the American health care system in regards to health finance and the quest for quality care. Special emphasis is given to the emergence of managed care and its subsequent impact on contemporary health care planning, delivery and evaluation. In addition, the course introduces the need for, and tools currently available for measuring, quality health care in this country. Case management and disease management are introduced as strategies for achieving cost-effective, high quality care. Not open for students with credit for PA 5160.

**HSCI 5200                      Historical Issues in Health Professions Education (formerly HPE 5200)                      (3 credit hours)**

This course provides a survey of the historical development of issues in health care, including early types of medicine and medical education in antiquity through contemporary issues in health professions education. Not open for students with credit for **HPE 5200.**

**HSCI 5202                      Legal/Ethical Issues in Health Care (formerly HPE 5202)                      (3 credit hours)**

This course will introduce the student to the ethical and legal challenges of modern health care and health care education. Insight into the basic ethical and philosophical concepts involved in health care education will be stressed. The historical background on laws that define the roles and responsibilities of health care professionals and educators will be presented. Students will be given the opportunity to explore personal values regarding a variety of issues facing health care workers and educators today. **Not open for students with credit for HPE 5202**

**HSCI 5204                      Educational Administration/Leadership (formerly HPE 5204)                      (3 credit hours)**

This course will introduce the student to selected management theories. Leadership styles will be emphasized. Motivation and human behavior theories related to the functions of health care organizations, including the development of human resources and fiscal responsibilities, will be stressed. Trends in health care management will be surveyed. **Not open for students with credit for HPE 5204.**

**HSCI 5206                      Research Methods II (formerly HPE 5206)                      (3 credit hours)**

The purpose of this course is to introduce students to a variety of research methodologies employed in both clinical and educational settings. Included will be historical studies, case studies, observational studies, the survey, quasi-experimental designs, and experimental designs. Generalizability issues and validity/reliability issues related to research are presented. Prerequisite: HSCI 5106 or equivalent. Not open for students with credit for HPE 5206.

**HSCI 5208                      Special Topics (formerly HPE 5208)                      (1-3 credit hours)**

This format is designed to permit in-depth study of a single issue in health professions education. Current issues and/or trends may be included.

**HSCI 5210                      Disabilities in the Health Professions (formerly HPE 5210) (3 credit hours)**

This is an introductory course presenting issues involved in educating health professions students with cognitive, physical and sensory disabilities. Topics include history and culture of disabilities in the health professions, assistive technology, legal aspects, and communication. **Not open for students with credit for HPE 5210.**

**HSCI 5300                      Directed Field Experience (formerly HPE 5300)                      (1-3 credit hours)**

This course is designed for health professionals who are teaching in a classroom/clinical/laboratory setting. Under the supervision of MSHPE faculty, students will design and implement instruction appropriate to the learning environment in which they are participating. Three to four lectures represent one semester credit hour. Self evaluation and revision of presentations are required. Student may enroll up to a maximum of 3 credit hours per semester, repeatable to a maximum of 6 credit hours. **Not open for students with 6 or more credits of HPE 5300.** Graded Cr/NCr.

**HSCI 5302                      Independent Study (formerly HPE 5302)                      (1-3 credit hours)**

Registration in this course permits students, under MSHPE faculty supervision, to contract for special educational projects or readings in education which relate to individual professional needs and interests. A maximum of 3 credit units may be taken per semester, repeatable to a maximum of 6 credit hours. **Not open for students with 6 or more credits of HPE 5302.** Graded Cr/NCr.

**HSCI 5999                      Thesis/Special Project (formerly HPE 5999)                      (3-6 credit hours)**

This course allows the student to prepare and complete a scholarly thesis or special project under the supervision of an assigned faculty member. Open only to students who select the Thesis or Special Project options for the Final Integrative Exercise. **Not open for students with credit for HPE 5999.** Graded Cr/NCr.

## **HONORS AND AWARDS**

The following awards are presented annually at the University's Honors Day ceremony in April:

President's Society Award  
Guy M. Allmond Scholarship Fund  
Linda Fox Memorial Endowment Fund  
Arthur Madorsky, MD Memorial Scholarship Award  
Judith Ann Oliver Memorial Award  
Who's Who Among Students in American Universities and Colleges Nominations

The following awards are presented annually at the University's commencement dinner:

Alumni Memorial Award  
Don and Jean Griva Memorial Award  
Outstanding Thesis/Special Project Award  
Dean's Award

## Academic Calendar 2003-2004

### Fall Semester

Friday, Aug. 1, 2003  
Fall Semester Registration Ends

Monday, Sept. 8, 2003  
Classes begin

Friday, Sept. 19, 2003  
Last day to Add/Drop class

Monday, October 13, 2003  
Columbus Day observed (no class)

Wednesday, Nov. 26, 2003  
Thanksgiving recess (noon)

Monday, Dec. 1, 2003  
Classes resume

December 1-12, 2003  
Registration for Spring 2004

Fri., Dec. 19, 2003  
Last day of Fall class  
Last day to for advancement to Candidacy

### Spring Semester

Mon., Jan. 5, 2004  
Classes begin

Mon., Jan. 19, 2004  
Martin Luther King Day (no classes)

Fri., Jan. 23, 2004  
Last day to Add/ Drop classes

Mon., Feb. 16, 2004  
President's Day (no classes)

Mon., Mar. 16, 2004  
Spring vacation begins

Mon., Mar. 23, 2004  
Classes resume

Mon., Apr. 12, 2004  
Honors Day

Fri., Apr. 30, 2004  
Last day for Oral examinations

Fri., May 7, 2004  
Last day of classes

Fri., May 14, 2004  
Commencement

# **COLLEGE OF ALLIED HEALTH PROFESSIONS**

## **Doctor of Physical Therapy Degree Program**

### **Western University of Health Sciences Department of Physical Therapy Education Doctor of Physical Therapy Program**

#### **ABOUT THE DOCTOR OF PHYSICAL THERAPY PROGRAM**

The DPT program is designed to provide students a didactic augmentation of physical therapy knowledge and skills that has occurred over the past 5-7 years and to provide additional experience in the clinical setting prior to graduation. The courses included in this curriculum reflect and are consistent with the patient/client management model described in the *Guide to Physical Therapist Practice* and the curricular content for professional education in *A Normative Model of Physical Therapist Professional Education: Version 2000*.

The reason for moving toward a DPT degree is based on the new and expanding role of the physical therapist. Changes are occurring in the field and the future role will include practice in primary care and direct access. As such, physical therapists will be expected to perform medical screening, have a stronger knowledge base of the medical and clinical sciences, and be able to perform higher level problem-solving and clinical decision-making.

In addition to the first professional doctoral degree, the program offers the DPT degree to licensed physical therapists. The clinician who holds a bachelor or master's degree in physical therapy may enter the DPT program as a student with advanced standing to complete requirements for the DPT degree. The required courses will depend upon the student's previous academic coursework and clinical/professional experiences. The student with advanced standing may take many courses online with 2-3 weekends on campus. The mission and program goals are the same for the first professional and advanced standing students. Policies related to admissions, registration, and tuition and fees are different for students entering with advanced standing. A description of the policies for students with advanced standing is provided separately at the end of the section on the first professional DPT program. All other policies are the same for both first professional DPT students and those admitted to the DPT program with advanced standing.

#### **MISSION OF THE PROGRAM**

In keeping with the University's mission, the mission of the Physical Therapy program is to educate competent, caring, culturally sensitive, reflective practitioners who will:

- participate as members of the health care team to provide high quality care to patients;
- as life-long learners, acquire, analyze, synthesize and apply knowledge in new settings;
- contribute to the verification of physical therapy evaluation and intervention techniques, and discover new, more effective methods of patient care;
- be leaders in providing health care service and education to promote health and fitness of community members; and
- play important roles in developing health policy and appropriate standards for physical therapy practice.

#### **PROGRAM GOALS**

The graduate of the DPT program will be a mature individual whose professional education is based on a foundation of the requisite preparation in the biological, behavioral and social sciences, and humanities. The graduate will have the necessary knowledge, skills and attitudes to function as a clinician generalist; will have an appreciation for the value of all aspects of the research process; and will be a responsible member of the community and the profession. Upon completion of the educational program in physical therapy, the graduate will be able to:

- Have an understanding of the osteopathic philosophy with its emphasis on caring for, and appreciation of the patient as a whole person;
- Demonstrate respect for all individuals;

- Practice physical therapy as an entry-level clinician generalist by assuming responsibility for the components of that role;
- Communicate with peers, colleagues, patients, clients, family members and the community-at-large in a style that is commensurate with their level of understanding;
- Appreciate the place of research in the advancement of physical therapy;
- Serve as a role model for healthy behaviors in both the clinical setting and community;
- Participate in the community as a representative of the physical therapy profession, as an advocate for the patient or client in a health care environment, and as a concerned citizen;
- Continue lifelong learning through continuing education, specialization and participation in professional organizations; and
- Establish priorities in order to maintain a balance between personal and professional life.

## **DESCRIPTION OF THE DPT PROGRAM**

The curriculum for the Doctor of Physical Therapy (DPT) Program will prepare the graduate to be a PT generalist. The curriculum consists of 9 trimesters, each having a particular emphasis.

### **Curriculum Design**

The DPT program is three years in length. Didactic education, which includes classroom and PT laboratories to practice procedures on classmates, is followed by clinical education assignments in a wide variety of clinical settings. Year I consists of two 15-week trimesters and one 18-week trimester which includes a 3-week clinical experience.

Year II consists of three 15-week trimesters, including one 12-week clinical practicum.

Year III consists of a 15-week trimester followed by an 18-week and 12-week trimester. Didactic courses are presented in the first trimester and the first 6 weeks of the second trimester during this year. The student completes the remaining 24 weeks of the program in two 12-week clinical practica. Students will have the option to assist faculty in research during the second year and first part of the third year. Research studies must be completed prior to the final clinical practica. Selective topics courses will be offered during the first six weeks of the eighth trimester, or students may opt to complete an additional six week clinical at that time.

DPT students will complete their education in August, but may participate in the University-wide graduation in the prior May/June. State licensure examinations are now computerized and can be taken following completion of the program. The faculty includes scholars, researchers, administrators and clinicians from the professions of physical therapy, psychology, education, osteopathy, medicine and the basic sciences. All faculty are committed to the preparation of the Doctor of Physical Therapy professional who will be well versed in all aspects of physical therapy and dedicated to their profession and to the patients they serve.

### **Bookstore**

Western University Bookstore hours are 7:30 am to 5 pm Monday-Friday for ordering or purchasing textbooks. Software and media resources are also available. Textbooks may be ordered by phone and mailed directly to student's home using a credit card.

## **PERSONAL COMPETENCIES FOR ADMISSION AND MATRICULATION**

A candidate for admission to the DPT program must have the use of certain sensory and motor functions to permit them to carry out the activities described in the sections that follow. Graduation from the program signifies that the individual is prepared for entry into clinical practice. Therefore, it follows that graduates must have the knowledge and skills needed to function in a broad variety of clinical situations and to render a wide spectrum of physical therapy evaluation and treatment techniques. The candidate and student must be able to consistently, quickly, and accurately integrate all information received by whatever sense(s) are employed. Also, they must have the intellectual ability to learn, integrate, analyze, and synthesize data.

Examples of essential functions of a physical therapist include, but are not limited to:

- a. Use appropriate verbal, non-verbal, and written communication with patients, families, and others.
- b. Determine the physical therapy needs of any patient with potential movement dysfunction.
- c. Safely, reliably, and efficiently perform appropriate physical therapy procedures used to assess the function of the movement system.
- d. Perform treatment procedures in a manner that is appropriate to the patient's status and desired goals.

A candidate for DPT ordinarily must have abilities and skills of five varieties including (1) observation; (2) communication; (3) motor; (4) intellectual, conceptual, integrative and quantitative; and (5) behavioral and social. Where technological assistance is available in the program, it may be permitted for disabilities in certain areas. Under all circumstances, a candidate should be able to perform all physical therapist functions at entry-level competency in a reasonably independent, timely manner.

1. Observation: Candidates and students ordinarily must have sufficient vision to be able to observe demonstrations and laboratory exercises. They must be able to observe a client accurately at a distance and close at hand.
2. Communication: Candidates and students ordinarily must be able to communicate with clients and colleagues. They should be able to hear, but if technological compensation is available, it may be permitted for some people with disabilities in this area. Candidates and students must be able to read, write, and communicate verbally in English.
3. Motor: Candidates and students ordinarily should have sufficient motor function such that they are able to execute movements reasonably required to provide assessment and physical therapy treatment procedures to clients.

Examples of reasonable required assessment procedures include, but are not limited to:

- a. Functional abilities
- b. Pain
- c. Gait
- d. Strength
- e. Joint motion and stability
- f. Balance
- g. Movement patterns

Examples of reasonably required treatment procedures include:

- a. Balance training
- b. Exercise techniques
- c. Gait training
- d. Activities of daily living training and functional activities

These actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision. The role of the physical therapist often requires upright posture with sufficient upper and lower extremity strength, as well as overall body strength; therefore, individuals with significant limitations in these areas would be unlikely to succeed.

4. Intellectual, Conceptual, Integrative, and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical intellectual skill demanded of a physical therapist, requires all of these intellectual abilities. In addition, candidates and students should be able to comprehend three-dimensional relationships and understand the spatial relationships of structures.
5. Behavioral and Social Abilities: Candidates and students must possess the emotional health required for full utilization of the intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the assessment and care of clients, and the development of mature, sensitive, and effective relationships with clients. Candidates and students must be able to tolerate physically taxing workloads, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many clients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities to be assessed during the admissions and educational processes.

The DPT program, along with all other programs at Western University of Health Sciences, shares a commitment to develop creative ways of opening the DPT curriculum to competitive, qualified disabled individuals. In doing so, however, the DPT program must maintain the integrity of its curriculum and preserve those elements deemed essential to educating candidates to become effective physical therapists.

## **ADMISSIONS POLICIES AND PROCEDURES**

Western University will accept applications for admission from all qualified candidates. Western University is committed to admitting competitive, qualified disabled individuals. For technical guidelines, please see above.

### **Application Requirements**

The applicant must have earned a BA or BS degree from a regionally accredited college or university by the time he/she matriculates in the DPT program. The minimum acceptable grade point average for all college courses (undergraduate and post-baccalaureate) is 3.0 on a 4.0 scale.

The DPT program is looking for students who come from a broad, liberal arts background with the baccalaureate degree being obtained in any field of study other than physical therapy. A high degree of intellectual curiosity and accomplishment along with excellent verbal and written communication skills need to be evident in the applicant. The graduate of Western University will be able to problem-solve in clinical practice and will also be able to communicate appropriately with the client/patient and other health care providers about the client/patient care plan.

#### **1. Prerequisite Courses**

English Composition - 1 course (minimum of 3 semester units or 4 quarter units)

Psychology - 2 courses, must be out of the Psychology Department (minimum of 3 semester units each or 4 quarter units each)

Statistics - 1 course, only statistics courses that are cross listed in math, statistics or biometry will be accepted (minimum of 3 semester units or 4 quarter units)

Human Anatomy - 1 course of lecture and lab (minimum of 4 semester units or 6 quarter units)

Human Physiology - 1 course of lecture and lab (minimum of 4 semester units or 6 quarter units)

General Chemistry - a full course sequence of lecture and lab (minimum of 8 semester units or 12 quarter units)

Physics - a full course sequence of lecture and lab – emphasis on light, heat, sound, and electricity (minimum of 8 semester units or 12 quarter units)

Anatomy and Physiology must be taken out of the Anatomy, Physiology, A&P, Biology or Zoology departments. The Anatomy and Physiology must be "human." Combined Anatomy and Physiology courses will be considered only if a combined course sequence is completed.

In addition the following courses are recommended to enhance success in the program:

Oral communication skills

Computer literacy

General biology

Microbiology

Kinesiology/biomechanics

Exercise Physiology

Nutrition

Human/Child Development

Additional Psychology courses

Grades of "C" or better are required in each prerequisite course. A grade of "C-" in any prerequisite course is not acceptable. No prerequisite coursework may be taken on a pass/no pass or credit/no credit basis. For courses completed in California, all science prerequisites must be University of California (UC) or California State University (CSU) transferable.

Three prerequisite courses may be in progress at the time of application during the spring, summer or fall semester or quarter. Please submit official transcripts directly to the Admissions office upon completion of coursework in progress. Final transcripts and/or final grades (including degree verification) for all coursework in progress must be received prior to registration date of July 1st.

#### **2. Prerequisite GPA**

It is expected that the applicant will have a minimum GPA of 3.0 for all prerequisite courses listed above. Note that no more than 3 prerequisite courses may be in progress at the time of application.

#### **3. Graduate Record Examination (GRE) Score Report**

Official GRE Score Report must be mailed directly to Western University from Educational Testing Service (ETS). It is expected that the applicant will have a minimum combined score of 1000 for the verbal and quantitative sections, with a score of no less than 350 in either section. The minimum score

for the analytic section is 2.5; however, applicants who receive a score of less than 3.5 will be required to complete a remedial writing course prior to matriculation in the program.

4. Clinical Experience

A minimum of 200 hours of volunteer or work experience in a variety of physical therapy settings, of which 100 hours must be in an inpatient setting, is required. Credit will be given for up to 500 hours and extra credit will be awarded for different types of settings, provided that at least 100 hours is spent in each setting. Types of settings may include acute hospital, outpatient, rehabilitation, pediatric, and home health. Preference will be given to applicants who have experience at more than one setting. All experience must be in physical therapy and under the direct supervision of a PT to meet these minimal requirements.

5. Recommendations

Three satisfactory recommendations (forms provided) are required as part of the admissions application. We require one academic recommendation and two from physical therapists.

### **Application Procedures and Deadlines**

The DPT program has an August matriculation date. The application postmark deadline is November 15th of the year prior to anticipated enrollment. The Department of Physical Therapy will make admissions decisions on a rolling basis. They will review applications, conduct interviews and make admissions decisions throughout the admissions cycle. We encourage students with complete application packets to apply early. Applicants who cannot attend and wish to reapply for the following year will be considered with the new applicant pool.

To request an information brochure and/or an application, contact the admissions office at:

Office of Admissions  
Western University of Health Sciences  
309 E. Second Street  
Pomona, CA 91766-1854  
(909) 469-5541

In addition to submitting an application, the applicant must submit a non-refundable application fee of \$60, three letters of reference, academic/professional record form, work experience form, a written personal statement, and official transcripts from all colleges attended. After receipt of the packet, the Admissions Office will evaluate the applicant's transcripts to ascertain the prerequisite and overall grade point average.

Applicants who wish to use coursework completed outside of the United States must submit their transcripts for evaluation to World Education Services, Josef Silny and Associates, Educational Credential Evaluators, Inc., or International Education Research Foundation, Inc. A course-by-course evaluation is required and all coursework must be designated as undergraduate, graduate or professional. Western University will only honor evaluations from the above services. The evaluation must be included with the application packet.

The Admissions Committee reserves the right to select potential candidates for personal interviews. These interviews are designed to allow the applicant to learn more about Western University's DPT program as well as allow the Admissions Committee to learn about the applicant. The interview process is conducted at various times throughout the admissions cycle.

Decisions of the Admissions Committee regarding the admission of applicants to the Doctor of Physical Therapy program are final.

### **ADMISSIONS POLICIES AND PROCEDURES – ADVANCED STANDING**

Admission to the DPT program for students with advanced standing is through the Admissions Office. Students may apply for the fall, spring or summer trimesters. Western University is committed to admitting competitive, qualified individuals with disabilities. For technical guidelines, see the section under the DPT program (above).

### **Application Requirements**

The applicant must have graduated from a Commission on Accreditation in Physical Therapy Education (CAPTE) accredited physical therapy program and/or be licensed to practice in the United States. Foreign-prepared therapists must be licensed to practice physical therapy in the State of California. Additional requirements include:

- A minimum of 1 year (2000 hours) clinical experience in any setting.



- Letters of recommendation (3 with at least one from a PT supervisor/colleague; remaining letters may be from non-PT health care professionals).
- Writing sample including why the applicant desires to pursue this degree and what he/she will plan to accomplish with it; i.e., a statement of purpose.
- Computer access and skills.

Students who do not meet the admissions requirements may petition the Admissions Committee for special consideration.

### **Application Procedures and Deadlines**

Students are advised to submit application materials as early as possible prior to the trimester in which they wish to begin their program of studies. The deadline for application materials is no later than 45 days prior to the first day of classes for each trimester.

To request an informational brochure and/or an application, contact the Admissions Office at:

Office of Admissions  
Western University of Health Sciences  
309 E. Second Street  
Pomona, CA 91766-1854  
(909) 469-5335

In addition to submitting an application, the applicant must submit a non-refundable application fee of \$60 and official transcripts from all undergraduate and graduate institutions attended.

### **Portfolio Review**

Upon acceptance to the program, as part of the application process, students will be asked to submit a portfolio of past education and experiences related to physical therapy. This information will be reviewed by the faculty advisor and may be analyzed by a credentialing agency. There is a separate fee if the credentialing agency is used to analyze the portfolio. Decisions regarding required courses will be based on review of the portfolio. Some courses may be waived if sufficient evidence is provided to demonstrate fulfillment of competencies and program outcomes in specified areas.

### **Readmission**

Students with advanced standing who have not been enrolled for more than one calendar year must submit a new application form and fee, unless other arrangements have been made at the time of withdrawal/leave from the program. The application will be assessed according to the current admissions policies, and students will be required to fulfill all program requirements in place at the time of readmission.

For more information, including registration requirements, tuition, fees and additional academic requirements and policies, see the section entitled **Description of the DPT Program for Students with Advanced Standing** (below).

## **REGISTRATION**

DPT students are required to register as directed by the Registrar. Failure to register may be grounds for dismissal. Assessed tuition and fees and all prior debts must be paid in full on or before the registration deadline each academic year. Matriculation is subject to satisfactory completion of all academic requirements and payment of all outstanding debts to the University. Prior to registration, the receipt of final transcripts for all college coursework, a physical examination, and immunizations as outlined on the physical examination form, are additional requirements for incoming students. Attendance at Orientation Day is mandatory for incoming first-year students.

### **Continuing Education and Non-Degree Students**

An applicant holding a bachelor's or master's degree in Physical Therapy and licenses to practice in the United States, who does not wish to pursue the DPT degree at Western University at the present time, but who wishes to engage in graduate study for personal development, continuing education, or other professional development needs, may consider enrollment as a non-degree student. A limited number of applicants may enroll as non-degree students each trimester. The usual admission and registration procedures must be followed. Admission as a non-degree student does not assure acceptance as a degree candidate, should the student at a later time wish to change enrollment status. An unlimited number of credit hours may be completed

while in non-degree status. Should the student wish to change enrollment status, the usual admissions procedures must be followed. Up to three courses taken as a non-degree student at Western University can be transferred into the DPT degree program. Questions about transferring from non-degree to degree status should be directed to the Chairperson, Department of Physical Therapy Education.

## **TUITION AND FEES**

By action of the Board of Trustees, the tuition and fees effective July 1, 2003, (subject to change) are as follows:

- \*\$1,250 Tuition Deposit for incoming students  
(Payable two weeks after acceptance)
- \*\*\$500 Enrollment Deposit  
(Students returning from leave of absence only - Due by May 15)

\$25,500 Total Tuition Annual

\$40 Student Body Fee, covers student council, social activities, public relations.

\*Upon matriculation, the entire \$1,250 is applied toward the total tuition.

\*\*For accepted candidates who are students returning from leave of absence, a \$500 enrollment deposit is due May 15 prior to enrollment. The deposit is nonrefundable and credited toward tuition upon enrollment.

Tuition and fees are subject to change without notice upon approval by the Board of Trustees. All the above-listed fees are mandatory for each student and are nonrefundable.

### **Other Fees and Expenses**

\$500	Required and Recommended Texts
\$10	(per day) Late Registration Fee
\$40	Lost Locker Key
\$10	Lost ID Badge
\$5	(each) Copy of Official Transcript
\$10	(each) Copy of Official Transcript Faxed
\$0.25	(per page) Copy of Student File Material
(replacement cost)	Breakage Fee

## **ACADEMIC REQUIREMENTS**

### **Academic Advisement Policy**

Students will be assigned a faculty advisor upon matriculation. Advisement by faculty should be viewed by the student as a part of the academic process. If either the student or faculty member does not find the relationship helpful, either is free to seek a change. This request should be made to the Department Chair.

It is the student's responsibility to meet periodically with his/her advisor. A student on probation must meet with his/her faculty advisor at least once a month.

### **Standards of Academic Performance**

Good academic standing implies that a student maintains a minimum GPA of 2.70 (B-) or higher.

All grading and evaluation is based on the student's ability to attain the competencies within the objectives outlined for each area of study.

A student whose performance falls below the minimum acceptable standard(s) for any area of study will be notified of such deficiency by the instructor of the course and Department Chairperson as soon as evidence of such substandard performance is available.

### Grade Scale/Grade Points/Class Ranking

The following academic standards and grading scale applies to students enrolled in the Physical Therapy Program:

Percentage	Letter Grade	Grade Points
93 - 100	A	Excellent 4.0
90 - 92	A-	Excellent 3.7
87 - 89	B+	Good 3.3
83 - 86	B	Good 3.0
80 - 82	B-	Good 2.7
77 - 79	*C+	Passing, but below required overall GPA 2.3
73 - 76	*C	Passing, but below required overall GPA 2.0
Below 73	U	Unsatisfactory 0
	NCr	No Credit 0
	Cr	Credit 0
	I	Incomplete 0
	M	Missing 0
	Au	Audit 0
	W	Withdrawal 0

\* A "C" or "C+" grade in and of itself is a passing grade. However, a "C" or "C+" grade is below the required overall grade point average of 2.7. If the number of "C's" and "C+'s" totals an amount to bring the student's GPA to below 2.7, then the performance, based on professional expectations, is considered unsatisfactory. In addition to maintaining a minimum 2.7 GPA, no more than 24 units can be with a C or C+ grade.

#### Clinical Practica Grades:

Cr	Satisfactory Performance/Completion of clinical practicum assignment
NCr	Unsatisfactory Performance/Completion of clinical practicum assignment

The class ranking is computed at the end of each graded trimester, based upon overall GPA.

### Incomplete

An Incomplete grade ("I") will be assigned only to students whose professional commitments and/or personal responsibilities prevent him or her from completing the requirements for the course. A student may remove an Incomplete by completing course requirements by the end of the following academic trimester. Should extenuating circumstances arise, the student may petition for a one-trimester extension to complete the course work. Arrangements for the Incomplete and its removal must be approved by the instructor prior to the end of the trimester in which the original Incomplete grade was assigned. Grade changes must be certified by the instructor prior to the end of the trimester following the original grade assignment, except in the instance of an approved extension to the next trimester.

### Credit Hours

Courses are rated at one credit hour for each 15 hours of lecture or 30 hours of laboratory and/or practice sessions. Credit hours of 1.0 will be assigned for each week of Clinical Practica experience (i.e., Clinical Practicum I is three weeks and receives 3 credits). A cumulative grade point average will be calculated and posted on the transcript. Class ranking is also computed and will appear on the transcript at the student's request only. Class ranking is also available upon request in the Registrar's Office.

The grade point average will be calculated at the end of each trimester and if a course is repeated, only the last grade earned enters into the computation of the grade point average, but the original grade remains on the student's transcript.

Official grades are turned in to the Registrar from the Dean of Allied Health Professions, at which time the online student records system, BanWeb, is updated. Official grade reports and unofficial transcripts will be available throughout the academic year. For more information on how to access the BanWeb student records system, visit the Registrar's website at <http://www.westernu.edu/registrar>.

No course grade will be changed unless the instructor certifies in writing to the Registrar that an error in computing or recording the grade occurred. If the student believes there is just cause to dispute a grade for a course, the procedure is as follows:

- a. If, following distribution of unofficial transcripts on BanWeb, the student has reason to dispute the grade, it should be done in writing within five (5) working days to the Department of Physical Therapy Education Chairperson. Upon written request from the student, the Department Chairperson shall review the case with the instructor(s) and a decision shall be made by the course instructor(s) to affirm or modify the grade. Within seven (7) working days the Department Chairperson shall notify the student in writing of the decision. A copy of the letter shall be sent to the appropriate faculty member(s). The faculty member(s) has the sole responsibility to make the official grade change.
- b. If the student is not satisfied with the outcome of the grade dispute procedure to the Department Chairperson, the student may then appeal in writing to the Dean of the College of Allied Health Professions within five (5) working days. The Dean of the College of Allied Health Professions shall review the case with the student, Chairperson of the Department of Physical Therapy Education and the course instructor(s) and a decision shall be made by the course instructor(s) to affirm or modify the grade. Within seven (7) working days the Dean shall notify the student in writing of the decision. A copy of the letter shall be sent to the appropriate faculty member(s) and Chairperson. The faculty member(s) has the sole responsibility to make the official grade change.

### **Evaluation**

- a. **General:** The program trimesters are designed so that students' work toward achievement of competencies is measured by written and practical examinations and by evaluations of clinical performance and professional development. Specific behavioral objectives are defined for each program component to assist the students and the faculty members in evaluating the degree of attainment of the objectives throughout the 36-month curriculum.
- b. **Evaluation Methods:** Overall student performance is evaluated during each phase using one or a combination of the following methods:
  1. **Written examinations:** Written examinations will vary based on the content of the individual course. A combination of multiple choice, matching, true/false, short answer, essay and patient problem solving questions are used.
  2. **Practical or Laboratory Examinations:** In selected courses, students will be observed performing components of physical therapy practice activities on lab exams. They also may be asked to "problem solve" based on a patient database, and in some cases students will be videotaped for self-evaluation.
  3. **Student Presentations:** Students may be asked to orally present individual or group projects, patient cases, research papers, etc. These oral presentations may or may not be accompanied by a written report.
  4. **Written reports:** At various times, students will be evaluated on written reports of assigned topics, SOAP notes, evaluations, treatment plans and home programs.
  5. **Clinical Evaluations:** Supervising Clinical Instructors are asked to assess the student's level of attainment of competencies related to selected parameters within the domains of knowledge, skills and attitudes, and to evaluate the student's overall performance while on Clinical Practica.The Clinical Performance Instrument (CPI), which incorporates entry-level physical therapist clinical performance criteria, is utilized.

Students are responsible for securing their CPI or other evaluation tools from the Center Coordinator of Clinical Education/Clinical Instructor (CCCE/CI) on each practicum and ensuring that it is completed and returned to the Director of Clinical Education after each practicum. CCCE/CI's are encouraged to discuss the student's performance and progress throughout the clinical assignment and to discuss the final evaluation prior to completion of the practicum. The CI will indicate whether the Clinical Practicum was a successful experience in accordance with designated objectives, or was unsuccessful in meeting clinical objectives. While the CI may recommend success or failure of the Clinical Practicum, the Director of Clinical Education determines and administers the actual course grade.

- c. **Grade Reports:** Final grade reports are issued at the completion of each trimester and will be available on BanWeb. Due to the nature of the curriculum, trimester completion dates may not coincide with

traditional grading periods. In some courses when final grades are not available at grade reporting time, a grade of "M" (Missing) is submitted to the Registrar in lieu of the course grade. "M" grades are entered on the grade reports and are converted to student achieved grades at the earliest possible opportunity. An up-to-date summary of student performance is maintained in the Department Office and is available to each student for review.

- d. Review of Examinations: Examinations are graded as soon as possible and are kept on file for student review. Student performance in clinical courses is monitored closely by the Director of Clinical Education. Students whose performance in any portion of the curriculum is determined to be unsatisfactory are notified of such substandard performance as soon as it can be determined.

### **Professional Performance**

- a. Ability-based Assessment: The faculty supports the concept of development of professional behaviors throughout the program. These behaviors include: (1) commitment to learning; (2) interpersonal skills; (3) communication skills; (4) effective use of time; (5) use of constructive feedback; (6) problem solving; (7) professionalism; (8) responsibility; (9) critical thinking; and (10) stress management.

Professional behavior is vital to the success of each student, the Western University Physical Therapy program, and the Physical Therapy profession. The process of becoming an effective physical therapist involves attaining competency in professional knowledge, skill, and behavior. Thus, the ten generic abilities that exemplify the professional behaviors valued by the physical therapy profession will be used as a guide throughout this program. To facilitate development of competency in the generic abilities, the faculty will provide the students opportunities to practice them and formal and informal feedback throughout the program. The student will be responsible for ongoing self-assessment and for seeking feedback from faculty and fellow students.

Students' progress through the program is based upon successful completion of expected competencies and demonstration of expected professional behavior and attitudes. At the completion of each trimester/year of the program, before the student is allowed to progress to the next trimester/year, the student's record of achievement is reviewed by the faculty. The quality of professional behavior expected of Western University DPT graduates is exemplified by the generic abilities and the three levels of associated behavioral criteria. Satisfactory progress is demonstrated by exhibiting beginning-level criteria by the end of the first year, developing-level criteria by the end of the second year, and entry-level criteria by the end of the final clinical practicum.

The faculty determines if the student has demonstrated the knowledge, skills, and attitudes necessary to be eligible for progress for the next trimester/year. In special instances, the faculty may be convened at other than scheduled times to consider cases of unusual circumstances, such as probationary or dismissal cases.

- b. Attendance: Students are expected to attend all scheduled activities and observe the following policies:

#### **Excused Absences**

1. All unanticipated absences due to illness, accident, other unexpected events must be reported immediately to the department secretary and course instructor.
2. Absences requested for physician/dentist appointments for student or dependents will be considered excused only if requested in advance of the appointment. Due to the intense nature of the curriculum, students are encouraged strongly to schedule appointments for days when classes are not held, evenings, or Saturdays.
3. All anticipated absences for any reason, regardless of length, must have the prior approval by the Faculty to be considered excused.
4. Students on Clinical Practica are responsible for notifying their supervising CI, CCCE, and the Director of Clinical Education regarding all absences, whether anticipated or unanticipated.

#### **Unexcused Absences**

1. Any discovered or reported absence for which the Chairperson/Faculty does not have an explanation will be considered unexcused.
2. Students whose absence is determined to be unexcused will be required to provide an explanation regarding the circumstances involved. The Chairperson/Faculty will determine if the absence remains unexcused.

3. Unexcused absences may be sufficient cause for placing a student on professional probation and continued unexcused absences may be grounds for dismissal from the program.
  4. Absences on the first or last day of a module or Clinical Practicum, or on the day before or after a scheduled break, vacation, or weekend, are considered unexcused unless prior written approval has been granted. If such an absence is the result of a sudden unavoidable circumstance, the Department Chairperson should be notified as soon as possible and provided with an explanation for the absence.
- c. Student Examination Policy
1. Students are not to communicate in any way during examinations and are to face the front of the classroom at all times.
  2. During scheduled examination hours, students are highly discouraged from going to the bathroom, but will be allowed to go one at a time. Student will be required to turn in the exam and Scantron® sheet as he/she leaves the room.
  3. Once a student finishes an exam, the student will turn in the exam and the Scantron® form to the proctor, and after he/she leaves the examination room, he/she will not be permitted to re-enter the room until the exam is declared over.
  4. All students' belongings, i.e., notebooks, calculators, and headsets, etc., will be kept in front of the room.
  5. Questions will be answered at the discretion of the proctor during the examination period. Students should be permitted to point out typographical or other errors present in the examination to the proctor.
  6. Alternate seating shall be utilized for all examinations unless precluded by space availability.
  7. Violations of these examination policies or of Standards of Professional Conduct will be brought before the Student Conduct Committee.

#### **Student Academic Progress Committee**

- a. The Student Academic Progress Committee of the College of Allied Health Professions is comprised of Department Chairs, the Dean of Student Affairs/Registrar and elected faculty members.
- b. Each year, the Student Academic Progress Committee shall review as needed the academic achievements and the performance of all students. The names and grades of students in academic difficulty shall be made available to the Student Academic Progress Committee by the Department Chair.
- c. After reviewing a student's achievement and performance records, the Student Academic Progress Committee may recommend to the Dean of Allied Health Professions any of the following courses of action for a student: Promotion, probation, remediation, dismissal from the University, psychological and educational assessment and recommendation, or no action.
- d. The Student Academic Progress Committee also has the responsibility of recommending to the Faculty as a whole the awarding of the degree of Doctor of Physical Therapy upon satisfactory completion of all requirements for graduation as stated in the University Catalogue.
- e. All recommendations of the Student Academic Progress Committee shall be made in writing to the Dean of Allied Health Professions, who will make a final decision and inform the student in writing.

#### **Promotion**

Promotion is defined as progression from one academic year to the next.

- a. A student will be recommended to the Dean of the College of Allied Health Professions for promotion by the Student Academic Progress Committee.
- b. A student may not be recommended for progression from one academic year to the next with any outstanding grades of "I" or "U" on his/her academic record or with a yearly grade point average of less than 2.7.
- c. When considering a student for promotion, professional, ethical, and personal conduct may also be taken into consideration.
- d. A student will be promoted provided that all legal and financial requirements of the University as stated in the Catalogue have been satisfied.

## **Graduation**

A student will be recommended for the degree of Doctor of Physical Therapy provided he/she:

- a. Has satisfactorily completed a minimum of three years education at the University in the DPT curriculum, except if the student has been granted advanced standing in the program.
- b. Is not on probation and has completed all prescribed academic and clinical education requirements with a cumulative grade point average of at least 2.7 and has no outstanding grade of "I" or "U," or "NCr" in a required course.
- c. Has demonstrated no serious deficiencies in ethical, professional, or personal conduct, as defined previously.
- d. Has complied with all the legal and financial requirements of the University as stated in the Catalogue.
- e. Unless special permission has been granted by the President of the University, all students must attend in person and participate in the Commencement program at which time the degree is conferred. If the President grants special permission to be excused from graduation, the graduate may be required to present himself or herself to the Provost or appropriate Dean at a later date in order to take the required oath (if relevant) to receive his or her diploma.

## **Academic Warning**

The student who demonstrates unacceptable performance in any unit of study during any portion of the program is notified of such performance by the Instructor of the course, as well as the Department Chairperson, in writing, as soon as it becomes evident. This constitutes an academic warning. Continued poor academic performance can lead to academic probation and/or dismissal.

## **Academic Probation**

- a. Unsatisfactory or No Credit Course Grades
  - "U" or "NCr" in any required course constitutes a failing grade, and places the student on academic probation, requiring that the course be remediated or retaken based upon the recommendation of the course instructor. A grade of "U" or "NCr" in a required course will prevent participation in a clinical practicum until the course is successfully remediated and requires that the Director of Clinical Education (DCE) determine an appropriate clinical placement.
    1. As in all cases in which remediation of a course is required, this requirement may extend the length of the program beyond 36 months.
    2. The highest grade a student may achieve by obtaining a 73 percent or higher score through remediation of a course is a grade of "C" or "Cr". The "C" or "Cr" grade achieved by remediation of a course will be recorded on the official transcript beneath the original course grade of "U" (Unsatisfactory) or "NCr" (No Credit).
    3. Failure to earn a grade of "C" or "Cr" when remediation of a course is attempted will render the student subject to dismissal from the program.
    4. If a student repeats a course the next time that course is offered in the DPT curriculum, the student will have that new grade for the course recorded on the official transcript beneath the original course grade of "U" (Unsatisfactory) or "NCr" (No Credit).
    5. Failure to earn a grade of "C" or higher or "Cr" on repeating a course of study will render a student subject to dismissal from the program.
    6. A third "U" or "NCr" in required coursework in the program will render a student subject to dismissal from the program.
- b. Trimester/Overall GPA
  1. Students must attain a trimester GPA of 2.7 and maintain an overall GPA of 2.7. The trimester GPA and overall GPA will be calculated at the end of each trimester.
  2. A student whose trimester or overall GPA falls below 2.7 must meet with the Department Chairperson and the DCE. In order to closely monitor clinical performance, the DCE will determine the subsequent clinical placement.
  3. If the trimester or overall GPA falls below 2.7, a student will be placed on academic probation immediately. Length of academic probation will be determined by the Dean of the College of Allied Health Professions.
  4. If a student attains a trimester GPA below 2.7 in two consecutive trimesters the student will be subject to dismissal from the program.

## **Remediation**

Every effort will be made to give each student ample opportunity to demonstrate competency in each area of the academic program. However, remediation is to be regarded as a privilege, which must be earned by a student through an active participation in the educational program as demonstrated by regular attendance, individual initiative, and utilization of resources available to him or her.

## **Tutorial Assistance Program**

A Tutorial Assistance Program (TAP) has been established at the University to assist students experiencing academic difficulty. Students will be recommended for this program by a faculty advisor or professor. The tutors will be chosen from the student body on the recommendation of the faculty of record for the class.  
General Procedures

- a. The student may request a tutor by:
  1. contacting the course instructor and/or the Department Chairperson,
  2. contacting his/her advisor or,
  3. going directly to the Learning Enhancement and Academic Development (LEAD) Office.Student requests will be reviewed by the course instructor and/or the Department Chair. Upon approval, the student will be deemed eligible for services under TAP. Five hours per course is the maximum number of hours for which a student may be tutored per week.
- b. The course instructor may recommend that the student seek a tutor, based upon a poor performance on a single exam or poor cumulative score.
- c. The student's advisor may recommend that the student seek a tutor, based upon any knowledge he or she may have about the student's academic difficulty. In addition, the advisors will receive copies of letters from the Chairperson to students having academic difficulty.
- d. To initiate tutoring following a recommendation or student request for tutoring, the student follows these steps:
  1. The student obtains from the LEAD Office a list of names of tutors available for the course in which the student is having problems.
  2. The student is assigned a tutor by the LEAD Director from the list of available tutors.
  3. Once assigned, the tutor and tutee meet with the course instructor to discuss the student's specific problems. The instructor should make some recommendations as to what areas the tutor should emphasize.
  4. The tutor and student arrange mutually agreeable times for the tutoring sessions.
  5. The tutor must have the course instructor sign the time sheet before it is turned in to the LEAD Office.

A student may obtain up to five hours of tutoring per course per week during the module. By example: A Year I DPT student may be tutored in Physiology and Research I for a total of 10 hours per week during the trimester. Generally, tutoring begins after a student has received grades at 73 percent or lower on an exam. The student may continue to be tutored for a course until he/she has obtained a B- (80%), or higher average grade for the course. As the student moves into trimester III, the student may qualify for up to 20 hours of tutorial assistance per week (4 courses). Any time a student has received 73 percent or less on an exam, the student, faculty member or student's faculty advisor may immediately request tutorial assistance.



### **Modified Year I DPT Curriculum**

The DPT program offers Modified Year I curriculum for students experiencing academic difficulties or students with disabilities. This modified program is a four-year curriculum in which the first year standing curriculum is spread over a two-year period. Guidelines for this program include:

- a. Potential candidates for the Modified Year I DPT Curriculum will be identified by the midway point of Trimester 1 or 2 after the first midterm examinations.
- b. The Modified Curriculum is not an option unless the student manifests serious academic problems by the midway point of Trimester 1 or 2.
- c. Recommendation of individual students for the Modified Curriculum shall be made through the Dean of the College of Allied Health Professions by recommendations from the Department of Physical Therapy Education Faculty and the College of Allied Health Professions, Student Academic Progress Committee.
- d. The decision to enter the Modified Curriculum is a onetime student option.
- e. At the time the student opts for the Modified Curriculum, the modified curriculum will be based upon courses in which the student is receiving satisfactory grades by midterm of Trimester 1 or 2. The Modified Curriculum will be outlined for the student, so that Year I of the DPT curriculum will be taken over two years. As the student enters Year II of the curriculum, it is expected that the student would attend all classes and clinical assignments as defined in the standard curriculum.
- f. The student's progress will be monitored carefully each trimester by the department chair, College of Allied Health Professions Student Academic Progress Committee, and the Dean of the College of Allied Health Professions.
- g. Students admitted to this program will pay three consecutive years of tuition and mandatory fees, and only mandatory fees for the additional year in the curriculum.

### **Professional Probation**

Violations of the Standard of Professional Conduct will be dealt with as described under the General University Academic Policies and Regulations of this catalogue.

### **Dismissal**

A student may be subject to dismissal from the program for substandard academic or professional performance, as follows:

- a. A second grade of "U" or "NCr" in the same required course;
- b. A third grade of "U" or "NCr" in required courses in the program;
- c. More than 24 units of C or C+ grades in didactic coursework.
- d. Unacceptable performance on more than one of the clinical practica;
- e. Lack of professional or personal attributes considered appropriate for continuance in the program and profession;
- f. Any event that could result either in academic or professional probation for a student currently on academic or professional probation;
- g. Violation of the terms of probation as stated in a letter at the time the student is placed on probation.

### **Exemption from Individual Course**

Students with advanced work or degrees in a particular subject formally may petition the instructor and the Department Chairperson for credit for an individual course. The petition must include the reasons for the request and all necessary documentation and must be submitted by the end of the first week of the course. The student must comply with the attendance policy until notification that exemption has been granted by the Dean, based upon recommendation of the Department Chairperson. The instructor, before recommending exemption, may require acceptable performance on an examination. The instructor, in consultation with the Department Chairperson, may suggest other alternative or additional criteria for determining exemption.

### Confidentiality of Medical Records and Health History Information

All data gathered about patients and their illnesses, including all items within patients' medical histories are privileged information.

- a. Students should not discuss patients' records in a manner or a situation that would reveal any information about these patients or their records to persons not involved in their health care.
- b. Charts or contents, e.g., lab reports, etc., are not to be removed from the hospital or clinical setting.

### Use of Physical Therapy Equipment and Laboratories

The DPTE policy for use of the PT equipment in the PT Skills Laboratories is as follows: No one is to use the PT equipment except DPT students who have received education and have had practice on the equipment in the laboratory. These DPT students must be checked out by a faculty member as being competent to use the equipment. DPT students using the equipment should be doing so in conjunction with a class they are taking, or in preparation for a clinical practicum, or to conduct a clinical research project. If equipment is used for a research project, the DPT faculty advisor will be responsible to check out student competency in using the equipment.

Physical Therapy skills and research labs may be used after regular class hours, with permission of the Department Chair. Use of these facilities must be scheduled with the Department Chair five (5) working days in advance of the intended date of use.

### CURRICULUM ORGANIZATION

The DPT curriculum is continually evaluated to assure the best educational experience and outcomes. With this consideration, the following is an outline of curriculum organization.

#### Year I

Course number		Semester Hours
Trimester I - 15 Weeks		
PT 5000	Psychosocial Aspects of Health Care	2.5
PT 5040	Histology and Tissue Healing	2
PT 5070	Patient Care Skills	3
PT 5075	Physical Agents & Procedures	3
PT 5100	Physiology/Pathophysiology	5
PT 5220	Principles of Teaching and Learning	2
PT 5230	Medical Screening and Systems Review I	2
	<i>Total</i>	<i>19.5</i>
Trimester II - 15 Weeks		
PT 5060	Human Morphology & Movement I	7.5
PT 5065	Human Morphology & Movement II	7.5
PT 5130	Research Methodology in Health Care	3
PT 5141	Clinical Education & Professional Development I	1
	<i>Total</i>	<i>19</i>
Trimester III - 18 Weeks		
PT 5015	Physical Therapy in the Health Care System	3
PT 5120	Human Life Sequences	2
PT 5140	Research in Evidence Based Practice	2
PT 5200	Differential Diagnosis of Musculoskeletal Disorders	3
PT 5210	Evaluation and Treatment of Lower Quarter Musculoskeletal Dysfunction	6.5
PT 5235	Medical Screening and Systems Review II	2
PT 7010	Clinical Education I	3
	<i>Total</i>	<i>21.5</i>

**Year II**

Trimester IV -15 Weeks		
PT 5142	Clinical Education and Professional Development II	1
PT 5205	Evaluation and Treatment of Upper Quarter Musculoskeletal Dysfunction	6
PT 6020	Principles of Electrotherapeutic Evaluation & Treatment	3
PT 6030	Physiology of Exercise	4
PT 6040	Evaluation & Treatment of the Cardiopulmonary System	4
PT 6220	Application of Research to Clinical Practice	0.5
PT 8100	Pharmacology for Physical Therapists	3
<i>Total</i>		<i>21.5</i>

Trimester V - 15 Weeks		
PT 8110	Structural Imaging in Physical Therapy Diagnosis	2
PT 7020	Clinical Education II	12
<i>Total</i>		<i>14</i>

Trimester VI - 15 Weeks		
PT 6000	Neuroanatomy	4
PT 6005	Neurophysiology	4
PT 6010	Evaluation & Treatment of Neurological Disorders I	4
PT 6015	Differential Diagnosis of Neurological Disorders	4
PT 6075	Prevention and Management of Problems in the Pediatric Patient	3
<i>Total</i>		<i>19</i>

**Year III**

Trimester VII - 15 Weeks		
PT 5143	Clinical Education & Professional Development III	1
PT 6011	Evaluation & Treatment of Neurological Disorders II	4
PT 6045	Differential Diagnosis of the Integumentary System/Wound Care	3
PT 6050	Principles of Administration and Management	3
PT 6060	Prosthetics, Orthotics and Gait	3
PT 6070	Prevention and Management of Problems in the Aging Adult	3
PT 6220	Application of Research to Clinical Practice	0.5
PT 8400	Research Investigation (optional)	0-2
<i>Total</i>		<i>17.5-19.5</i>

Trimester VIII - 18 Weeks		
PT 7030	Clinical Internship I	12
PT 8500	Selected Topics	4-6
<i>Total</i>		<i>16-18</i>

Trimester IX - 12 Weeks		
PT 7040	Clinical Internship II	12
<i>Total</i>		<i>12</i>
Graduation - Total Semester Hours		162

## **DESCRIPTION OF THE DPT PROGRAM FOR STUDENTS WITH ADVANCED STANDING**

See **Admissions Requirements** (above) for Admission with Advanced Standing information.

### **Curriculum Design and Organization**

The DPT program for students with advanced standing is designed for the adult learner. Adult learners are students who have life roles other than student, which make demands on their time and resources, such as being a parent and/or an employee. The design uses contemporary educational and instructional learning theories that emphasize outcome behaviors as the desired goal, rather than time on task. Individualized instructional strategies that include mediated learning as well as classroom instruction are also used. The program features several non-traditional instructional strategies.

Advanced students may choose to take web-based courses or enroll in the same on-campus classes offered to the first professional degree students. The instructional modality that is most evident in the curriculum for advanced students is web-based distance learning. Students are prepared to understand the characteristics of the adult learner role and are shown how to acquire adequate computer literacy during an introductory course entitled "Strategies for Successful Learning" (PT 6600). They are expected to be online and engaged in learning activities from the first day of the first trimester. The DPT web site is designed to provide the learner with all of the direction that is needed to be successful in each course, including learning objectives, content, learning activities, evaluation methods and grading criteria.

An on-campus orientation is required prior to starting the first course of the program. The PT 6600 Strategies for Successful Learning course is completed at that time. One or more on-campus seminar weekends are held each trimester, depending on the individual courses enrolled in during that trimester. At least two weekend seminar classes are held for each course. Weekend classes may be held Friday afternoon through Saturday, all day Saturday only, or Saturday morning through Sunday afternoon. Seminar sessions may include lecture, testing, skills training, student presentations, and student group work. The seminar periods are conducted as problem-solving sessions where the learner has the opportunity to demonstrate knowledge and skill that have been acquired through self-directed study and obtain feedback and stimulation from instructors and fellow students.

Cooperative learning is emphasized throughout the program. Students may be assigned to groups to work on applying their collective problem-solving skills toward the resolution of case-based scenarios. The online courses require student participation in asynchronous discussions. Students are required to submit original comments based on relevant research as part of evidence-based practice. In addition, they are expected to respond to other comments from students and the instructor(s).

## **REGISTRATION POLICIES AND PROCEDURES**

### **New Students in Advanced Standing**

New students admitted with advanced standing are notified by mail of their admission status. This notification will include a list of courses available during the next trimester and the necessary registration materials. Completed registration materials and fees must be submitted through the mail or in person, prior to the first week of classes. Classes may fill quickly; therefore, the student is encouraged to register early.

### **Continuing Students in Advanced Standing**

Continuing students will receive registration information and materials by mail prior to the beginning of the trimester. Should this information not arrive for any reason, it is the student's responsibility to contact the Office of Student Affairs for the appropriate materials. Completed registration materials and fees may be submitted to the Registrar through the mail or in person, prior to the first week of classes. Classes may fill quickly; therefore, the student is encouraged to register early.

### **Late Registration**

Students must follow the registration procedures and timelines printed in the Class Schedule provided at the beginning of each regular trimester. The days of registration and late registration are listed in that document. Appropriate fees for late registration will be assessed.

### **Add/Drop and Withdrawal from Courses**

In order to add or drop a class, the student must obtain a Change of Registration form from the chairperson, complete and submit it prior to the end of the second week of classes of that trimester. Withdrawal from a course (not the program) requires completion and submission of the appropriate withdrawal from obtained from the chairperson. Please note that this will not result in an “incomplete” (I) grade.

### **TUITION AND FEES**

Tuition and Fees for the 2003-2004 academic year (subject to change) for students admitted with Advanced Standing are as follow:

Tuition	
\$300	cost per credit unit
Other Fees	
\$60	application fee

Tuition and fees are subject to change without notice upon approval by the Board of Trustees. All fees are mandatory for each student and are non-refundable. Obligation for payment in full of tuition and fees is due upon matriculation.

### **COMPUTER REQUIREMENTS**

The following is a list of minimum computer equipment necessary for the Web-based program:

- At least 500 MHz Intel Celeron, Pentium III or AMD K6-2 Processor
- Windows 98, 2000 or Windows XP operating system
- 12.1” Active Matrix Display (15” recommended)
- 8 MB RAM video (16 MB RAM preferred)
- 192 MB RAM system memory (256 MB RAM or higher recommended)
- 10 GB free space on hard drive (20 GB preferred)
- 1.44 MB, 3.5” Internal or External floppy drive
- CD-ROM (CD-RW (read and write) recommended)
- Microsoft Office 2000 (Word, PowerPoint, Excel, and Outlook); Internet Explorer 5.0, Norton Antivirus, Windows Media Player 6.4 or higher
- 56K modem
- 16-bit sound card and speakers
- Internet Service Provider (ISP) and e-mail account (dedicated telephone line recommended)
- Printer

### **ACADEMIC REQUIREMENTS**

Unless otherwise stipulated in this section, all other Academic Requirements of the DPT program must also be met (**see above**).

#### **Course Load**

A student with advanced standing at Western University must enroll in at least eight units per term to be considered full-time. It is expected that students with advanced standing in the DPT program will be enrolled less than full-time, i.e., no more than two courses per trimester.

#### **Student’s Rights and Responsibilities**

It is the responsibility of the student to be familiar with the contents of the catalog and to observe all policies and procedures relative to the completion of requirements for the graduate degree that were in effect at the time of initial enrollment in the DPT program.

A student may opt to complete the program of study and degree requirements described at the time of his or her graduation, provided all revised policies of the later catalog are followed. Students are required to keep the Registrar informed of their current address and telephone number. Forms for this purpose are available in the Student Affairs office.

### Reasonable Academic Progress

All students with advanced standing are expected to make reasonable progress each year toward the degree objective. Students with advanced standing are considered to be making reasonable academic progress when they maintain an overall GPA of at least 2.7 and complete 4-6 units during the calendar year. Students must complete the graduation requirements within the time limits described under Time Limits (below).

### Seminar Weekend Attendance for Web-based Courses

Attendance is mandatory for all seminars. Dates of the weekend seminar program are published and distributed at the beginning of each trimester. Students who do not comply with this policy must make an immediate appointment with the DPTE chairperson to avoid termination of their enrollment for the trimester in question. The DPTE chairperson will forward this information to the department faculty. The department faculty will then make a recommendation to the Student Academic Progress Committee (SAPC). SAPC will review the student's performance and make a recommendation to the dean of the College of Allied Health Professions who will make a determination about the student's continued enrollment.

### CURRICULUM ORGANIZATION FOR STUDENTS WITH ADVANCED STANDING

Students must meet all the requirements for the DPT program as listed in the previous section. Credit will be given for previous coursework. It is anticipated that students will be required to complete at least the following courses, unless their portfolio shows evidence of mastery of course content:

PT 5130	Research Methodology in Health Care	3 units
PT 5140	Research in Evidence-based Practice	2 units
PT 6220	Application of Research to Clinical Practice	1 unit
PT 6600	Strategies for Successful Learning	0 unit
PT 8100	Pharmacology for the Physical Therapist	3 units
PT 8109	Introduction to Structural Imaging	1 unit
PT 8110	Structural Imaging in Physical Therapy Diagnosis	2 units
PT 8120	Medical Screening & Systems Review	4 units
PT 8130	Advanced Differential Diagnosis I	2 units
PT 8135	Advanced Differential Diagnosis II	2 units
	Total:	29 units

### Additional Courses

PT 8200	Professional Leadership and Ethics	2 units
PT 8210	Documentation and Health Care Financing	2 units
PT 8230	Wellness & Prevention/Community Education	3 units

These additional courses have been specifically designed for students with advanced standing who may not have met a minimal level of proficiency in these areas prior to admission to the program. Proficiency level will be determined through a review of the applicant's portfolio. Students may opt to take equivalent course offered in the first professional DPT degree program to fulfill content not obtained through previous academic programs, continuing education, or clinical experience.

### Residency Requirements

A minimum of 12 units must be completed with course work offered by the DPT program at Western University.

### Time Limits

The DPT program for students with advanced standing may be completed within 2 ½ years of part-time study. All requirements for the degree must be fulfilled within four years from the date of initial registration. Extensions of this time limit may be granted through petition to the faculty.

### CURRENT MPT STUDENTS

The following curriculum schedule applies to students enrolled in the MPT program prior to January 2003. All academic requirements as contained in the 2002-2003 University Catalog are still applicable for current MPT students

Module VIII - 12 Weeks	
PT 5144 Preparation for Clinical Practicum IV	0.5
PT 6020 Principles of Electrotherapeutic Evaluation and Treatment	3
PT 6030 Physiology of Exercise	4
PT 6050 Principles of Administration and Management	3
PT 6060 Prosthetics, Orthotics and Gait	3
PT 6070 Prevention and Management of Problems in the Aging Adult	3
PT 6200 Applied Research II	1
Total	17.5

Module IX - 6 Weeks	
PT 6075 Prevention and Management of Problems in the Pediatric Patient	3
PT 6100 Rehabilitation: The Neuro-Musculoskeletal and Cardiopulmonary Systems	5
Total	8

#### **Final Phase (Year III)**

Module X - 12 Weeks	
PT 7040 Clinical Internship II	12
Total	12

Module XI - 4 Weeks	
PT 6500 Electives	4
PT 6210 Applied Research II	1
Total	5

Graduation - Total Semester Hours 144

### **COURSE DESCRIPTIONS AND CREDIT HOURS**

All courses are awarded letter grades, except when indicated otherwise.

#### **PT 5000 Psychosocial Aspects of Health Care (2.5 credit hours)**

(Formerly PT 500)

Prerequisite: Acceptance to program. Introduction to the psychological and sociological effects of acute, chronic, terminal, traumatic and congenital medical problems on the patient, family and therapist; communication skills including interviews, verbal and non-verbal communication. Includes discussion of ethical issues in health care.

#### **PT 5015 Physical Therapy in the Health Care System (3 credit hours)**

(Formerly PT 501 and 502 or PT 5010 and 5020)

Prerequisite: Acceptance to program. Emphasis on concepts presented in the *Guide to Physical Therapist Practice* and the APTA Code of Ethics. Includes a broad perspective of world, national and state health care factors, legal aspects of physical therapy practice, and documentation and reimbursement in a variety of practice settings.

#### **PT 5040 Histology and Tissue Healing (2 credit hours)**

Prerequisite: Acceptance to the program. Includes tissue types and composition of organ systems; structure and function of cells and cellular components related to each body system; collagen formation and deposition. Discusses process of tissue repair, remodeling and regeneration for each body system including cellular responses to injury, inflammatory response, and time frame for healing.

**PT 5060 Human Morphology and Movement I (7.5 credit hours)**

(Formerly PT 503, 505 and 509 or PT 5030, 5050 and 5080)

Prerequisite: Acceptance to program. This is a fully integrated course on human anatomy and kinesiology. Includes introduction to theoretical and functional principles of human structure, with emphasis on clinical relevance and applications. Topics include kinetics, kinematics, manual muscle testing and evaluation of gait with emphasis on normal function. Techniques covered include goniometry, surface palpation and posture evaluation. Critical review of pertinent published literature will be utilized and will include electromyographic studies of normal and pathologic movement. Anatomical topics in the first semester include musculoskeletal, vascular, and nervous structures of the trunk, abdomen, and posterior neck, with emphasis on the form and function of the hypaxial and epaxial regions. The structures and function of the upper quadrant and thoracic viscera will also be covered. Human cadaver dissection by all participants is a requirement. Pathology is addressed as an aid in identification of major concepts and to introduce clinical relevance. Lecture and Laboratory.

**PT 5065 Human Morphology and Movement II (7.5 credit hours)**

(Formerly PT 504, 506 and 509 or PT 5035, 5055 and 5080)

Prerequisite: PT 5060. Continuation of PT 5060. Introduction to theoretical principles and clinical application of kinetics and kinematics of the extremity joints and muscles of the lower quadrant with emphasis on normal function. Also covers head, neck and abdominal viscera, including cardiovascular, pulmonary, nervous, digestive, excretory and reproductive systems as relevant. Introduces the structures of the autonomic and somatic neural systems. Pathokinesiology addressed as an aid in identifying major concepts and introducing clinical relevance. Introduction to gait analysis and special tests for orthopedic evaluation and differential diagnosis is integrated with detailed dissection and thorough anatomical study of the limbs. Lecture and Laboratory.

**PT 5070 Patient Care Skills (3 credit hours)**

(Formerly PT 507)

Prerequisite: Acceptance to program. Introduction to the physical therapy skills of transfers, gait training, bed mobility, wheelchair selection and management, cushions, range of motion and monitoring of physiological responses. Discussion of nature of PT in acute care environment with introduction to lines and tubes in critical care, typical diagnoses treated, and the appropriate delegation to support personnel and discharge planning, including recommendation for disposition of the patient, ordering of DME, and family training. Includes medical terminology. Lecture and laboratory.

**PT 5075 Physical Agents and Procedures (3 credit hours)**

(Formerly PT 508)

Prerequisite: Acceptance to program. Application of sterile technique and universal precautions, physiologic principles and applications of heat and cold modalities, ultrasound, massage and hydrotherapy. Includes relaxation techniques. Lecture and laboratory.

**PT 5100 Physiology/Pathophysiology (5 credit hours)**

(Formerly PT 511)

Prerequisite: Acceptance to program. Human physiology including homeostasis, cell transport, endocrine and neural signaling, pain and body defenses. Emphasis will be placed on the physiology of the major body systems, and will include discussion of commonly encountered clinical conditions within each system. Also includes an introduction to neuroanatomy and neurophysiology.

**PT 5120 Human Life Sequences (2 credit hours)**

(Formerly PT 510)

Prerequisite: PT 5100. The developmental process from conception to death with the emphasis on human motor performance. Sequence of study includes fetal life, infancy, early and middle childhood, late childhood, adolescence, early and middle adulthood, and the aging adult including: neuroanatomical and neurophysiological mechanisms in relationship to developmental changes in performance, and musculoskeletal development in relationship to the human life span.



**PT 5130 Research Methodology in Health Care (3 credit hours)**

(Formerly PT 512)

Prerequisite: Acceptance to program. This course will cover basic quantitative, qualitative, and epidemiologic methods and designs of research. Topics include ethical issues related to research, validity and reliability of measures, sampling methods, and appropriate statistical analysis for various types of research. Students will work on group or individual projects, which include a critical appraisal of the literature and development of a research proposal for a pilot study. Course may be offered online.

**PT 5140 Research Evidence-based Practice (2 credit hours)**

Prerequisite: PT 5130 or equivalent. Application of research methods to clinical studies. Examines the methods used for the objective and systematic study and evaluation of clinical practices.

**PT 5141 Clinical Education and Professional Development I (1 credit hour)**

(Formerly PT 514)

Prerequisite: Acceptance to program. This one hour seminar course will offer an introduction to clinical education in physical therapy to include an overview of the affiliation agreement. Scheduling and assignment for Clinical Education I will also be incorporated herein. Cr/NCr.

**PT 5142 Clinical Education and Professional Development II (1 credit hour)**

(Formerly PT 515)

Prerequisite: PT 5141. This one credit seminar course will continue from PT 5141 on various aspects of clinical education, including expectations of clinical performance and utilization of the evaluation tool. Scheduling and assignment for Clinical Education II will also be incorporated herein. Cr/NCr.

**PT 5143 Clinical Education and Professional Development III (1 credit hour)**

(Formerly PT 516 and PT 517)

Prerequisite: PT 5141, 5142. This one credit seminar course will continue from PT 5142 on various aspects of clinical education including issues of professionalism in the physical therapy field, the role of the health care team, and the licensure process. Scheduling and assignment for Clinical Internship I and II will also be incorporated herein. Cr/NCr.

**PT 5144 Preparation for Clinical Practicum IV (0.5 credit hour)**

(Formerly PT 517)

Prerequisite: PT 5141, 5142, 5143. This one hour seminar course will continue from PT 5143 on various aspects of clinical education including the role of the health care team and the licensure process. Scheduling and assignment for Clinical Practicum IV will also be incorporated herein. Cr/NCr.

**PT 5200 Differential Diagnosis of Musculoskeletal Disorders (3 credit hours)**

Prerequisite: PT 5040, 5060, 5065, 5100, 5230. Introduction to topics of pain, medical imaging, pharmacology for musculoskeletal conditions, and key clinical pathologies of the musculoskeletal system. The discussion of pathologies will include epidemiology, etiology, and medical management, including diagnostic tests, lab studies, medication and surgical management, and differential diagnosis.

**PT 5205 Evaluation and Treatment of Upper Quarter Musculoskeletal Dysfunction (6.5 credit hours)**

(Formerly PT 523)

Prerequisites: PT 5015, 5040, 5060, 5065, 5070, 5075, 5100, 5200, 5210, 5230, 5235. Evaluation and treatment of neuromusculoskeletal problems of cranio-facial region, cervical spine, upper extremity, and upper trunk using regional approach. Foundational content from PT 5210 including the framework for subjective and objective examinations, assessment, and treatment of patients, is applied to upper quarter body regions. Common single and multi-region problems also covered. Lecture and laboratory.

**PT 5210 Evaluation and Treatment of Lower Quarter Musculoskeletal Dysfunction (6 credit hours)**

(Formerly PT 524)

Prerequisites: PT 5040, 5060, 5065, 5070, 5075, 5100, 5230, and concurrent enrollment in PT 5015, 5200, 5235. Evaluation and treatment of neuromusculoskeletal problems of the lower extremity and lower trunk using regional approach. Includes foundational topics necessary for evaluation and treatment of neuromusculoskeletal problems, such as principles and practice of muscle strengthening, muscle endurance, muscle stretching, soft tissue mobilization, joint mobilization, and PNF. Other foundational content includes the framework for the subjective (interview) and objective (physical) examination of patients, including assessment and treatment. Framework is then applied using problem-solving and evidenced-based approach by region, individually and in combination, to the thoracolumbar spine, sacroiliac joints and pelvis, hip, knee, ankle, and foot. Common single and multi-region problems also covered, including pathological gait. Lecture and laboratory.

**PT 5220 Principles of Teaching and Learning (2 credit hours)**

(Formerly PT 530)

Prerequisites: Acceptance to the program. Teaching-learning theory applied to clinical practice with clients and their families. Includes teaching techniques for being a clinical instructor or presenting in-services. Final class session for presentation of micro-teach with self and group-evaluations.

**PT 5230 Medical Screening & Systems Review I (2 credit hours)**

Prerequisite: Acceptance to the program. The course uses a systems approach to discuss common medical conditions, their epidemiology, etiology, clinical manifestations, medical management, and issues related to PT screening, examination, interventions, and appropriate referral to other medical practitioners.

**PT 5235 Medical Screening & Systems Review II (2 credit hours)**

Prerequisite: PT 5230. Continuation of 5230. Includes labs on physical exam related to visceral structures for purposes of medical screening and indications for referral to medical practitioner or other appropriate health care providers. Lecture and laboratory.

**PT 6000 Neuroanatomy (4 credit hours)**

(Formerly PT 526)

Prerequisite: Acceptance to the program. Normal anatomy and function of the central, peripheral, and autonomic nervous systems; laboratory with specimens. Lecture and laboratory.

**PT 6005 Neurophysiology (4 credit hours)**

(Formerly PT 527)

Prerequisite: PT 5040, 5100. Human neurophysiology with emphasis on normal cellular and systemic functions of the central and peripheral nervous systems.

**PT 6010 Evaluation and Treatment of Neurological Disorders I (4 credit hours)**

(Formerly PT 528)

Prerequisite: PT 5060, 5065, 5070; concurrent enrollment in PT 6000, 6005. Systematic approach to a variety of neurological problems of the central and peripheral nervous systems. Emphasis is on the impairments and clinical manifestations of the anatomical lesions, evaluation techniques and interventions. Lecture and Laboratory.

**PT 6011 Evaluation and Treatment of Neurological Disorders II (4 credit hours)**

Prerequisite: PT 5060, 5065, 5070, 6010. Continuation of PT 6010.

**PT 6015 Differential Diagnosis of Neurological Disorders (4 credit hours)**

Prerequisite: PT 5230, 5235; concurrent enrollment in PT 6000, 6005, 6010. Introduction to the causal factors, anatomical and physiological impairments, and symptoms related to congenital and acquired neurological disorders in the adult population. Pathologies of common neurological disorders will be discussed. Includes principles of EMG/NCV testing.

**PT 6020 Principles of Electrotherapeutic Evaluation and Treatment (3 credit hours)**

(Formerly PT 529)

Prerequisites: PT 5015, 5040, 5060, 5065, 5070, 5075, 5200, 5210, 5230, 5235, and concurrent enrollment in PT 6045. Clinical, scientific, and theoretical evidence, and the practical clinical applications of electrotherapeutic strategies in the physical therapy management of dysfunction. Includes basic foundational concepts in electrical stimulation and electrophysics, neurophysiology, electrical safety and instrumentation, and electrotherapy terminology; the parameters of electrical stimulation; and the neurophysiological and biological responses to electrical stimulation. Covers treatment purposes including muscle strengthening and endurance, functional electrical stimulation, spasticity control, denervated muscle stimulation, pain control, circulation enhancement, edema control, tissue healing, and iontophoresis. Evaluation of appropriateness of using a given electrotherapy device for the different treatment purposes. Lecture and laboratory.

**PT 6030 Physiology of Exercise (4 credit hours)**

(Formerly PT 531)

Prerequisite: PT 5060, 5065, 5100. This course addresses bioenergetics as well as the acute and chronic physiological responses of the human body during exercise and other special conditions. The physiological basis of therapeutic exercise is the foundation for this course. Lecture and laboratory.

**PT 6040 Evaluation and Treatment of Cardiopulmonary System (4 credit hours)**

(Formerly PT 532)

Prerequisite: PT 5060, 5065, 5100. Introduction to evaluation and treatment of diseases of the cardiopulmonary system; includes physiology and pathophysiology, evaluation and treatment methods, differential diagnosis, and prevention. Lecture and laboratory.

**PT 6045 Differential Diagnosis of the Integumentary System/Wound Care (3 credit hours)**

Prerequisite: PT 5040, 5060, 5065, 5100. Discussion of screening for pathological conditions of the integumentary system including medical management and testing methods. Emphasis on wound healing and factors which facilitate or impede the healing process; physical therapy methods of evaluation and intervention techniques; and interdisciplinary case management. Lecture and Laboratory.

**PT 6050 Principles of Administration and Management (3 credit hours)**

(Formerly PT 534)

Prerequisite: PT 5015. Organization and administration of a physical therapy department including budget considerations, hiring-interviewing techniques, marketing, and medical-legal issues.

**PT 6060 Prosthetics, Orthotics, and Gait (3 credit hours)**

(Formerly PT 538)

Prerequisite: PT 5060, 5065. Evaluation and application of prosthetic and orthotic devices to physical therapy clients. Evaluation of abnormal and pathological gait patterns. Lecture and laboratory.

**PT 6070 Prevention and Management of Problems in the Aging Adult (3 credit hours)**

(Formerly PT 535)

Prerequisite: PT 5000 through 5120, 5200 through 5230, 6000 through 6020; concurrent enrollment in PT 6030, 6040, 6050. Systematic, problem solving approach to the geriatric client with emphasis on prevention, etiology, clinical manifestations, evaluation, treatment and resources.

**PT 6075 Prevention and Management of Problems in the Pediatric Population (3 credit hours)**

(Formerly PT 536)

Prerequisite: PT 5060, 5065, 5070, 5100, 5120, 6000, 6005, 6010. Systematic, problem solving approach to the pediatric client with emphasis on prevention, etiology, clinical manifestations, evaluation and treatment. Lecture and laboratory.

**PT 6100 Rehabilitation: The Neuromusculoskeletal and Cardiopulmonary Systems (5 credit hours)**

(Formerly PT 537)

Prerequisite: PT 5000 through 5120, 5141 through 5144, 5200 through 5230, 6000 through 6070. Emphasis is on the various roles of physical therapy throughout the process of rehabilitation. Exposure to patients with complex problems and special needs is included. There is a potential for off site experience as a member of a rehabilitation team and work with experts in other medical professions. Experiences provided to expose students to rehabilitation measures and techniques with real and/or simulated patients. Lecture and laboratory.

**PT 6200 Applied Research I (1 credit hour)**

(Formerly PT 540)

Prerequisite: PT 5130, 5135. Individually planned studies under the direction of a senior investigator. Studies to be pertinent to work in physical therapy. Cr/NCr.

**PT 6210 Applied Research II (1 credit hour)**

(Formerly PT 541)

Prerequisite: PT 5130, 5135, 6200. Students give presentation of research proposal to PT community. Cr/NCr.

**PT 6220 Application of Research to Clinical Practice (0.5 credit hour )**

(Formerly PT 540)

Prerequisite: PT 5130 and 5140 or equivalent. Individually planned studies under the direction of a senior investigator. Studies to be pertinent to work in physical therapy. Students give presentation of research proposal to PT community. Repeatable to a maximum of 1 credit hour. Cr/NCr.

**PT 6500 Electives (4 credit hours)**

(Formerly PT 539)

Prerequisite: Approval of instructor. Students select from a variety of topics presented in the style of continuing education courses and attend an average of 12 hours/week for four weeks. Laboratory experiences may be included. Cr/NCr.

**PT 6600 Strategies for Successful Learning (0 credit hours)**

Prerequisite: Admission to DPT program. This course provides new students entering with advanced standing an introduction to the DPT program. Following an overview of the most important services, policies, instructional methods and resources, students will have an opportunity to assess their readiness for the program. The awareness, knowledge and skills derived from this part of the course will help ensure successful completion of the program. This course is provided on campus only and must be taken prior to beginning the first trimester in the program. Cr/NCr.

**PT 7010 Clinical Education I (3 credit hours)**

(Formerly PT 518)

Prerequisite: Satisfactory completion of all coursework in Trimesters I and II. Forty hours per week for three weeks under the direct supervision of a physical therapist serving as the clinical instructor. Application of course content in Trimesters I and II will be emphasized in this clinical experience. Cr/NCr.

**PT 7020 Clinical Education II (12 credit hours)**

(Formerly PT 519)

Prerequisite: Satisfactory completion of all coursework in Trimesters I through IV, PT 6080, 6090, 7010. Forty hours per week for twelve weeks under the direct supervision of a physical therapist serving as the clinical instructor. Application of course content in Trimesters I through IV and PT 6080 and 6090 will be emphasized in this clinical experience. Cr/NCr.

**PT 7030 Clinical Internship I (12 credit hours)**

(Formerly PT 520)

Prerequisite: Satisfactory completion of all didactic courses and PT 7010, 7020. Forty hours per week for twelve weeks under the direct supervision of a physical therapist serving as the clinical instructor. Application of all previous coursework will be emphasized in this clinical experience. Cr/NCr.

**PT 7040 Clinical Internship II (12 credit hours)**

(Formerly PT 521)

Prerequisite: Satisfactory completion of all didactic courses and PT 7010, 7020, 7030. Forty hours per week for twelve weeks under the direct supervision of a physical therapist serving as the clinical instructor. Application of all previous coursework will be emphasized in this clinical experience. Cr/NCr.

**PT 8100 Pharmacology for Physical Therapists (3 credit hours)**

Prerequisite: PT 5100, 5230, 5235 or equivalent courses. Basic and applied pharmacology for the physical therapist. Includes the effects of pharmacotherapy on the health and well being of patients.

**PT 8109 Introduction to Structural Imaging (1 credit hour)**

Prerequisite: advanced standing in the DPT program. Co-requisite: PT 8110. This course will introduce the DPT student to clinical interpretation of various medical imaging techniques, including plain film radiography, magnetic resonance imaging, and computerized tomography. Emphasis will be placed on developing student familiarity with the visual appearance of various image modalities, recognition and appreciation of common views employed, assessment of normal and abnormal anatomy, and avoidance of common pitfalls in clinical interpretation.

**PT 8110 Structural Imaging in Physical Therapy Diagnosis (2 credit hours)**

Prerequisite: PT 5040, 5060, 5065, 5100, 5230, 5235, or equivalent. This course will familiarize the DPT student with the indication, instrumentation, and clinical interpretation of orthopedic imaging techniques, including plain film x-ray, magnetic resonance, computerized tomography, and radioisotope imaging. Selection protocols for each will be discussed to acquaint the student with advantages and disadvantages of each method and what type of information each technique best presents. This course will focus on the clinical interpretation and practical integration of imaging data into rehabilitation regimen design and communication with other medical professionals. Course may be offered online.

**PT 8120 Medical Screening and Systems Review (4 credit hours)**

Prerequisite: Acceptance to the program. The course uses a systems approach to discuss common medical conditions, their epidemiology, etiology, clinical manifestations, medical management and issues related to PT screening, examination, interventions, and red flags. Includes labs on physical exam related to visceral structures for purposes of medical screening and indications for referral to medical practitioner or other appropriate health care providers. May include online lectures/discussions and in class laboratory.

**PT 8130 Advanced Differential Diagnosis I (2 credit hours)**

Prerequisite: PT 8120, licensed physical therapist with at least one year clinical experience. This course includes detailed skills for differentiating pathologies within the musculoskeletal system as described in the *Guide to Physical Therapist Practice*. The reliability and validity of relevant PT tests and measures will be explored. The physical therapist will develop higher level clinical reasoning skills related to developing a PT diagnosis and interventions. Cases will include those with complex presentations, multi-systems involvement, and will encompass the life span.

**PT 8135 Advanced Differential Diagnosis II (2 credit hours)**

Prerequisite: PT 8120, licensed physical therapist with at least one year clinical experience. This course includes detailed skills for differentiating pathologies within the neuromuscular, cardiovascular-pulmonary, and integumentary systems as described in the *Guide to Physical Therapist Practice*. The reliability and validity of relevant PT tests and measures will be explored. The physical therapist will develop higher level clinical reasoning skills related to developing a PT diagnosis and interventions. Cases will include those with complex presentations, multi-systems involvement, and will encompass the life span.

**PT 8200 Professional Leadership and Ethics (2 credit hours)**

Potential leadership roles of the physical therapist will be discussed. Issues related to professional development and reflective practice, collaboration with other health care providers, and knowledge of advocacy will be examined. Group discussions will include legal/ethical issues experienced in the clinical setting and in relation to the role of the physical therapist in primary care/direct access.

**PT 8210 Documentation and Health Care Financing (2 credit hours)**

Government, private insurance and managed care changes in health care financing will be presented. Students will review and critique documentation as a means to developing their own skills in this area.

**PT 8230 Wellness and Prevention/Community Education (3 credit hours)**

The application of primary, secondary and tertiary prevention and the therapist's role in wellness and health promotion will be discussed. Teaching/learning principles are applied to community education programs including those related to wellness, prevention and health promotion.

**PT 8400 Research Investigation (0-2 credit hours)**

Prerequisite: PT 5130, 5140, 6200. Students have the option to carryout the proposal developed in Applied Research I under the supervision of faculty or senior investigator. Final project includes write-up of results in journal format. Cr/NCr.

**PT 8500 Selectives (4-6 credit hours)**

(Formerly PT 539 or 6500)

Prerequisite: Approval of instructor. Special topics in physical therapy presented in workshop format. Laboratory experiences may be included. Students have the option to complete a specialized 6 week clinical practicum in lieu of coursework. Cr/NCr.

**HONORS AND AWARDS**

The following awards are presented to PT students annually on Honors Day in April:

- The President's Society Award
- The Joseph & Dorothy Gendron Journalism Award
- Linda Fox Memorial Endowment Fund Award
- Arthur Madorsky, MD Memorial Scholarship Award
- Physical Therapy Student Recognition Award
- Physical Therapy Class Award
- Elizabeth A. Rogers Chairperson's Award
- Rebecca E. Pabst Memorial Scholarship Award
- Casa Colina Centers for Rehabilitation Scholarship Award
- Dean's Award
- The National Dean's List Nominations
- Who's Who Among Students in American Universities and Colleges Nominations

The following are presented at graduation:

- Alumni Memorial Award
- Physical Therapy Faculty Award
- Physical Therapy Outstanding Clinical Performance Award
- Physical Therapy Academic Achievement Award
- Outstanding Research Proposal Award
- The Bertha Oliver Memorial Award
- Future Physical Therapist Educator Award
- Dean's Award

**ACADEMIC CALENDAR**  
2003-04 Academic Year  
(subject to change)

Friday, Jul. 4, 2003  
Independence Day - No Classes

Monday, Jun. 16-Monday, Jun. 27, 2003  
MPT '04 Fall Semester Registration

Monday, Jul. 21, 2003  
MPT '04 Fall Semester Tuition Due

Monday, Aug. 4, 2003  
MPT '04 Module VIII Begins

Monday, Aug. 7 – Wednesday, Aug. 9, 2003  
Orientation, DPT '06

Monday, Aug. 25, 2003  
DPT '07 Fall Semester Tuition Due

Monday, Sept. 1, 2003  
Labor Day Holiday - No classes

Tuesday, Sept. 2, 2003  
DPT '06 Trimester I Begins

Monday, Oct. 13, 2003  
Columbus Day - No classes

Monday, Oct. 27, 2003  
MPT '04 Module IX Begins

Monday, Nov. 23-Dec. 1, 2003  
Thanksgiving Break - No classes

Monday, Dec. 1, 2003  
Classes Resume

Monday, Dec. 15, 2003  
MPT '04 Winter Break Begins

Tuesday, Dec. 16, 2003  
Trimester I ends, DPT '06

Friday, Jan. 2, 2004  
MPT '04 Final Phase Tuition Due

Monday, Jan. 5, 2004  
MPT '04 Module X Begins  
DPT '06 Trimester II Begins

Monday, Feb. 9, 2004  
DPT '06 Spring Semester Tuition Due

Monday, Apr. 2, 2004  
MPT '04 Module XI Begins

Friday, Apr. 16, 2004  
DPT '06 Trimester II Ends

Monday, Apr. 26, 2004  
DPT '06 Trimester III Begins

Friday, Apr. 30, 2004  
MPT '04 Module XI Ends

Friday, May 14, 2004  
MPT '04 Commencement

Friday, Aug. 27, 2004  
DPT '06 Trimester III Ends

# COLLEGE OF ALLIED HEALTH PROFESSION

## **Master of Science in Physician Assistant Studies Primary Care Physician Assistant Program**

### **ACCREDITATION**

The Primary Care Physician Assistant Program of the College of Allied Health Professions is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

### **VISION STATEMENT**

The Western University of Health Sciences Primary Care Physician Assistant Program will be nationally respected and recognized as an innovative leader in Physician Assistant education. Our faculty will continue to be leaders in our profession as educators and clinicians. This will be accomplished by the continued acquisition of knowledge and utilization of effective teaching methods. Our faculty will educate a diverse student body who will provide compassionate and comprehensive primary care medicine.

The program will continue to seek out applicants and foster in our students attributes that will enhance their role as effective health care professionals. Core attributes that will be valued are integrity, compassion, respect, moral principles, and an aspiration for life-long learning. Our students, graduates and faculty will serve in key leadership positions on a local, state and national level, to steer the future of the physician assistant profession, while striving to continue personal and professional development. Physicians and health care delivery teams will seek our graduates. Through these partnerships, comprehensive patient care will be accessible for all populations.

### **MISSION STATEMENT**

The Primary Care Physician Assistant Program supports the University's mission by educating Physician Assistants to deliver high quality competent and compassionate health care as team members within the health care delivery system.

### **THE PHYSICIAN ASSISTANT ROLE**

Physician assistants are health care professionals licensed to practice medicine with physician supervision. Within the physician/physician assistant relationship, physician assistants exercise autonomy in medical decision making and provide a broad range of diagnostic, therapeutic, preventive, and health maintenance services. The clinical role of the physician assistant includes primary and specialty care in medicine and surgical practice settings. Physician assistant practice is centered on patient care and may include educational, research and administrative activity. As part of their comprehensive responsibilities, PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and can write medical orders.

The role of the physician assistant demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare are essential attributes.

The specific tasks performed by an individual physician assistant cannot be delineated precisely because of variations in practice requirements mandated by geographic, political, economic, and social factors. At a minimum, however, physician assistants are educated in those areas of basic medical science and clinical disciplines and specific problem solving.

Physician assistant practice is characterized by clinical knowledge and skills in areas traditionally defined by family medicine, internal medicine, pediatrics, obstetrics, gynecology, surgery, and psychiatry/behavioral medicine.

Physician assistants practice in ambulatory, emergency and long-term settings. Physician assistants provide health care services to diverse patient populations of all ages with a range of acute and chronic medical and surgical conditions. They need knowledge and skills which allow them to function effectively in an ever changing health care environment.



Services performed by physician assistants include, but are not limited to the following:

1. Evaluations: eliciting a detailed and accurate history, performing an appropriate physical examination, ordering appropriate diagnostic studies, delineating problems, developing management plans, and recording and presenting data.
2. Diagnostics: ordering, performing and/or interpreting diagnostic studies to identify and follow pathophysiology process.
3. Monitoring: implementing patient management plans, recording progress notes and participating in the process of the continuity of care.
4. Therapeutic: performing therapeutic procedures and managing or assisting in the management of medical and surgical conditions, which may include assisting surgeries in the conduct of operations and taking initiative in performing evaluations and therapeutic procedures in life-threatening procedures.
5. Patient Evaluation: counseling patients regarding issues of health care management to include compliance with prescribed therapeutic regimens, normal growth and development, family planning, and emotional problems of daily living.
6. Referral: facilitating the referral of patients to other health care providers or agencies as appropriate.

### **Certification/Licensure**

The written examination for certification as a physician assistant is administered by the National Commission on Certification of Physician Assistants (NCCPA) three times yearly. Successful completion requires that the applicant achieve the passing score established by the NCCPA for that examination. It is the responsibility of the applicant to ensure that certification of his or her examination score is received by the Physician Assistant Committee (PAC). The NCCPA phone number is 770-399-9971. The PAC phone number is 916-263-2323.

The PAC may grant interim approval to an applicant for licensure as a physician assistant provided that the applicant provides evidence that he or she is a graduate of an approved program and has applied for, and therefore not taken, the first examination required by Section 1399.507 subsequent to the applicant's successful completion of the approved program. If the applicant fails the examination, the interim approval automatically terminates upon the applicant's receipt of notice of failure by the PAC or by the NCCPA.

An applicant who has been granted interim approval and who is subsequently notified by the NCCPA or by the PAC that he or she has passed the examination required in Section 1399.507 shall complete the licensure process by paying the initial licensure fee as requested within 90 days from notification that the applicant is now ready for licensure. If the applicant does not complete the licensure process by end of the 90-day period, the interim approval shall automatically terminate. Applicants who do not pass the national certifying exam, can not work as a PA. The applicant may retake the exam at the next test date offered by the NCCPA.

### **PROGRAM GOALS**

The primary goal of the Western University Physician Assistant Program is to educate individuals to serve as physician assistants in primary care medicine. PA students are educated to provide health care to all patient populations. PAs work with the direction and supervision of a physician. The education provided by the program will prepare the entry-level graduate with the knowledge skills and attitudes to perform in a primary care setting and function in a variety of roles within numerous clinical settings. The program goal of educating individuals to serve as PAs in primary care medicine is founded on the understanding that the broad-based education needed to prepare an individual to serve in a primary care setting is the most effective form of initial preparation. This goal also permits the development of attributes that will serve the graduate in the greatest spectrum of potential employment opportunities.

The program has also established the goal of incorporating appropriate elements of the traditional osteopathic philosophy into the training of physician assistants. These elements include:

- An understanding of the patient as a "whole person."
- Emphasis on those aspects of health education that stress "wellness" and disease prevention.
- An appreciation of the role of physical medicine in the diagnosis and management of illness.

The curriculum is designed to accomplish the following objectives. Students attain these objectives as they progress through the curriculum.

## **Knowledge**

Upon completion of this program the graduate should know:

1. The pre-clinical, clinical and behavioral sciences that form the foundation for functioning as a PA.
2. The spectrum of normal measurements that define the healthy individual at all ages.
3. The pathophysiologic processes that commonly cause deviations in normal clinical measurements.
4. The fundamentals of health maintenance.
5. Patient management regimens for common primary health care problems.
6. Accepted strategies for disease prevention.
7. How to apply a systematic process of problem solving to the diagnosis of disease.
8. The components of normal human behavior and the major deviations from these patterns.
9. The health care resources available to the health care provider and patient.
10. The role of the physician in a variety of health care environments.
11. How the various health care delivery systems function and the role of the PA within each system.
12. The general principles of managed care as it applies to patients and primary care providers.
13. The fundamentals of various types of research modalities.
14. The research modalities and applications for problem solving in regards to disease, health promotion and disease prevention.

## **Skills**

Upon completion of this program the graduate should be able to:

1. Obtain a medical history.
2. Perform a complete physical examination.
3. Perform and interpret diagnostic tests.
4. Accurately report information obtained from a patient.
5. Manage, with the supervision of a physician, common health care problems.
6. Assess mental health status.
7. Recognize signs and symptoms of disease processes.
8. Communicate empathetically with a patient.
9. Formulate differential diagnosis to aid in diagnosis.
10. Critically interpret medical literature and apply it appropriately in clinical practice.
11. Gather community resources for patients.
12. Implement community health projects and guidelines.
13. Participate in quality assurance programs.
14. Develop health care resources for other providers and patients.
15. Participate in medical research activities.

## **Attitudes**

Program graduates should exhibit respect and appreciation for:

1. All individuals who seek their care.
2. Self and other members of the health care team/profession.
3. An individual's right to confidentiality.
4. The sanctity of human life.
5. The dignity of patients.
6. The multiple physical and emotional factors that influence the health of individuals.
7. The many value systems in our society.
8. The importance of continuing medical education after graduation.
9. The effectiveness as a contributing team member in health care.
10. An increased PA role in regards to the medical community, health care delivery systems and the patient.

## **FUNCTIONS AND TASKS OF PHYSICIAN ASSISTANT GRADUATES**

### **General Entry-Level Competencies Expected of a Graduate**

The physician assistant will be able to:

- Elicit a comprehensive, accurate history and perform a complete routine physical examination on patients of any age group; elicit a pertinent and accurate history and perform a problem-oriented screening examination in situations requiring an interval evaluation.

- Select, perform and/or interpret the appropriate routine laboratory and diagnostic studies/ procedures for the purpose of completing an adequate data base.
- Identify problems, organize and integrate data, record and present.
- Accurately present an oral case.
- Implement a management plan, including performing or assisting.
- Instruct and counsel patients regarding physical and mental health to include diet, health maintenance, therapy, normal growth and development, family planning, referral and follow-up services.
- Provide life support and emergency evaluation/care in response to life-threatening situations in the absence of a physician and/or other appropriate health professionals.
- Initiate and follow up on appropriate referrals to specialists.

### **Associated Competencies**

In addition to the above entry-level competencies, physician assistant graduates are expected to function in a variety of environments, interact appropriately with diverse populations, and engage in many activities for continued professional and personal growth. The role of the physician assistant as a primary health care provider imposes many legal and ethical restrictions on behavior. Although not strictly related to the "clinical role" of the physician assistant, there are a large number of activities that contribute to the broad process of "professional development" and "role identity" which are essential for optimal performance as a health professional. These activities are related to areas such as administration, education, consultation, ethical, and legal considerations of the profession. The program will endeavor to provide its students with educational experiences that will introduce these attitudinal objectives.

### **PERSONAL COMPETENCIES FOR ADMISSION AND MATRICULATION**

A candidate for admission to the Primary Care Physician Assistant Program must have the use of certain sensory and motor functions to permit them to carry out the activities described in the sections that follow. Graduation from the program signifies that the individual is prepared for entry into clinical practice or into postgraduate training programs. Therefore, it follows that graduates must have the knowledge and skills needed to function in a broad variety of clinical situations and to render a wide spectrum of diagnostic and therapeutic care. The candidate and student must be able consistently, quickly and accurately to integrate all information received by whatever sense(s) are employed. Also, they must have the intellectual ability to learn, integrate, analyze and synthesize data.

A candidate for the Master of Science in Physician Assistant Studies degree ordinarily must have abilities and skills of five varieties including: observation; communication; motor; intellectual, conceptual, integrative and quantitative; and behavioral and social. Where technological assistance is available in the program, it may be permitted as a reasonable accommodation when appropriate. Under all circumstances, a candidate should be able to perform in a reasonably independent manner.

- a. Observation:** Candidates and students ordinarily must have sufficient vision to be able to observe demonstrations, experiments and laboratory exercises. They must be able to observe a patient accurately at a distance and close at hand.
- b. Communication:** Candidates and students must be able to communicate with patients and colleagues. They should be able to hear, with or without a reasonable accommodation. Candidates and students must be able to read, write, and speak English.
- c. Motor:** Candidates and students ordinarily should have sufficient motor function such that they are able to execute movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physician assistants are cardiopulmonary resuscitation, administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. These actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.
- d. Intellectual, Conceptual, Integrative and Quantitative Abilities:** These abilities include measurement, calculation, reasoning, analysis and synthesis. Problem solving, the critical intellectual skill demanded of a physician assistant, requires all of these intellectual abilities. In addition, candidates and students should be able to comprehend three-dimensional relationships and understand the spatial relationships of structures.

e. Behavioral and Social Abilities: Candidates and students must possess the emotional health required for full utilization of the intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the assessment and care of patients, and the development of mature, sensitive and effective relationships with patients. Candidates and students must be able to tolerate physically taxing workloads, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities to be assessed during the admissions and educational processes.

The Primary Care PA Program, along with all the other programs at Western University of Health Sciences, shares a commitment to develop creative ways of opening the PA curriculum to competitive, qualified disabled individuals. In doing so, however, the Primary Care PA Program must maintain the integrity of its curriculum and preserve those elements deemed essential to educating candidates to become effective physician assistants.

## **ADMISSIONS POLICIES AND PROCEDURES**

Admission to the PA program is on a competitive basis and is open to citizens and permanent residents of the United States. Western University is committed to admitting competitive, qualified disabled individuals. For technical guidelines, please see above.

### **Application Requirements**

The admissions committee will consider applicants with a minimum of a bachelor's degree from a regionally accredited institution or who will complete their bachelor's degree before matriculation. The minimum overall GPA required is 2.5 on a 4.0 scale and GPA of 2.7 on a 4.0 scale in all course work listed as prerequisites for the PA program. Grades of "C-" in any of the prerequisite courses are not accepted. Candidates should possess the oral and written communication skills necessary to interact with patients and colleagues.

#### **1. Prerequisite Courses:**

College English and English Composition\* (6 semester units, a full year sequence)

College Algebra (3 semester units)

Human Anatomy with lab\*\* (3 semester units)

Human Physiology with lab\*\* (3 semester units)

Microbiology with lab (3 semester units)

General or Inorganic Chemistry with lab (6 semester units, a full year sequence)

Psychology (General or Introductory only - 3 semester units)

Sociology (General or Introductory only - 3 semester units)

Humanities (9 semester units)

Introductory Statistics (3 semester units, preferably from the math or statistics department)

Spanish is strongly recommended.

Genetics is strongly recommended.

**\*Note:** English prerequisites must be taken from the English department. English as a Second Language (ESL) courses are not accepted for the English prerequisites.

**\*\*Note:** Anatomy and physiology must be taken out of the anatomy, physiology, A&P, biology, or zoology departments. If anatomy and physiology are combined, a minimum of five semester units is required.

Advanced placement, transfer of credit, CLEP examination, or credit for experiential learning is not recognized by the program as meeting these prerequisites.

Introductory level courses in the sciences are not acceptable (i.e., courses taken in the sciences for non-science majors).

Prerequisite courses must be transferable. Transferable courses are those designated for baccalaureate credit by the college or university offering the courses.

#### **2. Health Care Experience**

Health care experience is not required. However, engagement in extracurricular or community activities that reflect people or service orientation is considered essential. The extracurricular or community activity does not need to be medical in nature.

### **Application Procedures and Deadlines**

The Central Application Service for Physician Assistants (CASPA) was created by the Association of Physician Assistant Programs (APAP) as a service to applicants and member programs. CASPA will collect one set of materials from each applicant. CASPA will then authenticate, photocopy, and distribute them to each member school an applicant designates. Western University's application deadline to apply to CASPA is November 1, 2004. Applicants are considered without discrimination on the basis of race, color, national origin, age, or sex.

To request an informational brochure and/or information about the CASPA application, contact the Office of Admissions or the CASPA office at:

Office of Admissions	CASPA
Western University of Health Sciences	apply@caspaonline.org
309 E. Second Street	(240) 497-1895
Pomona, CA 91766-1854	
(909) 469-5541	

In addition to the CASPA application, applicants must submit a supplemental application. After the CASPA application has been received, a supplemental application (provided by Western University) will be sent to all applicants who meet the overall GPA of 2.5. However, this does not ensure that you will meet our minimum prerequisite of 2.7 or that all prerequisite classes will be acceptable. A final evaluation and calculation will be completed upon receipt of your supplemental application. The supplemental application deadline for the class entering in August 2004 is 30 days after receiving notification to file a supplemental application or February 1, 2004, whichever comes first. The supplemental application consists of forms requesting additional information, one letter of reference, and a personal statement. A non-refundable application fee of \$45 must be submitted with the supplemental application materials. All application materials must be returned as part of one supplemental application packet.

Applicants who have undertaken any coursework outside of the United States must submit their transcripts for evaluation to World Education Services, Josef Silny and Associates, Educational Credential Evaluators, Inc., or International Education Research Foundation, Inc. In preparation for CASPA, a course-by-course evaluation is required, and all course work must be designated as undergraduate, graduate, or professional. Western University will only honor evaluations from the above services. The evaluation must be submitted to CASPA.

Once the applicant's personal statement and file is reviewed, the applicant may be granted an on-campus interview. During the interview process, the applicant meets individually with an interview team, which may consist of the PA Program Director, PA Admissions Committee Chair, PA faculty, Dean of the College of Allied Health Professions, University faculty, students, PA alumni, and community PAs. The interviewers question the applicant regarding academics, personal preparedness and commitment to the PA program and the PA profession. Interviewees are rated on a standard evaluation form relative to each of these variables. After the conclusion of the interviews, the evaluation forms are reviewed by the PA Admissions Committee, which decides to admit, deny admission, or place the applicant on an alternate list. An applicant previously on the alternate list must reapply for admissions into the PA Program. The Western University PA program does not accept transfer students, nor is admission to the program deferrable. Decisions of the Admissions Committee regarding the admission of applicants to the Master of Science in Physician Assistant Studies program are final. Candidates accepted to Western University must have a complete set of official transcripts mailed to the Admissions Office no later than July 1. For your information, CASPA retains the original set of transcripts it receives from applicants.

### **Registration**

First year students are required to register in person on the registration day specified in the University Calendar or as otherwise directed by the Registrar. Failure to register on that day may be grounds for dismissal. Full tuition and fees and all prior debts must be paid in full on or before registration day each academic year. Matriculation is subject to the satisfactory completion of all academic requirements and payment of all outstanding debts to the University. The receipt of a final transcript from an undergraduate college and a physical examination with documentation of required immunizations prior to registration are additional requirements for incoming students. Also, all students must show proof of current health insurance coverage at the time of registration. This coverage must be maintained or in effect throughout the academic year. If there is

no proof of current coverage, a policy provided by the University is available. Attendance at Orientation is mandatory for all incoming first-year students.

### **TUITION AND FEES**

By action of the Board of Trustees, PA tuition and fees for the 2003-2004 academic year (subject to change) are as follows:

\$21,205	Tuition Annual For PA applicants accepted at Western University, an entrance fee of \$250 payable upon acceptance is applied to tuition.
\$40	Student Body Fee, 1 <sup>st</sup> year Covers student council expenditures, social activities and public relations.
\$20	Student Body Fee, 2 <sup>nd</sup> year

### **Other Fees and Expenses**

\$1900	Required and Recommended Texts
\$45	Uniform Jacket/Patch, Name Badge
\$1200	Diagnostic Equipment Kit
\$30	(per day) Late Registration Fee
\$40	Lost Mail Locker Key
\$5	(each) Copy of Official Transcript
\$10	(each) Copy of Official Transcript Faxed
\$10	Lost ID Badge
\$0.25 (replacement cost)	(per page) Copy of Student File Material Breakage Fee

### **ACADEMIC REQUIREMENTS**

#### **Academic Advisement**

Students will be assigned a faculty advisor by the Dean or the Dean's representative upon matriculation. Advisement by faculty should be viewed by the student as a part of the academic process. The student or faculty member may seek a change of advisor/advisee. This request should be made to the Physician Assistant Program Chair. It is the student's responsibility to meet periodically with his/her advisor. A student on probation must meet with his/her faculty advisor at least once a month.

#### **Promotion**

A student's progress through the program is based upon successful completion of expected competencies and demonstration of expected professional behaviors and attitudes. At the completion of each phase of the program, before the student is allowed to progress to the next phase, the student's record of achievement is reviewed by the Program Chair and faculty.

The faculty determines if the student has demonstrated the knowledge, skills, and attitudes necessary to be eligible to progress to the next phase.

In special instances, the faculty may be convened at other than the scheduled times to consider cases relating to unusual circumstances, such as probation or dismissal.

Promotion is defined as progression from one academic year to the next.

a. A student will be recommended to the Dean of the College of Allied Health Professions for promotion by the Allied Health Student Academic Progress Committee.

b. A student may not be recommended for progression from one semester or phase to the next with any outstanding grades of "I" or "U" on his/her academic record or with a semester grade point average of 2.75 or less. Grades of "D" must be remediated before progression to next phase.

c. When considering a student for promotion, professional, ethical, and personal conduct may also be taken into consideration (as described under Probation, a-4).

d. A student will be promoted provided that all legal and financial requirements of the University as stated in the University Catalogue have been satisfied.

## **Graduation**

A student will be recommended for the Master of Science in Physician Assistant Studies Degree provided he/she:

- a. has completed at least two years of the Western University Primary Care PA program.
- b. has been enrolled in the Western University Primary Care PA program during his/her final academic year.
- c. is not on probation and has completed all prescribed academic and clinical requirements with a cumulative grade point average of above 2.75 and has no outstanding grade of "D", "I" or "U".
- d. has demonstrated no serious deficiencies in ethical, professional, or personal conduct, as defined in Probation guidelines, which would make it inappropriate to award the degree of Master of Science in Physician Assistant Studies.
- e. has complied with all the legal and financial requirements of the University as stated in the University Catalogue.
- f. has attended in person and participated in the Commencement program at which time the Master of Science in Physician Assistant Studies is conferred, unless special permission is received from the President. If the President grants special permission to be excused from graduation, the graduate may be required to present himself or herself to the Dean of the College of Allied Health Professions at a later date in order to take the required oath (if relevant) to receive his or her degree.
- g. is within one clinical rotation of completion of all requirements for graduation to be able to march with his or her class in the graduation ceremony. At the discretion of the Dean of the College of Allied Health Professions, an exception may be made for a student with an authorized leave during the Senior year. No student will receive his or her degree until the student has completed all requirements for graduation. Degrees will be dated as appropriate to completion date.

## **Probation**

a. Probation is defined as a period of time specified by the Dean of the College of Allied Health Professions during which the student's progress will be closely monitored by the Allied Health Student Academic Progress Committee, faculty advisor and the Program Chairperson. In order to closely monitor 2nd year students on probation, the PA program reserves the right to assign their clinical rotations. A student will be recommended for probation for any of the following reasons:

1. Immediately upon receiving a course grade of "D" or "U" in any course.
2. A grade point average of 2.75 or less at end of the semester.
3. A cumulative grade point average of 2.75 or less.
4. When directed to repeat a year for academic reasons.
5. Seriously deficient ethical, professional, or personal conduct.

Members of the faculty or administration will render a special report in writing to the Dean of the College of Allied Health Professions regarding any student whose professional or personal conduct is deemed unsatisfactory. Professional and personal conduct includes, but is not limited to, attendance, cooperation with faculty, interest shown in assigned work, attitude toward fellow students and associates and toward personnel of hospitals, approach to and interaction with patients, as well as personal appearance appropriate to the circumstances.

The terms of probation for ethical, professional, or personal conduct will be specified at the time the student is placed on probation.

- b. When a student is placed on probation, he/she will be notified in writing by the Dean of the College of Allied Health Professions and the reasons will be stated. Notification must be by Certified mail or hand-delivered and acknowledged by signatures of the student and the Dean of the College of Allied Health Professions or his designee. Copies of the letter will be placed in the student's permanent file and distributed to the Chairman of the Allied Health Student Academic Progress Committee and the student's faculty advisor. The Allied Health Student Academic Progress Committee will ascertain when the terms of the probation have been satisfied and recommend to the Dean that probation can be rescinded.
- c. A student on probation may not serve as an officer of any official University club or organization and shall not engage in time-consuming extracurricular activities.
- d. A 1st year student on probation must meet with his/her faculty advisor at least once a month. A 2nd year student on probation must contact his/her Faculty Advisor once a month.
- e. Students are removed from probation when the following occur:

1. After one semester, provided he/she has regained both a semester and cumulative grade point average of greater than 2.75.
2. When all “D” or “U” grades have been satisfactorily remediated according to the Remediation section of the Catalogue (below).
3. When the specified terms of probation for ethical, professional, or personal conduct are met.
4. When 2nd year students are on probation for a clinical rotation grade of “U”, they will be removed from probation when they have met the terms of their probation.

### **Remediation**

**a.** Every effort will be made to give each student ample opportunity to demonstrate competency in each area of the academic program. However, remediation is to be regarded as a privilege that must be earned by a student through an active participation in the educational program as demonstrated by regular attendance, individual initiative, and utilization of resources available to him/her.

**b.** If a student receives a “D” or “U” grade in a course or has a semester grade point average or cumulative grade point average of 2.75 or less, that student will be reviewed by the Allied Health Student Academic Progress Committee and procedures for remediation by the Physician Assistant faculty will be recommended to the SAPC, who in turn makes a recommendation to the Dean. In reviewing the student's academic deficiencies, the following guidelines shall be used:

1. Educational objectives underlie remedial teaching and evaluation should be the same as the educational objectives that underlie regular courses in the curriculum. Where deemed appropriate, the Allied Health Student Academic Progress Committee, after consultation with the course instructor and/or Physician Assistant Faculty, may recommend one or a combination of the following options:
  - (a) Take a comprehensive examination (this option is not available if the original earned grade is a “U”).
  - (b) Complete special projects or studies in the deficient area(s).
  - (c) Repeat the course, with or without promotion into the subsequent semester. The student cannot start Phase II or Phase III until the grade of “D” or “U” has been remediated.
  - (d) Repeat the academic year.
  - (e) Dismissal from the University (see *Dismissal* section for criteria for this option).
2. Students receiving a “U” grade for a clinical rotation education/preceptorship will repeat the entire rotation/preceptorship. The above a-d options do not apply to clinical education.
3. The grade achieved by remediation will be the grade recorded EXCEPT that the highest grade a student may earn by options (a) or (b) is a grade of “C”. The grade achieved by remediation will be recorded on the transcript beneath the original grade.
4. Grades earned during an attempted remediation of a course will be reviewed critically by the Allied Health Student Academic Progress Committee and the Dean of the College of Allied Health Professions. Failure to earn at least a “C” grade may result in dismissal from the University or repeating the course.
5. Decisions regarding remediation will be made on an individual basis after considering all pertinent circumstances in each case. The decision will be made by the Dean of the College of Allied Health Professions Education, based upon the recommendation of the Allied Health Student Academic Progress Committee. The Allied Health Student Academic Progress Committee will base its recommendation on the student's academic record and considerations after consultation with the Physician Assistant Faculty Student Advisor, course instructor, and the student.
6. Any student who is required to remediate a course will be notified in writing by the Dean of the College of Allied Health Professions Education at least two weeks prior to the remediation date (or within two weeks after the close of the academic year in which the student is presently enrolled, whichever comes first). Notification must be by Certified Mail or hand-delivered to the student and must be acknowledged with the signatures of the Dean of the School of Allied Health Professions, or his designee, and the student.

**c.** Students who have been required by the Dean of the School of Allied Health Professions to repeat a course(s) due to unsatisfactory grades (GPA) or in cases where there is a satisfactory GPA, but deficiencies are noted which impedes promotion, the following criteria must be met to be eligible for financial aid:

1. Full-time attendance recorded



2. Placed on at least one semester probation
3. Must be tested and graded
4. Close monitoring

It is the student's choice if he/she has made satisfactory progress such as GPA, but wants to audit only to strengthen skills, as long as he/she is fully aware he/she will not be eligible to apply for any financial aid. Students will be financially responsible for themselves until promoted by the Dean of the School of Allied Health Professions.

### **Clinical Education/Preceptorship Remediation**

Any student who receives a grade of "U" for a clinical education/preceptorship grade will be required to repeat the entire clinical education/preceptorship. The student must complete all deficiencies for the clinical education/preceptorship prior to completion of the program. The grade achieved by repeating the rotation/preceptorship will be recorded on the transcript. Remediated grades are recorded below a grade of "U." Only the remediated grade is calculated into the G.P.A.

### **Remediation: Financial Aid Policy**

If the student, at the end of the academic year, is still considered to be making unsatisfactory progress and must remediate, he/she is removed from the list of Title IV and Title VII financial aid recipients.

### **Tutorial Assistance Program**

A Tutorial Assistance Program (TAP) has been established to assist students experiencing academic difficulty. Students will be recommended for this program by a faculty advisor or professor. Students may self-identify to TAP to receive assistance. The tutors will be chosen on the recommendation of the faculty in each discipline. For assistance, contact the Learning Enhancement and Academic Development Office.

### **Standards of Academic Progress**

Good academic standing implies that a student has not been requested to withdraw and is not under academic probation/suspension.

Academic performance encompasses those areas of knowledge and skills outlined in the section entitled "Program Objectives". The level of attainment listed in these areas is that expected of graduates of the program. However, students are expected to attain these goals as they progress through the Program and certain patterns of attainment are expected along the temporal course of the curriculum.

All grading and evaluation is based on the student's ability to attain the competencies within the objectives outlined for each area of study.

A student whose performance falls below the minimum acceptable standard(s) for any area of study will be notified of such deficiency by the instructor of the course as soon as evidence of such sub-standard performance is available.

The following academic standards apply to students enrolled in the Primary Care Physician Assistant Program. Academic performance is considered sub-standard and unacceptable if any one or more of these standards are not met:

#### **a. Phase I:**

During Phase I (Didactic Phase), students must earn a grade of "C" or better in each course. All "D's" or "U's" will be remediated to a "C" (see Remediation Section). If a remediated grade of "C" is not earned, the student may be dismissed or be required to repeat the entire course of study.

Students must maintain a GPA of greater than 2.75 during Phase I. In addition, the following applies regarding cumulative GPA:

1. Students whose GPA is 2.75 or less must meet with the department chairperson prior to registration for the next semester.
2. Students whose GPA is 2.75 or less are not eligible for further registration unless probationary status is granted by the Dean of the College of Allied Health Professions Education.

3. Students will not be allowed to advance to Phase II (clinical education) until all deficient grades are remediated.
4. First year students who receive a "U" in any course may only advance from one semester to the next with special consent from the faculty.

**b. Phase II (Didactic and Clinical):**

**Didactic: Senior Seminar I, II and III Requirement**

1. In Senior Seminar I and II, a grade of "C" or better must be earned. All "D's" will be remediated to a "C". If a remediated grade of "C" is not earned, the student will be required to repeat the entire course of study.
2. If a student receives a "U" in Senior Seminar I, he/she must repeat the course; however, the student is allowed to progress to Senior Seminar II. If the Student receives a "U" in Senior Seminar II, he/she must repeat the course, and he/she will not be able to advance to Phase III.
3. If a student receives a "U" in Senior Seminar III, he/she must remediate to a "C" grade.

**c. Clinical: Clinical Education Phase II and Phase III**

Students' progress through the program is based upon successful completion of expected competencies and demonstration of expected professional behaviors and attitudes. If students fail to meet the pre-designated clinical objectives, their academic achievements will be reviewed by the PA faculty. The faculty and preceptors determine if students have demonstrated the knowledge, skills and attitudes necessary to be eligible for progress to the next phase. Upon eligibility, the faculty recommends advancement to the Allied Health Student Academic Progress Committee.

If a student receives a grade of "U" in Phase II, he/she must repeat the rotation before advancing to Phase III.

The Allied Health Student Academic Progress Committee and the Professional Conduct Committee may be convened to consider cases relating to unusual circumstances.

**Out-of-Area Clinical Education**

Clinical Education that is greater than 60 miles in any direction from Western University, Pomona Campus, is considered an out-of-area rotation clinical education. Permission for out-of-area rotations clinical education is granted by the Clinical Education Coordinators and the PA Faculty.

To participate in out-of-area rotations, students must:

- Exemplify ethical and professional behavior throughout their didactic and clinical rotations phase.
- Have a GPA of 3.0 at the time of rotation scheduling and maintain a semester and cumulative GPA of 3.0 for the entire program.
- Receive a "B" or better on all preceptor assigned grades and maintain a "B" or better in Senior Seminars I, II, and III.
- Students may participate in out of area rotations during the first and second months of rotations if the student has a 3.5 cumulative/semester GPA at the time of clinical education scheduling and the student will be returning to within the 60 miles radius by the third month of rotations.
- Provide the Clinical Education Coordinators with transportation and room and board for out-of-area site visits.
- Sign a waiver releasing Western University from any responsibility regarding NCCPA Board performance.
- Have confirmation of housing and travel arrangements available to the clinical coordinators at the time of scheduling.
- Have a computer with internet access (required).

**Clinical Rotation Education Assignment**

Clinical rotations will be assigned by the clinical coordinator(s) for students with semester or cumulative GPAs less than 3.0. The clinical coordinator(s) may seek input regarding rotation assignments from the PA faculty and/or chair. The student will meet with the clinical coordinator for their scheduling appointment to discuss the rotation assignments. If a student is successful in raising his or her semester and cumulative GPA to a 3.0 at the end of a semester, the clinical coordinator(s) will attempt to reschedule the rotations(s) if requested by the

student, pending site availability. Students requesting to reschedule rotations based upon an improved GPA must follow the procedures outlined in the section entitled **Clinical Rotation Education Assignment Appeal** (below).

### **Clinical Rotation Education Assignment Appeal**

A change in clinical rotation education assignment may be requested in writing by the student for the following reasons:

- a. After completing one week in the rotation, the student deems the rotation is not of high quality.
- b. The student is requesting a change in a clinical rotation assignment for a specific month under a preceptor not affiliated with the PA Program.
- c. The student is being used to substitute for regular clinical or administrative staff.

Completed paperwork requesting an upcoming rotation change must be submitted to the Clinical Education Coordinators 60 days before the rotation is scheduled to begin. The student will be notified of the approval/non-approval of the request within 24 hours.

### **Reassignment of Clinical Rotation Education**

Any student who receives one or more "C's" on a preceptor assigned grade for the clinical rotation, may have the remainder of their clinical rotations reassigned by the Clinical Education Coordinators.

### **Rotational Clinical Education Observation**

Any student who has been "deemed unsafe" may be placed in an observational mode for the remainder of his/her rotation. A student may be placed in observation mode for one month only, then summary suspension may occur. Summary suspension may be implemented instead of observation mode.

### **Personal Appearance**

Personal appearance is extremely important in facilitating acceptance by other health professionals and patients. The poor appearance of one individual is often generalized to the entire profession. Adherence to the following dress code is, therefore, the responsibility of each student while in clinical training.

- a. Primary Care Physician Assistant Program name tags/badges are to be worn at all times while on campus, and at clinical rotation education sites.
- b. Short white "intern" type jackets are required at all times, beginning with Phase II of the curriculum.
- c. Female students may wear slacks or other appropriate dress. Modesty must be a consideration for necklines and hemlines.
- d. Shirt and tie are considered appropriate dress for male students when they are present in a setting where patient contact can be expected. Students must receive the approval of the supervising practitioner to wear "scrubs" during the rotation. The white coat must be worn over scrubs except while in the surgical suite.
- e. "Blue jeans" are NOT appropriate dress for either male or female students during the clinical phases.
- f. "Tennis Shoes", "Joggers", and other forms of athletic shoes are NOT considered appropriate attire.
- g. Students should consider the image projected to the patient and others with regard to hairstyle and length, beards, mustaches and jewelry.

### **Professional Conduct During Clinical Education**

Professional and personal conduct includes, but is not limited to attendance, cooperation with preceptors, interest shown in assigned work, attitude toward fellow students, associates and personnel of hospitals and approach to and interaction with patients.

- Students will introduce themselves as physician assistant students.
- Students will wear their Western University identifying nametags when in a clinical setting at all times.
- Students will be able to explain what a PA is concisely and confidently to patient(s) and staff.
- Students who introduce themselves as a physician are subject to dismissal from the program.
- Students will not engage in any activity that may be construed as being unethical, immoral or inconsistent with the practice of medicine.

Students breaching the Professional Conduct Policy will go through the following process:

The student will be required to have a student conference with the Program Chair and/or Clinical Education Coordinators. The breach of conduct will be investigated and the student will be notified of the results of the investigation. A verbal warning may be issued and/or a letter of unprofessional conduct may be placed in the student's file. A student may be placed in observational mode by the Program Chair during the investigation, or may request that the student be summarily suspended during the investigation.

### **Academic Warning**

The student who demonstrates unacceptable performance in any unit of study during any phase of the program is notified of such performance by the Instructor of the course as soon as it becomes evident. He/she is notified that continued poor academic performance can lead to academic probation and dismissal.

Students whose performance is considered unacceptable as a result of not meeting the Standards of Academic Progress will be placed on probation. The duration and conditions of the probationary period will be recommended to the Dean of the College of Allied Health Professions on an individual basis by the Allied Health Student Academic Progress Committee. The Committee may recommend remedial study and/or repetition of a unit of study. This may result in extending the length of the program beyond 24 months. See, also, section on Probation, in the *General Academic Policies and Procedures* section for the University.

Students will be placed on academic probation in any phase of the program if they do not attain a semester or cumulative grade point average of greater than 2.75. In addition:

- a. Phase I: Students will be placed on academic probation as a result of "D" or "U" work in any unit of study.
- b. Phase II: Students will be placed on academic probation as a result of any of the following:
  1. A final grade of "U" in any clinical rotation.
  2. A final grade of "D" or "U" in Senior Seminar I and II.
  3. Unacceptable performance on any component of clinical rotations education.
  4. Receiving no credit in any of the Applied Clinical Projects.
- c. Phase III: Students will be placed on academic probation as a result of any of the following:
  1. Unacceptable performance in Senior Seminar III (the comprehensive examination.)  
Students failing to achieve a passing score on the program comprehensive examination will be required to demonstrate attainment of competencies related to the areas of deficiency through re-evaluation. If the student has not attained the necessary competencies in the areas of deficiency through re-evaluation, he/she may be required to complete a course of remedial study.
  2. Less than "C" performance on any portion of the preceptorship grades.
  3. Students will not be allowed to graduate until all competencies have been achieved.

### **Attendance**

Attendance is expected for all lectures, classes, and academic-related activities. The individual faculty members will make their own policy about attendance in their syllabus. It is required that students observe the following policy:

- a. Absences
  1. All unanticipated absences due to illness, accident, or other unexpected events must be reported to the program within 24 hours.
  2. Absences requested for physician/dentist appointments for student or dependents will be considered only if requested in advance of the appointment. Due to the intense nature of the curriculum, students are strongly encouraged to schedule appointments for evening and Saturday hours to avoid class conflicts.
  3. All anticipated absences for any reason, regardless of length, must have the prior approval by the faculty.  
All requests for anticipated absences must be submitted in writing at least two weeks prior to the proposed absence. Requests will be considered on an individual basis and written notification of approval or disapproval will be provided to the student within one week of receipt of request.
  4. Students in clinical education/preceptorship are responsible for notifying both their supervising physician(s), and the Physician Assistant program, regarding all absences whether anticipated or unanticipated. Prolonged absences require notification each day to preceptors and the program.
  5. When an absence is the result of a sudden unavoidable circumstance, the program should be notified as soon as possible and provided with an explanation for the absence.

6. Clinical rotation education/preceptorship absences and tardies will be made up at the convenience of the preceptor or the program.
7. Five or more absences from a clinical rotation education can result in any of the following:
  - (a) repeat the entire rotation
  - (b) make up days assigned at the convenience of the preceptor
  - (c) grade of Incomplete assigned

### **Confidentiality of Medical Record and Health History Information**

All data gathered about the patient and his/her illness, including all items within a patient's medical history is privileged information.

- a. Students should not discuss a patient's records in a manner or a situation that would reveal any information about that patient or his/her records to persons not involved in his/her health care.
- b. Charts or contents, e.g., lab reports, etc., are not to be removed from the hospital or clinical setting.

### **Patient Records - Physician Review and Countersignature**

On each clinical rotation education, it is the student's responsibility to insure that ALL patients seen by the student are also seen by the supervising practitioner. The supervising practitioner should also review all student notes written in medical records and countersign these documents. Countersignatures should be obtained before the patient is released on outpatient and in patient rotations.

Under no circumstances should a student initiate orders for any patient on any clinical educational rotation without immediate physician consultation and countersignature. In addition, under no circumstances should a student sign medical drug orders.

Under no circumstances should a student accept samples from pharmaceutical representatives on behalf of the preceptor or himself.

These guidelines must be strictly adhered to for the student's protection and the protection of the patients seen by students. Violation of these policies are viewed as transgressions in professional and/or academic standards.

Falsifying a patient's exam findings or record is considered a breach of professional conduct.

### **Title Identification/Representation**

Role and title confusion are common problems encountered in dealing with patients, e.g., some patients identify all those wearing short white coats as physicians. Students should be aware of this problem and avoid misrepresentation by politely explaining their role and position.

- a. In professional interactions with patients and others, a student should introduce himself or herself as a "physician assistant student" using the title of Mr. or Miss, Mrs., or Ms.
- b. Students should use the designation, "P.A.-Student" (PA-S), following all notations in charts, records, and other medical forms.

### **Dismissal Recommendations**

A student may be subject to dismissal from the program for substandard academic or professional performance, as follows:

- a. Students who earn two or more "D's", "U's" or a combination of one "D" and one "U" throughout the 24-month program may be dismissed from the program.
- b. Attaining a semester GPA of 2.75 or less for two or more semesters.
- c. Lack of professional attributes considered appropriate for continuance in the program and profession.
- d. Any event that could result in either academic or professional probation for a student currently on academic or professional probation.
- e. Violation of the terms of probation.
- f. Presenting him/herself as a physician.

### **Examination Policies**

- a. Students are not to communicate in any way during the examination and are to face the front of the classroom at all times.
- b. During scheduled examination hours, students are highly discouraged from going to the bathroom, but will be allowed to go one at a time. The student will be required to turn in the exam and scantron sheet as he/she goes to the bathroom.

- c. Once a student finishes an exam, the student will turn in the exam and the scantron form to the proctor, and after he/she leaves the examination room, he/she will not be permitted to re-enter the room until the exam is declared over.
- d. All students' belongings, i.e., notebooks, calculators, and headsets, etc., will be kept in front of the room.
- e. Questions will be answered at the discretion of the proctor during the examination period. Students should be permitted to point out typographical or other errors present in the examination to the proctor.
- f. Alternate seating shall be utilized for all examinations unless precluded by space availability.
- g. Students are not to communicate in any way during the examination, are not to look at any other student's examination paper, and are to face the front of the classroom at all times. All pagers, cellular phones, etc. are to be turned to vibrate mode
- h. Violations of these examination policies and of Standards of Academic and Social Conduct will be brought before the Student Conduct Committee.
- i. The course instructor sets the date of assignments, midterms, and final examination. All tests and assignments are to be taken as indicated in the course syllabus. Examination dates can only be changed by the instructor after reviewed and approved by the department chair.

### **Evaluation and Grading**

- a. General: The degree of competency expected of all program graduates upon completion of the professional curriculum is defined by the "Functions and Tasks of Physician Assistant Graduates". The curricular components of the program are designed so that students' work toward achievement of these competencies is measured via written and practical examinations and by evaluations of clinical performance and professional development. Specific behavioral objectives have been defined for each curricular component to assist the student and the program faculty in evaluating the degree of attainment of these expected competencies throughout the 24-month curriculum.
- b. Evaluation Methods: Overall student performance is evaluated differently during each phase using one or a combination of the following methods:
  1. Written examinations: Written examinations will vary based on the content of the individual course. A combination of single answer multiple choice, matching, True/False, short answer, essay and patient management type questions are used.
  2. Practical or Laboratory Examinations: In selected courses, students will be observed obtaining histories or performing physical exam components on simulated patients. They may also be asked to "problem solve" based on a patient database. At times, they will be evaluated on their ability to perform laboratory tests.
  3. Student Presentations: Students may be asked to orally present individual or group projects, patient cases, research papers, etc. These oral presentations may or may not be accompanied by a written report.
  4. Written reports: At various times, students will be evaluated on written reports of assigned topics, written histories, physicals, discharge summaries, research papers, etc.
  5. Professional Development Assessments: Assessments of each student's academic, professional and interpersonal growth and development are shared with them on an individual basis periodically during each phase of training.
  6. Clinical Evaluations: Supervising preceptors are asked to assess the student's level of attainment of competencies related to selected parameters within the domains of knowledge, skills and attitudes, and to evaluate the student's overall performance while on clerkship. Evaluation forms, which incorporate these areas to be evaluated, are utilized.

Students are responsible for securing these evaluations from the supervising preceptor(s) on each rotation and ensuring that they are completed and returned to the program office in a timely fashion. Preceptors are encouraged to discuss the student's performance and progress throughout the rotation with him/her and to discuss the final evaluation prior to completion of the rotation.

Since the clinical evaluation is an essential part of the overall assessment of the student's performance on a given rotation, course grades will not be computed without it. Students who fail to obtain clinical evaluations prior to the end of the respective clinical rotation will be given a grade of incomplete "I" for that clinical course. Courses with incomplete grades must be completed prior to advancing to preceptorship (Phase III).

Clinical evaluation forms become a part of the student's academic profile record. Students are required to sign each evaluation and are encouraged to sign at the time the evaluation is discussed with the supervising preceptor. Students are provided copies of all their clinical evaluations when these are submitted by the preceptor to the program.

7. Patient Write-ups: Students on clinical rotations are required to submit a minimum of one patient write-up each month in the S.O.A.P. format. The chosen case must represent conditions listed in the objectives for each module. The write-ups are due in the PA Program Office on or before the last day of the clinical rotation.

8. Literature Review: Students can be requested to review current literature and complete a critique. The critique will be evaluated on content, validity, clarity and clinical relevance.

9. Final Comprehensive Examination: A comprehensive examination is administered during the Senior Seminar III and serves as a summative examination. This examination evaluates the student's accumulated knowledge and skills while familiarizing him/her with the format of the certification examination. Like the NCCPA certification examination, this examination consists of a written multiple choice exam including questions on clinical skills competency.

10. Grade Reports: Official grades are turned in to the Registrar from the Dean of Allied Health Professions, at which time the online student records system, BanWeb, is updated. Official grade reports and unofficial transcripts will be available on the BanWeb student records systems throughout the academic year. For more information on how to access the BanWeb student records system, visit the Registrar's website at <http://www.westernu.edu/registrar>.

Due to the nature of the clinical curriculum, i.e., variable duration and sequencing of clinical education courses, course completion dates rarely coincide with traditional grading periods.

In these cases when final grades are not available at grade reporting time beyond the control of the student and/or program, a grade of "M" is submitted to the Registrar in lieu of the course clinical education grade. "M" grades are entered on the grade reports and are converted to student achieved grades at the earliest possible opportunity.

An up-to-date summary of student performance is maintained in the Program Office Files and is available to each student for his/her review.

11. Review of Examinations: Examinations are graded as soon as possible and one examination is kept on file for student review.

12. Grading Scale: Final course grades are given based upon the traditional 4-point letter system, as follows:

Grade		Points
A	90% - 100%	4
B	80% - 89%	3
C	70% - 79%	2
D	65% - 69%	1
U	Less than 64%	0
Cr/NCr		0
I	Incomplete	0
M	Missing	0

13. Clinical Rotation Education Grading Criteria: The Clinical Education grade is based on the student's singular performance as assessed by the preceptor, the student's patient write-up, and rotation exam.

1. Students are required to earn a final course grade of "C" or better in each clinical rotation. Students cannot earn two or more "U's" or "D's" or a combination of one "D" and one "U" throughout the entire 24 months of the program. Students will not be allowed to advance to Phase III (Advanced Clinical Preceptorship) until all deficient clinical rotation Education grade(s) are completed/remediated. Remediation will delay the student's progress to preceptorship and extend the program completion date.

The following applies regarding Cumulative GPA:

a. Students whose GPA is 2.75 or less must meet with the Program Chair prior to registration for the next semester.

- b. Students whose GPA is 2.75 or less are not eligible for further registration unless probationary status is granted by the Dean of the College of Allied Health Professions.
  - c. Students participating in Out-of-Area Rotations Clinical Education must maintain a cumulative GPA of 3.00 in all preceptor assigned grades and Senior Seminar I, II and III. The program may revoke the privilege of the Out-of-Area Rotation Clinical Education if the student's semester GPA falls below a 3.00.
2. To receive a complete grade for each clinical rotation education, all assigned documents must be submitted to the PA Department, Pomona campus:
- a. Time Records
  - b. Monthly Schedules
  - c. Returned Preceptor/Site Evaluation Form
- Failure to submit items a, b and c at the end of each month will result in a grade of Incomplete (I).

14. Preceptorship Grading Criteria Phase III: Advanced Clinical Preceptorship grades are based on the student's performance as assessed by the preceptor and the student's patient write-up.

- 1. Students are required to receive a grade of "C" or better on their preceptorship evaluation. The preceptor is responsible for evaluating the student's performance monthly during the preceptorship. Students will be evaluated on the basis of their clinical medical knowledge, diagnostic skills and treatment plans, as well as their motivation, willingness to accept responsibility and interaction with patients, staff and supervisors. It is the student's responsibility to ensure that the preceptorship evaluation entitled THE STUDENT PERFORMANCE FORM, (3) are returned to the program by the last day of each month.
- 2. The following documents must be submitted in order to receive a final grade:
  - a. Time Records/Monthly Schedules
  - b. Returned Preceptor/Site Evaluation Form.
  - c. Final resume by July 31st.

Failure to submit items a-c will result in a grade of Incomplete (I).

### **Appealing a Course Grade**

No course grade will be changed unless the instructor certifies in writing to the Registrar that an error in computing or recording the grade occurred. If the student believes there is just cause to dispute a grade for a course, the procedure is as follows:

Make an appointment to talk to the course instructor(s) who issued the grade. Upon written request from the student, the course instructor(s) shall review the case with the student and a decision shall be made by the course instructor to affirm or modify the grade. Within ten (10) working days, the course instructor shall notify the student in writing of the decision. A copy of the letter shall be sent to the student and the Department Chair of the PA program.

Upon written request from the student, the Department Chairperson shall review the case with the instructor(s) and a decision shall be made by the course instructor(s) to affirm or modify the grade. Within seven (7) working days, the Department Chairperson shall notify the student in writing of the decision. A copy of the letter shall be sent to the appropriate course instructor(s). The course instructor(s) has the sole responsibility to make the official grade change.

If the student is not satisfied with the outcome of the grade dispute procedure by the Department Chairperson, the student may then appeal in writing to the Dean of the College of Allied Health Professions within five (5) working days. The Dean of the College of Allied Health Professions shall review the case with the student, Chairperson of the PA program and the course instructor(s) and a decision shall be made by the course instructor(s) to affirm or modify the grade. Within seven (7) working days the Dean shall notify the student in writing of the decision. A copy of the letter shall be sent to the appropriate course instructor(s) and Chairperson. The course instructor(s) has the sole responsibility to make the official grade change. Within five (5) working days following written notification to the student of the action of the Dean of the College of Allied Health Professions, the student may appeal the decision in writing to the Executive Vice President for Academic



Affairs/Chief Academic Officer (CAO). Upon written request from the student, the Executive Vice President for Academic Affairs/CAO shall review the case and, within seven (7) working days, shall issue a decision in writing to the student, which may affirm, modify, or reverse the previous action. A copy of that letter shall be sent to the Dean, and other appropriate individuals. The decision of the Executive Vice President for Academic Affairs/CAO will be final.

The student may remain in class or on clinical rotations pending the outcome of appeals, except in cases of summary suspension, and except when the Executive Vice President for Academic Affairs/CAO has suspended the student or has otherwise determined that it is inappropriate for the student to remain in class or participate in clinical rotations, consistent with the appealed decision of the Dean of the College of Allied Health Professions.

### **Appealing a Clinical Education Grade**

Any student who has a dispute with a grade that was assigned by their clinical preceptor, will utilize the following appeal process:

Contact the Clinical Education Coordinators, and notify them in writing of their concerns in reference to their clinical performance grade.

The Clinical Education Coordinators will contact the preceptor to schedule a meeting to discuss the student's grade. The grade may or may not be re-assigned contingent upon the information that is gathered by the Clinical Education Coordinators. The student will be notified in writing by the Clinical Education Coordinators of the outcome. If the student does not agree with the outcome of the investigation, he/she may appeal this decision to the Department Chair. If the student does not agree with the Department Chair's decision, the student has the right to appeal to the Dean of the College of Allied Health Professions. (See the Appeal Process in *Appealing a Course Grade*)

### **Communications**

**Lockers:** To improve the communication network and to foster student-staff and student-student interchanges, lockers are located in the Health Sciences Center Student Commons. Students are expected to follow the guidelines below in checking their lockers and will be held accountable for absences at activities announced via the locker system. In the event that time constraints necessitate quick dispersal of information, the program will disseminate this information via the U.S. Postal Service or through telephone communication.

- a. Each student will be assigned one locker.
- b. During any portion of the program for which the student is present in the Physicians Assistant Program on a daily basis, i.e., lecture series, he/she should check his locker and e-mail daily.
- c. During Phase I of the program, each student should check his/her locker daily and electronic mail.
- d. During Phase II & III of the program, correspondence from the program will be mailed to the student either traditional mail or electronic mail.
- e. During any portion of the program for which the student is out of town, e.g., remote clinical site, holidays, correspondence from the program will be mailed or electronically mailed to the student.

**Telephone:**

- a. During the course of the program, it is frequently necessary for members of the program staff to contact students regarding scheduling and re-scheduling of classes, meetings, and other program events, etc. Each class is responsible for developing a telephone communication network to include names and home phone numbers for each member of the class. This "chaining" is utilized to communicate last minute changes, announcements, etc. Each student is responsible for advising the program departmental secretary of telephone number changes as soon as they occur.
- b. Use of the program telephones is allowed only in emergency situations or with special permission from the program faculty or staff; students are not to make or receive personal calls on the office telephones.
- c. Pagers and cell phones must be in silent/vibrate mode during all class times and examinations.

E-mail:

All students will be assigned an e-mail account by the Office of Student Affairs. The PA program heavily relies on e-mail as a form of communication to students. It is essential for students to check their e-mail accounts daily.

Issues/Dispute Resolution Procedure:

When an issue or dispute arises between students, the issue/dispute resolution process starts with communication among the involved students. If a satisfactory resolution is not arrived at that level, the matter should then be addressed with the course instructor or the faculty advisor. If the problem is not resolved at the faculty advisor/course instructor level, the matter should be brought to the Department Chair, followed by the Dean and then the Executive Vice President of Academic Affairs. If the matter has not been resolved at those levels, the final arbiter is the President.

When an incident arises involving a faculty member, the first step in the issue/dispute resolution process is discussion with the faculty member. If the matter is not satisfactorily resolved at that level, then the matter should be referred to the Department Chair, Dean, and Executive Vice President of Academic Affairs, in that order. The final arbiter is the President.

When an incident arises involving a staff member, the dispute resolution process begins with the Department Chair, followed by the Dean. The Office of Human Relations is the final arbiter.

Failure to follow this sequence of steps will only serve to delay the appropriate resolution of the issue or dispute as the matter will only be referred back to the correct level in this chain of responsibility.

### **Returning from Leave of Absence While in Phase II or Phase III**

A student returning from a leave of absence of 3 months or more is required to complete one ½ day review session (arranged by the clinical education department). The review session must be completed successfully before continuing with clinical education.

Student must:

- a. Demonstrate proficiency performing
  1. Complete Physical Exam
  2. POP with a SOAP Note
- b. Review the following videos:
  - Universal Precautions
  - Sterile Techniques

A second session may be scheduled if deficiencies are noted by the faculty.

### **Children in the Classroom/Labs**

The PA classroom is an environment for enhanced learning and should be free from unnecessary distraction. For this reason, children are not permitted in the classroom during examinations, no exceptions.

During the Pediatrics Course children will be invited to class to participate in the pediatric workshop.

### **PA Program Expectations of Students:**

All students must have access to a computer and the Internet. Students are invited to use the computer terminals on campus or use their personal computers. It is highly recommended that all students purchase a home PC or laptop, if they already do not own one. Course assignments will be given that necessitate access to a computer and the Internet.

All students are required to participate as practice partners in physical examinations and clinical skills activities. This role necessitates the modest exposure of certain body parts such as the head, face, neck, torso, and extremities. At no time will breasts or genitalia be exposed or examined. Students are expected to practice exams on other students. Similarly, students are expected to be mock patients receiving physical examinations. The course instructor will randomly assign practice partners. Female/male pairing as practice partners is expected, and such pairings can only be changed in special circumstances as deemed appropriate by the PA Program Chair.

### **Student Academic Progress Committee**

- a. The Student Academic Progress Committee is comprised of department chairs and faculty members of the College of Allied Health Professions.

- b. Each year, the Student Academic Progress Committee shall periodically review the academic achievements and the performance of all students. The names and grades of students in academic difficulty shall be made available to the Student Academic Progress Committee by the department chairs and faculty members.
- c. After reviewing the student's achievement and performance records, the Student Academic Progress Committee may recommend to the Dean of the College of Allied Health Professions any of the following courses of action for a student: promotion, probation, remediation, dismissal from the College, psychological and educational assessment and recommendation, or no action.
- d. The Student Academic Progress Committee also has the responsibility of recommending to the faculty, as a whole, the awarding of the Master of Science degree upon satisfactory completion of all requirements for graduation as stated in the University Catalogue.
- e. All recommendations of the Student Academic Progress Committee shall be in writing to the Dean of the College of Allied Health Professions, who will make the information available to the student.

## CURRICULUM ORGANIZATION

PREPARATORY PHASE (Optional preparatory course that is not part of the PA curriculum. A separate fee is assessed).

DO 5001 Summer Preparatory Program (0 credits, Cr/NCr)

### PHASE I

First Semester

Year I Students

Course #	Title	Sem. Hours
PA5005	Medical Terminology	1 (Cr/NCr)
PA5010	Structure & Function I	4
PA5020	Clinical Skills I	3
PA5030	Physical Assessment I	3
PA5040	Health Promotion/Disease Prevention I	3
PA5050	Introduction to Adult Medicine & Pathophysiology I	6
PA5060	Pharmacology and Therapeutics I	3
PA5070	Psychosocial Dynamics	3
Total		26

Second Semester

Year I Students

Course #	Title	Sem. Hours
PA5011	Structure & Function II	4
PA5021	Clinical Skills II	3
PA5031	Physical Assessment II	3
PA5041	Health Promotion & Disease Prevention II	2
PA5051	Introduction to Adult Medicine & Pathophysiology II	6
PA5061	Pharmacology and Therapeutics II	3
PA5100	Pediatrics	3
HSCI5206	Research Methods II	3
Total		27

Third Semester

Year I Students

Course #	Title	Sem. Hours
PA5110	OB/GYN	3
PA5120	Geriatrics	3
PA5130	Emergency Medicine	3
PA5140	Professional Roles & Responsibilities	2

PA5160	Health Care Delivery System	2
Total		13

PHASE II  
Fourth Semester  
Year II Students

Course #	Title	Sem. Hours
PA6020	Senior Seminar I	3
###	Clinical Rotations I (4)	12
PA6970	Applied Clinical Project I	1
Total		16

Fifth Semester  
Year II Students

Course #	Title	Sem. Hours
PA6030	Senior Seminar II	3
###	Clinical Rotations (4)	12
PA6980	Applied Clinical Project II	1
Total		16

PHASE III  
Sixth Semester  
Year II Students

Course #	Title	Sem. Hours
PA6040	Senior Seminar III	2
PA7900	Advanced Clinical Preceptorship	9
PA6990	Applied Clinical Project III	7
Total		18

## COURSE DESCRIPTIONS

### **DO 5001 Summer Preparatory Program (0 credit hours, Cr/NCr, Optional)**

The Summer Preparatory Program prepares incoming students for the anatomy course and provides an introduction to biochemistry. The anatomy component focuses on the skeletal, muscular, cardiovascular and nervous systems, yet provides a brief overview of other body systems. It is designed for the student without prior coursework in anatomy. Acceptance into this program is at the discretion of the instructor/coordinator. The course is an elective and does not meet any requirements for graduation. A separate tuition of \$300 is charged.

### **PA 5005 Medical Terminology (1 credit hour, Cr/NCr)**

This course is designed to provide a framework for building a comprehensive medical vocabulary. The basic techniques of medical word building will be used to enhance appropriate use and spelling of medical terms in oral and written presentations.

### **PA 5010 Structure and Function I (4 credit hours)**

An integration of sciences: anatomy, physiology, and biochemistry as they contribute to the understanding of clinical medicine. This course is correlated to the Introduction to Adult Medicine course.

### **PA 5011 Structure and Function II (4 credit hours)**

Continuation of PA 5010.

### **PA 5020 Clinical Medical Skills I (3 credit hours)**

This practical course exposes the physician assistant student to basic clinical skills used in the primary care office. Skills include, but are not limited to, venipuncture, universal precautions, suturing, casting and sterile procedures.

**PA 5021 Clinical Skills II (3 credit hours)**

Continuation of PA 5020.

**PA 5030 Physical Assessment I (3 credit hours)**

This course is designed to provide students with fundamental cognitive knowledge of interviewing, formulating write-ups and physical assessment techniques. Students also learn how to analysis data and the formulation of a therapeutic plan based on the health history, and physical examination. This course is correlated with the Introduction to Adult Medicine.

**PA 5031 Physical Assessment II (3 credit hours)**

Continuation of PA 5030.

**PA 5040 Health Promotion and Disease Prevention I (3 credit hours)**

This course stresses the principles of wellness including detailed discussions of nutrition, exercise, alcohol and tobacco as they relate to culturally diverse patient populations.

**PA 5041 Health Promotion and Disease Prevention II (2 credit hours)**

Continuation of PA 5040.

**PA 5050 Introduction to Adult Medicine and Pathophysiology I (6 credit hours)**

This course represents an introduction to clinical adult medical and surgical disorders as well as pathophysiology from a primary health care perspective. This course is correlated with structure and function, pharmacology, and physical assessment. It also incorporates signs, symptoms, differential diagnosis, laboratory diagnosis and treatment modalities for selected disciplines.

**PA 5051 Introduction of Adult Medicine and Pathophysiology (6 credit hours)**

Continuation of PA 5050.

**PA 5060 Pharmacology and Therapeutics I (3 credit hours)**

This course stresses the principles of drug action and is correlated with the system orientation of the "Introduction to Adult Medicine." Current aspects of drug therapy are studied with particular emphasis on the activity.

**PA 5061 Pharmacology and Therapeutics II (3 credit hours)**

Continuation of PA 5060.

**PA 5070 Psychosocial Dynamics (3 credit hours)**

This course provides students with the necessary skills to diagnose and treat common mental health disorders seen in an ambulatory family practice population. It also provides the students with information that enable them to factor "humanity" into their assessment, diagnosis and intervention strategies. The course also includes modules on family structure and functioning, the dynamics of aging, death and dying, and human sexuality.

**PA 5100 Pediatrics (3 credit hours)**

This course will provide the primary care physician assistant student with an introduction to the basic principles of pediatrics. This pediatric course will provide the students with the basic cognitive skills required to obtain and perform an appropriate newborn, pediatric and adolescent history and physical.

**PA 5110 Obstetrics/Gynecology (3 credit hours)**

This course is designed to introduce the PA student to the fundamental principles and practice of obstetrics and gynecology and the unique physical and emotional health care needs of female patients. Emphasis will be placed on the pathophysiology, etiology, management and prevention of clinical problems that transpire in a woman's life cycle from infancy through menopause. Students will also learn the essential details of the OB-GYN clinical evaluation and strategies in the diagnosis and treatment of common OB-GYN medical, surgical, and obstetric disorders of women.

**PA 5120 Geriatrics (3 credit hours)**

This course introduces the students to all aspects of geriatrics. The course provides a framework for common geriatric illness, diseases, diagnoses and treatment. It discusses normal and pathologic changes of aging. It explores health care financing for the elderly. Common ethical and legal issues in caring for the elderly are discussed.

**PA 5130 Emergency Medicine (3 credit hours)**

This course emphasizes assessment skills in emergency medicine. It would provide students with an overview of emergency medicine, history and physical examinations. The course will introduce current diagnosis and treatment for commonly encountered medical emergencies. The student should be able to develop a working knowledge and framework for the evaluation and treatment of common medical and surgical procedures.

**PA 5140 Professional Roles and Responsibilities (2 credit hours)**

This course examines the different professional roles that can be assumed by a physician assistant. Also included are discussions of the laws in which PA's are required to follow to practice medicine and the health care delivery system.

**PA 5160 Health Care Delivery Systems (2 credit hours)**

This course will introduce the student to the current models of health care delivery systems utilized within healthcare. It will also identify the roles of a PA within the current health care delivery systems.

**HSCI 5206 Research Methods II (3 credit hours)**

The purpose of this course is to introduce students to a variety of research methodologies. Included will be historical studies, case studies, observational studies, the survey, quasi-experimental designs, and experimental designs. Generalizability issues and validity/reliability issues related to research are presented. HPE 5106 or its equivalent is a prerequisite for this course.

**PA 6020 Senior Seminar I (3 credit hours)**

Senior Seminar consists of a series of examinations and discussions. Clinical skill problems, case presentations, and problem oriented physical examinations are used as teaching tools to help the physician assistant student understand his/her role as a practicing PA.

**PA 6030 Senior Seminar II (3 credit hours)**

Senior Seminar II consists of a series of examinations and discussions. The purpose of the course is to further develop the physician assistant student's clinical skills and test-taking abilities.

**PA 6040 Senior Seminar III (3 credit hours)**

Senior Seminar III consists of a comprehensive examination and a problem oriented physical. The purpose of the course is to further develop the physician assistant students' clinical skills and prepare for the National Certification examination.

**PA 6970 Applied Clinical Project I (1 Credit Hour, Cr/NCr)**

Preparation of a clinical project, under the supervision of a member of the PA faculty, that will be completed and presented in PA 6990.

**PA 6980 Applied Clinical Project II (1 Credit Hour, Cr/NCr)**

Continuation of PA 6970.

**PA 6990 Applied Clinical Project III (7 credit hours, Cr/NCr)**

In this course, the student presents the Clinical Project in partial fulfillment of requirements for the degree of Master of Science in Physician Assistant Studies.

**PA 7010 Family Practice I (3 credit hours)**

A clinical rotation that provides students with experience in a primary health care setting and will focus on medical problems most commonly encountered by a family practitioner and certified physician assistant.

**PA 7020 Family Practice II (3 credit hours)**

This rotation is an extension of the Family Practice I experience and will permit students to extend their experiences in primary health care. Students may elect to return to the site of their initial family practice rotation or select a second type of primary care experience including such opportunities as migrant, or Indian Health Service activities.

**PA 7030 Internal Medicine (3 credit hours)**

A clinical rotation that provides students with the opportunity to diagnose, manage, and treat patients in an in/out patient setting. The student will participate in the direct care of patients including initial interview, physical examination, hospital rounds, clinical conferences and management decision sessions.

**PA 7040 Emergency Medicine (3 credit hours)**

Students obtain experience in the management of acute medical and surgical care with an emphasis on the development of skills required to treat life-threatening illness and injury.

**PA 7050 Urgent Care (3 credit hours)**

Students obtain experience in the management of acute medical and surgical care with an emphasis on the development of skills required to treat non-life-threatening illness and injury as well as triage and assess true emergent cases.

**PA 7060 Pediatrics (3 credit hours)**

Students gain knowledge in the care of infants and children, including an understanding of normal development, and the recognition and management of common childhood illness, immunization updates and patient education opportunities.

**PA 7070 Obstetrics and Gynecology (3 credit hours)**

Students learn about women's health issues: preventive care, prenatal care and post natal care, current contraceptive technology, and medical therapeutics which aid in the well being of the female patient.

**PA 7080 General Surgery I (3 credit hours)**

Students are involved in the direct care of patients undergoing surgery including both pre-surgical evaluation and post-surgical maintenance. Students may select either in-patient or out-patient surgical settings.

**PA 7090 Public Health (3 credit hours)**

This rotation provides the students with an insight into epidemiology and how various public health agencies play a significant role in health promotion and disease prevention.

**PA 7110 Community Medicine Service (3 credit hours)**

This rotation provides experience in community health. It exposes students to common problems seen in family medicine as well as conditions seen in public health. This allows the student to understand how community clinics play a significant role in health promotion and disease prevention.

**PA 7120 Neurology (3 credit hours)**

This rotation provides the student with the opportunity to learn initial diagnosis, differential diagnosis, work-up and follow-up of inpatients with new or complicating neurological problems.

**PA 7500 Extended Core Selectives (3 credit hours)**

Students can pursue additional experience in a variety of clinical specialties and sub-specialties or they can extend their knowledge by repeating one of the required clinical rotations. Repeatable for a maximum of 6 credit hours. Repeating the same decimal subdivision is not permitted, except for PA7500.99.

PA 7500A            Orthopedics

PA 7500B	Oncology
PA 7500C	Family Practice III
PA 7500D	Infectious Disease
PA 7500E	Cardiology
PA 7500F	Cardiothoracic Surgery
PA 7500G	Geriatrics
PA 7500H	General Surgery II
PA 7500J	Rheumatology
PA 7500K	Endocrinology
PA 7500L	Dermatology
PA 7500M	Occupational Medicine
PA 7500N	Trauma Surgery
PA 7500P	Psychiatry
PA 7500Q	Otolaryngology
PA 7500R	Directed Research/Independent Study
PA 7500Z	Other

### **PA 7900 Advanced Clinical Preceptorship (9 credit hours)**

Advanced Clinical Preceptorships prepare the second year PA student for the transition from student to primary care practitioner. This course is three months in length and provides the student with valuable patient management data while also emphasizing continuity of care.

### **HONORS AND AWARDS**

The following are presented on Honors Day:

- The President's Society Award
- Joseph and Dorothy Gendron Journalism Award
- Linda Fox Memorial Endowment Fund Award
- Arthur Madorsky, MD Memorial Scholarship Award
- Class Morale Award
- Class Award
- Western University Physician Assistant Service Award
- The Clymer Award for Academic and Professional Excellence
- Dean's Award
- The National Dean's List Nominations
- Who's Who Among Students in American Universities and Colleges Nominations

The following are presented at graduation:

- Alumni Memorial Award
- Class Morale Award
- Class Award
- Western University Physician Assistant Service Award
- The Bertha Oliver Memorial Award
- Andrea J. Reina Memorial Award
- Martha Medina Memorial Award
- Blake Award of Academic Excellence
- Dean's Award



**ACADEMIC CALENDAR**  
2003-2004  
PA PROGRAM

Friday, Jul. 25, 2003  
Fall Semester Registration Ends (MSPA '04)

Friday, Aug. 1, 2003  
Fall Semester Registration Ends (MSPA '05)

Aug. 5-9, 2002  
Orientation/Registration

Monday, Aug. 4, 2003  
Fall Semester Tuition Due (1<sup>st</sup> years)

Saturday, Aug. 9, 2003  
Convocation/White Coat Ceremony

Monday, August 11, 2003  
Classes begin (1st year)

Monday, Aug. 25, 2003  
Fall Semester Tuition due (2<sup>nd</sup> years)

Monday, September 1, 2003  
Rotations begin (2nd year)

Monday, September 1, 2003  
Labor Day - No 1<sup>st</sup> year Class

Monday, October 13, 2003  
Columbus Day - No Class

October 17-20, 2002  
CAPA Convention - No Classes

Wednesday, Nov. 26, 2003  
Thanksgiving recess - Noon

Monday, Dec. 1, 2003  
Classes Resume

Friday, December 12, 2003  
Last Day of Lectures for Fall Semester

December 15-19, 2003  
Finals Week

Monday, December 22, 2003  
Winter Recess

**2004**  
Monday, January 5, 2004  
Classes Resume

Monday, January 19, 2004  
Martin Luther King Day - No Classes

Monday, Jan. 26, 2004  
Spring Semester Tuition Due (1<sup>st</sup> years)

Monday, February 16, 2004  
President's Day - No Classes

Monday, Feb. 9, 2004  
Spring Semester Tuition due (2<sup>nd</sup> years)

Monday, March 15, 2003  
Spring Break Begins

Monday, March 22, 2004  
Classes Resume

Monday, April 12, 2004  
Honor's Day

Friday, May 7, 2004  
Last Day of Lectures for Spring Semester

May 10-14, 2004  
Spring Semester Finals

Friday, May 14, 2004  
Commencement

Monday, May 31, 2004  
Memorial Day – No Classes

Tuesday, June 1, 2004  
First Day of the Summer Session

Friday, July 30, 2004  
Last Day of Summer Semester

## **THE PHYSICIAN ASSISTANT OATH**

I pledge to perform the following duties with honesty, integrity, and dedication, remembering always that my primary responsibility is to the health, safety, welfare, and dignity of all human beings:

I recognize and promote the value of diversity and I will treat equally all persons who seek my care.

I will uphold the tenets of patient autonomy, beneficence, non-maleficence, justice, and the principle of informed consent.

I will hold in confidence the information shared with me in the course of practicing medicine, except where I am authorized to impart such knowledge.

I will be diligent in understanding both my personal capabilities and my limitations, striving always to improve my practice of medicine.

I will actively seek to expand my intellectual knowledge and skills, keeping abreast of advances in medical art and science.

I will work with other members of the health care team to assure compassionate and effective care of patients.

I will uphold and enhance community values and use the knowledge and experience acquired as a PA to contribute to an improved community.

I will respect my professional relationship with the physician and act always with guidance and supervision provided by that physician, except where to do so would cause harm.

I recognize my duty to perpetuate knowledge within the profession.

These duties are pledged with sincerity and on my honor.

# COLLEGE OF GRADUATE NURSING

## Master of Science in Nursing/Family Nurse Practitioner Program

### Master of Science in Nursing Track

### Post-Masters Family Nurse Practitioner Track

### Advanced Practice Nurse to Family Nurse Practitioner Track

#### ACCREDITATION

The programs of the College of Graduate Nursing are California Board of Registered Nursing approved and accredited by the Commission on Collegiate Nursing Education (CCNE). Graduates are eligible to apply for state certification and to sit for the appropriate national certification examinations.

#### MISSION

The Western University College of Graduate Nursing (CGN) has established a community for learning that offers bachelor-prepared nurses an opportunity to expand their education through a web-based Master of Science in Nursing and Family Nurse Practitioner certificate program in preparation for providing primary health care for their community. The CGN faculty members foster excellence, creativity, innovation, self-reflection, personal and professional accountability, collaboration, cultural sensitivity, a passion for caring, leadership, and lifelong scholarship through a mentoring relationship with students.

In accordance with the mission of Western University of Health Sciences, the faculty endeavor to:

- improve the health of the community through the preparation of professional advanced practice nurses with expertise for effective provision of family-centered care for primary health care needs of a rapidly changing society; and,
- develop each student's potential through role modeling, empowerment, sharing of knowledge, caring, and advocating mutual respect.

#### PHILOSOPHY

The College of Graduate Nursing is distinguished by the faculty's beliefs about nursing, persons, environment, health and nursing education:

**Nursing**, as a professional discipline, is an art and a humanistic science of caring. The art of nursing is in its understanding of the meaning of a holistic health-illness experience and the perception of the moral and ethical significance of care, as well as the integration of technical skill with relevant theory. The art of nursing employs critical thinking and respect; it fosters open and effective oral and written communication with clients and colleagues. The humanistic science of nursing is the generation and application of the body of theoretical nursing knowledge, behavioral and natural science, the humanities, and the arts, employed in a caring, respectful manner.

The professional practice of nursing is the directing of knowledge, competencies and processes toward assisting persons to achieve quality of life, health, well-being, or peaceful death. Advanced practice nursing competencies are complex psychomotor and interpersonal skills, leadership, collaboration, self-evaluation, and scientific application and inquiry that are guided by professional standards. Processes include critical thinking, accountability, problem solving, decision-making, caring, advocacy, and involvement. Knowledge for Advanced Practice Nursing is built upon the foundation acquired in a Bachelor of Science in Nursing and its related arts and sciences, as well as information gained from prior nursing experience. Expertise for Advanced Practice focuses on socio-cultural, ethical, economic and political issues, advanced technology, theory, research, and advanced physical and psychological sciences. Evidence-based professional nursing practice demands recognition that each individual has unique needs that can be assessed and incorporated into a research-based nursing plan.

**Persons** who participate in family-centered nursing care are individuals with unique lifestyles, knowledge, beliefs and values, needs, and goals and are able to make autonomous decisions. These clients of nursing involve complex biological, behavioral, emotional, sociocultural, philosophical and spiritual dimensions and interact dynamically with their environment. Clients interact through relationships with families, in various

forms, and communities. Persons have a right and responsibility to participate collaboratively with nurses and other health professionals in decisions and shared accountability for outcomes.

**Environment** is both the internal and external contexts of the individual. Environment involves reciprocal multidimensional and dynamic forces that affect the person's health and well being.

**Health** is a multidimensional, adaptive state of being reflecting internal and external environmental and developmental influences. Health is a relative condition, characterized by wellness, illness, disease, or dysfunction. Health may be a reflection of individual perceptions of balance and harmony.

**Nursing Education** is a process that provides opportunities to expand and extend knowledge for continued growth and competency of the individual and the profession. It draws on multiple disciplines and involves organized learning experiences that augment previous knowledge and skills in preparation for professional nursing practice. Nursing education is a flexible process that fosters creativity and independent and critical thinking. We value self-directed learners, continual learning, and active engagement in a teaching/learning partnership. The educational process supports personal, social and intellectual development while assisting students to attain academic and professional goals. Through the provision of meaningful learning experiences, nursing education seeks to assist the learner to formulate and structure nursing knowledge, while distinguishing relevant from non-relevant information and developing safe and effective nursing practice. The educational program seeks to evoke honesty, excitement of discovery, encourage self-expression and serve as a catalyst for lifelong learning.

**Teachers and learners** in the learning community engage in interactive processes that enhance the potential and respect of each person. Teachers act as facilitators, and through their expertise and skill, are role models for student professional practice. The faculty as a whole focuses on the provision and organization of the curriculum and provides a milieu that encourages questioning, growth and mutual evaluation.

The CGN faculty believes that students are active, self-directed, adult learners who are committed to safe and effective professional practice and rigorous courses of study. Students are accountable for integrity of academic accomplishments, professional practice and self-assessment. Students bring unique backgrounds and have individual goals that create differing responses to the learning process. Learning is a personal responsibility.

## **OUTCOME COMPETENCIES FOR GRADUATES**

Graduate education for Advanced Practice Nursing is based on undergraduate nursing knowledge and experience. The CGN places emphasis on critical thinking, clinical competence, communication, decision-making, accountability, writing, and technological competence.

The course of study, including specifically stated learning activities, is a series of sequential courses designed to assist learners in attaining the following behaviors prior to being approved for program completion.

Graduates of the Western University of Health Sciences College of Graduate Nursing, as candidates for state and national certification will:

1. Critically analyze literature for the purpose of evidence-based advanced nursing practice, education, and life-long scholarship.
2. Participate in the development of new nursing knowledge through the application and development of theory and research.
3. Apply knowledge from the humanities and physical, social, psychological, nursing, medical, and pharmacological sciences to decision-making in order to provide and evaluate accountable primary health care which is commensurate with professional and legal parameters of the role of Family Nurse Practitioner.
4. Provide individualized client and family-centered health care that demonstrates recognition of reciprocal environmental interaction and diversity of socio-cultural values and beliefs among members of a rapidly changing society.
5. Apply comprehension of changing national and local public policy related to health care standards, health care systems and financing when planning and providing health care for individuals, families, and communities.
6. Empower client collaboration and decision-making for desired health care outcomes and quality of life through advocacy, caring, and the application of critical thinking skills, theories of learning and communication, and ethical principles.
7. Integrate health promotion, illness prevention, and health maintenance strategies into holistic health care provided for diverse individuals, families, and communities.
8. Provide leadership through participation in professional and community development activities and advocacy of the advanced nursing practice role.

9. Demonstrate mastery of traditional and electronic access to information resources for research, study, and practice.

## **CURRICULUM**

The College of Graduate Nursing currently offers a combined Master of Science in Nursing/Family Nurse Practitioner program, two Post-Master's Family Nurse Practitioner tracks, and a Master of Science in Nursing track.

The Master of Science in Nursing/Family Nurse Practitioner Program (MSN/FNP) curriculum requires the completion of 50 semester units over a two- or three-year period. The Post-Masters Family Nurse Practitioner (FNP-only) track curriculum requires 37 semester units for completion and can be completed in one year. Both of these tracks require the completion of 675 preceptored clinical hours.

The Advanced Practice Nurse to Family Nurse Practitioner (APN-FNP) track requires 19 semester units for completion and can be completed in one year. The APN-FNP track requires the completion of 180 clinical hours.

The Master of Science in Nursing track requires 17-21 semester units to be completed in a year. This degree track is designed for Advanced Practice Nurses.

Graduates will be prepared to meet the criteria established by the California Board of Registered Nursing as advanced practice nurses. Nurse practitioners work in a variety of health care settings independently, or in groups of health care professionals, under collaboratively developed and agreed upon standardized procedures.

### **Instructional Design: Distance Learning**

The College of Graduate Nursing programs are designed for the adult learner. The design uses educational and instructional learning theories that emphasize outcome competencies as the desired goal, rather than time on task, and individualized instructional strategies as well as classroom and clinical instruction.

### **12 Month Academic Year**

The twelve month academic calendar begins in August and includes three 15-week semesters with two-week intersessions between each semester.

### **Integrated Courses**

For the clinical programs (MSN/FNP or FNP-only) health care issues are studied across the life span with a focus on groups of specific health care problems, namely, Common, Acute, Chronic and Complex health care problems for each age group. The course of study is planned to allow for integration of knowledge and skills across each area of study (courses).

### **Essential Intellectual Skills**

In addition to essential academic content and performance skills, each course requires learning activities that foster intellectual skill development for critical thinking and decision making as well as oral and written communication.

### **Web-based Learning**

The instructional modality that is most evident in this curriculum is web-based learning. The majority of courses include required asynchronous discussion sessions in which students and faculty participate in collaborative learning of the assigned readings. Students are expected to be on-line and engaged in learning activities from the first day of the first semester. The CGN Web site is designed to provide the learner with the information needed to be successful in each course including learning objectives, content, learning activities, evaluation methods and grading criteria.

### **Weekend Seminars**

Each semester students are required to attend two intensive, two- to three-day weekends on campus. These classes provide valuable time for faculty and peer interaction, student presentations, lectures, clinical and didactic testing, skills laboratories, and selected clinical practice with faculty.

### **Culminating Experience**

Master's degree education usually culminates with a required research or research-based project or thesis. The MSN/FNP program and MSN track, however, require that each student complete a project that features the implementation of a clinical improvement project (one credit hour). Students enrolled in the MSN/FNP program must complete a minimum of 540 clinical hours prior to beginning their culminating project or enrolling in CGN 5608

### **Program Completion**

Students who have met the following requirements will be considered candidates for the degree of Master of Science in Nursing and/or Family Nurse Practitioner Certificate:

- Completion of all course requirements with a minimum overall GPA of 3.0.
- Completion of 675 clinical practice hours (MSN/FNP and FNP-only) or 180 hours for APN-FNP students. Students must satisfactorily demonstrate all clinical competencies.
- Completion of the culminating experience project (MSN/FNP and MSN students).
- Has complied with all the legal and financial requirements of the University as stated in the University Catalogue.
- Has demonstrated no serious deficiencies in ethical, professional or personal conduct as outlined in Standards of Professional Conduct
- Students enrolled in a post-Master's track (APN-FNP or FNP-only) will be candidates for the FNP Certificate only.

Unless the President of the University has granted special permission, all students must attend in person and participate in the Commencement program at which time the degree is conferred. If the President grants special permission to be excused from graduation, the graduate may be required to present himself or herself to the Executive Vice President of Academic Affairs or appropriate Dean at a later date in order to receive his or her diploma.

### **ADMISSION POLICIES**

#### **Prerequisite Requirements for MSN/FNP Program\***

- Bachelor of Science in Nursing\*\* from a National League of Nursing (NLN) or Commission on Collegiate Nursing Education (CCNE) accredited program
- GPA of 3.0 overall in the last 60 semester units or 90 quarter units
- Pathophysiology
- Statistics
- Registered Nurse (RN) licensure in the state where preceptored clinical hours will be completed
- 1 year experience as a Registered Nurse (RN)

#### **Prerequisite Requirements for Post-Masters Track (FNP-Only)\***

- Master of Science in Nursing or related field
- BSN in Nursing\*\* from a National League of Nursing (NLN) or Commission on Collegiate Nursing Education (CCNE) accredited program
- GPA of 3.0 overall in the last 60 semester units or 90 quarter units
- Pathophysiology
- Statistics
- Registered Nurse (RN) licensure in the state where preceptored clinical hours will be completed
- 1 year experience as a Registered Nurse (RN)

#### **Prerequisite Requirements for MSN-only Track\***

- BSN Degree in Nursing\*\* from a National League of Nursing (NLN) or Commission on Collegiate Nursing Education (CCNE) accredited program
- Nurse Practitioner, FNP, PNP, Adult, GNP, CRNA, or CNM
- GPA 3.0 overall in the last 60 semester units or 90 quarter units
- Statistics
- Registered Nurse (RN) licensure in the state where preceptored clinical hours will be completed
- 1 year experience as a Registered Nurse (RN)

### **Prerequisite Requirements for Advanced Practice Nurse to Family Nurse Practitioner (APN-FNP) Track\***

- Master of Science in Nursing or related field
- BSN in Nursing\*\* from a National League of Nursing (NLN) or Commission on Collegiate Nursing Education (CCNE) accredited program
- GPA of 3.0 overall in the last 60 semester units or 90 quarter units
- Pathophysiology
- Statistics
- Registered Nurse (RN) and/or Nurse Practitioner (NP) licensure in the state where preceptored clinical hours will be completed
- 1 year experience as a Registered Nurse (RN)
- Verification of Advance Practice Nurse Specialty

\*Students who do not meet the requirements for admission may petition the Admissions Committee for special consideration. If admitted on probationary status, a student must achieve a GPA of 3.0 in pre-program and first semester courses with no options for remediation.

\*\* Bachelors in a related field will be reviewed on a case-by-case basis.

### **Requirements for Admissions (All Tracks)**

- Completed Application
  - Three Letters of Reference (faculty & employers within past two years)
  - Resume
  - Personal Statement which addresses your understanding of advanced practice nursing, personal career goals and how your background strengthens your aptitude to become an Advanced Practice Nurse
  - Application Fee of \$60
  - Official transcripts from all colleges/universities attended
  - All graduates must agree to sit for the national certification examination within six months of graduation
- Decisions of the Admissions Committee regarding the admission of applicants to its programs are final.

### **Computer Requirements**

The following is a list of computer equipment necessary for the Web-based programs:

- PC System - Minimum 133 MHz Intel Pentium® processor or equivalent
- Windows 95 or higher
- Minimum 64 MB RAM
- 1GB of free hard disk space
- Modem – 56 kbps or higher
- CD-ROM drive
- Newest version of Internet Explorer
- Microsoft Office Standard Suite 97 or higher with Word, Excel and PowerPoint
- New version of virus protection that supports weekly updates
- Newest version of Real Player plug-in
- Newest version of Adobe Acrobat plug-in
- 16-bit sound card and speakers
- Internet service provider (flat rate recommended)
- Printer
- Dedicated telephone line (recommended)

### **MSN-Harbor Track**

In conjunction with the Harbor-UCLA Research and Education Institute's Women's Health Care Nurse Practitioner Program, an accelerated Master of Science in Nursing degree is available for graduates and currently enrolled students of the Women's Health Care Nurse Practitioner Program. For more information, please contact the Western University College of Graduate Nursing. Students admitted to this track must complete at least 17 units of Western University coursework. Additional units may be required based upon assessment of transfer coursework.

### **Transfer of Credit**

The College of Graduate Nursing does not accept undergraduate course work for graduate level credit. Graduate level courses taken at accredited institutions can be transferred for credit provided that the course work meets the corresponding requirements of the CGN course. The Admissions Committee, in conjunction with the faculty of record for the course, will decide which courses will be accepted for transfer credit. After review of transcripts, the Admissions Committee Chair will inform the student of acceptance of these transfer credits. No tuition fees are paid for these units, and the transfer courses do not count in the computation of the GPA. Any course work not accepted for transfer may be challenged by the student according to the Course Challenge Policy described below.

### **Residency Requirement**

A minimum of 17 units must be taken in residence at Western University of Health Sciences to receive a nurse practitioner certificate and/or Master of Science in Nursing degree from the University.

### **REGISTRATION**

Following completion of the admissions procedure and written documentation of acceptance into Western University's College of Graduate Nursing, an orientation packet will be mailed directly to the student. All students will complete registration at the campus-based orientation in Pomona. Registration will be completed via mail for continuing students and will be done annually prior to each academic year.

### **Orientation and Pre-Program Courses**

All students enrolled in the College of Graduate Nursing will be required to complete two mandatory orientation seminars on the Pomona campus. Orientation will include computer skill training (e-mail, e-mail attachments, address book use, file management, and Microsoft software use), an introduction to computer-based learning, and an overview of Western University curriculum. Students will complete registration, purchase medical equipment and orient to the services of the University at this time. All students will begin a Communication and Information Management course (CGN 5000), which prepares students for success in Western University of Health Sciences' computer-based courses. Students enrolled in the Advanced Physical Assessment course (CGN 5601) will participate in clinical exam skills training. All students must successfully complete the Pre-Program courses in order to continue in the curriculum.

Students must successfully complete the Advanced Physical Assessment course prior to beginning their clinical preceptored experience.

### **Medical Information**

Verification of the following must be on file in the Office of the Registrar at the time of registration:

- Completion of Western University's History and Physical form
- Medical clearance for participation in program/clinical
- A recent (within past six months) PPD or Chest X-ray report indicating that the student is free of tuberculosis (all students). Students are required to submit documentation of PPD/Chest X-ray annually while enrolled at Western University

In addition, student enrolled in clinical tracks must file:

- Verification of immunization or immunity for: Polio, MMR, Varicella, Diphtheria/tetanus (within past 10 years) and completion of the Hepatitis B series
- Current CPR certification (and maintained throughout the program of study)



**Health Insurance**

All students must be covered by health insurance throughout the program. Proof of health insurance must be provided at the time of registration annually.

**TUITION AND FEES**

By action of the Board of Trustees, the tuition and fees for the 2003-2004 year are as follows:

MSN/FNP Program	50 units @ \$500/unit
FNP-Only Track	37 units @ \$500/unit
APN-FNP Track	19 units @ \$500/unit
MSN-Only Track	21 units @ \$500/unit
MSN-Harbor Track	17 units (minimum) @ \$500/unit
Clinical Education Fee	\$750 per year for students enrolling in an FNP certificate track
Student Body Fee	\$40/year

**Other Fees and Expenses**

Application Fee	\$60
Required Textbooks	\$1800 MSN/FNP & FNP first year (approximate)
Medical Equipment	\$400 MSN/FNP & FNP students (approximate)
Computer with Modem	\$1500 (approximate)
Lodging/Meals/Travel	varies, depending on distance and mode of travel.
Lost ID Badge	\$10

Note: All tuition and fees are subject to change.

**Library Services**

Western University's library resources can be accessed on the Internet at: <http://www.westernu.edu>. Database access is available to distance students following registration. Nursing students will access the internet sites for some resources and perform database searches for class assignments or research projects. Full text articles are not always available via the World Wide Web, therefore, students are expected to utilize traditional library services for research assignments, whether in the student's community or near their home

**Required Supplies for Clinical**

Physical Exam Equipment:

- Lab Coats (to be worn at all times)
- Name Tag (to be worn at all times)
- Ophthalmoscope
- Otoscope
- Pen Light
- Reflex Hammer
- Ruler (cm)
- Stethoscope
- Tuning Fork # 512
- Hand Held Snellen Chart

**Bookstore**

Textbooks, medical equipment and software are available through the University Bookstore. All items can be ordered by phone and mailed directly to your home using a credit card.

## **ACADEMIC POLICIES AND PROCEDURES**

### **Academic/Clinical Advisement**

All students are assigned a faculty advisor upon matriculation into the program. Entering students should contact this faculty advisor no later than the first Seminar Weekend of enrollment in the program. Such contact may take place in person, on-line, or through both methods. Although advisors are assigned, the student may, with the agreement of the faculty request a different advisor. Reasonable efforts will be made to assign a student to the advisor of choice, although scheduling problems may make this impossible. Continuing students have the opportunity to contact designated faculty advisors and/or individual instructors on-line, by appointment in person or telephone, or at any Seminar Weekend. Regular and on-going contact with the academic advisor is encouraged as one method to enhance success in the program. All students must meet with their faculty advisor in the semester prior to their anticipated completion for a final review of graduation requirements and approve to file for graduation.

### **Standards of Academic Performance**

As a College of Graduate Nursing, the standard for successful progress is higher than that for undergraduate education. An overall grade point average of 3.0 is required for graduation. Each student will also demonstrate an acceptable level of performance for all Outcome Competencies (as outlined in the curriculum). Each graduate is also expected to demonstrate critical thinking skills as well as competence in written and oral communication. Students who are placed on academic probation are required to contact their academic advisor.

### **Academic Progression**

Regular admission and matriculation to any of the CGN programs is intended for full-time enrollment. Depending upon the particular program, however, some students may choose academic patterns of up to three years in length. Each of the programs of the CGN is built around a sequence of courses that build on prior courses. Consequently, academic progression is based on successful completion of each course in a program, in sequence. Students are expected to enroll in and successfully complete each course in a sequential progression.

Part-time enrollment is possible, however, students anticipating part-time enrollment should discuss plans with an academic advisor prior to matriculation. Students who decide to switch from full-time enrollment to part-time enrollment should discuss plans with the academic advisor.

A grade of B or Cr (Credit) is required in each course in the program. Students who earn less than a B in a theory course must successfully remediate the course to continue in the program. Students who earn a grade less than a B or earn NCr (No Credit) in a clinical course must remediate the course to continue in the program.

Minimal competency, as outlined in the course syllabi for clinical courses, is required to achieve a passing grade of A, B, or Cr. A grade of No Credit (NCr) is the equivalent of a U grade in clinical courses. A grade of U or NCr denotes unacceptable performance and students must successfully remediate the course to continue in the program.

### **Course Challenge Policy**

- a. Course challenge is defined as a student request for exemption from a specific Western University course requirement due to prior equivalent coursework (see #3 below). Students who successfully challenge a course are exempted from all requirements in the required Western University course and do not receive Western University credit for the course. The equivalent course will be noted on the student's Western University transcript.
- b. Students may request a partial course challenge as well. In this case, the appropriate Western University faculty member will determine what elements must be completed by the student to fulfill a specific course's requirements including:
  1. seminar attendance
  2. written papers
  3. class presentations
  4. examinations

Students will receive Western University credit and a letter grade for partially challenged courses. Students also pay full Western University tuition and fees for partially challenged courses since Western University credit is given.

- c. A student may request to challenge a course if either of the following situations exist:

1. he/she can demonstrate that an equivalent graduate course was taken at another regionally accredited academic institution, within the past five years, with a minimum grade of B earned in that course. Equivalent course is defined as a course that covers a significant portion of the Western University course content (to be determined by the Western University course instructor) and has a course unit value equal to or exceeding that of the Western University course.
  2. he/she can demonstrate that an equivalent continuing education (CE) course was taken within the past five years, and the student can document content mastery was achieved at an 80% level or higher. Equivalent course is defined as a course that covers a significant portion of the Western University course content (to be determined by the Western University course instructor) and that the awarded continuing education hours equals or exceeds that of the hours represented by the unit value of the corresponding Western University course.
- d. The following courses in the College of Graduate Nursing curriculum may be challenged by students:
1. CGN 5015 – Clinical Reasoning
  2. CGN 5101 – Health Systems I
  3. CGN 5102 – Health Systems II
  4. CGN 5111 – Advanced Studies in Health Systems
  5. CGN 5200 – Nursing Theory
  6. CGN 5301 – Nursing Research I
  7. CGN 5302 – Nursing Research II
  8. CGN 5401 – Pathophysiology/Primary Care Management I
  9. CGN 5402 – Pathophysiology/Primary Care Management II
  10. CGN 5403 – Primary Care Management III
  11. CGN 5501 – Pharmacology I
  12. CGN 5502 – Pharmacology II
  13. CGN 5550 – Advanced Pharmacology
  14. CGN 5601 – Advanced Physical Assessment
  15. CGN 5602 – Health Promotion Over the Life Span
  16. CGN 5603 – Current Social Issues Affecting Family Health
  17. CGN 5604 – Advanced Therapeutic Skills
  18. CGN 5605 – Cultural Diversity
  19. CGN 5606 – Complementary Medicine
  20. CGN 5607 – Professional Issues
  21. CGN 5611 – Advanced Studies in Social Systems
  22. CGN 5850 – Advanced Role
  23. CGN 7570 – Clinical Experience (see Waiver of Clinical Hours, below)
- e. The following courses in the College of Graduate Nursing curriculum may NOT be challenged by students:
1. CGN 5000 – Communication and Information Management
  2. CGN 5608 – Advanced Applications in Family Nurse Practice
  3. CGN 5801 – Collaborative Project I
  4. CGN 5802 – Collaborative Project II
  5. CGN 5990 – Culminating Project
- f. Procedure for Challenging a Course: Any student who wishes to challenge a course must:
1. submit in writing, to the Academic Coordinator of the CGN, his/her intent to challenge a course at least three weeks prior to registration for the academic semester in which the course would normally be taken, and
  2. submit written documentation including course description, course outlines, transcripts, CE certificate, etc. to demonstrate course equivalency, to the Academic Coordinator of the CGN at least three weeks prior to registration for the academic semester in which the course would normally be taken.

Upon receipt of the student's intent to challenge and the written documentation of course equivalency, the Academic Coordinator of the CGN will submit the written documentation to the faculty member teaching the Western University course that is being challenged for review and consideration of challenge approval. The faculty member will review said documentation and issue a recommendation to allow or deny the challenge to the Academic Coordinator of the CGN at least 10 days prior to the

date of registration for the academic semester in which the course would normally be taken. This faculty recommendation will be forwarded to the student within 48 hours of its receipt by the Academic Coordinator.

- g. **Appealing Course Challenge Decisions:** Students have a right to appeal the faculty member's recommendation to deny a course challenge. Such appeals will be forwarded to the Dean of the CGN who has final authority in the challenge determination. The Registrar will be informed of the final determination of the course challenge request.

### **Waiver of Clinical Hours**

The faculty believe in granting credit for previous, appropriate professional experience. Students who are licensed NP's in a specialty area may submit a written request for a waiver of the required clinical hours. It is the view of the faculty that to complete such a broad specialty area such as the family nurse practitioner, more clinical hours are required than the state or national minimum of 500-540 hours. Currently, students in the Family Nurse Practitioner program are required to complete 675 clinical hours.

Students who petition to receive credit for previous clinical education for their nurse practitioner specialty must provide an official transcript that documents clinical hours. If hours are not listed on the transcript, a letter from the Dean or Director of the NP program is required to verify clinical hours completed in the program. For certified or licensed Nurse Practitioners who did not complete a formal nurse practitioner education program from an accredited institution of higher education, the student must submit a written request, as well as a portfolio, which verifies clinical competence in his or her specialty to the Academic Coordinator. The portfolio could include: national certification, letters from collaborating or supervising physicians, advanced practice nurses, faculty, CEU, clinical evaluations completed by Western University faculty, and/or clinical coursework. The student's request and documentation will be forwarded to the Student Academic Progress Committee for consideration. Students will be notified in writing of the Committee's decision. Students will not be exempt from tuition fees if hours are granted.

### **Student Academic Progress Committee**

The Student Academic Progress Committee is composed of the Academic Coordinator, who shall serve as chair, and three additional faculty members who will be elected to the Committee for a two year term. The University Dean of Student Affairs may be invited to participate in meetings of the Committee. The chair will be responsible for communicating all decisions of the Committee to the student.

The responsibilities of this Committee include the following: recommending policies and standards for students' academic performance; reviewing student performance and professional conduct and advising students' faculty advisors in cases where counseling may be appropriate; reviewing all cases involving allegations of student dishonesty; recommending actions regarding student remediation or suspension; and recommending standards for probation, suspension and readmission. All recommendations of this Committee are forwarded to the Dean.

The SAP Committee shall periodically review the academic progress of all students. Based on the standards for academic progression, the committee shall recommend any of these courses of action for a student: promotion, probation, suspension from the program, dismissal from the program, psychological and/or educational assessment.

The SAP Committee has the responsibility of recommending to the College the MSN degree and/or FNP certificate to all students who satisfactorily complete the requirements of the various programs.

The SAP Committee shall hear all appeals of grades (see **Grade Appeal Process** below), requirements for remediation, and other academic disputes and make a recommendation to the dean for the outcome of the appeal.

The SAP Committee will review and approve all remediation contracts developed by the faculty of record.

A Grade Appeals Sub-committee, if required, shall be constituted from the Student Academic Progress Committee. An alternate appointed by the Dean will replace members of the Committee who may have a conflict of interest in a particular case.

### **Evaluation and Grading**

Competency-based learning is the underlying principle for the instructional design of the program and the evaluation of student achievement. Each course has specific learning objectives, evaluative criteria and expected outcomes. Assessment methods are stated clearly in each syllabus.

The cumulative letter grade of “B” or better must be attained for each course to indicate competency for this graduate program. The grade for each evaluative component for courses 5015, 5401-3, 5550, 5501-2, 5601-8, and 7570 must be at least a “B” or 80% to demonstrate an acceptable level of performance and enable the student to progress in the curriculum. The grade for each evaluative component for courses 5000, 5101-2, 5111, 5200, 5301-2, 5611, 5801-2, 5850, and 5990 must be at least 70% with a cumulative letter grade of “B” or better to demonstrate an acceptable level of performance and enable the student to progress in the curriculum. Evaluative criteria for each course are included in the course syllabus. Students have the opportunity to remediate one learning component within a course to meet the cumulative letter grade requirement.

Grade point average is based on the following numerical values for letter grade:

A =	4.0	Achievement of an “A” for a course exceeds the acceptable level of performance in a graduate level program.
B =	3.0	Achievement of an “B” for a course meets the acceptable level of performance in a graduate level program.
U =	0	Achievement of an “U” denotes an unacceptable performance. Students who do not meet the remediation standards for an Incomplete will be given the grade of “U”. Students who receive a “U” for any course will be unable to progress in the curriculum without a formal review by the Student Academic Progress Committee. If the Committee finds that the student demonstrates the potential for remediation, then the student will be placed on Academic Probation with a formal signed progression contract. A signed copy of this contract will be filed with the Dean. Probation is defined as a period of time specified by the Dean, Chair of the SAP Committee and the faculty of record for the course(s). If a student does not comply with the remediation contract, the student will be dismissed from the College.

Credit/No Credit: CGN 7570 (Primary Care Clinical) is graded as credit/no-credit and is not included in the numerical values for computing grade point averages.

Credit (Cr) =	Achievement of the grade “Credit” signifies that a student meets the acceptable level of performance in a graduate level program.
No Credit (NCr)=	Achievement of the grade “No Credit” indicates an unacceptable level of performance in a graduate level program. A grade of “No Credit” is the equivalent of an “U” grade.
I =	Achievement of an “I” denotes an incomplete, which signifies that a portion of the required coursework has not been completed and evaluated. Students must submit a plan for completion that meets approval by the faculty of record. Students who receive two incompletes in one semester will be placed on academic probation. Students who are enrolled in sequential theory courses will not be able to progress in the curriculum unless the course is completed successfully prior to the next semester or instructor approval is given. The grade of “incomplete” will be recorded on the official transcript until completion of course work is completed. If the student does not complete the contractual agreement satisfactorily, a grade of “U” will be given with recommendation for dismissal from the College of Graduate Nursing.
IP =	Students who do not complete 90 hours of clinical (2 units) within a semester or 45 hours of clinical (1 unit) in the first semester will be assigned a grade of “In Progress”. A grade of “IP” is replaced with a grade of “Cr” when the necessary number of hours is achieved. Students must complete outstanding clinical hours and an additional 90 hours minimum in the following semester to progress in their clinical experience. Students who fail to meet the 90 hours minimum for two consecutive semesters will be placed on Academic Probation and are at risk for dismissal.

## **Remediation**

Because CGN programs are sequential and presume successful completion of all courses in sequence, a student who does not achieve a grade of A or B in a theory course or a grade of A, B, or Credit in a clinical course must successfully remediate the course to continue in the program. The College will provide each student with ample opportunity to demonstrate competency, however, remediation is a privilege, not a right. Students must have demonstrated the likelihood of success in the remediation process by active participation in the educational program including course attendance and participation, active involvement in clinical experiences, individual initiative, and use of resources.

Students who receive a grade of U or NCr in a course must submit a formal petition to the Student Academic Progress Committee requesting to repeat the course and continue in the program. This petition must be received within one week of receipt of the failing grade. This petition should include a discussion of the reasons for course failure as well as the strategies the student has identified to increase the likelihood of successful completion of the course in the future. Upon receipt of the student's petition to continue in the program, a remediation contract will be created, in consultation with the instructor of record for the failed course. Two copies of the contract will be generated and will include all conditions necessary for course repetition and program continuation, with a statement that the student understands the terms of the contract. The student will sign one copy and return it to the College within one week of receipt.

The student may not enroll in any other CGN courses until a remediation contract has been approved by the Committee. In an effort to ensure a timely process, the Committee will strive to have a decision within one week of receipt of the request.

Students are allowed to remediate only two courses in the program.

Options for remediation include:

- a. Successfully taking a comprehensive examination on the course content.
- b. Successfully completing special projects or studies in the area(s) of deficiency.
- c. Successfully repeating the course.
- d. Successfully repeating a specific learning objective.

The remediation contract will outline the activities required for remediation, the outcomes expected for successful completion, and a date for completion. Copies of the remediation contract, signed by the faculty member and the student, will be filed with the CGN.

Upon completion of the remediation contract, the instructor will submit a recommendation to the Student Academic Progress (SAP) Committee and the Dean. A grade of B is the highest possible grade that can be achieved through remediation.

## **Grade Appeal Process**

A student who believes that a grade for a course does not accurately reflect his/her performance in that course should first submit a written request for a grade appeal to the faculty member of record. The written request must specify the specific learning activities to be reconsidered, with the original submissions and supporting documentation. The faculty member of record will either revise the grade or will retain it as originally assigned. If the grade remains unchanged, the student may appeal to the SAP Committee. The SAP Committee will review the course curriculum, learning objectives, evaluative criteria, and expected outcomes. The SAP Committee will make a recommendation to the Dean to either revise the grade or retain it as originally assigned.

Should the student disagree with the SAP Committee's recommendation, s/he may appeal to the Dean. The Dean will review the course curriculum, learning objectives, evaluative criteria, and expected outcomes. The Dean will make the final decision regarding the disposition of the grade appeal.

Students whose grade remains as a "U" will be referred back to the SAP Committee and placed on Academic Probation. Guidelines for academic progression will be followed according to the policies and procedures stated in this Catalog. Every effort will be made to expedite the grade appeal process.

## **Administrative Fee for Additional Term**

Students who do not complete coursework or clinical hours during the final semester will be charged an additional administrative fee for making up coursework or clinical hours after the semester. This option is only available with the approval of the Academic Coordinator and the Dean.

### **Leave of Absence/Withdrawal**

Students who find that they are unable to continue in the program due to personal or medical reasons may apply for a Leave of Absence. The Request for a Leave of Absence must be submitted in writing and approved by the Dean on the recommendation of the Student Academic Progress Committee. The student will need to obtain the endorsement of at least one instructor on the Leave of Absence form that the student has the potential for program completion. Leaves may be granted for the balance of an academic year and may be extended if the student seeks approval from the Dean at least one month prior to the start of the subsequent academic year.

### **Probation/Dismissal**

All decisions related to dismissal from the programs of the College of Graduate Nursing will be made by the Student Academic Progress Committee.

Dismissal criteria include:

- a. Failure (a grade of “U” or “NCr”) of two or more courses within the program.
- b. A pattern of “Incompletes” in courses resulting in failure to complete the program in a timely manner.
- c. Failure to meet the professional expectations of the University as outlined in the University Policies and Procedures section of the University Catalog.
- d. Failure to complete all aspects of remediation as specified in the remediation contract for specific course(s).

Any student who is dismissed from the program must contact the Financial Aid Office and the Bursar’s Office to discuss any issues related to tuition and fees. All dismissed students must immediately return his/her student ID badge to the Dean of Student Affairs.

### **Seminar Weekend Attendance**

Two campus-based seminar weekends are held each semester (after completing orientation sessions). The first seminar weekend usually occurs during week 5, and the second seminar weekend usually occurs during week 10 of the semester. Seminar weekends begin at 8 a.m. on Friday and conclude by 3 p.m. on Sunday.

Dates of the weekend seminars are published and distributed at the beginning of each semester. Attendance is **mandatory** for all seminars. Students who do not comply with this policy must make an appointment with the Academic Coordinator immediately to avoid termination of their enrollment for the semester in question. Based on the recommendation from the SAP Committee, the Dean will make a determination about a student’s continued enrollment. A student’s right to appeal this decision is described in the **General Academic Policies and Procedures** section of this Catalog.

### **Clinical Training**

Clinical training begins after the student has: (1) completed the Advanced Physical Assessment course, (2) successfully completed the Advanced Physical Assessment competency based physical assessment testing, and (3) complied with the documentation of all the University’s health, safety and immunization requirements.

**Preceptors:** Students are encouraged to identify a qualified preceptor in their community prior to starting the program. A student’s primary preceptor may be a physician trained in family practice or internal medicine, preferably board certified, or a master’s degree prepared, certified FNP working in primary care. The College encourages multiple rotations for specific experience if needed to optimize student learning. A student’s primary preceptor and/or clinical instructor may suggest or assist with identifying and scheduling these rotations. If the preceptor is a physician, the student should also work with a nurse practitioner to promote role development.

Preceptors working within specific guidelines established by the program will be responsible for assuring appropriate and adequate learning experiences, as well as supervising students for safe practice. Preceptors and clinical sites must be approved by the Western University faculty. A *Preceptor Guide* will be provided to all preceptors.

As expected with professional practice, all data gathered about a patient and his/her health/illness, including all items within the medical record, are privileged information. Client confidentiality must be maintained.

Students must consult with their preceptors on all patients seen by the student. The supervising practitioner must review and countersign all student notes written in the medical record. Students are not allowed to prescribe medications or sign any prescription order.

Students are required to wear student identification and lab coats at all times while in the clinical setting. Western University maintains malpractice and accident insurance coverage for enrolled students. Professional nursing malpractice insurance (in the student role) is recommended but not required.

**Scheduling:** While the College encourages students to schedule the same clinical day(s) each week to provide consistency for the agency and patient follow-up, scheduled days may be individualized to accommodate illness, employment, or family responsibilities.

**Clinical Hours:** Eight-to-16 hours per week of clinical training are required of full-time students throughout the two academic years to complete 675 hours. Following successful completion of the Physical Assessment course, full-time students are expected to complete 1-5 units of clinical training each semester. Forty-five hours must be completed for each unit, for a total of 15 units. A student, by special arrangement with a faculty advisor, may complete a minimum of 90 clinical hours per semester (2 units) and complete the remaining hours in subsequent semesters or at the end of the program. This arrangement would require a student to enroll for another semester(s) to complete required clinical hours. An administrative fee will be charged for the additional semester(s).

**Clinical Progression:** Student productivity is expected to increase with each semester's experience. Initially, students may see approximately 4-6 patients per day. The student is expected to gather complete subjective and objective data on each patient, even though early in the program the student may not be able to fully assess the problem or develop a complete treatment plan. Later in the program, students will be expected to see approximately 4-8 patients per day and provide comprehensive care including assessment and plan of treatment. Students will be guided to transition from novice to advanced beginner as they progress in the clinical practicum.

It is recommended that MSN/FNP and FNP-only students see approximately 810 patients during their program. The goal for patient mix is: Pediatrics 15%, Adults 40%, Geriatrics 20%, GYN 15%, OB 10%.

Students are encouraged to obtain other rotations to complete clinical objectives if they are not in a family practice setting. In addition, students are advised to find Urgent Care and Emergency Room rotations for a semester. The clinical faculty of record will review students' clinical e-logs each semester. Students are required to submit clinical e-logs periodically throughout the semester. In addition, Preceptor Evaluations are documented periodically.

**Record Keeping and Clinical e-Logs:** Clinical e-Logs for the College of Graduate Nursing are provided to the student. Students will record each patient visit into the Clinical e-Log. Students may print the e-Logs to use for manual recording in clinic, but must enter the data into the Clinical e-Logs before submitting to the College. Students will receive an orientation to e-Log use. E-Logs will be submitted via e-mail attachment biweekly, upon request, and at the end of each semester. In addition, students are required to submit other documentation (i.e. Preceptor Evaluation, Student Evaluation of the Preceptor, Student Objectives) at the end of the semester. Failure to do so may result in an incomplete grade and/or failure to progress in the curriculum.

Students will maintain a calendar of hours, which is included in their evaluation of short-term goals and initialed/verified by the preceptor.

**Clinical Site Visits:** Faculty visits to the clinical site are a major key to the success of this program. Student clinical competency will be evaluated at this time by direct observation of the student's performance and interaction with patients, preceptors, and staff. In addition, the clinical faculty provides guidance and support as well as assistance with clinical decision making. Chart documentation of patient care is also reviewed and assessed. Students who receive an unsatisfactory site visit evaluation must complete a remediation process.

**Note:** Students who live a great distance from the campus may be required to perform clinical competency evaluation, as needed, at a Western University faculty member's clinic setting or at a Western University clinical training site. Efforts will be made to have these evaluations coincide with seminar weekends to minimize travel costs.

## **COURSE DESCRIPTIONS**

### **CGN 5000 Communication and Information Management in the MSN/FNP Program (1 unit)**

This course provides new students with a comprehensive introduction to Western University's Nursing Programs. In addition to learning about Western University of Health Sciences, students will discover in more detail what will be expected of them as MSN/FNP students, and what they can expect from Western University's faculty and staff. Following an overview of the most important services, policies, instructional methods and resources, students will have an opportunity to assess your own readiness for the program and an ability to



succeed as a self-directed learner. Students will also be oriented to the technological skills needed to complete their program. The awareness, knowledge and skills derived from this part of the course will help ensure successful completion of the program.

### **CGN 5015 Clinical Reasoning (1 unit)**

This course is designed for advanced nurse practitioner students to refine their history and physical examination skills for the clinical setting. Its purpose is to take the students to the “next step” of health assessment – beyond the basic history and physical examination to using a diagnostic reasoning process. By integrating knowledge gained from this course with that learned in concurrent and subsequent courses, students will continue to refine their ability to diagnose common problems. Students will also learn how to evaluate and use assessment information with patients across the lifespan and with patients who present with sensitive issues. This systematic approach to clinical problem-solving will provide the undergirding structure to guide students as they tackle increasingly complex patient management problems.

### **CGN 5101 Health Systems I (2 units)**

This course provides an overview of the American health care system with special emphasis given to the emergence of managed care and its subsequent impact on health care planning, delivery and evaluation. The various institutions and workforce segments that currently make up the American health care system are introduced and compared with those of other industrialized countries. The course includes an overview of health care economics, with particular attention given to the impact of health insurance (private and government funded) on health care spending in this country. Managed care is presented as a major emerging force in health care decision making and delivery. The impact of managed care reforms on the Family Nurse Practitioner role is emphasized.

### **CGN 5102 Health Systems II (2 units)**

The second part of Health Systems introduces the need for and tools currently available to measure the quality of health care in this country. Special emphasis is given to identifying and measuring nursing-sensitive patient outcomes and how they are related to treatment options and resource use. The course also introduces case management and disease management as strategies for achieving desired patient outcomes through the coordination of care. Students will learn about the multitude of means by which quality of health care is currently assessed and measured in this country, including research based quality initiatives such as standardized clinical practice guidelines, benchmarking, and report cards.

### **CGN 5111 Advanced Studies in Health Systems (2 units)**

This two-unit course for FNP-only and MSN-only students provides an overview of the American health care system in regards to health finance and the quest for quality care. Special emphasis is given to the emergence of managed care and its subsequent impact on contemporary health care planning, delivery and evaluation. In addition, the course introduces the need for and tools currently available to measure the quality of health care in this country. Case management and disease management are emphasized as strategies for achieving cost effective, high quality care. Pre-requisite: Admission to FNP only or MSN only programs.

### **CGN 5200 Nursing Theory (3 units)**

This course explores the theoretical context of contemporary nursing practice that serves to guide nursing practice and primary health care. In addition, this course will integrate knowledge from the physical, biological and behavioral sciences to systematically and critically apply selected conceptual frameworks to the study of nursing, family systems and the response to illness. Through this experience, the graduate nursing student will develop an appreciation for the process of theory development in nursing, compare and contrast various theoretical perspectives used in nursing practice, and apply these nursing theories critically.

### **CGN 5301 Nursing Research I (2 units)**

Nursing Research I is designed to lay the foundation for understanding the research process and its importance in advancing nursing practice. The course emphasizes research critique and application to advanced practice nursing. Evaluation of quantitative and qualitative research literature, literature review skills, and decision-making related to clinical significance are explored.

**CGN 5302 Nursing Research II (2 units)**

Nursing Research II focuses on the design and implementation of a research study. Review of research methodology, research process, rights of subjects, grant writing and dissemination of findings are explored in this course.

**CGN 5401 Pathophysiology/Primary Care Management I (2 units)**

Primary Care Management I integrates the basic knowledge of human anatomy and physiology with an understanding of the pathologic changes and clinical manifestations that characterize common and acute disorders in adult, obstetric, pediatric, and elderly clients. This new understanding of pathophysiology and the student's evolving clinical decision-making skills is applied to the interpretation of assessment data and the diagnosis and treatment of primary care clients and their families across the life cycle.

**CGN 5402 Pathophysiology/Primary Care Management II (2 units)**

Primary Care Management II continues to help students integrate their basic knowledge of human anatomy and physiology with an understanding of the pathological changes and clinical manifestations that characterize common, chronic, and complex disorders in pediatric, adult, obstetric, and elderly clients. Students will apply their new understanding of pathophysiology and their evolving clinical decision-making skills to the interpretation of assessment data and the diagnosis and treatment of primary care clients and their families across the life cycle.

**CGN 5403 Primary Care Management III (2 units)**

Primary Care Management III enhances the student's ability to integrate a basic knowledge of human anatomy and physiology with an understanding of the pathologic changes and clinical manifestations that characterize common, acute, chronic, and complex disorders in pediatric, obstetric, and geriatric clients. Students will apply their understanding of pathophysiology and their evolving clinical decision-making skills to the interpretation of assessment data and the diagnosis and treatment of primary care clients and their families across the life cycle within the special populations of pediatrics, obstetrics and geriatrics.

**CGN 5501 Pharmacology I (2 units)**

Pharmacology I provides the means for learning the necessary pharmaceutical principles and practices to enable students to prescribe and monitor the effects of medications on the health and well being of clients with common, acute, or infectious health problems. The course will address the effects of these problems and related pharmacotherapy on patients from the various stages of the life cycle, i.e., pediatrics, adult/family, obstetrics and geriatrics.

**CGN 5502 Pharmacology II (2 units)**

Pharmacology II provides the means for learning the necessary pharmaceutical principles and practices to enable students to prescribe and monitor the effects of medications on the health and well being of clients with chronic and complex health problems. The course will address the effects of these problems and related pharmacotherapy on patients from the various stages of the life cycle, i.e., pediatrics, adult/family, obstetrics and geriatrics.

**CGN 5550 Advanced Pharmacology (3 units)**

This course is designed to provide advanced practice nurses enrolled in the MSN-only and APN-to-FNP track students with an accelerated review of current pharmacotherapeutic concepts. The course will prepare students to prescribe and monitor the effects of medication on the health and well being of patients. The course qualifies the master's-prepared FNP to receive a Furnishing Number in the State of California. Note: Not required for students with a furnishing number or who have completed an equivalent pharmacology course within five years.

**CGN 5601 Advanced Physical Assessment (3 units)**

This FNP Role Development course introduces skills that build on undergraduate education and experience with respect to basic physical assessment. These advanced skills, which draw on knowledge from nursing, medicine, and other disciplines, include more sophisticated assessment techniques, recognition and interpretation of clinical assessment data, diagnostic and therapeutic decision-making, and medical record

keeping. Over the course of the program, students will be expected to integrate these skills with knowledge of common, acute, chronic, and complex illnesses in order to assess and manage patients across the life cycle.

#### **CGN 5602 Health Promotion Over the Life Span (1 unit)**

This FNP Role Development course is designed to encourage the Family Nurse Practitioner student to apply preventive health concepts and health promotion strategies across the life span, using the U.S. Public Health Service guidelines as a resource. Students will learn how to apply health promotion lifestyle changes in the primary care patient population. Concepts such as health screening and immunization/prophylaxis in pediatric and adult clients will be examined. Methods of counseling clients in lifestyle behaviors such as nutrition, physical activity, smoking cessation, and violence prevention will also be explored.

#### **CGN 5603 Current Social Issues Affecting Family Health (1 unit)**

This FNP Role Development course focuses on the social issues that often arise when providing primary health care to clients over the life span. The interdependence of these social and clinical issues mandate that the health care provider become aware of the relevant legal, ethical, and medical implications of child abuse, domestic violence, substance abuse, adolescent pregnancy, and poverty; as well as geriatrics issues related to functional independence, polypharmacy, dementia, depression, and elder homelessness.

#### **CGN 5604 Advanced Therapeutic Skills (1 unit)**

In this FNP Role Development course, students will learn diagnostic and therapeutic procedures and skills critical to advanced practice nursing. These procedures and skills include microscopy, Norplant and IUD insertion and removal, endometrial biopsy, x-ray interpretation, colposcopy and cryotherapy, suturing, office orthopedic appliances and treatment techniques, and cardiovascular monitoring.

#### **CGN 5605 Cultural Diversity (1 unit)**

This FNP Role Development course explores the impact of patients' cultural beliefs and values on medical practice and the health care provider. The course emphasizes the importance of cultural sensitivity and cultural competency in delivering high quality care. Culturally determined folk beliefs and health traditions are examined in the context of community health and family health care.

#### **CGN 5606 Complementary Medicine (1 unit)**

This FNP Role Development course focuses on the scientific basis for practices of alternative or complementary therapy utilized by health care consumers in this country. Among the complementary therapies students will consider are acupuncture, yoga, biofeedback, chiropractic, dietary supplements, exercise, herbs, homeopathy, hypnosis, imagery, massage, relaxation, meditation, spiritual healing and energy work.

#### **CGN 5607 Professional Issues (1 unit)**

This FNP Role Development course presents a variety of role-related topics designed to prepare the prospective Nurse Practitioner for professional practice. Beginning with a historical overview of the NP profession, the course will take students on a guided tour of some of the critical issues that determine the practitioner's scope of practice, career options, and political involvement. In addition, the course presents guidelines for resolving legal and ethical issues that are often confronted by the NP. Finally, students will be introduced to some valuable tools for ongoing professional development such as professional organizations and journals.

#### **CGN 5608 Advanced Applications in Family Nurse Practice (1 unit)**

This culminating FNP Role Development course provides an opportunity for students to synthesize concepts, skills and techniques from previous courses and apply their learning toward assessing and managing advanced case studies across the life span.

#### **CGN 5611 Advanced Studies in Social Systems (2 units)**

This course is designed for nurse practitioners enrolled in the APN to FNP track. This course focuses on the diverse array of social issues and systems that the Nurse Practitioner must negotiate. The areas of focus in this course are: health care ethics; social issues such as management of domestic violence and substance abuse;

cultural diversity skills; complementary and alternative therapeutics; and health promotion and disease prevention concepts across the lifespan.

**CGN 5801 Collaborative Project I (0.5 unit)**

Collaborative Projects are based on a problem or a project that requires a collective solution. Each Collaborative Project provides the opportunity for small groups of students to work together in a learning experience that integrates their current coursework, encourages the application of new concepts, and stimulates the kind of thinking and interaction that are relevant to students' ongoing advanced practice role development.

**CGN 5802 Collaborative Project II (0.5 unit)**

As with Collaborative Project I, the second Collaborative Project is based on a problem or a project that requires a collective solution. The Collaborative Project provides the opportunity for small groups of students to work together in a learning experience that integrates current coursework, encourages the application of new concepts, and stimulates the kind of thinking and interaction that are relevant to students' ongoing advanced practice role development.

**CGN 5850 Advanced Role (3 units)**

This is a culminating course that examines transitional roles for the advanced practice nurse (APN), with focus on understanding and applying leadership and other related theories, exploring diverse leadership roles and associated issues, and development of knowledge and skills needed for leadership roles. An overall goal of the course is to expand the student's understanding of the broad scope of responsibilities of APNs through the assumption of leadership roles within the profession.

**CGN 5990 Culminating Project (1 unit)**

The Culminating Project is an independent study project that serves as a culminating experience for the FNP program. The project requires the student to develop a clinical improvement initiative that will offer valuable insights into high-risk patient populations and the kinds of contributions FNPs can make in providing care for these populations.

**CGN 7570 Clinical Experience (1-5 Units per Semester; Repeatable to a total of 15 units; Cr/NCr)**

The Clinical Experience course offers FNP, ANP-FNP, and MSN/FNP students the opportunity to begin providing comprehensive health care to individuals and families within a culturally diverse environment in collaboration with physicians, nurse practitioners and other health care professionals. Students are expected to draw on their preceptored experiences to develop sound clinical judgment applied to health promotion, health maintenance, and diagnosis and management of common, acute, chronic and complex health problems for individuals across the life cycle.

**CURRICULUM  
MSN/FNP Program**

**Prerequisites:** Statistics and Pathophysiology

	<b>YEAR 1</b>		<b>YEAR 2</b>	
<b>Pre-Program</b>	Communications (CGN 5000)	1		
	Physical Assess (CGN 5601)	3		
<b>Total Units</b>		<b><u>4</u></b>		
	<b>SEMESTER 1</b>		<b>SEMESTER 4</b>	
	Clinical Reasoning (CGN 5015)	1	Nursing Theory (CGN 5200)	3
	Health Systems I (CGN 5101)	2	Nursing Research I (CGN 5301)	2
	PC Management I (CGN 5401)	2	Cultural Diversity (CGN (5605)	1
	Health Promotion (CGN 5602)	1	Collab Project I (CGN 5801)	.5
	Clinical Exp (CGN 7570)*	1	Clinical Exp (CGN 7570)*	3
<b>Total Units</b>		<b><u>7</u></b>		<b><u>9.5</u></b>
	<b>SEMESTER 2</b>		<b>SEMESTER 5</b>	
	PC Management II (CGN 5402)	2	Health Systems II (CGN 5102)	2
	Pharm I (CGN 5501)	2	Nursing Research II (CGN 5302)	2
	Social Issues (CGN 5603)	1	Collab Project II (CGN 5802)	.5
	Adv. Therap. Skills (CGN 5604)	1	Clinical Exp (CGN 7570)*	3
	Clinical Exp (CGN 7570)*	2		
<b>Total Units</b>		<b><u>8</u></b>		<b><u>7.5</u></b>
	<b>SEMESTER 3</b>		<b>SEMESTER 6</b>	
	PC Management III (CGN 5403)	2	Professional Issues (CGN 5607)	1
	Pharm II (CGN 5502)	2	Adv. Apps. (CGN 5608)	1
	Complementary Med (CGN 5606)	1	Culminating Project (CGN 5990)	1
	Clinical Exp (CGN 7570)*	3	Clinical Exp (CGN 7570)*	3
<b>Total Units</b>		<b><u>8</u></b>		<b><u>6</u></b>
	Year 1 Total Units	<b><u>27</u></b>	Year 2 Total Units	<b><u>23</u></b>
	Total Program Units	<b><u>50</u></b>		

## CURRICULUM

FNP-Only Track			MSN-Only Track		
<b>Prerequisites:</b> Statistics and Pathophysiology			<b>Prerequisites:</b> Statistics and Pathophysiology		
<b>YEAR 1</b>			<b>YEAR 1</b>		
<b>Pre-Program</b>	Communications (CGN 5000)	1	<b>Pre-Program</b>	Communications (CGN 5000)	1
	Physical Assess (CGN 5601)	3		Phys Assess (elect) (CGN 5601)	(3)
<b>Total Units</b>		<b><u>43</u></b>	<b>Total Units</b>		<b><u>1</u></b> <b><u>(4)</u></b>
<b>SEMESTER 1</b>			<b>SEMESTER 1</b>		
	Clinical Reasoning (CGN 5015)	1		Adv. Study Hlth Sys (CGN 5111)	2
	Adv. Study Hlth Sys (CGN 5111)	2		Nursing Theory (CGN 5200)	3
	PC Management I (CGN 5401)	2		Nursing Research I (CGN 5301)	2
	Clinical Exp (CGN 7570)*	5		Collab. Project I (CGN 5801)	.5
<b>Total Units</b>		<b><u>12</u></b>	<b>Total Units</b>		<b><u>7.5</u></b>
<b>SEMESTER 2</b>			<b>SEMESTER 2</b>		
	PC Management II (CGN 5402)	2		Research II (CGN 5302)	2
	Pharm I (CGN 5501)	2		Skills (elective) (CGN 5604)	(1)
	Adv. Therap. Skills (CGN 5604)	1		Adv. Social Syst. (CGN 5611)	2
	Adv. Social Syst. (CGN 5611)	2		Collab Project II (CGN 5802)	.5
	Clinical Exp (CGN 7570)*	5			
<b>Total Units</b>		<b><u>12</u></b>	<b>Total Units</b>		<b><u>4.5</u></b> <b><u>(5.5)</u></b>
<b>SEMESTER 3</b>			<b>SEMESTER 3</b>		
	PC Management III (CGN 5403)	2		Advanced Pharm. (CGN 5550)**	3
	Pharm II (CGN 5502)	2		Prof. Issues (CGN (5607)	1
	Prof Issues (CGN 5607)	1		Advanced Role (CGN 5850)	3
	Adv. Apps. (CGN 5608)	1		Culminating Project (CGN 5990)	1
	Clinical Exp (CGN 7570)*	5			
<b>Total Units</b>		<b><u>11</u></b>	<b>Total Units</b>		<b><u>8</u></b>
	<b>Total Program Units</b>	<b><u>37</u></b>		<b>Total Program Units</b>	<b><u>21</u></b> <b><u>(24)</u></b>

\* Additional semesters can be taken to complete clinical hours. Students are expected to complete a minimum of 90 hours (2 units) per semester to progress in the curriculum.

\*\* Not required for students with a furnishing number or who have completed an equivalent pharmacology course within five years.

**CURRICULUM**

<b>APN to FNP Track</b>		
<b>Prerequisites:</b> Statistics and Pathophysiology		
<b>YEAR 1</b>		
<b>Pre-Program</b>	Communications (CGN 5000)	1
	Physical Assess (CGN 5601)	3
<b>Total Units</b>		<b><u>4</u></b>
<b>SEMESTER 1</b>		
	PC Management I (CGN 5401)	2
	Clinical Exp (CGN 7570)*	TBD
<b>Total Units</b>		<b><u>2+</u></b>
<b>SEMESTER 2</b>		
	PC Management II (CGN 5402)	2
	Adv. Social Syst. (CGN 5611)	2
	Clinical Exp (CGN 7570)*	TBD
<b>Total Units</b>		<b><u>4+</u></b>
<b>SEMESTER 3</b>		
	Adv. Pharm. (CGN 5550)	3
	Prof Issues (CGN 5607)	1
	Adv. Apps. (CGN 5608)	1
	Clinical Exp (CGN 7570)*	TBD
<b>Total Units</b>		<b><u>5+</u></b>
	<b>Total Program Units</b>	<b><u>15+</u></b>

\*Number of Clinical units/hours required will be determined by the Admissions Committee with a 4 unit minimum

<b>MSN-Harbor/UCLA Track</b>		
<b>Prerequisites:</b> Statistics and Pathophysiology		
<b>YEAR 1</b>		
<b>Pre-Program</b>	Communications (CGN 5000)	1
<b>Total Units</b>		<b><u>1</u></b>
<b>SEMESTER 1</b>		
	Health Systems I (CGN 5101)	2
	Nursing Theory (CGN 5200)	3
	Nursing Research I (CGN 5301)	2
	Collab. Project I (CGN 5801)	.5
<b>Total Units</b>		<b><u>7.5</u></b>
<b>SEMESTER 2</b>		
	Health Systems II (CGN 5102)	2
	Research II (CGN 5302)	2
	Collab Project II (CGN 5802)	.5
<b>Total Units</b>		<b><u>4.5</u></b>
<b>SEMESTER 3</b>		
	Advanced Role (CGN 5850)	3
	Culminating Proj. (CGN 5990)	1
<b>Total Units</b>		<b><u>4</u></b>
	<b>Total Program Units</b>	<b><u>17</u></b>

## HONORS AND AWARDS

The following honors and awards are presented annually at the University's Honors Day ceremony in April:

President's Society Award  
The Joseph and Dorothy Gendron Journalism Award  
Linda Fox Memorial Endowment Fund  
Arthur Madorsky, MD Memorial Scholarship Award  
Academic Achievement Award  
Spirit Award  
Leadership and Community Excellence Award  
Dean's Award  
The National Dean's List Nominations  
Who's Who Among Students in American Universities and Colleges

The following honors and awards are presented annually to graduates at the University's Commencement Dinner:

Alumni Memorial Award  
Primary Care Award  
Class Award  
Academic Achievement Award  
Class Service Award  
Natural Medicine Comprehensive Database Recognition Award  
Dean's Award

### Academic Calendar

2003-2004

Semester Format (15 Week)

	Fall Semester Tuition Due
Summer Semester Registration (new students) June 2-6, 2003	Monday, Sept. 1, 2003 Labor Day – No classes
Jun. 26- Jun. 29, 2003 First Preprogram Seminar (new students)	Saturday, Aug. 30, 2003 Fall Semester Begins
Friday, Jul. 4, 2003 Independence Day - No classes	Oct. 1-3, 2003 Seminar Weekend
Jul. 11-13, 2003 Seminar Weekend (continuing students)	Monday, Oct. 13, 2003 Columbus Day – No classes
Friday, Aug. 1, 2003 Fall Semester Registration Ends (all students)	Nov. 7-9, 2003 Seminar Weekend
Aug. 6-10, 2003 Second Preprogram Seminar (new students)	Wednesday, Nov. 26 (12:00 noon)-Sunday, Nov. 30, 2003
Friday, Aug. 15, 2003 Summer Semester Ends (continuing students)	Thanksgiving Recess
Sunday, Aug. 24, 2003 Preprogram end (new students)	Dec. 1-5, 2003 Spring Semester Registration (all students)
Monday, Aug. 18, 2003	Friday, Dec. 12, 2003 Fall Semester Ends



Monday, Jan. 3, 2004  
Spring Semester Begins

Monday, Jan. 19, 2004  
Martin Luther King, Jr. Day – No classes

Feb. 6-8, 2004  
Seminar Weekend

Monday, Feb. 9, 2004  
Spring Semester Tuition Due

Mar. 12-14, 2004  
Seminar Weekend

Monday, Apr. 12, 2004  
Honor's Day

Apr. 12 -16, 2004  
Summer Semester Registration (continuing students)

Friday, Apr. 16, 2004  
Spring Semester Ends

Monday, May 3, 2004  
Summer Semester Begins (continuing students)

Friday, May 14, 2004  
Commencement

Monday, May 31, 2004  
Memorial Day – No classes

May 31-Jun. 4, 2004  
Summer Semester Registration (new students)

Friday, May 14, 2004  
Commencement

Jun. 4-6, 2004  
Seminar Weekend (continuing students)

Jun. 14, 2004  
Preprogram Begins (new students)

TBA  
First Preprogram Seminar (new students)

Jul. 9-11, 2004  
Seminar Weekend (continuing students)

TBA  
Second Preprogram Seminar (new students)

Friday, Aug. 12, 2004  
Summer Semester Ends (continuing students)

Friday, Aug. 21, 2004  
Preprogram Ends (new students)

**BOARD OF TRUSTEES, ADMINISTRATION & FACULTY  
WESTERN UNIVERSITY OF HEALTH SCIENCES**

**Board of Trustees**

Warren Lawless, LHD (Hon.), Chairman  
Wesley V. Boudette, DO, DEd (Hon.), FAOCR, Vice Chairman  
John A. Forbing, Secretary  
Ethan R. Allen, DO, DSc (Hon.), Treasurer  
Philip Pumerantz, PhD, LHD (Hon.), President (ex officio)  
Richard A. Bond, DO, FAAFP  
Wen Chang, MBA  
LaDonna Johnson, DO  
Cassandra Malry, MBA  
John T. McGwire, DDS  
Sam Tanenbaum, PhD

Lawrence L. Leyba, DO, DEd (Hon.), Trustee Emeritus

**UNIVERSITY AND ACADEMIC ADMINISTRATION**

**University Administration**

President: Philip Pumerantz, PhD, LHD (Hon.)  
Executive Vice President for Academic Affairs/Chief Academic  
Officer/Chief Operating Officer: George Charney, DO, FAOCA, FAODME  
Senior Vice President for Executive Affairs: Gary M. Gugelchuk, PhD  
Treasurer/Chief Financial Officer: Kevin D. Shaw  
Vice President, Strategic Planning and Institutional Effectiveness:  
Suellen Crano, PhD  
Vice President, University Advancement: Richard M. Nordin  
Assistant Vice President of Advancement and Sponsored Programs:  
Matthew D. Katz, MHA  
Dean, Student Affairs: Beverly A. Guidry, EdD  
Registrar: Jeanne A. Gentillon, MA  
Executive Director of Communications: Mark Williams  
Director, Alumni and Constituent Relations:  
Amy Esposito  
Associate Treasurer, Finance: Joseph Ocampo  
Assistant Treasurer, Fiscal Operations: Chris Crow  
Director, Admissions (Allied Health, Pharmacy, Graduate Nursing):  
Kathy Ford  
Director, Admissions (Medicine): Susan D. Hanson  
Director, Admissions (Veterinary Medicine): Michelle Emmert  
Director, Annual Giving: Laura Wensley  
Director, Bookstore: Elizabeth V. Guerra  
Director, Center for Academic and Professional Enhancement:  
Thomas Levitan, MA  
Director, Center for Disability Issues and the Health Professions:  
Brenda Premo, MBA  
Director, Communications: Jean Henshaw  
Director, Curriculum Development, Center for Disability Issues and the  
Health Professions: LeeAnne Carrothers, PhD, PT  
Director, Financial Aid: Otto Reyer, MA  
Director, Foundation Relations: Garth Clayton, MA  
Director, Health and Safety: Ron Redden  
Director, Harriet K. & Philip Pumerantz Library: Pat Vader, MLIS  
Acting Director, Human Resources: Cheryl Utterback

Director, Instructional Technology & Distance Learning: Miary Andriamiarisoa, MA, MS  
Director, Learning Enhancement & Academic Development:  
David Hacker, MA  
Director, Network Operations: Gary Priddy  
Director, Publications: Rick Clapper  
Director, Student Affairs: Tonii Lawrence  
Director, Events and Programs: Julie Wade  
Director, University Recruitment/Strategic Enrollment  
Management: Ann Ellis, MEd  
Director, Willed Body Program: Niña McCoy  
Alumni Dean Emerita: Janet M. Dyer  
Gift Planning Specialist: James S. Williams, CFRE  
Manager, Facilities: Larry Thomas  
Manager, Western University Medical Center: Joanna Varner

### **College of Osteopathic Medicine of the Pacific**

Dean, College of Osteopathic Medicine: Craig J. Lenz, DO, FAODME  
Associate Dean, Academic Affairs/Director of Clinical Education:  
Ron Berezniak, PhD  
Assistant Dean, Academic Affairs and Curriculum: Richard Winn, EdD  
Chairperson, Department of Anatomy: Richard Sugerma, PhD  
Chairperson, Department of Basic Medical Sciences: Dennis Kiick, PhD  
Chairperson, Department of Family Medicine: Alan D. Cundari, DO, MS  
Chairperson, Department of Internal Medicine: J. Michael Finley, DO  
Chairperson, Department of Obstetrics/Gynecology: Lony C. Castro, MD  
Chairperson, Department of Osteopathic Manipulative Medicine:  
Raymond Hruby, DO  
Chairperson, Department of Pediatrics: Frances Yang, DO  
Chairperson, Department of Surgery: J. Vivian Davis III, DO  
Director, College Research Development & Curriculum: Shiraz I. Mishra, MD, PhD  
Director, Student Services: Gisele Tackoor, JD

### **College of Allied Health Professions**

Dean, College of Allied Health Professions: Stephanie D. Bowlin, EdD, PA-C  
Chairperson, Department of Health Sciences:  
Michael Burney, EdD, PA-C  
Chairperson, Department of Physician Assistant Education:  
Roy Guizado, MS, PA-C  
Chairperson, Department of Physical Therapy Education:  
Donna Redman-Bentley, PhD, PT  
Director of Clinical Education, Department of Physical  
Therapy Education: Georgeanne Vlad, MA, PT  
Academic Coordinator of Clinical Education, Department of Physician  
Assistant Education: Rebecca Maldonado, BS, PA-C  
Coordinator, Clinical Education, Department of Physician  
Assistant Education: Jane Riplog

### **College of Pharmacy**

Dean, College of Pharmacy: Max D. Ray, PharmD, MS  
Associate Dean, Academic Affairs: Wallace Murray, PhD  
Assistant Dean, Development: Sam K. Shimomura, PharmD  
Chairperson, Department of Pharmaceutical Science: Guru Betageri, PhD  
Chairperson, Department of Pharmacy Practice: Robert McGory, PharmD  
Chairperson, Department of Social and Administrative Sciences: Katherine Knapp, PhD  
Director, Advanced Professional Practice Experience: Jack Chen, PharmD

Director, Center for Drug Development: William Garner  
Director, Center of Pharmacy Practice Research & Development: Katherine K. Knapp, PhD  
Director, Introductory Professional Practice Experience: Craig Hitchman, BPharm  
Curriculum Development and Assessment Specialist: Nancy E. Kawahara, PharmD, MS  
Director, Student Services: Mark Iannuzzo

**College of Graduate Nursing**

Dean, College of Graduate Nursing/Director, MSN/FNP Program:  
Karen Hanford, MSN, FNP, PA-C  
Academic Coordinator, MSN/FNP Program: Margaret J. Rowberg, MSN, ANP-C  
Assistant Program Director: Sarah Douville

**College of Veterinary Medicine**

Dean, College of Veterinary Medicine: Shirley D. Johnston, PhD, DVM  
Associate Dean, Clinical Programs: Robert V. Mason, DVM, MS  
Associate Dean, Preclinical Programs: R. Ashley Robinson, BVSc, MPH, PhD  
Associate Dean, Research: James F. Amend, DVM, PhD

## **FACULTY**

Donald Adams, Professor of Veterinary Medicine, 2002. AB, University of California, Davis; MA, Chico State College; PhD, University of California, Davis.

James F. Amend, Professor of Veterinary Medicine, 2002. BSc, Pacific Lutheran University; PhD, Baylor College of Medicine; DVM, Washington State University.

Hugo Arias, Assistant Professor of Pharmaceutical Sciences, 2002. Lic, PhD, Universidad Nacional del Sur.

Dayle Chakerian Armstrong, Assistant Professor of Physical Therapy Education (2000). AS, BS, Mount St. Mary's College; MS, University of Southern California.

Mary K. Bailey, Assistant Professor of Physical Therapy Education, 1999. BS, California State University, Long Beach; MS, California State University, Fullerton.

Gerald Bales, Associate Professor of Anatomy, 1996. BA, MA, Chico State University; PhD, University of Southern California.

Gini Barrett, Associate Professor of Veterinary Medicine, 2002. BS, California State University, Northridge.

Ronald Berezniak, Associate Professor of Health Professions Education, 1999. BS, Bloomsburg State College; MA, Glassboro State College; PhD, University of Pennsylvania.

Gurupadappa V. Betageri, Professor of Pharmaceutical Sciences, 1998. BS, Karnatak University; MS, Bangalore University; PhD, University of Alberta.

Nancy Bjerke, Assistant Professor of Physical Therapy Education, 1997. BS, Loma Linda University; MPT, Loma Linda University.

Stephanie D. Bowlin, Associate Professor of Physician Assistant Education, 1990. BS, California State University, Dominguez Hills; MS, College of Osteopathic Medicine of the Pacific; PA-C, Charles R. Drew University of Medicine and Science; EdD, University of La Verne.

Michael Burney, Assistant Professor of Physician Assistant Education, 1996. BS, University of Southern California; PA, MS, College of Osteopathic Medicine of the Pacific; EdD, University of La Verne.

LeeAnne Carrothers, Adjunct Associate Professor of Physical Therapy Education, 1992. BS, University of California, Davis; MS, PT, University of Southern California; PhD, California Graduate Institute.

Lony C. Castro, Associate Professor of Obstetrics and Gynecology, 2001. BA, University of California, San Diego; MD, University of California, San Francisco.

Robert C. Causey, Professor of Veterinary Medicine, 2003. BS, DVM, University of Minnesota; PhD, Louisiana State University.

Casey Chaney, Associate Professor of Physical Therapy Education, 1993. BS, MS, Russell Sage College; PhD University of Utah, College of Health.

George Charney, Professor of Surgery/Anesthesiology, 1997. BA, Brooklyn College; DO, Philadelphia College of Osteopathic Medicine.

Jack J. Chen, Assistant Professor of Pharmacy Practice, 2000. BA, University of California, San Diego; BS, Massachusetts College of Pharmacy and Allied Health Sciences; PharmD, University of Utah.

Eunice P. Chung, Assistant Professor of Pharmacy Practice, 1999. BS, University of California, Berkeley; PharmD, University of California, San Francisco.

Suellen Crano, Associate Professor of Health Professions Education, 1999. BA, MA, EdS, The George Washington University; PhD, Michigan State University.

Alan D. Cundari, Professor of Family Medicine, 1987. AS, University of Albuquerque; MS, College of Osteopathic Medicine of the Pacific; DO, College of Osteopathic Medicine of the Pacific.

J. Vivian Davis III, Associate Professor of Surgery, 2000. BA, MA, University of Texas, Austin; DO, Texas College of Osteopathic Medicine; MA, William Woods University.

Elizabeth K. Eldakar, Assistant Professor of Physician Assistant Education, 2002. BS, Clarion State University, BS, University of Southern California, MPA, University of Nebraska.

Maria Fahie, Associate Professor of Veterinary Medicine, 2002. BS, Dalhousie University; DVM, University of Prince Edward Island; MS, Virginia-Maryland Regional College of Veterinary Medicine.

Jeffrey Felton, Professor of Microbiology, 1993. BS, Massachusetts Institute of Technology; PhD, Tufts University.

J. Michael Finley, Associate Professor of Internal Medicine, 2000. BS, Michigan State University; DO, Chicago College of Osteopathic Medicine.

Robert P. Fiorindo, Professor of Physiology, 1980. BS, Albright College; MS, University of Maryland; PhD, University of California, Berkeley.

Duane H. Foley, Professor of Physiology, 1984. BS, University of California, Davis; PhD, University of California, Davis.

S. Dru Forrester, Professor of Veterinary Medicine, 2003. DVM, Auburn University; MS, Texas A&M University.

James Dana Foster, Associate Professor of Anatomy, 2000. BS, MS, Oakland University; PhD, Temple University.

I. Carmen Fuentealba, Professor of Veterinary Medicine, 2002. DVM, Universidad Austral de Chile; MSc, Universidad de Chile; PhD, University of Liverpool.

Spencer B. Gilbert, Professor of Pathology, 1995. MD, Chicago Medical School.

Robert A. Graf, Associate Professor of Pharmaceutical Sciences, 1999. AB, University of California, Berkeley; PhD, University of Hawaii.

Lee R. Grunden, Professor of Pharmacology (Emeritus), 1980. BS Oregon State University; PhD, University of California, San Francisco Medical Center.

Vitalita Genove Grunden, Professor of Pathology (Emerita), 1980. AA, Sillman University; MD, University of Santa Tomas.

Gary M. Gugelchuk, Associate Professor of Health Professions Education, 1986. BA, MA, PhD, The Ohio State University.

Beverly Guidry, Instructor of Health Professions Education, 1997. BA, MS, EdD, University of LaVerne.

Roy A. Guizado, Assistant Professor of Physician Assistant Education, 1995. PA-C, College of Osteopathic Medicine of the Pacific; MS, Western University of Health Sciences.

Karen J. Hanford, Associate Professor of Nursing, 1997. BSN, San Francisco State University; MSN, California State University, Chico; FNP, PA, University of North Dakota.

Rick M. Hirsh, Assistant Professor of Family Medicine, 2000. AS, Fullerton College; BS, Loma Linda University; DO; Western University of Health Sciences.

Raymond J. Hruby, Professor of Family Medicine/Osteopathic Manipulative Medicine, 1999. BA, St. Vincent College; DO, College of Osteopathic Medicine and Surgery; MS, West Coast University.

Carol J. Huston, Adjunct Professor of Nursing, 1998. BS, University of Iowa; MSN, California State University, Chico; MPA, DPA, University of Southern California.

Christine Jacobson, Instructor of Family Medicine, 2001. BA, California State University, Fullerton; MA, California State University, Los Angeles.

John D. Jacobson, Associate Professor of Veterinary Medicine, 2003. BS, DVM, MS, Texas A&M University.

Kevin Jenkins, Professor of Internal Medicine, 1981. BS, Capital University; DO, College of Osteopathic Medicine & Surgery.

Gary R. Johnston, Professor of Veterinary Medicine, 1999. BA, University of Washington; DVM, Washington State University; MS, University of Minnesota.

Shirley D. Johnston, Professor of Veterinary Medicine, 1998. BS, University of Washington; DVM, Washington State University; MS, PhD, University of Minnesota.

H. James Jones, Associate Professor of Internal Medicine/Osteopathic Manipulative Medicine, 1997. BS, California State University, Long Beach; DO, College of Osteopathic Medicine of the Pacific.

Jeany Kim Jun, Assistant Professor of Pharmacy Practice, 2002. BA, University of California, Los Angeles; MPH, Loma Linda University; PharmD, University of California, San Francisco.

Anita Kay Kalousek, Assistant Professor of Family Medicine, 2000. BA, Loma Linda University; DO, MS, College of Osteopathic Medicine of the Pacific.

Sylvia Kamath, Professor of Anatomy, 1995. MS, Bangalore University; MBBS, Madras University.

Nancy Edman Kawahara, Assistant Professor of Pharmacy Practice, 2000. PharmD, MSED, University of Southern California.

Jerry Kellogg, Adjunct Assistant Professor of Nursing, 1998. BA, University of California, Riverside; MA, California State University, Los Angeles.

Nadir Khan, Professor of Microbiology, 1978. BS, DJ, Government Science College; MS, University of Karachi; PhD, University of Missouri.

Dennis M. Kiick, Professor of Biochemistry, 1995. BS, San Diego State University; PhD, University of North Texas.

J. Ben Kitchen, Assistant Professor of Veterinary Medicine, 2002. BFA, Oklahoma State University; MFA, University of Illinois; DVM, The Ohio State University.

Katherine K. Knapp, Professor of Social and Administrative Sciences, 2001. BA, MA, MS, University of Michigan; PhD, University of California, Davis.

Donald J. Krpan, Professor of Family Medicine, 1987. BS, University of Nevada; DO, University of Health Sciences, College of Osteopathic Medicine, Kansas City.

Craig S. Kuehn, Professor of Anatomy, 1985. BS, California State Polytechnic University, Pomona; PhD, University of Southern California.

Maria Lambros, Associate Professor of Pharmaceutical Science, 1999. BS, University of Athens; MS, University of Cincinnati; PhD, University of Minnesota.

Anandi V. Law, Assistant Professor of Social and Administrative Sciences, 1999. BPharm, University of Bombay; MS, PhD, The Ohio State University.

Jennifer Le, Assistant Professor of Pharmacy Practice, 2002. BS, University of California, Los Angeles; PharmD, University of California, San Francisco.

Craig L. Lenz, Associate Professor of Family Medicine, 1999. BSE, Princeton University; MEd, University of Pennsylvania; DO, Philadelphia College of Osteopathic Medicine.

Jonathan Leo, Associate Professor of Anatomy, 1995. BA, MacAlister College; PhD, University of Iowa.

Diane Lithgow, Professor of Nursing, 1997. BS, University of California, Irvine; BSN, MSN, California State University, Long Beach.

Kabirullah Lutfy, Assistant Professor of Pharmaceutical Sciences, 2003. BS, Kabul University; MS, St. John's University; PhD, University of California, Irvine.

Margo R. Machen, Associate Professor of Veterinary Medicine, 2002. BS, DVM, PhD, Michigan State University.

Rebecca Maldonado, Instructor of Physician Assistant Education, 2000. BS, California State University, Long Beach; PA, College of Osteopathic Medicine of the Pacific.

Barton H. Manning, Assistant Professor of Pharmaceutical Sciences, 2003. BS, McGill University; PhD, Medical College of Virginia.

James T. Martin, Professor of Physiology and Behavioral Science, 1986. BA, West Virginia University; MS, University of Connecticut; Dr. re. Nat., University of Munich and Max Planck Institute, Seewiesen, Germany.

Robert V. Mason, Associate Professor of Veterinary Medicine, 2002. BS, University of California, Davis; MS, University of Hawaii; BS, DVM, University of Minnesota.

James F. May, Professor of Anatomy, 1981. BS, California State College, Los Angeles; MS, Occidental College; PhD, University of Southern California.

Robert McGory, Associate Professor of Pharmacy Practice, 2002: BS, Cornell University; BS, MS, University of Kentucky, PharmD, University of Minnesota.

Miguel A. Medina, Instructor of Physician Assistant Education, 1992. AA, East Los Angeles Junior College; PA-C, University of Southern California.

Christian G. Merkel, Professor of Biochemistry, 1979. BA, University of Cincinnati; MA, University of California, Santa Barbara; PhD, University of Cincinnati.



Tony Mosconi, Associate Professor of Anatomy, 1997. BS, Allegheny College; MS, PhD, Albany Medical College.

Wallace J. Murray, Professor of Pharmaceutical Sciences, 1999. BS, San Diego State University; PhD, University of California, San Francisco.

Amelia Naccarto-Coleman, Assistant Professor of Physician Assistant Education, 1995. BA, West Virginia University; BS, MAS, Johns Hopkins University.

Lama H. Nazer, Assistant Professor of Pharmacy Practice, 2002. BS, University of Jordan; PharmD, Campbell University.

Gayle H. Nelson, Professor of Anatomy (Emeritus), 1980. BA, Walla Walla College; MS, University of Maryland; PhD, University of Michigan.

Kim-Hong (Megan) Nguyen, Assistant Professor of Pharmacy Practice, 2002. BS, University of California, Irvine; PharmD, Western University of Health Sciences.

Nancy Nielsen-Brown, Assistant Professor of Physician Assistant Education, 1995. BTh, University of La Verne; AS, Cypress College; PA, University of Southern California.

Stephen A. O'Barr, Assistant Professor of Pharmaceutical Sciences, 1999. BS, University of California, San Diego; PhD, Arizona State University.

Alice Shoemaker Oglesby, Professor of Microbiology (Emerita), 1979. BS, University of Oklahoma; MA, University of Kansas; PhD, University of California, Berkeley.

Mark P. Okamoto, Associate Professor of Social and Administrative Sciences & Pharmacy Practice, 2000. BS, University of California, Los Angeles; PharmD, University of Southern California.

Cyrus Parsa, Professor of Pathology, 1992. BS, California State University, Northridge; DO, University of Health Sciences, Kansas City.

Cynthia J. Pentz, Assistant Professor of Physician Assistant Education, 2002. AS, Pasadena City College; BS, University of Southern California; MPAS, University of Nebraska.

Sunil Prabhu, Associate Professor of Pharmaceutical Sciences, 1996. PhD, School of Pharmacy, Western Virginia University; BPharm, Birla Institute of Technology.

Brenda Premo, Associate Professor of Health Professions Education, 1999. BA, California State University, Long Beach; MBA, Pepperdine University.

Lara M. Rasmussen, Assistant Professor of Veterinary Medicine, 1999. BS, DVM, University of California, Davis; MS, University of Minnesota.

Max D. Ray, Professor of Pharmacy Practice, 1996. BS, University of South Carolina, MS, PharmD, University of Tennessee.

David Redding, Associate Professor of Family Medicine/Osteopathic Manipulative Medicine, 1996. BS, PT, California State University, Long Beach; DO, College of Osteopathic Medicine of the Pacific; MS, College of Osteopathic Medicine of the Pacific.

Donna Redman-Bentley, Professor of Physical Therapy Education, 1998. BS, Pennsylvania State University; MS, The Ohio State University; PhD, University of Southern California.

Elizabeth A. Rega, Associate Professor of Anatomy, 2000. BA, Valparaiso University; MA, PhD, University of Chicago.

R. Ashley Robinson, Professor of Veterinary Medicine, 1998. BVSc, University of Sydney; Dip. Microbiol, Otago University; MPH, PhD, University of Minnesota.

Burton N. Routman, Professor of Family Medicine, 1995. BA, Johns Hopkins University; DO, University of Osteopathic Medicine and Health Sciences.

Margaret J. Rowberg, Assistant Professor of Nursing, 2000. BSN, MSN, California State University, Long Beach.

Stanley Saul, Professor of Surgery/Urology, 1985. BS, Albright College; DO, Philadelphia College of Osteopathic Medicine.

Beatrice J. Saviola, Assistant Professor of Microbiology, 2002. BS, University of Delaware; PhD, The Johns Hopkins University.

James D. Scott, Assistant Professor of Pharmacy Practice, 2000. BS, MEd, PharmD, University of Florida.

Michael A. Seffinger, Assistant Professor of Family Medicine/Osteopathic Manipulative Medicine, 1999. BA, University of California, Santa Cruz; DO, Michigan State University.

David M. Selkowitz, Associate Professor of Physical Therapy Education, 2000. BS, State University of New York, Buffalo; MS, Boston University; PhD, The Union Institute.

Natalie Semaan, Assistant Professor of Pharmacy Practice, 2000. BS, Portland State University; PharmD, University of the Pacific.

G.S. Shankar, Assistant Professor of Pharmacy Practice, 2003. MS, University of Northern Colorado; PharmD, Creighton University.

Karen Shapiro, Assistant Professor of Pharmacy Practice, 2000. BA, Boston University, PharmD, University of Southern California.

Sam Shimomura, Professor of Pharmacy Practice, 1997. PharmD, University of California, San Francisco.

Gail L. Singer-Chang, Assistant Professor of Family Medicine, 1999. BA, San Diego State University, MA, PsyD, California School of Professional Psychology, Los Angeles.

Sandra Stuckey, Assistant Professor of Physical Therapy Education, 1991. BS, Michigan State University; MA, California State University, Los Angeles; PT, Stanford University.

Ruth Ann Subach, Assistant Professor of Pharmacy Practice, 1999. BS, St. John's University; PharmD, University of Utah.

Richard A. Sugerman, Professor of Anatomy, 1980. BA, California State University, San Diego; MS, PhD, University of New Mexico.

Reza Taheri, Assistant Professor of Pharmacy Practice, 2000. BA, PharmD, University of Minnesota.

M. Elizabeth Towner, Adjunct Professor of Nursing, 2000. BS, Duquesne University; MSN, University of California, San Francisco; FNP, Indiana University; PhD, University of Texas.

Carl E. Trinca, Professor of Social and Administrative Sciences, 1995. BS, MS, PhD, University of Arizona.

Guillermo Valenzuela, Associate Professor of Obstetrics/Gynecology, 1995. MD, Catholic University Medical School.

Georgeanne Vlad, Assistant Professor of Physical Therapy Education, 1991. BS, California State Polytechnic University, Pomona; MA, University of California, Santa Barbara; PT, Children's Hospital, Los Angeles.

Edward J. Wagner, Assistant Professor of Physiology, 2001. BS, University of California, Los Angeles; PhD, Michigan State University.

Stephen James Waldhalm, Professor of Veterinary Medicine, 2002. BS, University of Idaho; PhD, DVM, Washington State University.

Donald E. Walters, Associate Professor of Pharmacology, 2001. BS, St. Louis College of Pharmacy; PhD, University of Louisville.

Sompon Wanwimolruk, Associate Professor of Pharmaceutical Sciences, 2001. BSc, MSc, Mahidol University; PhD, Flinders University of South Australia.

Paul W. Willis, Jr., Assistant Professor of Family Medicine, 2001. BA, University of Southern Florida; DO, College of Osteopathic Medicine of the Pacific.

Richard Winn, Instructor of Family Medicine, 2001. BA, Pacific Union College; MA, M.Div., Andrews University; EdD, University of La Verne.

Siu-Fun Wong, Associate Professor of Pharmacy Practice, 1997. BS, University of California, Los Angeles; PharmD, University of California, San Francisco.

Stanley K. Wong, Professor of Pharmacology, 1981. BS, MS, PhD, University of Wisconsin.

Annie Wong-Beringer, Associate Professor of Pharmacy Practice, 1997. PharmD, University of Southern California, Los Angeles.

Frances Yang, Assistant Professor of Pediatrics, 1999. BS, California State Polytechnic University, Pomona; DO, Western University of Health Sciences.

Bartley Yee, Assistant Professor of Family Medicine, 1999. BS, University of California, Los Angeles; DO, Michigan State University.

Rafi Younoszai, Professor of Anatomy, 1979. BS, University of California, Berkeley; PhD, University of Minnesota.

## CLINICAL AND ADJUNCT FACULTY

Julie Abraham, PharmD  
Assistant Professor of Pharmacy Practice

Mary L. Adair, PA-C  
Instructor of Physician Assistant Education

Ross Mitchell Adams, DO  
Assistant Professor of Pediatrics

Cyrus Afrasiabi, MD  
Associate Professor of Internal Medicine

Afshin Afrookhteh, JD  
Assistant Professor of Physician Assistant  
Education

Chandahas Agarwal, MD  
Assistant Professor of Internal Medicine/  
Cardiology

Vandana Agarwal, MD  
Assistant Professor of Internal Medicine/ Oncology  
& Hematology

Luz del Carmen Aguirre, MD  
Assistant Professor of Physician Assistant  
Education

Joseph Aiello, DO  
Assistant Professor of Family Medicine/  
Osteopathic Manipulative Medicine

Laye Akinloye, PA-C  
Associate Professor of Physician Assistant  
Education

Murtadha Al-Marashi, MD  
Associate Professor of Internal  
Medicine/Neurology

Steven Alder, MD  
Assistant Professor of Internal Medicine/ Pathology

John G. Alevizos, DO  
Assistant Professor of Family Medicine

Brent R. Allan, MPH, DO  
Assistant Professor of Family Medicine/  
Osteopathic Manipulative Medicine

Ethan R. Allen, DO  
Professor of Family Medicine

Larkin Allen, DO  
Assistant Professor of Surgery/Ophthalmology

Robert F. Altamura, DO  
Associate Professor of Internal Medicine

Louis R. Alvarez, MD, MPH  
Assistant Professor of Family Medicine/ Psychiatry

M. Mark Alwan, MD  
Assistant Professor of Obstetrics/Gynecology

Mukesh S. Amin, MD  
Assistant Professor of Internal Medicine

Suyng-Hye An, PharmD  
Assistant Professor of Pharmacy Practice

Deepak Anand, Ph.D.  
Assistant Professor of Pharmacy Practice

Kenneth Anderson III, DO  
Assistant Professor of Family Medicine

Ray E. Anderson, DO  
Assistant Professor of Family Medicine

Wayne E. Anderson, DO  
Assistant Professor of Internal Medicine/  
Neurology

William G. Anderson, DO, FACOS  
Professor of Surgery

Lawrence R Andreatta, MS  
Assistant Professor of Pharmacy Practice

Eduardo Anorga, MD  
Assistant Professor of Family Medicine

Elias I. Anoub, MD  
Assistant Professor of  
Surgery/Otorhinolaryngology

Jeffrey P. Anthony, DO  
Assistant Professor of Family Medicine/  
Sports Medicine

Michael D. Antos, MD  
Assistant Professor of Internal Medicine/ Pediatrics

Rubina Aqueel, MD  
Assistant Professor of Internal Medicine/  
Endocrinology

Neal S. Archer, DO  
Associate Professor of Family Medicine

John J. Aryanpur, MD  
Assistant Professor of Surgery

Mohammad Aslam, MD  
Assistant Professor of Internal Medicine/  
Cardiology

Allison Atkinson, PA-C  
Assistant Professor of Physician Assistant  
Education

Gary K. Augter, MS, DO  
Assistant Professor of Family Medicine/  
Dermatology

Gino Aveni, PA-C  
Instructor of Physician Assistant Education

Paul A. Aversano, DO  
Associate Professor of Internal Medicine/  
Neurology

Aziz F. Awad, DO  
Assistant Professor of Family Medicine

Mg San Aye, MD  
Assistant Professor of Surgery/Ophthalmology

Muhammad A. Azam, MD  
Assistant Professor of Physician Assistant  
Education

Richard M. Bachrach, DO  
Assistant Professor of Family Medicine

Pejman Bady-Moghaddam, DO  
Assistant Professor of Physician Assistant  
Education

Rana A. Bahl, MD  
Associate Professor of Internal Medicine/  
Cardiology

O.J. (Jerry) Bailes, DO  
Professor of Family Medicine

Henry Bakhit, PhD  
Assistant Professor of Pharmacy Practice

Farhan Bakir, MD, MS  
Professor of Internal Medicine

Bradley A. Baldwin, DO  
Assistant Professor of Surgery

Vijaya Bansal, MD  
Assistant Professor of Obstetrics/Gynecology

Steven H. Barag, DO, MS  
Assistant Professor of Family Medicine

Rebecca Barnett, PA-C  
Assistant Professor of Physician Assistant  
Education

Rodolfo Cantu Barrera, DO  
Assistant Professor of Pediatrics

Connie P. Bartlett, DO  
Assistant Professor of Pediatrics

Jonathan S. Bartlett, MS, RPh  
Assistant Professor of Pharmacy Practice

Roy W. Bartlett, DO  
Assistant Professor of Surgery/Ophthalmology

Geoffrey Baum, DO  
Assistant Professor of Surgery

William Chandler Bearce, PharmD  
Assistant Professor of Pharmacy Practice

Daniel J. Beavers, DO  
Associate Professor of Family Medicine/  
Psychiatry

Robert D. Belanger, DO  
Professor of Family Medicine

Joseph W. Bell Jr., DO  
Assistant Professor of Obstetrics/Gynecology

Robert B. Bell, DO  
Professor of Family Medicine

Linda Beth Benaderet, DO  
Professor of Internal Medicine/Oncology

Michael Benavidez, DO  
Assistant Professor of Family Medicine

Paul Benchwick, DO  
Professor of Internal Medicine

Irvin S. Benowitz, DO  
Associate Professor of Family Medicine

Mark P. Berland, DO  
Assistant Professor of Obstetrics/Gynecology

Yoopin Bernbrock, PharmD  
Assistant Professor of Pharmacy Practice

Steven M. Beutler, MD  
Assistant Professor of Internal Medicine/ Infectious  
Diseases

A. Raja Bhupathy, DO  
Assistant Professor of Family Medicine/  
Dermatology

Vellore R. Bhupathy, MD, FACOG  
Associate Professor of Obstetrics/Gynecology

Henry B. Bikhazi, MD, FACS  
Assistant Professor of Surgery/  
Otorhinolaryngology

Lori B. Birndorf, DO  
Assistant Professor of Surgery/Ophthalmology

Murray L. Black, DO  
Adjunct Assistant Professor of Family Medicine

Eliot S. Blackman, DO  
Assistant Professor of Family Medicine

Andre V. Blaylock, MD  
Assistant Professor of Family Medicine

William A. Blee, MD  
Assistant Professor of Internal Medicine

Russell C. Bloom, DO  
Assistant Professor of Family Medicine

Robert J. Bohr, MD  
Assistant Professor of Surgery/Orthopedics

Richard A. Bond, DO  
Associate Professor of Family Medicine

Gregory R. Bonomo, MD  
Assistant Professor of Internal Medicine/  
Neurology

Timothy R. Borman, DO  
Assistant Professor of Surgery/Orthopedics

Allen D. Bott, MD  
Assistant Professor of Internal Medicine/Neurology

James B. Boyd, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

Cory D. Boyles, MD  
Assistant Professor of Physician Assistant  
Education

John D. Branch, DO  
Assistant Professor of Family Medicine

Michael Brand, MD  
Assistant Professor of Internal Medicine/  
Radiology

Rodney D. Brandt, MD  
Assistant Professor of Surgery/Orthopedics

David A. Brauner, DO  
Associate Professor of Pediatrics

Marc D. Braunstein, DO  
Assistant Professor of Family Medicine

Randy J. Brazie, MD  
Assistant Professor of Family Medicine/ Psychiatry

Mary Lou Breslin, MS  
Adjunct Assistant Professor of Health Professions  
Education

Paul C. Bressman, MD  
Assistant Professor of Surgery

Elena Brodetsky, PharmD  
Assistant Professor of Pharmacy Practice

Sister Anne E. Brooks, DO  
Associate Professor of Family Medicine

Kevin R. Brown, PharmD  
Assistant Professor of Pharmacy Practice

Thomas C. Brown, PhD  
Associate Professor of Family Medicine/  
Behavioral Sciences

Karen E. Brungardt, DO  
Assistant Professor of Family Medicine

Bernard Buchanan, MD  
Assistant Professor of Family Medicine/ Psychiatry

Timothy W. Burke, DO  
Associate Professor of Internal Medicine/  
Gastroenterology

Patrick J. Burns, DO  
Assistant Professor of Internal Medicine/  
Neurology

Michael S. Burton, MD  
Assistant Professor of Family Medicine

Robert D. Bush, MD  
Assistant Professor of Family Medicine

Jay M. Butterman, DO  
Assistant Professor of Family Medicine/ Psychiatry

Grethel A. Cabison, MD  
Assistant Professor of Surgery/Anesthesiology

Carol T. Cahill, DO  
Assistant Professor of Pediatrics

Stephanie Cai, PharmD  
Assistant Professor of Pharmacy Practice

William J. Cairney, PhD  
Adjunct Professor of Family Medicine

Paul H. Caldron, DO  
Assistant Professor of Internal Medicine/  
Rheumatology

John B. Campbell, MD  
Assistant Professor of Internal Medicine/ Pathology

Dennis M. Carden, DO  
Associate Professor of Obstetrics/Gynecology

Samuel A. Carlis, DO  
Assistant Professor of Family Medicine

Sherie Carnegie, DO  
Assistant Professor of Family Medicine

Michael A. Carnevale, DO  
Assistant Professor of Internal Medicine

Dale M. Carrison, DO  
Assistant Professor of Family Medicine/Emergency  
Medicine

John Joseph Cassani, DO  
Assistant Professor of Family Medicine

Mary Caizza Cerni, DO  
Assistant Professor of Family Medicine

Ramon M. Cestero, MD  
Associate Professor of Obstetrics/Gynecology

Mikyung Chai, BS  
Assistant Professor of Pharmacy Practice

Francis Y.-M. Chan, PharmD  
Assistant Professor of Pharmacy Practice

Jonathan L. Chang, MD  
Assistant Professor of Surgery/Orthopedics

Laura Chang-Strauss, MD  
Assistant Professor of Pediatrics

Janet Cheetham, PharmD  
Assistant Professor of Pharmacy Practice

Joy H. Chen, PharmD  
Assistant Professor of Pharmacy Practice

Cindy P. Cheng, PharmD  
Assistant Professor of Pharmacy Practice

Kenneth S. Cheng, DO  
Assistant Professor of Physician Assistant  
Education

Peter F.-P. Cheng, PharmD  
Assistant Professor of Pharmacy Practice

Stuart B. Chesky, DO  
Professor of Obstetrics/Gynecology

Gary Lee Child, DO  
Assistant Professor of Family Medicine

Dan Chiles, MD  
Associate Professor of Pediatrics

William L. Chin, DO  
Assistant Professor of Internal Medicine

Fred K. Cho, PharmD  
Assistant Professor of Pharmacy Practice

William T. Choctaw, MD  
Associate Professor of Surgery

Michael Choi, PharmD  
Assistant Professor of Pharmacy Practice

Michael S. Choi, MD  
Assistant Professor of Surgery/Anesthesiology

Serina Chong, PharmD  
Assistant Professor of Pharmacy Practice

Miriam M.-C. Chou, RPh  
Assistant Professor of Pharmacy Practice

Yushu Jack Chou, MD  
Assistant Professor of Physician Assistant  
Education

Don L. Christensen, MD, FACS  
Professor of Surgery

Lance W. Christiansen, DO  
Assistant Professor of Family Medicine

Philip S. Cifarelli, MD, JD  
Professor of Internal Medicine/Gastroenterology

Robin D. Clark, MD  
Professor of Pediatrics/Medical Genetics

Susan J. Clark, MD  
Associate Professor of Pediatrics/Endocrinology

Therese Sage Clark, PharmD  
Assistant Professor of Pharmacy Practice

Trence Clark, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

John O. Clune, MD  
Assistant Professor of Internal Medicine/  
Hematology & Oncology

Ellen Clymer, EdD  
Adjunct Associate Professor of Health Professions  
Education

Alan L. Cohen, DO  
Assistant Professor of Family Medicine

Murray H. Cohen, DO  
Professor of Internal Medicine

Robert S. Cohen, DO  
Associate Professor of Internal Medicine/  
Nephrology

Steven W. Cohen, DO  
Assistant Professor of Family Medicine

William C. Cohen, DO  
Assistant Professor of Surgery/  
Otorhinolaryngology

Wilbur Cole III, DO  
Assistant Professor of Family Medicine

Stacey L. Coleman, DO  
Assistant Professor of Family Medicine

Randy E. Collins, DO  
Assistant Professor of Obstetrics/Gynecology

Francis L. Comunale, MD  
Professor of Surgery/Anesthesiology

Ralph E. Conner, DO  
Assistant Professor of Family Medicine/  
Emergency Medicine

David A. Connett, DO  
Associate Professor of Family Medicine

Eugene T. Conte, DO  
Assistant Professor of Family Medicine/  
Dermatology

Milissa A. Cooper, DO  
Assistant Professor of Family Medicine

Joel B. Cooperman, DO  
Associate Professor of Family Medicine

Marshall Cooperson, DO  
Assistant Professor of Internal Medicine

M. Larry Copeland, DO  
Assistant Professor of Surgery/Orthopedics

Joe Corless, MD  
Associate Professor of Pediatrics

Michael Coronado, PharmD  
Assistant Professor of Pharmacy Practice

Conrad A. Cox, MD  
Assistant Professor of Internal Medicine

Richard Cranston, MS, RPh  
Assistant Professor of Pharmacy Practice



Gary W. Crawford, MD  
Assistant Professor of Internal Medicine

Linda L. Crawford, DO  
Assistant Professor of Family Medicine

Gary M. Critser, DO  
Assistant Professor of Family Medicine

Bruce S. Cromer, PharmD  
Assistant Professor of Pharmacy Practice

James A. Crosby, DO  
Assistant Professor of Internal Medicine/Neurology

Michael P. Curley, MD  
Assistant Professor of Physician Assistant  
Education

Jack Dabbert, MS, PT  
Adjunct Assistant Professor of Physical Therapy  
Education

Himmet Dajee, MD  
Assistant Professor of Surgery

Maria F. Daly, DO  
Assistant Professor of Family Medicine

Joseph Damiani, DO  
Assistant Professor of Surgery/Plastic Surgery

Kathleen Damiani, MD  
Assistant Professor of Surgery/  
Otorhinolaryngology

Stephen Damiani, DO  
Assistant Professor of Internal Medicine/  
Endocrinology

Sid Danesh, MD  
Assistant Professor of Family Medicine

Nghiem Duc Dang, MD  
Assistant Professor of Surgery

Nguyen D. Dao, PharmD  
Assistant Professor of Pharmacy Practice

Sarah G. Daum, EdD  
Adjunct Associate Professor of Health Professions  
Education

Bert J. (Hans) Davidson, MD, PhD  
Assistant Professor of Obstetrics/Gynecology

Richard C. Davies, DO  
Assistant Professor of Family Medicine

Steven E. Davis, DO, MS  
Assistant Professor of Family Medicine

Anil Daya, MD  
Assistant Professor of Internal Medicine

Douglas Deans, PharmD  
Assistant Professor of Pharmacy Practice

James J. Dearing, DO  
Assistant Professor of Family Medicine

Lori de Bold, MD  
Associate Professor of Physician Assistant  
Education

Lino J. de Guzman, MD  
Assistant Professor of Internal Medicine/  
Gastroenterology

Cheryl Delgado, PharmD  
Assistant Professor of Pharmacy Practice

Ricardo E. de Napoli, DO  
Assistant Professor of Family Medicine

Harry W. Depew, MD  
Assistant Professor of Family Medicine

Angela de Rosa, DO  
Instructor of Internal Medicine

Christian Derefield, BS, PA-C  
Instructor of Physician Assistant Education

Sunita Dergalust, PharmD  
Assistant Professor of Pharmacy Practice

Bela Desai, PharmD  
Assistant Professor of Pharmacy Practice

Nilesh Desai, MD  
Assistant Professor of Internal Medicine

Steven M. Deterville, MD  
Assistant Professor of Family Medicine

Lorane Dick, DO  
Associate Professor of Family Medicine/  
Osteopathic Manipulative Medicine

Joel Dickerman, DO  
Professor of Family Medicine

Dinh V. Dinh, DO  
Assistant Professor of Family Medicine

Lew B. Disney, MD, PhD  
Assistant Professor of Surgery

Stephen D. Docherty, DO  
Assistant Professor of Family Medicine/  
Emergency Medicine

Neil E. Doherty III, MD  
Assistant Professor of Internal Medicine/  
Cardiology

Sretenka Dokich, MD  
Assistant Professor of Physician Assistant  
Education

Eric J. Dolgin, DO  
Assistant Professor of Family Medicine/  
Osteopathic Manipulative Medicine

William C. Domb, DMD  
Associate Professor of Family Medicine/ Dentistry

Thomas K. Donaldson, MD  
Associate Professor of Surgery

Tennison S. Dong, MD  
Assistant Professor of Surgery

Gregory J. Downs, MD  
Assistant Professor of Surgery/Anesthesiology

Phat Van Du, PharmD  
Assistant Professor of Pharmacy Practice

Roger D. Duber, DO  
Professor of Internal Medicine/Cardiology

Patrick Duke, PA-C  
Instructor of Physician Assistant Education

Ian R. Duncan, DO  
Assistant Professor of Family Medicine

Sheila K. Dunlop, DO  
Assistant Professor of Family Medicine

Virginia (Ginny) D. Dunn, MS, PT  
Adjunct Assistant Professor of Physical Therapy  
Education

Tanya T. Duong, PharmD  
Assistant Professor of Pharmacy Practice

Nguyen (Andy) D. Duy, MD  
Assistant Professor of Surgery/Vascular Surgery

Emily A. Ebert, MD  
Associate Professor of Family Medicine

Joel B. Edelstein, DO  
Assistant Professor of Internal Medicine

Roy Egari, MD  
Assistant Professor of Surgery/Urology

Hisham El-Bayer, MD  
Assistant Professor of Surgery

Mohamad Eletreby, PharmD  
Assistant Professor of Pharmacy Practice

Joshua D. Ellenhorn, MD  
Associate Professor of Physician Assistant  
Education

Dale A. Elleson, DO  
Assistant Professor of Surgery/  
Otorhinolaryngology

Bernard T. Elpedes, DO  
Assistant Professor of Family Medicine

Larry I. Emdur, DO, PhD  
Assistant Professor of Internal Medicine/  
Pulmonary Medicine

Richard J. Emerson, DO  
Professor of Surgery/Orthopedics

Paul E. Emmans Jr., DO  
Assistant Professor of Family Medicine

Diane Endo-Okada, PharmD  
Assistant Professor of Pharmacy Practice

Emily Engelbrecht, PharmD  
Assistant Professor of Pharmacy Practice

Jack D. England, DO  
Professor of Family Medicine/Emergency  
Medicine

Scott Engwall, MD  
Assistant Professor of Surgery

Carl M. Erikson, DO  
Assistant Professor of Family Medicine

Steven Ernst, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

J. Yusuf Erskine, DO  
Assistant Professor of Family Medicine

Brenda Espe, DO  
Assistant Professor of Family Medicine

Stephen Espiritu, PharmD  
Assistant Professor of Pharmacy Practice

Mohammad R. Etminan, MS, RPh  
Assistant Professor of Pharmacy Practice

Gregory R.D. Evans, MD  
Professor of Physician Assistant Education

James T. Evans, MD  
Assistant Professor of Family Medicine

Thomas W. Eyer, DO  
Assistant Professor of Family Medicine

Wade Faerber, DO  
Associate Professor of Surgery/Orthopedics

Robert R. Fajardo, PA-C  
Instructor of Physician Assistant Education

John R. Feeney, DO  
Assistant Professor of Family Medicine

Gary M. Feinberg, MD  
Assistant Professor of Surgery/  
Otorhinolaryngology

Michael J. Feinstein, DO  
Professor of Family Medicine

Rodney J. Felber, DO  
Assistant Professor of Internal Medicine

Edward M. Feldman, DO  
Assistant Professor of Obstetrics/Gynecology

George Ferenczi, MD  
Assistant Professor of Internal Medicine/  
Gastroenterology

Carl E. Ferguson, DO  
Assistant Professor of Family Medicine

Timothy J. Ferguson, MD  
Assistant Professor of Physician Assistant  
Education

Ronald B. Ferris, MD  
Associate Professor of Family Medicine

Henie A. Fialkoff, MD  
Assistant Professor of Pediatrics

George Fields, DO  
Associate Professor of Family Medicine

Joseph P. Figlow, PharmD  
Assistant Professor of Pharmacy Practice

Elizabeth Finebaum, PA-C  
Instructor of Physician Assistant Education

Dan Fisher, PharmD  
Assistant Professor of Pharmacy Practice

David E. Fisher, MD  
Associate Professor of Physician Assistant  
Education

Katherine L. Fisher, DO  
Assistant Professor of Internal Medicine

Steven M. Fitzmorris, MD  
Assistant Professor of Internal Medicine/  
Cardiology

Bruce D. Flagg, DO  
Assistant Professor of Family Medicine

Paul M. Fleiss, MD, MPH  
Professor of Pediatrics

Stanley L.K. Flemming, DO  
Associate Professor of Family Medicine

Jon W. Fong, DO  
Assistant Professor of Family Medicine

Nicole Foster, PA-C, MS  
Assistant Professor of Physician Assistant  
Education

Tina C.S. Foster, MD  
Assistant Professor of Obstetrics/Gynecology

Ali Fouladi, MD  
Assistant Professor of Surgery

Paul A. Fredrick, MD  
Associate Professor of Internal Medicine

Susan Lohr Freeman, PharmD  
Assistant Professor of Pharmacy Practice

John B. Freitas, DO  
Assistant Professor of Family Medicine

Richard Frelinger, DO  
Assistant Professor of Family Medicine

Gerald Stanley Friedman, MD  
Associate Professor of Family Medicine

Theodore A. Friedman, MD  
Associate Professor of Internal Medicine/  
Pathology

Leonard M. Fromer, MD  
Assistant Professor of Family Medicine

Byron Fujimoto, MD  
Assistant Professor of Internal Medicine/  
Radiology

Ronald Y. Fujimoto, DO  
Assistant Professor of Family Medicine

Michele Fujiokon, PharmD  
Assistant Professor of Pharmacy Practice

Wendy Fukushima, PharmD  
Assistant Professor of Pharmacy Practice

Geoffrey Furman, MD  
Assistant Professor of Family Medicine

Mark J. Gabriel, DO  
Assistant Professor of Internal Medicine/  
Gastroenterology

Balu Gadhe, MD  
Assistant Professor of Internal Medicine

Karen L. Gaio, MD  
Assistant Professor of Obstetrics/Gynecology

John A. Gama, PharmD  
Assistant Professor of Pharmacy Practice

Anil K. Gandhi, MB/BS  
Assistant Professor of Family Medicine

Vinod K. Garg, MD  
Assistant Professor of Surgery

James E. Garmon Jr., PA-C  
Assistant Professor of Physician Assistant  
Education

Ronny G. Ghazal, MD  
Associate Professor of Surgery/Orthopedics

Bharati Ghosh, MD  
Associate Professor of Pediatrics

Mark Gibson, PA-C  
Instructor of Physician Assistant Education

Ulric Gilkes, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

Lawrence S. Glass, DO  
Assistant Professor of Family Medicine

Jeffrey W. Glassheim, DO  
Assistant Professor of Pediatrics

Reid M. Gliddon, MS, RPh  
Assistant Professor of Pharmacy Practice

Justin R. Glodowski, DO  
Assistant Professor of Family Medicine

Appanagari (Dev) Gnanadev, MD  
Associate Professor of Surgery

Sergio Y. Go Jr, MD  
Assistant Professor of Internal Medicine

Edward Goering, DO, MS  
Assistant Professor of Family Medicine/  
Osteopathic Manipulative Medicine

Stanley A. Golanty, MD  
Professor of Internal Medicine

Allan P. Goldman, DO  
Associate Professor of Family Medicine

Myron J. Gomez, MD  
Assistant Professor of Surgery/Vascular Surgery

Allen E. Gorenberg, MD  
Assistant Professor of Internal Medicine/Allergy

Daniel Gorenberg, MD  
Assistant Professor of Internal Medicine/Allergy

Dale J. Gorski, DO  
Assistant Professor of Family Medicine

David C. Gorsulowsky, MD  
Assistant Professor of Family Medicine/  
Dermatology

Lawrence F. Gosenfeld, DO  
Assistant Professor of Family Medicine/ Psychiatry

May M. Goto, PharmD  
Assistant Professor of Pharmacy Practice

Galal S. Gough, MD  
Associate Professor of Obstetrics/Gynecology

David S. Goya, DO  
Assistant Professor of Internal Medicine/  
Pulmonary Diseases

William M. Graham, DO  
Associate Professor of Surgery

Howard Graitzer, DO  
Associate Professor of Internal Medicine

Barry S. Grames, MD  
Assistant Professor of Surgery

Gary A. Gramm, DO  
Assistant Professor of Family Medicine

Bradley C. Grant, DO  
Associate Professor of Family Medicine

David Greenberg, PA-C  
Instructor of Physician Assistant Education

Gerald R. Greene, MD  
Professor of Pediatrics/Infectious Diseases

Roger Greenham, PharmD  
Assistant Professor of Pharmacy Practice

Fred O. Gregorian, PharmD  
Assistant Professor of Pharmacy Practice

Lindy S. Griffin, DO  
Assistant Professor of Family Medicine

Peter D. Grimm, DO  
Associate Professor of Internal Medicine/  
Oncology

James W. Groff, DO  
Assistant Professor of Family Medicine/  
Dermatology

Debra L. Gromacki-Blyth, PA-C  
Instructor of Physician Assistant Education

Jeetsna Grover, MD  
Assistant Professor of Obstetrics & Gynecology

Joel S. Grubbs, DO  
Assistant Professor of Family Medicine

David Gu, DO  
Assistant Professor of Internal Medicine

Edward Guerrero, PharmD  
Assistant Professor of Pharmacy Practice

Gary W. Gulizia, DO  
Assistant Professor of Family Medicine

Mahesh C. Gupta, MD  
Assistant Professor of Internal Medicine

Suresh Gurbani, MD, PhD  
Assistant Professor of Pediatrics

Thomas C. Gustafson, DO  
Assistant Professor of Family Medicine

Richard G. Gwinn, MD  
Assistant Professor of Physician Assistant  
Education

Mark Haddad, PharmD  
Assistant Professor of Pharmacy Practice

Angeline Hadiwidjaja, MD  
Assistant Professor of Pediatrics

Thomas A. Haffey, DO  
Professor of Internal Medicine/Cardiology

Samir E. Hage, DO  
Assistant Professor of Obstetrics & Gynecology

David B. Hagie, DO  
Assistant Professor of Family Medicine/  
Osteopathic Manipulative Medicine

Stefan L.J. Hagopian, DO  
Assistant Professor of Family Medicine/  
Osteopathic Manipulative Medicine

Roger Hall, DO  
Assistant Professor of Family Medicine

Issa Y. Hallaq, DO  
Associate Professor of Internal Medicine

Norman Hamada, PharmD  
Assistant Professor of Pharmacy Practice

Robert C. Hamilton, MD  
Assistant Professor of Pediatrics

Curtis R. Handler, MD  
Assistant Professor of Internal Medicine/  
Radiology

Lofty R. Hanna, MD  
Assistant Professor of Internal Medicine

Charles E. Hansing, MD  
Assistant Professor of Internal Medicine/  
Cardiology

Ben Hara, DPM  
Professor of Family Medicine/Podiatry

W. Benson Harer, MD  
Professor of Obstetrics/Gynecology

Pamela J. Harford, DO  
Assistant Professor of Family Medicine

Jon Frederic Harrell, DO, FACS  
Assistant Professor of Surgery

Clyde O. Harris III, MD  
Assistant Professor of Surgery

Elliot A. Harris, MD  
Professor of Family Medicine/Psychiatry

Imran Hasnain, MD  
Assistant Professor of Internal Medicine

John R. Hawes Jr., DO  
Associate Professor of Family Medicine

Lee Headley, PharmD  
Assistant Professor of Pharmacy Practice

Todd Hee, MD  
Associate Professor of Internal Medicine

Ole A. Heggeness, DO  
Assistant Professor of Family Medicine

Joseph J. Helak, DO  
Professor of Surgery

William W. Henning, DO  
Assistant Professor of Family Medicine

Joseph J. Herbert, MD  
Assistant Professor of Pediatrics

Guillermo Hernandez, DO  
Assistant Professor of Family Medicine

Raul Hernandez, MD  
Assistant Professor of Physician Assistant  
Education

Stanley S. Herr, DO  
Assistant Professor of Family Medicine

Jose Francisco Herrera, MD  
Associate Professor of Family Medicine

Edward A. Heusch, DO  
Associate Professor of Surgery

Michael L. Hicks, BA, PA-C  
Assistant Professor of Physician Assistant  
Education

Miles J. Hildebrand, PharmD  
Assistant Professor of Pharmacy Practice

Cynthia A. Hill, DO  
Assistant Professor of Family Medicine

Ronald H. Hino, MD  
Assistant Professor of Physician Assistant  
Education

Roger Hirsh, MS, MBA  
Assistant Professor of Pharmacy Practice

Craig Hitchman, BPharm  
Assistant Professor of Pharmacy Practice

Robert W.-H. Ho, DO  
Assistant Professor of Surgery/Orthopedics

George L. Hobeich, MD  
Associate Professor of Internal Medicine

Timothy P. Hodges, DO  
Assistant Professor of Family Medicine

Joseph O. Hoffman, DO  
Associate Professor of Family Medicine

Marc A. Hoffman, DO  
Assistant Professor of Family Medicine

David P. Hofheins, DO  
Assistant Professor of Family Medicine

E. Carlisle Holland, DO  
Assistant Professor of Family Medicine/  
Osteopathic Manipulative Medicine

Philip Holman, PharmD  
Assistant Professor of Pharmacy Practice

Lorin G. Holst, MD  
Assistant Professor of Internal Medicine

Martin Holt, PA-C  
Instructor of Physician Assistant Education

Charles Holzner, MD  
Professor of Internal Medicine

Joann Hong, PharmD  
Assistant Professor of Pharmacy Practice

Theresa A. Hong, DO  
Assistant Professor of Family Medicine

William K. Hooks III, MD  
Assistant Professor of Internal Medicine/  
Radiology

Fran Hopkins, PharmD  
Assistant Professor of Pharmacy Practice

Katherine R. Horad, BS, PA-C  
Instructor of Physician Assistant Education

Franklin Horowitz, MD  
Professor of Surgery (Emeritus)

Mark Horowitz, DO  
Assistant Professor of Family Medicine/  
Dermatology

Joseph Hourany, MD  
Assistant Professor of Internal Medicine/  
Pulmonology

John Howard, PharmD  
Assistant Professor of Pharmacy Practice

David W. P. Huang, MD  
Assistant Professor of Surgery/Orthopedics

Kuo-Liang Huang, MD  
Assistant Professor of Internal Medicine/  
Infectious Diseases

W. Luke Huang, MD  
Assistant Professor of Pediatrics

Anna O. Huh, PharmD  
Assistant Professor of Pharmacy Practice

Catherine Ann Hunter, DO  
Assistant Professor of Obstetrics/Gynecology

Nga N. Huynh, PharmD  
Assistant Professor of Pharmacy Practice

Paul V.B. Hyde, MD  
Assistant Professor of Surgery

John Hyun, PharmD  
Assistant Professor of Pharmacy Practice

Robert A. Innocenzi, DO  
Assistant Professor of Surgery/Ophthalmology

Marianne B. Jacobs, DO  
Assistant Professor of Internal Medicine/  
Neurology

Arthur J. Jaffee, JD  
Professor of Medical Jurisprudence

David S. James, DO  
Assistant Professor of Family Medicine

Wen-Feng Jan, MD  
Assistant Professor of Pediatrics/Endocrinology

Carl Jansen, MD  
Professor of Internal Medicine/Radiology

Kedy Ying Jao, DO  
Assistant Professor of Family Medicine

Mahmood J. Jazayeri, MD  
Assistant Professor of Surgery/Orthopedics

W. Craig Jeffers, RPh  
Assistant Professor of Pharmacy Practice

Richard R. Jeffries, DO  
Associate Professor of Family Medicine

Kraig K. Jenson, MD  
Assistant Professor of Family Medicine/  
Dermatology

Debra L. Johnson, RN, NP, PA-C  
Assistant Professor of Physician Assistant  
Education

Elizabeth G. Johnson, PharmD  
Assistant Professor of Pharmacy Practice

Eric G. Johnson, MPT  
Adjunct Assistant Professor of Physical Therapy  
Education

Gary R. Johnson, DO, DVM  
Assistant Professor of Family Medicine

Jacqueline A. Johnson, MD  
Assistant Professor of Family Medicine

John Johnson, PharmD  
Assistant Professor of Pharmacy Practice

Larry Johnson, PharmD  
Assistant Professor of Pharmacy Practice

Robert C. Jones, MD  
Assistant Professor of Internal Medicine

Christopher Jordan, MD  
Associate Professor of Surgery/ Orthopedics

Layne S. Jorgensen, DO  
Assistant Professor of Family Medicine

Randal Carl Juengel, MD  
Assistant Professor of Internal Medicine/ Pathology

Anthony A Juguilon, MD  
Assistant Professor of Internal Medicine/ Pathology

Nami Jun, PharmD  
Assistant Professor of Pharmacy Practice

Nancy R. Kahaner, DO  
Assistant Professor of Obstetrics/Gynecology

June Isaacson Kailes, MSW  
Adjunct Associate Professor of Health Professions  
Education

Stanley A. Kaller, DO  
Assistant Professor of Family Medicine

Charles L. Kaluza, DO  
Associate Professor of Surgery/  
Otorhinolaryngology

Jon Kamada, PharmD  
Assistant Professor of Pharmacy Practice

Steven D. Kamajian, DO  
Associate Professor of Family Medicine

Frank G. Karneges, DO  
Assistant Professor of Internal Medicine

Thomas J. Karras, MD  
Associate Professor of Internal Medicine/  
Cardiology

Andre M. Kasko, DO  
Assistant Professor of Physician Assistant  
Education

Hooshang Kasravi, MD  
Assistant Professor of Surgery

Michael D. Kasseles, DO  
Assistant Professor of Internal Medicine

Louis B. Kasunic, DO  
Assistant Professor of Family Medicine

Lionel B. Katchem, DO  
Associate Professor of Family Medicine

Emmanuel Peter Katsaros, DO  
Assistant Professor of Internal Medicine

Lia Katz, MD  
Assistant Professor of Family Medicine

Brian I. Kawahara, PharmD  
Assistant Professor of Pharmacy Practice

Martin H. Kay, MD, PhD  
Assistant Professor of Family Medicine/  
Dermatology



Christopher Keenan, MD  
Assistant Professor of Family Medicine

Lori A. Kemper, DO  
Associate Professor of Family Medicine

Darlina M. Keseg-Manthei, DO  
Assistant Professor of Family Medicine

Stephen E. Kessler, DO  
Assistant Professor of Family Medicine/  
Dermatology

Rosita Z. Kheibari, PharmD  
Assistant Professor of Pharmacy Practice

Karen S. Kiefer, DO  
Assistant Professor of Family Medicine/ Psychiatry

Peter V. Kilburn, DO  
Professor of Surgery

Karine Kim, PharmD  
Assistant Professor of Pharmacy Practice

Lauren Kim, PharmD  
Assistant Professor of Pharmacy Practice

Mark Kim, PharmD  
Assistant Professor of Pharmacy Practice

Emily A. King, PharmD  
Assistant Professor of Pharmacy Practice

Hwa-Kou King, MD  
Professor of Internal Medicine/Anesthesiology

Neil E. Klein, MD  
Assistant Professor of Surgery/Plastic &  
Reconstructive

Steven Klompus, AS, PA-C  
Instructor of Physician Assistant Education

Johannes Koch, MD  
Assistant Professor of Internal Medicine

Sandra Kochaon, BS, PA-C  
Instructor of Physician Assistant Education

Shahrokh Kohanim, DO  
Assistant Professor of Family Medicine

Benjamin L. Konell, DO  
Assistant Professor of Family Medicine

Choon Won Koo, MD  
Assistant Professor of Obstetrics/Gynecology

Mark S. Kosins, MD  
Professor of Family Medicine/Psychiatry

Dana Kosmala, DO  
Assistant Professor of Pediatrics

Richard T. Kotomori, Jr., MD  
Assistant Professor of Family Medicine

John C. Koumas, DO  
Associate Professor of Family Medicine

Thomas Koumas, MD  
Associate Professor of Family Medicine

Alan P. Kratz, MD  
Assistant Professor of Surgery/Ophthalmology

David E. Kreshek, MD  
Assistant Professor of Surgery

Divakar R. Krishnareddy, MD  
Assistant Professor of Surgery/Orthopedics

Ellen B. Kruusmagi, MD  
Assistant Professor of Family Medicine

Vanessa J. Kumpf, PharmD  
Assistant Professor of Pharmacy Practice

Donald J. Kurth, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

Michael Z. Kurtz, DO  
Assistant Professor of Family Medicine

Veronika R. Kurucz, MD  
Assistant Professor of Internal Medicine

Mary Jo Kutler, DO  
Assistant Professor of Pediatrics

Albert I. Kwan, PharmD  
Assistant Professor of Pharmacy Practice

Eugene L. Kwong, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

Grant Lackey, PharmD  
Assistant Professor of Pharmacy Practice

Jennifer Lackey, PharmD  
Assistant Professor of Pharmacy Practice

Linda D. Lafferty, DO, MS  
Associate Professor of Family Medicine

James M. Lally, DO, MS  
Assistant Professor of Family Medicine

Joseph Lam, PharmD  
Assistant Professor of Pharmacy Practice

Peter Lam, BS  
Assistant Professor of Pharmacy Practice

Richard E. Land, DO  
Associate Professor of Family Medicine/  
Psychiatry

Carol L. Lang, DO  
Assistant Professor of Family Medicine

Hortensia Lara, BA, PA-C  
Instructor of Physician Assistant Education

Lawrence A. Larson, DO  
Assistant Professor of Pediatrics

Laurence J. Lasky, MD  
Assistant Professor of Family Medicine

David M. Laufer, PharmD  
Assistant Professor of Pharmacy Practice

Gerald Laursen, MPAS, PA-C  
Assistant Professor of Physician Assistant  
Education

Ronald E. Lazar, MD  
Assistant Professor of Internal Medicine/  
Anesthesiology

Arthur J. Lazik, MD, PhD  
Assistant Professor of Internal Medicine/  
Cardiology

Ha M. Le, MD  
Assistant Professor of Internal Medicine/  
Radiology

Peter C. Le Port, MD  
Assistant Professor of Surgery

Scott C. Lederhaus, MD  
Assistant Professor of Surgery

Carol Hyeun Lee, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

Eun Hee Lee, PharmD  
Assistant Professor of Pharmacy Practice

James T. Lee, DO  
Associate Professor of Family Medicine

Jongmi Lee, PharmD  
Assistant Professor of Pharmacy Practice

Laura E. Lee, PharmD  
Assistant Professor of Pharmacy Practice

Norman Lee, BS, RPh  
Assistant Professor of Pharmacy Practice

Raymond Lee, PharmD  
Assistant Professor of Pharmacy Practice

Thomas T. Lee, MD, FACOG  
Assistant Professor of Obstetrics/Gynecology

William Y.W. Lee, DO  
Assistant Professor of Family Medicine

David P. Leibel, DO  
Assistant Professor of Surgery/Urology

Steven Leifheit, DO  
Assistant Professor of Family Medicine

Catherine J. Lesnick, MS, PT  
Adjunct Assistant Professor of Physical  
Therapy

John F. Lennox, DO  
Associate Professor of Obstetrics/Gynecology

Catherine Jones Lesnick, MS, PT  
Adjunct Assistant Professor of Physical Therapy  
Education

William R. Letendre Sr, MS, MBA  
Adjunct Professor of Pharmaceutical Sciences

David Z. Levine, DO  
Assistant Professor of Family Medicine

M. Richard Levinson, DO  
Assistant Professor of Pediatrics

Gwen A. Levitt, DO  
Assistant Professor of Family Medicine/ Psychiatry

Elaine Levy, BS  
Assistant Professor of Pharmacy Practice

David O. Lewis, MD  
Assistant Professor of Family Medicine

Judith L. Lewis, DO  
Assistant Professor of Family Medicine

Sherman N. Lewis, DO  
Assistant Professor of Surgery/Plastic &  
Reconstructive

Lawrence Leyba, DO  
Professor of Surgery/Anesthesiology

David Y. Li, DO  
Assistant Professor of Internal Medicine/Radiology

Robert Ligorsky, DO  
Associate Professor of Internal Medicine/  
Hematology and Oncology

Robert Likens, PharmD  
Assistant Professor of Pharmacy Practice

Joseph L. Lillo, DO  
Assistant Professor of Family Medicine/  
Osteopathic Manipulative Medicine

Alice Lim, PharmD  
Assistant Professor of Pharmacy Practice

Raymond Limansky, MD  
Associate Professor of Obstetrics/Gynecology

Howard B. Limmer, DO  
Associate Professor of Family Medicine

Augustin Lin, DO  
Assistant Professor of Family Medicine

Matthew Y.C. Lin, MD  
Assistant Professor of Surgery/Orthopedics

Cathleen Lindsay, DO  
Assistant Professor of Family Medicine/  
Osteopathic Manipulative Medicine

Ronald Liskanich, DO  
Assistant Professor of Family Medicine/  
Dermatology

Patricia Liu, PharmD  
Assistant Professor of Pharmacy Practice

Sol Lizerbram, DO  
Professor of Family Medicine

Hedy C. Loa, MD  
Assistant Professor of Internal Medicine/ Geriatrics

Paul K. Longmore, PhD  
Adjunct Professor of Health Professions Education

Christopher Lopatosky, PA-C  
Assistant Professor of Physician Assistant  
Education

Felice L. Loverso, Ph.D.  
Assistant Professor of Health Professions  
Education

Nelman C. Low, MD  
Assistant Professor of Surgery/  
Otorhinolaryngology

Kenneth Luck, PharmD  
Assistant Professor of Pharmacy Practice

Jonathan Lukoff, MD  
Assistant Professor of Physician Assistant  
Education

Bing Keung Lum, PharmD  
Assistant Professor of Pharmacy Practice

Grant Lum, PharmD  
Assistant Professor of Pharmacy Practice

Lisa M. Lupo, MD  
Assistant Professor of Obstetrics/Gynecology

Hector F. Luque, DO  
Assistant Professor of Internal Medicine

Pamela Renee Archer Lux, DO  
Assistant Professor of Family Practice/ Emergency  
Medicine

Marc E. Lynch, DO  
Assistant Professor of Surgery/Anesthesiology

David A. Lyon, DO, DSc  
Assistant Professor of Internal Medicine

Alfred C. Ma, MD, PhD, MBA  
Professor of Internal Medicine/Anesthesiology

Richard H. Mabie, MD  
Assistant Professor of Pediatrics

Daryl K. MacCarter, MD  
Assistant Professor of Internal Medicine/  
Rheumatology

F. Roy MacKintosh, MD, PhD  
Professor of Internal Medicine

Gregory R. Maddex, DO  
Assistant Professor of Family Medicine

Julie Madorsky, MD  
Professor of Family Medicine/Physical Medicine  
and Rehabilitation

Lon Madsen, DO  
Assistant Professor of Family Medicine

Harold I. Magoun Jr., DO  
Professor of Family Medicine/Osteopathic  
Manipulative Medicine

Michael J. Mahon, DO  
Associate Professor of Family Medicine/  
Dermatology

Mark B. Maine, MSHSA  
Instructor of Health Professions Education

Lisa L. Majer, DO  
Assistant Professor of Family Medicine/Sports  
Medicine

Manisha M. Malavia, PharmD  
Assistant Professor of Pharmacy Practice

Samuel A. Malayan, MD, PhD  
Assistant Professor of Internal Medicine

Barry D. Malina, DO  
Assistant Professor of Family Medicine/  
Osteopathic Manipulative Medicine

Ronald S. Mandel, DO  
Assistant Professor of Family Medicine

John F. Manfredonia, DO  
Assistant Professor of Family Medicine

Andrew J. Manos, DO  
Associate Professor of Family Medicine

Rudy R. Manthei, DO  
Assistant Professor of Surgery/Ophthalmology

Scott E. Manthei, DO  
Assistant Professor of Surgery/  
Otorhinolaryngology

Charles M. Maples, DO  
Assistant Professor of Family Medicine

Shoaib U. Maqvi, MD  
Assistant Professor of Internal Medicine

Calvin Marantz, MD  
Associate Professor of Internal Medicine/  
Pathology

Rod Marchiando, PharmD  
Assistant Professor of Pharmacy Practice

Dante E. Marinelli, MD  
Associate Professor of Surgery/Urology

Kevin F. Mark, PharmD  
Assistant Professor of Pharmacy Practice

Steven Marks, DO  
Assistant Professor of Internal Medicine

David E. Marshburn, DO  
Assistant Professor of Surgery/Ophthalmology

Michael J. Martelli, DO  
Associate Professor of Family Medicine

Katherine A. Martin, DO  
Assistant Professor of Family Medicine

Timothy B. Martin, DO  
Assistant Professor of Family Medicine

Kathryn Martinazzi, PharmD  
Assistant Professor of Pharmacy Practice

James D. Matiko, MD  
Associate Professor of Surgery/Orthopedics

Karol K. Matsune, PharmD  
Assistant Professor of Pharmacy Practice

H. Preston Matthews, DO  
Assistant Professor of Family Medicine

Robert J. Maurer, DO  
Associate Professor of Pediatrics

C. L. McArthur III, MD, MBA  
Associate Professor of Family Medicine/  
Emergency Medicine

Melissa McCourt, BS, RPh  
Assistant Professor of Pharmacy Practice

Shari F. McDaniel, BS, RPh  
Assistant Professor of Pharmacy Practice

Edward P. McDermott, DO  
Assistant Professor of Surgery/Orthopedics

Sharon S. McGarrity, DO  
Assistant Professor of Family Medicine

Maj. Thomas A. McGerty, DO  
Assistant Professor of Pediatrics

William H. McGhee, MD  
Professor of Family Medicine/Psychiatry

Paul McHugh, DO  
Assistant Professor of Family Medicine

Kelly L. McKarahan, DO  
Assistant Professor of Family Medicine

Ronald L. McKibben, PharmD  
Assistant Professor of Pharmacy Practice

Cori A. McMahan, PA-C, MSED  
Assistant Professor of Physician Assistant  
Education

Matthew J. McMahan, DO  
Assistant Professor of Internal Medicine/  
Cardiology

John M. Medeiros, PhD, PT  
Assistant Professor of Surgery/Orthopedics

Fred Meister, PharmD  
Assistant Professor of Pharmacy Practice

Pierre Menard, PharmD  
Assistant Professor of Pharmacy Practice

James J. Mendola, DO  
Professor of Surgery/Otorhinolaryngology

Max Mener, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

Norman S. Merchant, MD  
Associate Professor of Obstetrics/Gynecology

Clifford D. Merkel, MD  
Associate Professor of Surgery/Orthopedics

Donna Merrigan, PharmD  
Assistant Professor of Pharmacy Practice

Frank J. Metzger, DO  
Professor of Internal Medicine

Barry S. Meyer, DO  
Assistant Professor of Internal Medicine

Wafa F. Michael, MD  
Assistant Professor of Internal Medicine/ Pathology

Constantine A. Michas, MD, MPH  
Assistant Professor of Surgery

Mardi Mihranian, MD  
Assistant Professor of Physician Assistant  
Education

Alexander Miller, MD  
Assistant Professor of Family Medicine/  
Dermatology

Howard G. Milstein, MD  
Assistant Professor of Family Practice/  
Dermatology

John S. Missanelli, DO  
Professor of Obstetrics/Gynecology

Gary S. Mono, DO  
Assistant Professor of Surgery

Louis H. Monty, MD  
Assistant Professor of Family Medicine/ Psychiatry

Robert L. Moody, DO  
Assistant Professor of Family Medicine

Sylvia Moore, PharmD  
Assistant Professor of Pharmacy Practice

Cheryl L. Morell, MD  
Assistant Professor of Pediatrics

Candis Morello, PharmD  
Assistant Professor of Pharmacy Practice

Cynthia Moreno, DO  
Instructor of Osteopathic Manipulative Medicine

Jorge L. Moreno, DO  
Assistant Professor of Osteopathic Manipulative  
Medicine

James A. Morrow, DO  
Assistant Professor of Family Medicine

Glynnis M. Morton, MD  
Assistant Professor of Obstetrics/Gynecology

Bassam Mouazzen, MD  
Assistant Professor of Internal Medicine

Angela K. Moultrie-Lizana, DO  
Assistant Professor of Family Medicine

M. Kenneth Mudge, MB, ChB  
Professor of Surgery/Orthopedics

Sharon K. Muenchow, MD  
Assistant Professor of Surgery/Pediatrics

Moses T. Mukai Jr., DO  
Assistant Professor of Obstetrics/Gynecology

Pramod Multani, MD  
Assistant Professor of Internal Medicine/  
Cardiology

Debra Foreman Munsell, PA-C  
Associate Professor of Physician Assistant  
Education

Wadsworth H. Murad, DO  
Assistant Professor of Family Medicine/ Psychiatry

Vellore G. Muraligopal, MD  
Associate Professor of Pediatrics

John Lamont Murdoch, MD  
Professor of Internal Medicine

Ronald E. Nagata Jr, PharmD  
Assistant Professor of Pharmacy Practice

Mohan S. Nair, MD  
Associate Professor of Family Medicine/  
Psychiatry

G. Nalinajith Nanayakkara, MD  
Assistant Professor of Obstetrics/Gynecology

Christopher Nee, PharmD, MBA  
Assistant Professor of Pharmacy Practice

J. Michael Nelson, DO  
Assistant Professor of Family Medicine/  
Emergency Medicine

Robert G. Nelson, MD  
Assistant Professor of Physician Assistant  
Education

William E. Newsome, MD  
Associate Professor of Internal Medicine

Anh Ngoc Nguyen, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

Brigitte Nguyen, PharmD  
Assistant Professor of Pharmacy Practice

Dana Huong Nguyen, PharmD  
Assistant Professor of Pharmacy Practice

Khiem Thanh Nguyen, PharmD  
Assistant Professor of Pharmacy Practice

Lan-Phuong Nguyen, PharmD  
Assistant Professor of Pharmacy Practice

Leigh-Anh Nguyen, PharmD  
Assistant Professor of Pharmacy Practice

Nhut M. Nguyen, BSc, RPh  
Assistant Professor of Pharmacy Practice

Phong K. Nguyen, MD  
Assistant Professor of Physician Assistant  
Education

Phuong Nguyen, PharmD  
Assistant Professor of Pharmacy Practice

Thi Nguyen, BS  
Assistant Professor of Pharmacy Practice

Trang T. Nguyen, PharmD  
Assistant Professor of Pharmacy Practice

Trinh T. Nguyen, PharmD  
Assistant Professor of Pharmacy Practice

Tuan Duc Nguyen, BS, RPh  
Assistant Professor of Pharmacy Practice

Tuyen Ngoc Nguyen, PharmD  
Assistant Professor of Pharmacy Practice

Karen J. Nichols, DO  
Associate Professor of Internal Medicine

Peter J. Niciforos, MD  
Assistant Professor of Family Medicine

Reid A. Nishikawa, PharmD  
Assistant Professor of Pharmacy Practice

James W. Norcross, DO  
Assistant Professor of Family Medicine

Robert E. Norcross, MD  
Associate Professor of Surgery

Jeffrey C. Northup, DO  
Associate Professor of Obstetrics/Gynecology

William H. Nuesse, MD  
Assistant Professor of Family Medicine

Chinyere N. Obasi, MD  
Instructor of Surgery/Neurosurgery

Zaida Olivia Obeso, MD  
Associate Professor of Family Medicine

Udoh O. Obioha, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

Cynthia Odegard, PharmD  
Assistant Professor of Pharmacy Practice

Gary Ogawa, PharmD  
Assistant Professor of Pharmacy Practice

So-Jeong Oh, PharmD  
Assistant Professor of Pharmacy Practice

Ikechukwu Ohiaeri, MD  
Assistant Professor of Family Medicine/ Psychiatry

Joseph L. Olivarez, PA-C  
Instructor of Physician Assistant Education

Terrence Olivier, PharmD  
Assistant Professor of Pharmacy Practice

Daniel Olson, DO  
Assistant Professor of Family Medicine

Robert W. Olson, DO  
Assistant Professor of Internal Medicine/  
Cardiology

Edward Onuma, MD  
Assistant Professor of Internal Medicine/  
Gastroenterology

Stephen Eric Osburn, MD  
Assistant Professor of Pediatrics

Mark P. Owens, MD  
Associate Professor of Surgery

Robert Pachorek, PharmD  
Assistant Professor of Pharmacy Practice

Edward E. Packer, DO  
Associate Professor of Pediatrics

Jeffrey Packer, DO  
Assistant Professor of Internal Medicine/  
Nephrology

James A. Padova, MD  
Assistant Professor of Internal Medicine

Joseph T. Palermo Jr., DO  
Associate Professor of Internal Medicine

Shi-Hui Pan, PharmD, MS  
Assistant Professor of Pharmacy Practice

George C. Parides, DO  
Assistant Professor of Internal Medicine/  
Pulmonary Diseases

Heran Angela Park, MD  
Assistant Professor of Pediatrics

Samuel Kyung Uk Park, MD  
Assistant Professor of Family Medicine

Dennis R. Parker, DO  
Assistant Professor of Family Medicine

Richard A. Parker, DO  
Assistant Professor of Family Medicine/Sports  
Medicine

David M. Parrack, DO  
Assistant Professor of Surgery/Urology

Anjana Patel, PharmD  
Assistant Professor of Pharmacy Practice

Neemish N. Patel, PharmD  
Assistant Professor of Pharmacy Practice

Michael Pavlovich, PharmD  
Assistant Professor of Pharmacy Practice

Keith Payne, MS, PA-C  
Assistant Professor of Physician Assistant  
Education

Daniel D. Pearce, DO  
Assistant Professor of Internal Medicine

Gregory A. Pecchia, DO  
Assistant Professor of Family Medicine

David J. Peck, DO  
Assistant Professor of Family Medicine

Lydia Percy, PharmD  
Assistant Professor of Pharmacy Practice

Luis Jesus Mejia Perez, MD  
Assistant Professor of Physician Assistant  
Education

Robert G. Peterson, MD  
Assistant Professor of Family Medicine

Warren A. Peterson, DO  
Assistant Professor of Family Medicine/  
Dermatology

Sara D. Petry, MD  
Assistant Professor of Family Medicine/ Psychiatry

Beverly Pettit, PharmD  
Assistant Professor of Pharmacy Practice

John Pettit, MD  
Assistant Professor of Surgery

William J. Pevsner, DO  
Assistant Professor of Family Medicine

Hai Phan, MD  
Assistant Professor of Internal Medicine/  
Nephrology

Craig M. Phelps, DO  
Associate Professor of Family Medicine/Sports  
Medicine

Mitchel E. Phillips, DO, MS  
Assistant Professor of Family Medicine

Wendell B. Phillips, DO  
Assistant Professor of Family Medicine

John R. Piconi, MD  
Assistant Professor of Surgery/Urology

Allyn M. Pierce, DO  
Associate Professor of Obstetrics/Gynecology

Harry A. Pierce, DO  
Associate Professor of Internal Medicine

Remy A. Piibe, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

Elmer B. Pineda, DO  
Assistant Professor of Surgery/ Urology

Ronald E. Pinkerton, MD  
Professor of Family Medicine

Lynne B. Pirie, DO  
Assistant Professor of Family Medicine/Sports  
Medicine

Richard T. Pitts, DO  
Associate Professor of Family Medicine/  
Emergency Medicine

Yvonne Plowman, PharmD  
Assistant Professor of Pharmacy Practice

M. Jay Porcelli, DO, MS  
Professor of Family Medicine

Gregson J. Porteous, DO  
Assistant Professor of Surgery/Anesthesiology

Stuart Brent Porter, DO  
Assistant Professor of Family Medicine

Larry Potts, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine



Michael A. Pousti, MD  
Assistant Professor of Surgery/Plastic and  
Reconstructive

Michael J. Powell, DO  
Assistant Professor of Internal Medicine/  
Rheumatology

Vance M. Powell, DO  
Assistant Professor of Obstetrics/Gynecology

Venu Prabaker, MD  
Associate Professor of Internal Medicine

Arudi L. Prabhakar, MD  
Assistant Professor of Surgery

William J. Previte, DO  
Assistant Professor of Surgery/ Orthopedics/Sports  
Medicine

Todd O. Primack, DO  
Assistant Professor of Surgery/Anesthesiology

Charles Edward Pritchard Jr., DO  
Assistant Professor of Pediatrics

Andrew S. Pumerantz, DO  
Assistant Professor of Internal Medicine

Mark Purnell, MD  
Assistant Professor of Surgery/Orthopedics

Paul A. Pyka, DO  
Associate Professor of Obstetrics/Gynecology

John F. Quinn, MD  
Assistant Professor of Family Medicine

Robert Quint, PharmD  
Assistant Professor of Pharmacy Practice

David C. Rabinowitz, DO  
Professor of Internal Medicine/Pulmonary  
Medicine

Richard L. Ragle, DO  
Assistant Professor of Family Medicine

Stephen R. Rakower, MD  
Associate Professor of Surgery

Laura T. Rampil, DO  
Assistant Professor of Family Medicine

John F. Randolph, MD  
Associate Professor of Family Medicine

Lawrence D. Raphael, MD  
Associate Professor of Internal Medicine

Hugo F. Rauld, MD  
Assistant Professor of Obstetrics & Gynecology

Niren A. Raval, DO  
Assistant Professor of Family Medicine

Simon Rayhanabad, MD  
Assistant Professor of Physician Assistant  
Education

Carl A. Recine, MD  
Assistant Professor of Internal Medicine/  
Radiology

Joe W. Redd, DO  
Assistant Professor of Family Medicine

Linda Reynolds, PharmD  
Assistant Professor of Pharmacy Practice

David E. Rhodes, MD  
Assistant Professor of Family Medicine

Terence P. Rhone, DO  
Assistant Professor of Internal Medicine

E. Lee Rice, DO  
Professor of Family Medicine/Sports Medicine

Robin (Rob) L. Richardson, DO  
Assistant Professor of Family Medicine

Joel S. Richmon, MD  
Assistant Professor of Internal Medicine/  
Neurology

Jerome B. Riebman, MD  
Associate Professor of Surgery

Jeffrey D. Ries, DO  
Associate Professor of Internal Medicine/  
Neurology

Donna Rios, BS, PA-C, RN  
Instructor of Physician Assistant Education

Albert Rizos, PharmD  
Assistant Professor of Pharmacy Practice

Andrea A. Roberson, DO  
Assistant Professor of Family Medicine

Natalie Roberts, DO  
Assistant Professor of Internal Medicine

Mark I. Robinson, MD  
Assistant Professor of Internal Medicine/  
Pulmonology

Robert Robitaille, DO  
Assistant Professor of Family Medicine

Tari L. Roche, DO  
Assistant Professor of Family Medicine

Arturo Rodrigues, PA-C  
Instructor of Physician Assistant Education

Jose L. Rodriguez, MD  
Assistant Professor of Surgery

Michael J. Rodriguez, MD  
Professor of Surgery

Michael L. Rohrenback, DO  
Assistant Professor of Family Medicine

Lorenzo Romney, DO  
Assistant Professor of Family Medicine

Andrew J. Rooks, MD  
Professor of Family Medicine/Psychiatry

Marc R. Rose, MD  
Assistant Professor of Surgery/Ophthalmology

Michael R. Rose, MD  
Assistant Professor of Surgery/Ophthalmology

Michelle Rose, PharmD  
Assistant Professor of Pharmacy Practice

Marvin Rosen, MD  
Assistant Professor of Family Medicine

Alan S. Rosenthal, DO  
Professor of Internal Medicine

Melvyn B. Ross, MD  
Assistant Professor of Internal Medicine/  
Cardiology

Phyllis M. Ross, PA-C  
Instructor of Physician Assistant Education

Timothy J. Roth, DO  
Assistant Professor of Family Medicine

Carl Rowe, PharmD  
Assistant Professor of Pharmacy Practice

Horst R. Rudrich, DO  
Assistant Professor of Family Medicine

Michael Rudolph, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

Michael N. Rutman, DO  
Assistant Professor of Internal Medicine

David M. Ryan, DO  
Assistant Professor of Family Medicine

Thomas K. Ryu, DO  
Assistant Professor of Family Medicine/  
Emergency Medicine

Shida Saam, DO  
Assistant Professor of Family Medicine

Lovina Sabnani, DO  
Assistant Professor of Surgery/Ophthalmology

Suresh Sabnani, DO  
Assistant Professor of Family Medicine

Mazin Q. Sabri, MD  
Assistant Professor of Surgery/Orthopedics

Steven Sackrin, MD  
Assistant Professor of Internal Medicine

Gurbinder S. Sadana, MD  
Assistant Professor of Internal Medicine

Richard I. Sakai, PharmD  
Assistant Professor of Pharmacy Practice

Conrad Salinas, MD  
Associate Professor of Family Medicine/  
Emergency Medicine

Christopher James Sando, PharmD  
Assistant Professor of Pharmacy Practice

David Saperia, MD  
Assistant Professor of Physician Assistant  
Education

David J. Saperstein, DO  
Professor of Internal Medicine/Radiology

Phisit Saphyakhajon, MD  
Assistant Professor of Pediatrics

Jan O. Sarkin, MD  
Associate Professor of Surgery

Arthur Saroughian, PharmD  
Assistant Professor of Pharmacy Practice

Marcus Sasiadek, PharmD  
Assistant Professor of Pharmacy Practice

Sampat S. Saste, MD  
Assistant Professor of Internal Medicine

John D. Schaeffer, DO  
Assistant Professor of Internal Medicine/  
Neurology

Irving Schaffner, MD  
Assistant Professor of Family Medicine

Hershel Schaftel, PharmD  
Assistant Professor of Pharmacy Practice

Ivan B. Schatz, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

Kenneth Schell, PharmD  
Assistant Professor of Pharmacy Practice

Kenneth C.J. Scherbarth, DO  
Assistant Professor of Family Medicine

Clifton S. Schermerhorn, MD  
Associate Professor of Family Medicine/  
Psychiatry

Mark D. Schneider, DO  
Associate Professor of Family Medicine

Robert B. Schorr, DO  
Assistant Professor of Pediatrics/Psychiatry

Andrew O. Schreiber, MD  
Assistant Professor of Internal Medicine/  
Neurology

Saul E. Schreiber, DO  
Associate Professor of Family Medicine/  
Dermatology

Robert C. Schreiman, MD  
Assistant Professor of Family Medicine

Lawrence Schuyler, DO  
Assistant Professor of Family Medicine

Ernest R. Schwab, PhD  
Adjunct Associate Professor of Physical Therapy  
Education

Paul E. Schwartz, MD  
Associate Professor of Physician Assistant  
Education

Charles Schwengel, DO  
Assistant Professor of Family Medicine

James H. Scott, DO  
Assistant Professor of Family Medicine

Kendall G. Scott, MD  
Associate Professor of Physician Assistant  
Education

David Searle, RPh  
Assistant Professor of Pharmacy Practice

Martin T. Sechrist, DO  
Associate Professor of Family Medicine

David Sellen, DMin  
Associate Professor of Health Professions  
Education

Avedik Semerjian, MD  
Assistant Professor of Internal Medicine/  
Nephrology

Manohar R. Senra, MD  
Assistant Professor of Internal Medicine

Michael A. Sequeira, MD  
Assistant Professor of Physician Assistant  
Education

Stephen R. Severance, MD  
Associate Professor of Internal Medicine/  
Gastroenterology

Conrado C. Sevilla III, MD  
Assistant Professor of Family Medicine/ Psychiatry

Baljit K. Sharma, MD  
Assistant Professor of Surgery/Cardiothoracic

Robert C. Sharp, MD  
Professor of Pediatrics

Samuel Sheldon, PharmD  
Assistant Professor of Pharmacy Practice

Frank P. Sheridan, MD  
Assistant Professor of Internal Medicine/ Pathology

Julie Ann Sherman, DO, MS  
Assistant Professor of Family Medicine

Elliott Sherrel, MD  
Assistant Professor of Physician Assistant  
Education

Christan T. Shimoda, DO  
Associate Professor of Family Medicine

Kathleen Jane Shimoda, RN  
Assistant Professor of Family Medicine

Amy Y. Shin, PharmD  
Assistant Professor of Pharmacy Practice

Dong-Soo Shin, MD  
Assistant Professor of Surgery

William L. Shoemaker, DO  
Assistant Professor of Surgery/Orthopedics

Henrietta (Hennie) B. Sholars, DO  
Assistant Professor of Family Medicine/  
Osteopathic Manipulative Medicine

Victoria Lynn Shook, MD  
Assistant Professor of Physician Assistant  
Education

Randall G. Shue, DO  
Assistant Professor of Family Medicine

Annie Shugarman, PA-C  
Assistant Professor of Physician Assistant  
Education

Javed Siddiqi, MD  
Assistant Professor of Surgery/Neurosurgery

John L. Sie, PharmD  
Assistant Professor of Pharmacy Practice

Antonio R. Silva, MD  
Assistant Professor of Surgery/Oncology

Arnold Sin, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

Ravinder P. Singh, MD  
Assistant Professor of Family Medicine/Psychiatry

Tejinder Singh, MD  
Assistant Professor of Internal Medicine

Prem Singla, MD  
Associate Professor of Family Medicine

C. Paul Sinkhorn, MD  
Assistant Professor of Obstetrics/Gynecology

Harry B. Skinner, MD, PhD  
Professor of Physician Assistant Education

Daniel M. Skotte Sr., DO  
Assistant Professor of Family Medicine

Carl M. Smith, MD  
Professor of Internal Medicine/Radiology

Carl W. Smith, MD  
Assistant Professor of Surgery/Orthopedics

David E. Smith, MD  
Professor of Family Medicine/Addiction Medicine

Keith U. Smith, DO  
Assistant Professor of Internal Medicine/  
Anesthesiology

Kenneth R. Smith, DO  
Assistant Professor of Family Medicine

Larry D. Smith, DO  
Assistant Professor of Internal Medicine

Wyatt S. Smith, DO  
Assistant Professor of Internal Medicine/  
Hematology & Oncology

Dorian D. Snyder, MD  
Assistant Professor of Family Medicine/Emergency  
Medicine

Mehrzad M. Soleimani, DO  
Assistant Professor of Family Medicine

Hamilton M. Solomon, PhD  
Adjunct Assistant Professor of Physical Therapy  
Education

Joseph K. Song, MD  
Assistant Professor of Internal  
Medicine/Cardiology

Willes Wolfe Sonnefield, MA, PT  
Adjunct Assistant Professor of Physical Therapy  
Education

Andrei Soran, MS  
Assistant Professor of Health Professions  
Education

Rose M. Sparks, BS, RPh  
Assistant Professor of Pharmacy Practice

Trang Huong Sparks, PA-C, BS  
Instructor of Physician Assistant Education

Michelle Spencer, PharmD  
Assistant Professor of Pharmacy Practice

Richard Spini, PharmD  
Assistant Professor of Pharmacy Practice

Yemelyan L. Spivak, MD  
Assistant Professor of Surgery

Ruth Stanhiser, MD  
Assistant Professor of Family Medicine

Robert A. Steedman, MD  
Associate Professor of Surgery

Lisa M. Steffensen-Gambrath, DO  
Assistant Professor of Family Medicine

Paul J. Steier, DO  
Assistant Professor of Family Medicine

Michael A. Steingard, DO  
Assistant Professor of Surgery/ Orthopedics

Paul M. Steingard, DO  
Professor of Family Medicine/Sports Medicine

Scott A. Steingard, DO  
Assistant Professor of Family Medicine

John C. Steinmann, DO  
Associate Professor of Surgery/Orthopedics

Craig Stephen Stern, PharmD, MBA  
Assistant Professor of Pharmacy Practice

Gloria J. Stevens, MD  
Assistant Professor of Family  
Medicine/Dermatology

Kristine Stille, PharmD  
Assistant Professor of Pharmacy Practice

William C. Stonecipher, DO  
Associate Professor of Family Medicine

John Strathakis, DO  
Assistant Professor of Family Medicine/  
Dermatology

Howard N. Straub, DO  
Professor of Surgery/Ophthalmology

Josef Strazynski, DO  
Associate Professor of Family Medicine

Gregory D. Strebel, DO  
Assistant Professor of Family Medicine

Angela Y. Su, PharmD  
Assistant Professor of Pharmacy Practice

Jocelyn L. Sumcad, MD  
Assistant Professor of Physician Assistant  
Education

Gretchen Swanson, DPT  
Adjunct Associate Professor of Physical Therapy  
Education

Jamie L. Switzer, DO  
Assistant Professor of Family Medicine

Brian M. Swope, DO  
Assistant Professor of Pediatrics

Khanh Ta-Le, PharmD  
Assistant Professor of Pharmacy Practice

Joanne A. Tabata, PharmD  
Assistant Professor of Pharmacy Practice

Parvis Taherpour, MD  
Assistant Professor of Family Medicine

Benjamin C. Tam, MD  
Assistant Professor of Surgery/Orthopedics

Andrew Tan, PharmD  
Assistant Professor of Pharmacy Practice

Phil Tang, PharmD  
Assistant Professor of Pharmacy Practice

Bruce L.M. Tannenbaum, MD  
Professor of Family Medicine/Psychiatry

Mark A. Tapscott, DO  
Assistant Professor of Surgery/Proctology

Collin Teguh, DO  
Assistant Professor of Family Medicine

Edward Tessier, BA  
Adjunct Instructor of Health Professions Education

Stephen W. Thacker, DO  
Associate Professor of Family Medicine

Jack (John) L. Thomas, DO  
Assistant Professor of Family Medicine

Larry L. Thomas, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine

Julie G. Thompson-Dobkin, DO  
Assistant Professor of Internal Medicine/  
Neurology

Nguyen Thong, MD  
Assistant Professor of Internal Medicine

Rama K.P. Thumati, MD  
Assistant Professor of Internal Medicine/  
Cardiology

Brian L. Tiep, MD  
Assistant Professor of Family Medicine/ Pulmonary  
Rehabilitation

Jeffrey Tipton, DO, MPH  
Assistant Professor of Family Medicine/Public  
Health

Jamie Tobitt, PharmD  
Assistant Professor of Pharmacy Practice

Shohreh Sherrie Todd, RPh  
Assistant Professor of Pharmacy Practice

Eric M. Toder, DO  
Assistant Professor of Family Medicine

Gilbert J. Toffol, DO  
Assistant Professor of Internal Medicine/Neurology

Ernest Victor Tom, PharmD  
Assistant Professor of Pharmacy Practice

Helen Tonnu, PharmD  
Assistant Professor of Pharmacy Practice

Michael E.L. Toole, PharmD  
Assistant Professor of Pharmacy Practice

Cynthia J. Toy, PharmD  
Assistant Professor of Pharmacy Practice

Stanley M. Toy Jr, MD  
Assistant Professor of Physician Assistant  
Education

Bao Cong Tran, MD  
Assistant Professor of Internal Medicine

Doug Dung Anh Tran, MD  
Associate Professor of Surgery/  
Otorhinolaryngology

Ellen T. Tran, PharmD  
Assistant Professor of Pharmacy Practice

Tanya Tuyen Tran, PharmD  
Assistant Professor of Pharmacy Practice

Ingrid E. Trenkle, MD  
Assistant Professor of Family Medicine/  
Dermatology

Rohit R. Trivedi, MD  
Assistant Professor of Surgery

Lawrence Troxell, PharmD  
Assistant Professor of Pharmacy Practice

William Tsai, DO  
Assistant Professor of Family Medicine

Jonathan C. Tsao, DO  
Assistant Professor of Family Medicine

Cam Tsaowimonsiri, PharmD  
Assistant Professor of Pharmacy Practice

Stephen W. Turay, MD  
Assistant Professor of Family Medicine

Alfred L. Turner, DO  
Assistant Professor of Family Medicine/  
Osteopathic Manipulative Medicine

Sheri R. Tysch, DO  
Assistant Professor of Pediatrics

Paul M. Umof, MD  
Assistant Professor of Family Medicine/  
Emergency Medicine & Occupational Medicine

Jennie Ung, PharmD  
Assistant Professor of Pharmacy Practice

Khushro B. Unwalla, MD  
Assistant Professor of Family Medicine/ Psychiatry

Sukhdev Uppal, MD  
Assistant Professor of Pediatrics

Geraldine N. Urse, DO  
Assistant Professor of Family Medicine

Daryoosh Valamanesh, MD  
Assistant Professor of Internal Medicine

Fidel Valenzuela, PharmD  
Assistant Professor of Pharmacy Practice

Guillermo J. Valenzuela, MD  
Professor of Obstetrics/Gynecology

Joseph F. Vardayo, MD  
Assistant Professor of Physician Assistant  
Education

Roger Vielbig, MD  
Assistant Professor of Internal Medicine/  
Cardiology

Rafael Villarosa, MD  
Assistant Professor of Internal Medicine

William Vineyard, PharmD  
Assistant Professor of Pharmacy Practice

Norman E. Vinn, DO  
Associate Professor of Family Medicine

Michael P. Vitullo, DO  
Assistant Professor of Family Medicine/  
Emergency Medicine

Jacqueline H. Vo, PharmD  
Assistant Professor of Pharmacy Practice

Monique Ngoc Vo, PharmD  
Assistant Professor of Pharmacy Practice

Lee E. Vranna, MD  
Assistant Professor of Family Medicine/Physical  
Medicine and Rehabilitation

Helga B. Wachholz, PharmD  
Assistant Professor of Pharmacy Practice

Barton H. Wachs, MD  
Assistant Professor of Surgery/Urology

Jeffrey A. Wachs, DO  
Assistant Professor of Family Medicine

Ralph D. Wade, DO  
Assistant Professor of Family Medicine

Paul E. Wakim, DO  
Assistant Professor of Surgery/ Orthopedics/Sports  
Medicine

Wendy Waldman, RPh  
Assistant Professor of Pharmacy Practice

Bryan D. Walls, DO  
Assistant Professor of Family Medicine/  
Osteopathic Manipulative Medicine

Jiangnan Wang, MD  
Assistant Professor of Internal Medicine

James P. Warren, MD  
Assistant Professor of Internal Medicine/  
Radiology

Harry C. Watters, DO  
Assistant Professor of Obstetrics/Gynecology

Gerald Weingarden, DO  
Assistant Professor of Family Medicine/  
Dermatology

Elliot Weinstein, MD  
Assistant Professor of Pediatrics

Frederick R. Weiss, MD  
Assistant Professor of Internal Medicine

Michael Weiss, DO  
Associate Professor of Pediatrics

Jill Weissman, PharmD  
Assistant Professor of Pharmacy Practice

Erna L. Wells, MPA, RN, CCM  
Professor of Physician Assistant Education

Randall M. West, DO  
Assistant Professor of Family Medicine

H. Eric Westman, DO  
Associate Professor of Surgery/  
Otorhinolaryngology

Frederick E. White, DO  
Assistant Professor of Internal Medicine/  
Radiology

Peter J. White, MD  
Assistant Professor of Surgery/Anesthesiology

Janette M. Wilcox, DO  
Assistant Professor of Family Medicine

Kenneth L. Williams Jr., DO  
Assistant Professor of Family Medicine

Brian C. Wilson, MD  
Assistant Professor of Internal Medicine/  
Radiology

Rochelle L. Wilson, DO  
Assistant Professor of Family Medicine

Tien T. Kiat Winarko, PharmD  
Assistant Professor of Pharmacy Practice

Deborah Kay Winberry, PA-C  
Instructor of Physician Assistant Education

Heidi A. Winkler, MD  
Assistant Professor of Pediatrics

Lydia A. Winter, PharmD  
Assistant Professor of Pharmacy Practice

Barry R. Wiss, DO  
Assistant Professor of Internal Medicine/  
Gastroenterology

Albert A. Witte, DO  
Professor of Internal Medicine/Cardiology

Sandy Witzling, MD  
Associate Professor of Surgery

Laurie M. Woll, DO  
Associate Professor of Family Medicine/  
Dermatology

Brian Wong, PharmD  
Assistant Professor of Pharmacy Practice

Donna Wong, DO  
Assistant Professor of Family Medicine

Elaine Wong, PharmD  
Assistant Professor of Pharmacy Practice

Noreen T. Wong, PharmD  
Assistant Professor of Pharmacy Practice

Wai Yee Wong, BS, RPh  
Assistant Professor of Pharmacy Practice

Dora Woo, PharmD  
Assistant Professor of Pharmacy Practice

Thomas A. Woodbury, DO  
Assistant Professor of Family Medicine

Sandor J. Woren, DO  
Associate Professor of Family Medicine/  
Emergency Medicine

R. Bruce Worth, MD  
Assistant Professor of Family Medicine

George D. Wright, MD  
Assistant Professor of Family Medicine

Craig J. Wronski, DO  
Assistant Professor of Family Medicine/ Psychiatry

Brett Wyrick, DO  
Associate Professor of Surgery

Anthony P. Yang, MD  
Assistant Professor of Surgery/Orthopedics

Lovelle M. Yano, PharmD  
Assistant Professor of Pharmacy Practice

Cecile Yared, PharmD  
Assistant Professor of Pharmacy Practice

Ralph A. Yates, DO  
Assistant Professor of Family Medicine

Florence Yee, PharmD  
Assistant Professor of Pharmacy Practice



Jeffrey C. Young, DO  
Assistant Professor of Family Medicine

David Yousef, PharmD  
Assistant Professor of Pharmacy Practice

John Yuen, PharmD  
Assistant Professor of Pharmacy Practice

Ray M. Yutani, DO, PharmD, MS  
Assistant Professor of Pharmacy Practice

Mehrnaz Zahiri, PharmD  
Assistant Professor of Pharmacy Practice

Joseph A. Zammuto, DO  
Assistant Professor of Family Medicine

Stephen W. Zecher, MPT  
Adjunct Assistant Professor of Physical Therapy  
Education

Robert Zelman, DO  
Assistant Professor of Internal Medicine/  
Cardiology

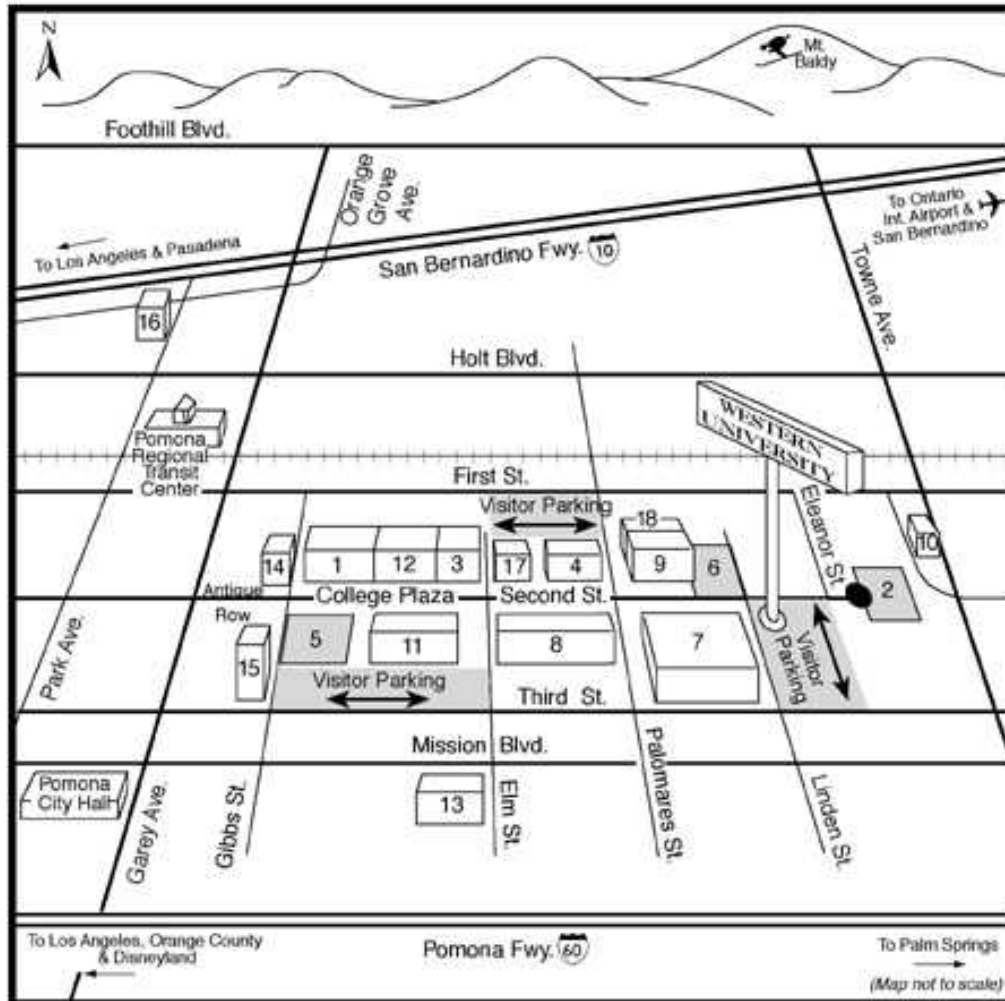
Nicole Zimmerman, PhD  
Instructor of Health Professions Education

Sheldon S. Zinberg, MD  
Professor of Internal Medicine

Phillip C. Zinni III, DO  
Assistant Professor of Family Medicine

Robert D. Zipser, MD  
Associate Professor of Internal Medicine/  
Gastroenterology

John P. Zopfi, DO  
Assistant Professor of Surgery/Trauma Surgery



- |                                             |                                                                         |
|---------------------------------------------|-------------------------------------------------------------------------|
| 1. ALUMNI CENTER                            | 13. WESTERN UNIVERSITY MEDICAL CENTER                                   |
| 2. UNIVERSITY PARK                          | 14. WESTERN UNIVERSITY CAMPUS GOURMET/STUDENT LOUNGE                    |
| 3. BOOTH CENTER                             | 15. HARRIET K. & PHILIP PUMERANTZ LIBRARY AND LEARNING RESOURCES CENTER |
| 4. BUSINESS CENTER                          | 16. WESTERN UNIVERSITY VETERINARY MEDICAL CENTER (future site)          |
| 5. CENTENNIAL PARK                          | 17. INLAND EMPIRE CREDIT UNION                                          |
| 6. FOUNDERS PARK                            | 18. VETERINARY SCIENCES                                                 |
| 7. HEALTH PROFESSIONS CENTER                |                                                                         |
| 8. HEALTH SCIENCES CENTER                   |                                                                         |
| 9. VETERINARY SCIENCES CENTER               |                                                                         |
| 10. MAINTENANCE/AUXILIARY SERVICES FACILITY |                                                                         |
| 11. STUDENT SERVICES CENTER                 |                                                                         |
| 12. UNIVERSITY ADMINISTRATION CENTER        |                                                                         |

#### How to Reach Western University

The University's main campus is located about 35 miles east of Los Angeles, in the City of Pomona. Ontario International Airport is six miles east of the University and Los Angeles International Airport is located 60 miles west.

**Page 152, paragraph 1:** For “November 1, 2004” read “November 1, 2003.”

**Page 169,** PA 6040 Senior Seminar III should read 2 credit hours instead of 3 credit hours.

**Page 176, paragraph 3:** At the end of the paragraph, add “The number of clinical units/hours required for the APN-FNP track will be determined by the Admissions Committee upon acceptance to the program. There is a 4 unit/180 hour minimum, but applicants may be required to complete more hours depending upon their previous specialty of practice.

**Page 187, Course Descriptions:** Add the following course descriptions at the beginning of the section:

**BIOM 2010 Introduction to Human Anatomy (3 credit hours) Graded**

A systematic study of the anatomy and structure of the human body. Systems studied include microscopic and macroscopic structures, skeletal, muscular, respiratory, circulatory, nervous, digestive, excretory, endocrine, and reproductive systems of the human body. Fee: \$200/credit hour

**BIOM 2020 Introduction to Human Physiology (4 credit hours) Graded**

Studies the function of human body systems and physiology at the cellular and molecular levels. The course will emphasize the physiology of the following body systems: muscular, nervous, circulatory, respiratory, digestive, renal, endocrine, and the reproductive system (including genetics). Fee: \$200/credit hour

**BIOM 2030 Introduction to Microbiology (4 credit hours) Graded**

A course that studies the fundamental concepts of microbiology with an emphasis on bacteria. Surveys microbial classification; morphology, physiology and genetics of microbes; beneficial and pathological aspects of microbes; growth and control of microbes; virology; immunology; and host-microbe interactions. Important diseases caused by fungal, parasitic and protozoan infections are included. Fee: \$200/credit hour

**Page 195, Academic Calendar:** Replace “Saturday, August 30, 2003 - Fall Semester Begins” with “Tuesday, September 2, 2003 – Fall Semester Begins.”

**Page 196, Academic Calendar:** Replace “Friday, Aug.12, 2004 – Summer Semester Ends (continuing students)” with “Friday, August 13, 2004 – Summer Semester Ends (continuing students).”

**Page 196, Academic Calendar:** Replace “Friday, August 21, 2004 – Preprogram Ends (new students)” with “Sunday, August 22, 2004 – Preprogram Ends (new students).”

Page 60: Add the following elective course after DO 5002

**DO 5003 ISAC Facilitation (4 credit hours, Cr/NCr)**

Prerequisites: Completion of DO 5002 with a final percentage score of 80% or higher and permission of course director. Continuation of Anatomy 5002, Intensive Summer Anatomy Course. Students enrolled in this elective course will be assisting the other first year medical students in the dissection of cadavers and otherwise aid studies in the regular Medical Gross Anatomy course. Other types of teaching assistance, including prosecting difficult-to-identify structures, may also be required.

Page 61: **DO 5030 Gross Anatomy** should read 9.5 credit hours.

**Page 126, paragraph 2:** Delete the sentence “In addition to maintaining a minimum 2.7 GPA, no more than 24 units can be with a C or C+ grade.”

**Page 128-9, Professional Performance, section b:** Replace this paragraph with the following revised statement.

“b. Attendance: Students are expected to attend and be on time for all scheduled activities. In the event of an absence or tardiness, it is the student’s professional responsibility to notify the department secretary, who will inform the appropriate faculty. If an absence, lateness, or early departure is anticipated, it is considered professional courtesy to discuss this with the appropriate course instructor(s) at the earliest possible date. It is expected that students will report unanticipated absences due to illness, accident, or other major events immediately to the department secretary or Chair. Unanticipated lateness should be discussed with the course instructor as soon as possible.

The student is responsible for all course material covered during an absence. Should an absence, lateness, or early departure occur on the day of an examination (or announced/unannounced quiz), any make up examinations/quizzes may or may not be allowed, determined at the discretion of the course instructor.

Excessive absences, tardiness and/or early departures are considered a violation of the standards of professional conduct and are handled under the General University Academic Polices and Regulations of this catalog.”

**Page 129, Promotion, section b:** Replace this paragraph with the following.

“b. A student may not be recommended for progression from one academic year to the next with any outstanding grades of “I”, “U” or “NCr” on his/her academic record or with a cumulative grade point average of less than 2.7.”

**Page 130, Academic Probation:** Replace this section with the following.

#### **Academic Probation/Dismissal**

- a. Unsatisfactory of No Credit Course Grades  
“U” or “NCr” in any required course (didactic or clinical experience) constitutes a failing grade and places the student on academic probation. The student will be required to remediate or retake the course, based upon the decision of the dean of the College of Allied Health Professions. The Student Academic Progress Committee will recommend to the dean such an action after input from the department faculty. A grade of “U” or “NCr” in a required course will prevent participation in a clinical experience until the course is successfully remediated, and requires that the Director of Clinical Education (DCE) determine an appropriate clinical placement.
  1. As in all cases in which remediation of a course is required, this requirement may extend the length of the program beyond 36 months.
  2. The highest grade a student may achieve by obtaining a 73 percent or higher score through remediation of a course is a grade of “C” or “Cr.” The “C” or “Cr” grade achieved by this means will be recorded on the official transcript beneath the original course grade of “U” (Unsatisfactory) or “NCr” (No Credit).
  3. Failure to earn a grade of “C” or “Cr” when remediation of a course is attempted will render the student subject to dismissal from the program or require that the student repeat the entire course.
  4. If a student repeats a course the next time the course is offered in the DPT curriculum, the student will have the new grade for the course recorded on the official transcript beneath the original course grade of “U” (Unsatisfactory) or “NCr” (No Credit).
  5. If a student earns two “U’s” or “NCr’s” in the same academic year and has a cumulative GPA at or greater than 2.7, he/she may be required to repeat the entire academic year.
- b. Trimester/Overall GPA

1. Students must attain a trimester GPA of 2.7 and maintain an overall GPA of 2.7. The trimester and overall GPA will be calculated at the end of each trimester.
  2. A student whose trimester or overall GPA falls below 2.7 must meet with the Department Chairperson and the DCE. In order to closely monitor clinical performance, the DCE will determine any subsequent clinical placements.
  3. If the trimester or overall GPA falls below 2.7, a student will be placed on academic probation immediately. Length of academic probation will be determined by the Dean of the College of Allied Health Professions.
  4. If a student has two consecutive trimesters with a GPA less than 2.7 in the same academic year and a cumulative GPA at or greater than 2.7, she/he may be required to repeat the entire academic year.
- c. A student will be subject to dismissal from the program for substandard academic or professional performance as follows:
1. A third grade of "U" or "NCr" in three different required courses (didactic or clinical experiences);
  2. A second grade of "U" or "NCr" in the same required course (didactic or clinical experiences) whether earned by repeating the course or as a result of unsatisfactory performance upon attempted remediation via examination.
  3. Attainment of a trimester GPA less than 2.7 for two consecutive didactic trimesters with a cumulative GPA or less than 2.7.
  4. Attainment of a trimester GPA less than 2.7 in more than two didactic trimester.
  5. Failure to attain a cumulative GPA of 2.7 or higher at the end of the academic year.
  6. Lack of professional or personal attributes considered appropriate for continuance in the program and profession.
  7. Any event that could result either in academic or professional probation for a student currently on academic or professional probation.
  8. Violation of the terms of probation as stated in a letter at the time the student is placed on probation.

**Page 132, Dismissal:** Delete this paragraph. Dismissal criteria are provided under the Academic Probation/Dismissal section, as amended, above.

# COLLEGE OF PHARMACY

## Master of Science in Pharmaceutical Sciences

### Program Objectives

The major focus of the Master of Science in Pharmaceutical Sciences (MSPS) program is to provide students with a strong research focus, training and skills in order to prepare them for careers in academia, the pharmaceutical industry, or public/private research.

### Program Overview

A minimum of 40 semester credit hours is required for completion of the MS program. This includes 20 hours of didactic study and 20 hours of research credits, leading to a thesis. The program emphasizes research in the pharmaceutical sciences.

### Program Faculty

Program faculty are part of the Department of Pharmaceutical Sciences in the College of Pharmacy. Their areas of research emphasis include pharmacology, pharmaceuticals, pharmacokinetics, drug metabolism, physiology, and molecular immunology.

### Application and Admissions Requirements<sup>1</sup>

Graduates with a bachelor of science degree in pharmacy, chemistry, biology or related scientific area are eligible for admission in the program.

Minimum criteria to receive consideration for admission follow. Meeting these criteria, however, does not guarantee admission into the program.

- A completed Western University of Health Sciences Graduate Application form (including all supplemental information for international applicants).
- Official transcripts of all undergraduate and graduate coursework with an overall GPA of 2.75 or greater on a 4-point scale.
- Applicants who wish to use course work completed outside the United States must submit transcripts for evaluation to one of the following services:

World Education Services P.O. Box 745 Old Chelsea Station New York, NY 10113-0745 (212) 966-6311 www.wes.org	Educational Credential Evaluators, Inc. P.O. Box 514070 Milwaukee, WI 53203-3470 (414) 289-3400 www.ece.org
Josef Silny & Associates P.O. Box 248233 Coral Gables, FL 33124 (305) 666-0233 www.jsilny.com	International Educational Research Foundation, Inc. P.O. Box 3665 Culver City, CA 90231-3665 www.ierf.org

A course-by-course evaluation is required, and all course work must be designated as undergraduate, graduate or professional. Western University will only honor evaluations from one of the above services. The evaluation must be included with the application packet.

- Official test scores for the general aptitude portion (verbal, quantitative, and analytical) of the Graduate Record Examination (GRE) taken within the last five (5) years, with a score of greater than or equal to 1100 on the combined verbal and quantitative.
- Three letters of reference from individuals familiar with the applicant's scholarship and research potential.

<sup>1</sup> For students applying to begin in January 2004, the minimum overall GPA will be 2.5, the minimum required GRE score will be 1000, and the minimum required TOEFL score (if applicable) will be 500.



- Official test reports for the Test of English as a Foreign Language (TOEFL) for international applicants. Minimum score of 550 required.
- Official test reports for the Test of Spoken English (TSE) for international applicants. Minimum score of 50 required.

**Application Deadline:**

Completed applications must be **received** by April 1 for consideration for admission for the following August. Submit materials early so they are not subject to mailing or other delays. Western University is not responsible for delays in mail delivery.

**TUITION AND FEES**

In estimating costs for one academic year of study at Western University's Doctor of Pharmacy program, you should include tuition and fees, laptop computer and printer, books and supplies, room and board, and other miscellaneous expenses. Actions of the Board of Trustees setting tuition and fees for the academic year are established during the previous spring term. The most current tuition and fees are as follows:

- Tuition - \$500 per credit hour in 2003-2004 Academic Year.
- Student Body Fee \$40 per year
- Other Mandatory fees specific to the College of Pharmacy will be provided separately.
- Application Fee - Non-refundable \$35 fee for those applying to the Western University MS in Pharmaceutical Sciences program.

**Other Fees**

\$30	(per day) Late Registration Fee
\$40	Lost Mail Locker Key
\$5	(each) Copy of Official Transcript
\$10	(each) Copy of Official Transcript Faxed
\$10	Lost ID Badge
\$0.25 (per page) (replacement cost)	Copy of Student File Material Breakage Fee

**FINANCIAL AID**

Financial support, which includes a stipend and full payment of tuition, is available to qualified applicants on a limited, competitive basis in the form of teaching and research assistantships. Support is for 12 months (including summers) and is limited to a total of two consecutive years for any student.

Students may also receive a travel stipend, which allows for travel to a national meeting.

**ACADEMIC POLICIES AND PROCEDURES**

**Advisor roles**

The faculty advisor serves as the Chair of the student's Thesis Advisory Committee and helps the student in his/her choice of electives and research projects/thesis topic. Further, the advisor may also assist the student in obtaining a research assistantship if funds are available. The Chair is responsible for the satisfactory academic progress of the student, and must hold committee meetings with the student on a regular basis.

Students will be assigned a faculty advisor prior to admission to the program, and must remain with that advisor for the duration of the degree program.

**Withdrawing from Courses**

Courses may be dropped without academic penalty on or before end of the third week of the semester. A course may be dropped after mid-semester only under unusual conditions. When the Department Chair approves dropping the course under such circumstances, a "W" will be assigned.

**Grading System**

Official grades are turned in to the Registrar from the Dean of Pharmacy, at which time the online student records system, BanWeb, is updated. Official grade reports and unofficial transcripts will be available on the BanWeb student records system throughout the academic year. For more information on how to access the BanWeb student records system, visit the Registrar's website at <http://www.westernu.edu/registrar>.

Western University of Health Sciences makes use of letter grades, which may include a plus/minus (+ / -) system of grading. The MS in Pharmaceutical Sciences makes use of letter grades only. A four-valued letter grade scale will be given, indicating:

Grade			Quality Points
A	-	Excellent	4
B	-	Good	3
C	-	Satisfactory	2
U	-	Unsatisfactory	0
I	-	Incomplete	0
Au	-	Audit	0
W	-	Withdrawal	0
Cr	-	Credit	0
NCr	-	Non-credit	0

Courses are rated at one semester hour for each 12 contact hours. The grade point average is calculated at the end of each semester as the sum of earned grade points divided by the sum of semester hours passed and failed. A cumulative grade point average will be calculated and posted on the transcript.

No grade will be changed unless the instructor certifies in writing that an error in computing or recording the grade has occurred or that the student has completed course requirements for an Incomplete grade or remediated an Unsatisfactory grade.

### **Incomplete**

An Incomplete grade ("I") will only be assigned to students whose professional commitments and/or personal responsibilities prevent him or her from completing the requirements of the course. A student may remove an incomplete by completing course requirements within the following six calendar months or the final grade will be permanently recorded as a "U". This rule applies regardless of the student's enrollment status. A student not enrolled during the following six months must still successfully remove the "I" grade. The instructor must certify any grade changes.

### **Academic Standing**

Only grades in Western University of Health Sciences courses approved for graduate credit will be used in determining the overall grade point average for continuation in the MS in Pharmaceutical Sciences program. If, at the end of any semester, the cumulative grade point average falls below 3.0, the student will be placed on academic probation, and financial support will be discontinued. A 2.0 (C) grade earned in any class may be applied toward graduation only if the overall grade point average at the time of application for graduation continues at a minimum 3.0 (B) cumulative grade point average. Any grade below a 2.0 (C) may not be applied toward graduation.

### **Dismissal**

If the cumulative grade point average remains below a 3.0 after the student completes a total of 9 (nine) graded credit units subsequent to being placed on academic probation, the student will be dismissed from the program. The student may be readmitted only after completion of a remediation plan recommended by the Thesis Advisory Committee. No course work taken as part of the remediation plan will be counted toward the MS in Pharmaceutical Sciences degree or incorporated into the student's cumulative grade point average. Graduate level courses for which grades below "C" were earned may not be repeated during the remediation period.

### **Graduation Requirements**

For successful completion of the MS in Pharmaceutical Sciences program, the faculty of the College of Pharmacy has established guidelines and requirements in addition to the courses and optional requirements listed above. Minimum requirements for graduation with an MS include:

- a. A minimum grade of 2.0 in each graduate course taken as part of the program.
- b. Overall 3.0 GPA of course work taken in the program
- c. Satisfactory completion and oral defense of a written thesis as well as satisfactory completion of all approved coursework.
- d. Attendance at the commencement ceremony during which time the degree will be awarded. Requests to be excused from this requirement must be submitted in writing to the President and approved subject to whatever additional stipulations the President shall make.
- e. All financial and other obligations to the University have been met.

No student may graduate until all “I” (incomplete) and “M” (missing) grades are removed, and the removal must be completed at least three weeks before the date of graduation, regardless of whether the course is included on the student’s Plan of Studies

The program of studies must be completed within a minimum of two and a maximum of three calendar years.

### **PROGRAM DESCRIPTION**

To graduate, students must complete a minimum of 40 credit hours, including 8 credit hours of the two core courses, 4 credit hours of Graduate Seminar, 8 credit hours of Electives, and 20 credit hours of Research and Thesis.

#### Required Courses

PHSC 5101	Advanced Pharmaceutical Sciences I	4 credits
PHSC 5102	Advanced Pharmaceutical Sciences II	4 credits
PHSC 6000	Graduate Seminar	2 credits
PHSC 5000	Laboratory Rotations	2 credits
PHSC 5999	Research and Thesis	5 credits

#### Elective Courses

PHSC 6101	Novel Dosage Forms	4 credits
PHSC 6102	Advanced Physical Pharmacy	4 credits
PHSC 6103	Product Development	4 credits
PHSC 6201	Advanced Pharmacokinetics	4 credits
PHSC 6301	Neuropharmacology	4 credits
PHSC 6302	Advanced Pharmacology	4 credits
PHSC 6401	Advanced Immunology & Molecular Biology	4 credits
PHSC 6501	Structure Activity Relationships	4 credits
PHSC 6601	Cosmetics	4 credits
PHSC 6990	Directed Readings	1 credit

#### **Example Degree Schedule**

Semester	Course	Credits
Fall, Year 1	Adv. Pharm. Sci. I	4
	Graduate Seminar	2
	Research	5
Spring, Year 1	Adv. Pharm. Sci. II	4
	Graduate Seminar	2
	Research	5
Summer	Paid Summer Research	No Credits

Fall, Year 2	Elective I	4
	Graduate Seminar	2
	Research/Thesis	5
Spring, Year 2	Elective II	4
	Graduate Seminar	2
	Research./Thesis	5
	Total	44

### **Transfer Credit**

A maximum of 10 graduate credits in which the student has earned an “A” from an equivalent program from another university will be honored towards the MS in Pharmaceutical Sciences for students transferring into Western U. The Department must approve all transfer credit, and the decision of the department is final.

### **Thesis**

The thesis will be based on a research project that the student will undertake during the MS program. The faculty advisor will help the student select a topic and mentor the student in his/her progress.

MS candidates are required to present a written report of the thesis and present it to the thesis advisory committee for approval. The thesis advisory committee consists of three faculty members (the faculty advisor plus two other faculty of the Department of Pharmaceutical Sciences at the Western University College of Pharmacy). In addition, students will be required to defend their thesis via an oral presentation for the content at the end of their program. The oral defense may also include questions based on the required course work completed by the student. The defense committee will consist of the thesis committee and an external member from within the Western University faculty whose role will be to ensure that the defense is conducted fairly.

A fee will be charged to the student for microfilming and making copies of the thesis for committee members.

All candidates must pass a comprehensive examination covering the major and minor field, as well as the research and thesis. This usually is a two-hour oral examination. Members of the university faculty not on the thesis advisory committee may attend any oral examination as visitors. The faculty advisor will schedule the oral examination not later than the date of the deadline set by the Department Chair. Successful completion requires the unanimous support of all members of the thesis advisory committee. If a student fails the oral examination, one re-examination may be accorded the student based on its recommendation by the thesis advisory committee and approval by the Department Chair. Further re-examinations may be allowed only under exceptional circumstances and only with the approval of the Department Chair and Dean of the College of Pharmacy.

## **COURSE DESCRIPTIONS**

### **PHSC 5000      Laboratory Rotations      2 credit hours (Graded)**

Assigned laboratory experiences introducing students to the research techniques and protocols under the guidance of faculty members in the Department of Pharmaceutical Sciences.

### **PHSC 5101      Advanced Pharmaceutical Sciences I      4 credit hours (Graded)**

This course covers a wide range of topics such as biostatistics; and physical, organic and biochemical principles. Laboratory safety and the use of radioisotopes, cell culture and the use of animals in research will also be covered in this course.

### **PHSC 5102      Advanced Pharmaceutical Sciences II      4 credit hours (Graded)**

This course covers topics in immunology, pharmacology, pharmacokinetics, pharmaceuticals and biotechnology.

### **PHSC 5990      Directed Readings      1 credit hour (Graded)**

Selected study of topics in the pharmaceutical sciences. Repeatable to a maximum of 4 credit hours.

- PHSC 6000 Graduate Seminar 1 credit hour (Cr/NCr)**  
 Required of all MS in Pharmaceutical Sciences students. Repeatable to a maximum of 4 credit hours
- PHSC 6101 Novel Dosage Forms 4 credit hours (Graded)**  
 This course covers the theoretical basis and design of controlled release and site specific drug delivery systems such as transdermals, microspheres, liposomes and monoclonal antibodies.
- PHSC 6102 Advanced Physical Pharmacy 4 credit hours (Graded)**  
 Application of physiochemical principles in the evaluation of pharmaceutical systems, preformulation, and drug transport.
- PHSC 6103 Product Development 4 credit hours (Graded)**  
 This course covers the formulation, evaluation and actual manufacture of pharmaceutical products.
- PHSC 6201 Advanced Pharmacokinetics 4 credit hours (Graded)**  
 This course covers pharmacokinetic and pharmacodynamic principles and methods used to study absorption, distribution, metabolism and excretion of drugs.
- PHSC 6301 Neuropharmacology 4 credit hours (Graded)**  
 Neuropharmacology principles will be introduced and integrated with experimental applications. Course topics include chemical and electrical transmission, neurotransmitter chemistry, neuroreceptor pharmacology and signal transduction mechanisms, structure and function of ion channels and ligand binding sites, synaptic plasticity, and an introduction to electrophysiology. Relevant and recent primary literature articles will be introduced for reading and subsequent group discussion.
- PHSC 6302 Advanced Pharmacology 4 credit hours (Graded)**  
 This advanced elective will address concepts and principles of neuronal identify and function that are germane to pharmaceutical sciences. Principles will be introduced followed by experimental applications. The course will integrate molecular, cellular, and behavioral concepts when applicable. Course topics include chemical and electrical transmission, neurotransmitter chemistry, neuroreceptor pharmacology and signal transduction mechanisms, structure and function of ion channels and ligand binding sites, synaptic plasticity with an introduction to electrophysiology. Relevant and recent primary literature articles will be introduced for reading and subsequent group discussion.
- PHSC 6401 Advanced Immunology and Molecular Biology 4 credit hours (Graded)**  
 This advanced elective will address concepts and principles of molecular biology and immunology with an emphasis in molecular neuroimmunology. Topics will include cells, organs and effector systems involved in both cell-mediated and humoral-mediated immune activity. Time will be spent looking at regulatory interactions among different components of the immune system and the deleterious effects of aberrant immune processes. Principles will be introduced, followed by experimental applications. Relevant and recent primary literature articles will be introduced for reading and subsequent group discussion.
- PHSC 6501 Structure Activity Relationships 4 credit hours (Graded)**  
 This course broadly reviews the area of structure-activity relationships wherein chemical changes on drug molecules are correlated with the pharmacodynamic effects of drugs. The focus is on quantitative structure-activity relationships (QSAR) using physicochemical, topological and molecular orbital approaches.
- PHSC 6601 Cosmetics 4 credit hours (Graded)**  
 This course covers the formulation, evaluation and regulation of cosmetics, skin care products, shampoos, dentrifices, antiperspirants, sunscreens, decorative cosmetics and preservatives.
- PHSC 6999 Research and Thesis 1-5 credit hours (Cr/NCr)**  
 Supervised research experiences for preparation of the thesis. Repeatable to a maximum of 20 credit hours.